Essex Local Delivery Pilot: Action Research Initial Evaluation Report October 2018

Dr Valerie Gladwell and Dr Paul Freeman

vglad@essex.ac.uk; pfreeman@essex.ac.uk
# Table of Contents

EXECUTIVE SUMMARY 3  
Section 1: INTRODUCTION TO THE LOCAL DELIVERY PILOT 6  
Section 2: APPROACH OF THE WORK 7  
Section 3: SELECTED PROJECTS 10  
Section 4: THE FINDINGS 13  
   A. PARTICIPANT SENTIMENTS 13  
   B. SUCCESS FACTORS 14  
   C. CHALLENGES IN THE SYSTEM 23  
Section 5: FUTURE PLANS 34  
Section 6: RECOMMENDATIONS 39  
Section 7: APPENDIX 44
Executive Summary

As part of the initial development phase of the Local Delivery Pilot (LDP) in Essex (April 2018 – March 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.

This initial evaluation sought to understand the current work of organisations/projects before the action research commenced with small amounts of investment from the LDP. An additional 4 projects were also evaluated to understand their current work, although these did not go on to take part in the action research test and learn. This evaluation work was completed by the University of Essex.

Approach

Projects were chosen by the LDP Project Group members from the three 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 observation of nine projects, 10 further site visits, 24 provider interviews, and six focus groups with participants.

Success factors

Success factors were found in all 24 projects, providing a significant opportunity to scale up these success factors across the three test areas and in other deprived communities of Essex. These factors provide the key characteristics and ingredients for wide scale test and learn and replication. These characteristics display the key building blocks for the use of physical activity to successfully achieve new community engagement and development in areas blighted by inequalities and poverty. It is clear that all 24 projects are unique and pursuing different outcomes and target audiences, but they have the ability to reach inactive people and engage them in meaningful community activities.

The seven main success factors identified were:

1. An accessible, safe, and a location appropriate for the needs of the group, which includes being local, welcoming, and non-threatening.
2. Strong and passionate leadership, typically comprising a paid leader supported by trained volunteers.
3. A strong ethos which was participant-focused, holistic, flexible, and supportive.
4. A collaborative approach with a range of engaged partners, with many of the projects...
recognising that they were part of a system.
5. Effective use of community insight and engagement to understand the place and people and to co-produce projects and activities.
6. A sense of connectedness and belonging developed by the leadership, but also incorporating mechanisms to facilitate peer support.
7. The use of a range of behaviour change strategies including enablement, modelling, education and train.

**Challenges in the system**

Eight main factors were identified within the current system that interviewees believed had limited the success of existing projects and could present ongoing challenges to the improvement of physical activity at population-level in Essex. These are:

1. Individual barriers faced by residents such as mental health issues, housing problems and low income leading to decreased motivation for physical activity as it is seen as a low priority.
2. Recruitment of participants can be difficult because systems and processes to refer participants to the projects are not always present or effective, and there is a lack of knowledge and awareness by residents and providers of existing physical activity programmes across the system.
3. Lack of partnership working and a lack of understanding of the roles and offer of potential partners.
4. Inefficient and ineffective systems and processes in the public sector, including a perceived lack of coherence across different areas of Essex County Council and local Borough Councils.
5. Hesitancy by providers to work collaboratively and share intellectual property.
6. Inconsistent monitoring and evaluation processes.
7. Difficulties in identifying and obtaining long-term funding.
8. Difficulties in building capacity to enable projects to sustain, upscale and replicate to meet the known demand and hidden demand.

**Recommendations**

The insight and analysis from this evaluation has produced five recommendations that should be implemented within the LDP and beyond to help contribute to the improvement of physical activity and wider outcomes at population-level in Essex.

**Recommendation 1: Undertake action research**

Action research is an important method to test and learn new and innovative approaches
within disadvantaged communities and to be able to rapidly replicate and scale up successful approaches across Essex. This action research should adopt a systematic approach, use a standard evaluation framework, and promote knowledge exchange and learning.

**Recommendation 2: Invest in people and communities**
Investment in individuals, communities, systems and learning is required to build capacity in individuals and organisations to use physical activity to develop strong and cohesive communities in deprived areas and enhance sustainability.

**Recommendation 3: Build sustainable systems**
To support whole population shifts, systems need to be developed for projects and organisations at local level to distribute power and leadership, encourage social movements, develop shared visions, simplify funding processes, capture and share best practice, provide suitable facilities, build trusting relationships and offer clearer links between existing physical activity provision.

**Recommendation 4: Embed community engagement and insight**
More effective processes are needed to engage communities, capture local insight, build on existing local community assets, and to enable the co-production of community-level interventions that reflect local needs and builds upon local strengths.

**Recommendation 5: Evaluation and monitoring**
To facilitate understanding of what works and why, a standard evaluation framework needs to be developed that effectively captures physical activity levels, considers processes, outcomes and cost-effectiveness, and complements national level frameworks.
Section 1: Introduction to the 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 access sport and physical activity.

The Essex LDP will be focused on 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 planning, costal deprivation and poor social mobility (ActiveEssex, 2018).

The “Essex” Local Delivery Pilot

The three outcomes for the Essex LDP are:

1. **Increase levels of physical activity** - Physical activity levels increase in all target groups, measuring how many people are lifted out of inactivity (<30mins a week)

2. **Wider outcomes** – The Essex LDP will examine whether physical activity has enhanced wider social and economic outcomes across Essex through a narrative of qualitative data and stories from local communities using validated and consistent methodology. The wider outcomes include:
   
a) Stronger, healthier, cohesive communities;

b) Physical and mental wellbeing;

c) (In)Equality
d) Self-efficacy and citizenship;

e) Impact on local economies

3. **Transformational change** and replication of success across Essex and England through adoption and implementation of learnings from the LDP. This includes: a) Robust evidence that enables replication at scale from local models; b) Co-production, co-design and social movement principals embedded; c) Realignment of system budgets to increase levels of physical activity; d) Shared vision and accountability among system leaders; e) Unusual suspects are engaged and become part of the system.
Initial development: Action research (June–March 2019)

As part of the initial development phase of the LDP in Essex (April 2018 – March 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.

Section 2: Approach of the work

The initial evaluation discussed in this report sought to understand the current work of 20 organisations/projects before the action research commenced with small amounts of investment from the LDP. An additional five projects were also evaluated to understand their current work, although these did not go on to take part in the action research test and learn. This evaluation work was completed by the University of Essex.

Aims of this evaluation

1) To understand perceptions of the role of physical activity for wellbeing across the system
2) To identify and evaluate existing local projects that operate in disadvantaged communities and have targeted the three LDP target groups across the whole of Essex
3) To define what constitutes success for these local projects.
4) To understand factors that have enabled or hindered their success.
5) To understand the behaviour change processes that are used as part of the local projects.
6) To obtain community insight to learn about the local areas and populations and what may help enhance physical activity.

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Figure showing the work flow of the evaluation work

- LDP Project Group identified suitable existing projects to be involved (27 initially shortlisted). Topics and questions developed for interviews for providers and participants
- Ethical approval

- Arranged visits with providers for data collection

- Observed and participated in 9 sessions

- Interviewed 24 providers (1 removed, 2 interviews outside report timelines)
  - 18 onsite, 3 telephone and 3 offsite
  - Data from participants in 6 projects

- Interviews transcribed verbatim
- Thematic analysis conducted

- Preliminary findings and themes presented at LDP Project Group meeting on 12th September
- Final written evaluation report completed 26th October

Question topics for action research

Interview topics for providers/deliverers 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:
Interview topics for participants were developed with the LDP project group. Semi-structured questions with prompts were then developed for use in focus groups (see Appendix for list of questions). The topics covered included:

- Individuals’ motives for attending
- Barriers to attendance
- Perceptions of why the group was/wasn’t successful
- The impact of attending
- Factors contributing to individuals sustaining/increasing their attendance of health-related projects

**Terminology**

The terminology the interviewees used differed (e.g., ‘participants’ were referred to as service users, clients, participants, people; ‘projects’ 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:*

*Project:* 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 Participant (see below)

*Provider:* Person(s) who conceived, set up and oversees the project - may or may not actually deliver the project

*Deliverer:* Person(s) that deliver the project (may also be a Provider)

*Participant:* Individual(s) who actively engages with the project
Section 3: Selected projects

Current successful projects were identified in the three pilot locations by LDP Project Group members. Some additional projects were also identified which were based in other disadvantaged locations across Essex to ensure a wider-Essex approach to the evaluation of good practice. The projects identified were undertaking a range of activities, had an assortment of desired outcomes and objectives, and a mix of target audiences including older people, families and people with mental health issues. An overview of the current locations, target groups, participants, and activities of the projects is below.
Table 1. The projects that were included, what they currently do and what they are hoping to do as part of the test and learn phase.

<table>
<thead>
<tr>
<th>Project</th>
<th>Location</th>
<th>Current Work</th>
<th>Action Research New Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achievement Through Football</td>
<td>Southend</td>
<td>Diversionary activities with young people through football and multi-sport</td>
<td>Extend services to engage families</td>
</tr>
<tr>
<td>Let’s Keep Moving</td>
<td>Canvey Island</td>
<td>Physical activity practitioner led group to provide healthy activities for older adults</td>
<td>Test increased social movement work and social marketing</td>
</tr>
<tr>
<td>Let’s Keep Moving</td>
<td>Tendring</td>
<td>Physical activity practitioner led group to provide healthy activities for older adults</td>
<td>Test increased social movement work and social marketing</td>
</tr>
<tr>
<td>Fitness In Mind</td>
<td>Brentwood</td>
<td>Fitness activities targeted at people with mental ill-health</td>
<td>New focus on audience of young people with mental ill-health and their families</td>
</tr>
<tr>
<td>Livewell Child</td>
<td>Braintree</td>
<td>Increase health of children and families using behaviour change techniques</td>
<td>Evaluation Only</td>
</tr>
<tr>
<td>Active Essex Ambassador Programme</td>
<td>Essex</td>
<td>Volunteer ambassadors to inspire women and disabled people to be more active</td>
<td>Evaluation Only</td>
</tr>
<tr>
<td>Active Living</td>
<td>Epping Forest</td>
<td>12 week programmes targeted at inactive adults</td>
<td>New 1:1 motivational trainers and new marketing</td>
</tr>
<tr>
<td>Trust Links</td>
<td>Rochford</td>
<td>Growing Together community gardens</td>
<td>Evaluation Only</td>
</tr>
<tr>
<td>Community 360</td>
<td>Colchester</td>
<td>A2B project tackling social isolation by elderly through range of activities including physical activity</td>
<td>New activities that are co-designed with A2B volunteers and service users including guided walks and yoga.</td>
</tr>
<tr>
<td>Essex Wildlife Trust</td>
<td>Colchester</td>
<td>Partnership with Futures in Mind to use nature activities to support people with mental ill-health, focusing on drug/alcohol addiction</td>
<td>New part-time coordinator to secure new partners and increase number of participants</td>
</tr>
<tr>
<td>Five Ways to Wellbeing</td>
<td>Colchester</td>
<td>Essex Youth Service and Essex Outdoors to deliver in partnership 7 week programmes for young people around the 5 Ways to Emotional Wellbeing</td>
<td>4 new courses for different schools around the links with Emotional wellbeing and the benefits of physical activity</td>
</tr>
<tr>
<td>Catch 22 Crisis Housing</td>
<td>Colchester</td>
<td>Support families at risk of eviction</td>
<td>New family activities</td>
</tr>
<tr>
<td>Together We Grow</td>
<td>Colchester</td>
<td>Small CIC focused on gardening and food growing focused on people with behaviour difficulties and mental ill-health.</td>
<td>New after school gardening club engaging the whole community.</td>
</tr>
<tr>
<td>Wild Colchester</td>
<td>Colchester</td>
<td>Community improvement of unused and neglected spaces</td>
<td>Evaluation Only</td>
</tr>
<tr>
<td>Beat The Street</td>
<td>Colchester</td>
<td>Gamification to increase activity levels in a specific community</td>
<td>Evaluation Only</td>
</tr>
<tr>
<td>ACE</td>
<td>Colchester</td>
<td>Patient activation</td>
<td>Evaluation Only</td>
</tr>
</tbody>
</table>
Table 1 cont...The projects that were included, what they currently do and what they are hoping to do as part of the test and learn phase.

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<tr>
<th>Project</th>
<th>Location</th>
<th>Current Work</th>
<th>Action Research New Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tendring Mental Health Hub, Clacton</td>
<td>Tendring</td>
<td>Drop in service to help those with mental ill health. Run a Community shop where those adults with mental ill-health can a place on the 1 year Volunteer Mental health recovery programme within the shop</td>
<td>New community garden</td>
</tr>
<tr>
<td>Healthier Independence Longer (HILL)</td>
<td>Tendring</td>
<td>CVS delivered project to increase activity levels of elderly</td>
<td>New physical activities for existing and new users</td>
</tr>
<tr>
<td>Teen Talk Harwich</td>
<td>Tendring</td>
<td>Drop in service for young people in Harwich, Clacton, and Walton</td>
<td>New programme of physical activities for young people and their families, targeting socially isolated young people who do not currently use services</td>
</tr>
<tr>
<td>Dig 4 Jaywick</td>
<td>Tendring</td>
<td>Community led project to provide garden and conservation activities and education</td>
<td>New wildlife garden targeted at children, young people and their families and garden group volunteers</td>
</tr>
<tr>
<td>Parkestone Welfare Park, Harwich</td>
<td>Tendring</td>
<td>Regenerated park in Harwich providing sport, physical, and community activities</td>
<td>Needs assessment and community consultation to determine need for new MUGA and work up detailed spec and costings if MUGA is needed</td>
</tr>
<tr>
<td>Sport for Confidence</td>
<td>Basildon</td>
<td>Sport for Confidence is a social enterprise that engages individuals who face barriers to participation, placing specialist health professionals alongside sports coaches to deliver a wide range of sports and physical activities</td>
<td>To offer a ‘Dementia friendly’ activity programme and establish a service user involvement group. These sessions will be targeted not only for people with dementia but any individual requiring reasonable adjustments to the activity and environment to be able to engage e.g. autism, sensory processing disorder, and pain management clients.</td>
</tr>
<tr>
<td>Motivated Minds</td>
<td>Basildon</td>
<td>Use walking to support people with mental ill-health</td>
<td>New project for men suffering depression and mental ill-health</td>
</tr>
<tr>
<td>Lee Chapel Primary School</td>
<td>Basildon</td>
<td>Whole School improvement though increased physical activity linked to the Daily Mile initiative</td>
<td>Evaluation Only</td>
</tr>
<tr>
<td>Old People’s Home for 4 year olds</td>
<td>Basildon</td>
<td>Reception year children interacting with elderly people in an old people’s home.</td>
<td>Test in new old people’s homes over the period of a term</td>
</tr>
<tr>
<td>Home-Start Essex</td>
<td>Basildon</td>
<td>Home-Start Essex is a leading family support charity with over 30 years of frontline experience supporting families in the home offering services to those who may be struggling with post-natal depression, isolation, physical health problems, bereavement, multiple births and many other issues that impact on a families’ well-being.</td>
<td>New walk and talk activities for families and volunteer home visitors</td>
</tr>
<tr>
<td>Health Outreach</td>
<td>Basildon</td>
<td>Health Outreach Worker as part of the Community Involvement Team delivering interventions for vulnerable people linked to sexual health, drugs, alcohol, domestic violence</td>
<td>New physical activities targeted at inactive girls and women from low-socio economic areas</td>
</tr>
</tbody>
</table>


Section 4: The findings

The findings are not divided by location as it is difficult to make like for like comparisons across the locations. Twenty four projects were evaluated, and the findings presented below are only based on these projects and draw on data from providers, deliverers and participants, along with researcher observations.

A. Participant sentiments

These findings are taken from focus groups with participants:

1. Participants often became involved in projects due to health-reasons, but their motives for remaining within projects were often more socially-orientated.
   
2. All participants really valued the projects and most reported experiencing multiple benefits, including increased physical activity levels, improved physical and/or mental well-being, learning new skills, developing friendships and a sense of connection.
   
3. Participants valued locations and facilities that were accessible, met their needs and suited the purpose of the activity. Conversely, some locations that did not meet these criteria were not viewed as positively.
   
4. Participants typically reported the leaders to be dynamic, passionate and empathetic. They valued the time leaders take to listen to them and provide support.
   
5. Participants valued an element of choice that most projects offered. For example, participants liked that they could attend different sessions, work at their own pace, and activities could be tailored to individual needs. They also appreciated the opportunity to shape the development of a project.
   
6. Many participants reported progressing on to other projects and activities beyond the one they initially attended (e.g., moved on to play golf, try dancing, and go swimming). Many felt capable and motivated to try these and leaders aided them in finding opportunities. However, some participants felt that there was not enough connection between activities run by other organisations.

7. Participants really enjoyed the social environment provided within most activities. The support provided by leaders was appreciated, as was the inclusion of time for group members to talk with each other. Most participants had formed friendships that led to spending time together outside of the project.
8. Participants did express frustration when marketing materials were not tailored to the right audience (e.g., using inappropriate role models in promotional materials).

9. Some participants reported a perceived lack of support from the system, such as people in authority not responding to letters or not understanding the needs of the community. Equally, there was a perception that elements of the system wanted to claim success when it wasn’t always warranted.

10. Participants discussed how their behaviour had changed as a result of the project they were involved in. They noted that role models, education, and being upskilled had enabling them to engage in the project but also progress on to other activities.

B. Success factors

The interviewees offered a range of examples for what they consider constitutes success in their existing work. These included individual stories on improvements in mental health, numbers engaged in further services or activities, and increased physical activity levels. Although the outcomes varied, a number of common themes emerged across the interviewees of factors that underpinned current success. These are described below.

Location

The location and facilities used in current projects varies, but generally offers three criteria: **Accessibility, safety and quality**. This in general means that they are local, welcoming, and non-threatening e.g. attending a walking group in a park because it feels safer than walking alone. Accessibility is enhanced when locations are embedded in the local community, and meets the needs of particular participants including disability awareness. Strong transport links are vital but although it may be possible to get there on public transport, different seasons may reduce accessibility. For example, one participant was willing to travel via public transport to a sports centre in Summer but not in Winter because it meant having to walk in the dark through a park and underpass. Places with parking were deemed important. Perception of quality is highly dependent on meeting the requirements of the activity, but could include open space, comfort, and general amenities (e.g., kitchen or café). Sports facilities are integral to the work of some groups (4 out of the 24) but others noted that they are not be appropriate for their participants who would be put off by traditional sporting environments (versus other forms of recreation and physical activity).
Leadership

Current projects are typically delivered by a paid leader, but often with support from a number of trained volunteers. These individuals are viewed as critical to the success of projects, and the volunteers contribute in a myriad of ways including delivering sessions, facilitating recruitment, and aiding the development of the projects/organisations. Many of the providers and deliverers had personal stories that had shaped how they had become involved, and these lived experiences enable them to relate well to the participants. Further, the leaders and volunteers typically demonstrate some key characteristics: Dynamic, passionate, empathetic, selfless, and dedicated.

She [the deliverer] was very passionate about working with hard to reach people and hard to reach families and very dedicated to sharing our messaging. Provider, Colchester.

Having passionate staff and volunteers, it’s about, as an organisation, saying this is important and putting our heart and soul, right from my chief officer and all of our trustees. Provider, Tendring.

It is having a motivated person at the helm, and [deliverer] has been brilliant. Anytime I’ve needed to talk to [deliverer], she has made herself available and to me that means a lot. Participant, Basildon.
Ethos

The organisations and their current projects vary, but all have a strong ethos and these typically share a number of features: Participant-focused, honesty, flexibility (in terms of attendance, involvement during a session or sometimes what was offered within a session), supportive, personal development, and a holistic approach. Physical activity is the primary activity undertaken in 9 of the 24 projects, and often is seen as a means to an end rather than the end itself. As such, projects often focus on the whole individual. Projects were often developed alongside participants, who are able to attend sessions/activities that suit their changing circumstances, and can work at their own pace. Meeting new participants ‘at the door’ is seen as crucial, and follow-up calls are used to contact individuals after a period of non-attendance or if a participant might need extra support and encouragement to attend the next session. Participants appreciate deliverers who can signpost them on to appropriate additional activities, and deliverers sometimes encourage two or three participants to attend additional sessions together. Providing participants with opportunities to upskill, and progress on to volunteering, employment and other projects is central to many projects. While a number of projects have clearly defined target audiences, which work well in terms of allowing projects to be tailored to participant needs, there are also good examples of projects that favour an inclusive approach whereby all participants are welcome.

She is brilliant, she recognises what our body can do and what they can't do; that's why it works.
Participant, Essex.

Everything is person centred, so every single person will have a different plan and it's not about us telling them what to do...we reiterate to them that it is up to them what they do and it is at their pace and we will work with them around what they want to do.
Provider, Tendring.
Very much an ethos within [project] is about co-production so we have service users at the heart of everything that we do and that's the kind of the beauty of what we deliver is that it can be adapted to what the needs are of the community. Provider, Colchester.

This is a staple part of my weekly routine, something I look forward to every week and not likely to give up any time soon. It is my passion now coming to the [project]. Participant/volunteer, Basildon.

If you get halfway through whatever we are doing, an exercise, and you think I can’t do that, you just go and sit out, nobody says to you why are you sitting out? It doesn’t make any difference if you can’t do it. Participant, Essex

I've made some friends and I'm also now volunteering, which is great for me because I've wanted to get back into work and this is a fantastic first step, like a stepping stone into work. Participant, Basildon.
System and partnerships

The organisations are generally well embedded in the system and recognise the value of collaboration and partnerships. Partnerships span the private, public and voluntary sectors. These partnerships facilitate participant recruitment, provide funding, and enable projects to share knowledge and signpost participants on to complementary services. Consistent with a systems approach, some of the organisations and projects have adopted alternative ways of operating within a health care system, such as occupational therapists working within leisure centres and leaflets being placed in local pharmacy prescription bags.

It was heavily emphasised by providers that partnerships take time to develop and maintain. Recent system and partnership developments in Essex, such as mental health forums and the One Colchester group, were recognised as adding value to the organisations and their projects.

The One Colchester group as it were, it's a partnership of all the main stakeholders in the town and the area so we have healthcare, we have education, we have the council, we have CAB, we have social housing, and that has been built up over a period of time before I started here so that people can share and talk about and not step on each other's toes and work together.

Provider, Colchester.

We work with pharmacies as well so I've been into the pharmacies with all our leaflets, pharmacists should hopefully be putting our referral cards into every prescription bag.

Provider, Essex.
Community Insight and Engagement

The organisations spend a great deal of time engaging with local communities and their target audiences. This contributes to understanding the needs and barriers of the community, to the co-production of projects, and facilitates recruitment and retention. It was stressed that true co-production takes time and lots of background work, and while it can produce amazing ideas and can empower deprived communities it is important to manage expectations and to consider feasibility. At times, a distinct approach to community engagement is required for different population groups. For example, families are often targeted by engaging with children via schools, whereas older people in sheltered accommodation may require buy-in from the managers of the home and time invested with the carers and residents themselves. The community engagement process is helped when activities are tied into larger projects and organisations (maybe even national-level) to aid reach and sustainability e.g. mental health day, Cancer Research. It is also important to work out who are the gatekeepers to reach the target audience e.g. schools, workplaces and care homes. Further, it is imperative to understand the needs and priorities of the gatekeepers themselves to ensure alignment and buy-in.

A much stronger asset based approach, so get those local people on board right from day 1 and find out what they are passionate about and get them to make it happen. Provider, Tendring.

[Deliverer] is the group leader, but we have a lot of input that [deliverer] allows from all of us and she listens and we work together as a team. Participant, Essex.

I’ve recently been advising [Community Sports Partnership], don’t go to a sports club and say put on a session and then be surprised when no-one doesn’t turn up. Go to where people are and ask them what they would like to do. Provider, Colchester.
Connectedness and social support

The projects all emphasise the importance of promoting a supportive social environment. Leaders offer a range of support, from listening, encouragement, advice and practical assistance. This is provided both formally (e.g., one-to-one sessions to discuss individual circumstances, goals etc.) and informally (e.g., ongoing positive feedback during a session). The participants themselves sometimes become a support network for each other, and this serves to promote adherence and often leads to shared activities outside of the formal activity (e.g., meeting for coffee, walks). This peer support is often actively encouraged within projects through the use of circle time or further social activities. These support mechanisms and connectedness often elicit very positive effects on mental and physical wellbeing.

We have a co-ordinator who is incredibly positive and they love her, they all, they've got a lot of time for her and she's very supportive. Provider, Colchester.

Another chap … was having suicidal thoughts and tendencies and things like that and not really feeling like he had a place and he's found this and has found a network, a friendship group….and just feels like he has a place back in society. Provider, Colchester.

When I first came I only knew a couple of people, before you know if you feel like you are best friends with these people you met in a park. Participant, Essex

I've met people, and because of this and because they are interacting with other groups around here I've met people in other groups. Participant, Tendring.

Every week we all start off by sitting round in here and the first thing [Deliverer] says is 'has everyone had a good week and is there anything anyone wants to share?' Just occasionally someone will share something that happened that hasn’t been so nice and you get it off your chest and get a lot of support. Participant, Essex.
Behaviour change

The projects differ in the outcomes that they target, but each try to elicit a positive change in the attitudes, behaviour or wellbeing of their participants. This is achieved through a number of strategies, most notably: **Enablement, modelling, education** and **training**. However, most projects apply behaviour change techniques unknowingly – they seem to instinctively know it is the right approach. The use of these strategies varies to meet the needs of the population, but generally serve to promote a sense of **capability, opportunity** and/or **motivation** in participants. Families are often targeted through a joint approach of educating parents, who could then serve as role models to their children or even vice versa. More generally, projects use previously successful participants to help deliver sessions and serve as role models to new participants.

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It’s all about education, if you can educate the adult first even just a small amount then that will have an impact on how the children start thinking because you do copy your parents.

Deliverer, Colchester

This person was a client and now he is working here and he’s taking you round and we make that quite clear and I think that’s a massive boost for the volunteers and I think it makes them realise that actually if that person can do this then so can I.

Provider, Tendring.
Mindmap of the success factors of the projects evaluated
C. Challenges in the system

Despite the success of all 24 of the projects we evaluated, the interviewees noted a number of factors that had limited their success. These spanned issues at individual, organisational, community, and system levels. Many of these factors present ongoing challenges in the whole system in Essex and could limit improvements in physical activity at population-level. Importantly, there was wide recognition of the complex nature of designing, implementing and evaluating local level approaches to increase physical activity.

Additionally, community-wide problems such as poverty, isolation, segregation, vandalism and other anti-social behaviours are sources of frustration that limit the success and development of projects, and impact upon future engagement by providers, partners and the wider community.

I think it’s a really complex area isn’t it...changing people from a sort of sedentary lifestyle and you know there’s a lot goes into it isn’t there ...I was very much it’s about personal responsibility but I would say that I’ve completely changed my mind about that in the year that I’ve worked here and that the reasons why people aren’t physically active are hugely complex and that there isn’t a one size fits all way to change people’s behaviour but with a combination of different ways of working and reaching out to people and trying to understand those reasons is the only way we’re going to successfully make a change.
Provider, Colchester.
Individual barriers

Many of the interviewees are working in areas of **high deprivation**. Participants are typically facing a range of challenges such as **mental health issues**, housing problems and low incomes. As such, **motivation** for physical activity is typically low and it is seen as a **low priority**, with individual circumstances presenting a range of barriers including **transport** and **childcare** (which is not just a financial issue but impacts upon accessibility and availability). For some, **cost** is a barrier to participation and therefore many projects are free or require only a voluntary donation. However, a small number of projects do charge participants, particularly those working with adults with learning difficulties and mental health issues. For these participants the charge is not seen as a barrier but they actually value the sense of normality this payment provided, i.e., going to the desk, talking to a person, being given access to the facility.

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I’ve had mums literally come out in a cold sweat and won’t even go out the front door and the volunteers have worked with them using bite size little pieces you know just get out that door to that post, then to the next post and that’s how bad it’s been and it’s taken 6 months to get them but they’ve done it in the end. Provider, Basildon.

They can barely feed themselves so they’re not going to be able to ever afford a babysitter you know they’re not going to afford the getting into the gym or the class and stuff like that and so they just hit the same old barriers time after time. Deliverer, Basildon.
Recruitment

The projects have demonstrable impact on the lives of individual participants, but a number of interviewees reported that recruitment to their projects is difficult and that they believe projects have the potential and capacity to help more individuals. There is a lack of knowledge and awareness by residents and providers of existing physical activity programmes across the system. **Social marketing strategies** may help, but there was a sense that it is difficult to reach all people and certainly those who may be in most need. **Referral processes** from health care and allied health care professionals to projects are lacking in many projects and very few benefitted from social prescribing, i.e. given instead of medical interventions. Referrals were perceived to be dependent on the **reputation** of the activity or organisation or the ability to **evidence effectiveness**. Knowledge and time taken to establish appropriate marketing and recruitment strategies are also a challenge to providers. Additionally knowledge of **future pathways to enable referral** from projects to other physical activity projects is lacking, i.e. there are limited links between projects.

We use social media, we use mainstream media, we try and get things on the radio, you put things in the paper, flyers and leaflets, out and about talking to people, no matter what you do there’s still this massive core of people that say I didn’t know anything about that.

*Provider, Tendring*

People also not perhaps understanding what we do so if they are referring us, there’s lots of programmes around, some are weigh-ins, aren’t exercise, y’know so making sure that people are aware of what we do, is different.

*Provider, Essex.*

The people who are in charge of this sort of thing are so much younger than us that they instantly think that everybody needs to be out there running, playing tennis, and all this high activities and needs to be brought out that you don’t actually have to do that.

*Participant, Essex.*

This is [location], it is hard to get people down here and involved with things…They don’t really want to take part to help things get going.

*Participant, Tendring*
Partnership engagement

Despite the high value placed on partnerships, it was emphasised that these take time to develop and can sometimes feel like a one-way process; full engagement, i.e. full buy-in by partners, is not always present. It is important that there is mutual understanding of the needs of each partner, and how collaboration can improve outcomes for both parties. Identifying partners, service providers, and deliverers who are embedded in the local community can be a useful strategy. Most projects saw themselves as a vital part of their local community and were keen to work with local partners.

It is important to recognise that partners will have their own difficulties and challenges and therefore although they may want to help they may not always have the time and resources to do so.
Provider, Essex.

Every GP surgery in [local borough] has received a letter and literature but only two have responded, and I have written to the commissioning groups without any reply at all.
Participant/Volunteer, Essex.

The healthcare settings is ongoing, I mean the challenges that they face in those settings are incredible so it’s about how we demonstrate that we are there to enable and to support and where their role ends and it feeds into us and so that is taking a long time and I think that will be ever evolving.
Provider, Colchester.
Systems and processes

Although some projects have developed strong links to the public sector, many interviewees expressed frustration with current systems and processes. Some providers/deliverers perceive that their projects are **unsupported** or **undervalued** by key public sector workers. Providers and participants want to feel that their project is part of a system and supported by it, and restricted or controlled by it. Greater coherence is also needed across different areas of Essex County Council and local Borough Councils to ensure linkage between projects in the same areas as well as across Essex if appropriate. **Restructuring** and **high staff turnover** in the public sector present ongoing challenges to providers as this hinders their knowledge of who to speak to and their ability to maintain positive relationships across the system. The **red tape** and **slow processes** in the public sector are also sources of frustrations for providers.

*We may be commissioned to provide a service, say from Essex County Council, which is obviously a very big organisation but there’s other areas of it which probably should know what we are doing who don’t...that’s probably because of the scale of the organisation so any barriers we can break down cos quite often they may even be funding us but they don’t realise it.*

Provider, Colchester.

*I would stop coming if the activity stopped being fun or if outside bodies got involved and tried to take over.*

Participant, Essex.
I understand the whole systems approach and I understand the philosophy behind it. I don’t always feel that those services or the council services or the NHS services see the benefit of the kind of, the lighter touch engagement, whereas I see that on a day to day basis and what I feel, what I constantly try and promote is that actually it’s not about one form of engagement.

Provider, Colchester.

The councils are so disjointed and don’t know what they’re doing, like community development who have pots of money do not work with public health and no one knows what anyone’s doing and that’s the sort of barriers that I face.

Provider, Basildon.

I don’t think there has been too much support from outside…they’re not actually listening to us. [volunteer] has had to fight to get leaflets, fight to get funding. But everyone says what a great group, what a great advert for [public sector body]…everyone is trying to ride on the back of it but they are not putting in and not listening to what we are actually saying.

Participant, Essex.

It’s frustrating that things take a long time…, I am sure he [public sector worker] would come and talk to people about it but then he would go away and they wouldn’t see anything for 6 months or a year and think well what was the point of that so that’s something that I think we need to get a bit better.

Provider, Tendring.

I understand the whole systems approach and I understand the philosophy behind it. I don’t always feel that those services or the council services or the NHS services see the benefit of the kind of, the lighter touch engagement, whereas I see that on a day to day basis and what I feel, what I constantly try and promote is that actually it’s not about one form of engagement.

Provider, Colchester.
Intellectual Property sharing

Many interviewees expressed a desire to work collaboratively with other organisations, but some highlighted concerns around this process. Providers had often invested considerable time developing projects and building a client-base. While they are keen to reach and benefit as many individuals as possible, they are concerned that sharing their intellectual property could weaken their ability to secure competitive funding and impact on the sustainability of their projects and in many cases their own livelihoods (i.e., individuals paid from short-term funding).

Monitoring and evaluation

Monitoring and evaluation is key to developing a robust evidence-base on which to inform policy and to enable projects to be scaled up. Although interviewees recognised the value in monitoring and evaluation, approaches to this across the projects significantly varied.

Qualitative evidence is highly valued and will provide to detailed insight into the lived experiences of participants and offer in-depth understanding of the factors that contribute to the success of projects.

Physical activity data is not always collected, and there was little reference to objective indicators (e.g., through accelerometers, smart phone technology). Moving forward it is important to consider the relative merits of objective measures versus self-report measures. A key part of this consideration is whether measurement tools will capture what might be quite small changes in physical activity, particularly at population-level.

Some individuals spoke of the importance of measuring the use of the facility and site, which may be indirect indicators of physical activity. For example, visiting local green space at least once per week appears to increase the likelihood of meeting recommended physical
activity levels by four times compared to never going\(^2\).

Providers use different styles of questionnaires, and often these are developed to meet the needs of the organisation, funder, activity or programme. While this approach is understandable, and in many cases provides a rich source of information, it does limit the ability to make strong comparisons across projects that have their own unique measurement approaches.

Although some projects already capture follow-up data to examine longer-term adoption of health behaviours, this practice is varied. There is a notable desire to do more of this though.

Sustainable funding

Many interviewees noted that they had been successful in securing funding, but there is frustration around current funding processes. Some interviewees feel that some funding schemes would benefit from adopting a more inclusive approach or one that encourages collaboration, rather than funding individual organisations that target very specific populations. There is a perception that many projects are funded for a relatively short-term, and this limits the ability to plan and develop projects and to evaluate long-term success. This is difficult when many of the target groups will require substantial time investment to create significant changes to behaviour and wider outcomes. Potentially promising projects have been halted, and there is a concern that partners are hesitant to refer to projects that may stop. Further, continually having to apply for grants is time-consuming and limits the time providers can devote to working with participants on existing projects. However, many interviewees recognised that the public sector is working with limited budgets, that securing long-term funding is difficult, and indicated that their organisations are now altering their focus to ensure new projects will be sustainable even with limited funding (e.g., through volunteering).

Community development takes 10 years, you can’t run a one year pilot or a two year pilot or even a three year pilot.
Provider, Tendring.

It’s very time-consuming getting £1000 because of the reports that you have to write.
Provider, Basildon.

Sadly a lot of projects will pop up for a year then their money will run out then they’re gone so by the time they’ve just established themselves they move on.
Deliverer, Basildon.

A lot of the commissioned services will have criteria and that can be limiting sometimes, in some of our services, whereas if you can cast a wider net, you can then pick out the people that it applies to.
Provider, Colchester.
Capacity Building

The projects hold great promise in contributing to improved physical activity levels and wider outcomes (e.g., reduced social isolation, better mental wellbeing), but an ongoing challenge is how to ensure sufficient staff and resource is in place to sustain, upscale and replicate projects to contribute to meaningful changes in community and population level outcomes. There appears greater potential in the system than is currently being realised with many projects having the capacity to accommodate more participants. Many interviewees highlighted that they have created a strong pool of volunteers but these individuals require robust training and upskilling which requires time and resource that isn’t always available. It is important to recognise though that for many individuals volunteering is a means to securing future paid employment, which can impact upon volunteer retention and the ability to build capacity. The projects, however, showed a number of success factors that could contribute to replication at scale (see Tables below containing Research Action Project Success Factors). An important step could be to encourage local organisations to work together in clusters. All projects except one were keen to be part of action learning sets in part to improve their own knowledge but also to transfer their knowledge to others to have a two way learning process. However, projects had some reservations (see Intellectual Property Sharing section) so this process would need to be carefully managed.

If we do have volunteers, some training for them will cost money, either in behaviour change or in a physical activity session so it’s just yeah, thinking about, that might be good in the long-term but it might be some initial outlay of money to train them and also then to hope that they would stay with us and so to just to work out that programme.

Provider, Essex.

And give opportunities to people that are volunteering, not in this project because obviously they are not quite at that point, cos they are more clients but in our other services for example we’ve got a lot of volunteers over there that actually come in and deliver the mainstream service that might be interested in upskilling.

Deliverer, Tendring.
Mindmap of the challenges faced by the projects
Section 5: Future plans

Nineteen of the projects presented plans for future work within the action research phase of the LDP to test and learn different approaches to engage inactive people from the LDP target groups. Specific development plans varied across the projects (e.g., engaging a new target group, new activity, replicating or upscaling current activity). However, a test and learn approach provides an ideal opportunity to explore whether projects meet local needs and whether crucial factors for replicating and upscaling such as multi-level collaboration, capacity building, reach, and effectiveness are present. In seeking to upscale projects, attention should be paid to contemporary literature\textsuperscript{3,4}.

We already help them to go out into the community but it’s just making it more structured and it’s geared more towards physical fitness.

Deliverer, Basildon.

I would like to have a core team where we can do what I’m doing but on mass and then keep building, become a place that everyone, that if you need help and you’ve gone to the doctors and you’re not satisfied with what they’ve said because they’ve said take these tablets or oh your symptoms aren’t severe enough go away, I would really like to see that we can offer a provision through like a community wellbeing hub.

Provider, Basildon.


Research action projects: Current success, strengths and areas to develop for upscaling: Essex-wide

<table>
<thead>
<tr>
<th>Project</th>
<th>Key Current Success Factors</th>
<th>Strengths for Upscaling</th>
<th>Areas to Develop for Upscaling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achievement Through Football</td>
<td>Strong leadership and team; Taking place in community settings; Creates supportive environment</td>
<td>Capacity building to ensure sustainability; Strong community insight</td>
<td>Embedded in a wider system</td>
</tr>
<tr>
<td>Let’s Keep Moving, Canvey</td>
<td>Taking place in community settings; Creates supportive environment; Strong community insight</td>
<td>High quality content &amp; delivery; Provides multiple benefits</td>
<td>Embedded in a wider system</td>
</tr>
<tr>
<td>Let’s Keep Moving, Tendring</td>
<td>Taking place in community settings; Creates supportive environment; Strong community insight</td>
<td>High quality content &amp; delivery; Provides multiple benefits</td>
<td>Increase participation rate from within target population</td>
</tr>
<tr>
<td>Fitness In Mind</td>
<td>Uses sport centre as community asset; Creates supportive environment; Effective use of behaviour change principles</td>
<td>Capacity building to ensure sustainability; Provides multiple benefits</td>
<td>Embedded in a wider system</td>
</tr>
<tr>
<td>Livewell Child</td>
<td>Taking place in community settings; Effective use of behaviour change principles; Strong partnerships</td>
<td>Strong community insight; Fits with strategic goals of partners</td>
<td>n/a</td>
</tr>
<tr>
<td>Active Essex Ambassador Programme</td>
<td>Strong leadership and team; Well integrated within system; Strong community insight</td>
<td>Embedded in the system; Capacity building to ensure sustainability</td>
<td>n/a</td>
</tr>
<tr>
<td>Active Living</td>
<td>Clear ethos with individual focus; Supportive environment; Effective use of behaviour change principles</td>
<td>Thinking of the system; High quality content &amp; delivery</td>
<td>Embedded in a wider system</td>
</tr>
<tr>
<td>Trust Links</td>
<td>Clear ethos with holistic approach; Taking place in community settings; Strong partnerships</td>
<td>Provides multiple benefits; Strong community insight</td>
<td>n/a</td>
</tr>
</tbody>
</table>
### Research action projects: Current success, strengths and areas to develop for upscaling: Colchester

<table>
<thead>
<tr>
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<th>Strengths for Upscaling</th>
<th>Areas to Develop for Upscaling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community 360</td>
<td>Well integrated within system; Strong partnerships; Strong community insight</td>
<td>Embedded in a wider system; Provides multiple benefits</td>
<td>Strengthen evidence that their projects increase physical activity levels</td>
</tr>
<tr>
<td>Essex Wildlife Trust</td>
<td>Clear ethos with holistic approach; Creates supportive environment; Strong community insight</td>
<td>Provides multiple benefits; Strong community insight</td>
<td>Increase participation rate from within target population</td>
</tr>
<tr>
<td>Five Ways to Wellbeing</td>
<td>Strong leadership and team; Clear ethos with holistic approach; Creates supportive environment</td>
<td>Provides multiple benefits; High quality content &amp; delivery</td>
<td>Explore required resources to encourage increased adoption by schools</td>
</tr>
<tr>
<td>Catch 22 Crisis Housing</td>
<td>Clear ethos with holistic approach; Knowledge of hard to reach populations; Strong partnerships</td>
<td>Strong community insight; Provides multiple benefits</td>
<td>Strengthen evidence that their projects increase physical activity levels</td>
</tr>
<tr>
<td>Together We Grow</td>
<td>Clear ethos with holistic approach; Taking place in community settings; Creates supportive environment</td>
<td>Provides multiple benefits; High quality content &amp; delivery</td>
<td>Embedded in a wider system</td>
</tr>
<tr>
<td>Beat The Street</td>
<td>Taking place in community settings; Strong leadership and team; Strong partnerships</td>
<td>Strong evidence that project increases physical activity levels; High quality content &amp; delivery</td>
<td>n/a</td>
</tr>
<tr>
<td>Wild Colchester</td>
<td>Strong leadership and team; Well integrated within system; Strong community insight</td>
<td>Strong community insight; Well integrated within system</td>
<td>n/a</td>
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## Research action projects: Current success, strengths and areas to develop for upscaling: Tendring

<table>
<thead>
<tr>
<th>Project</th>
<th>Key Current Success Factors</th>
<th>Strengths for Upscaling</th>
<th>Areas to Develop for Upscaling</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tendring Mental Health Hub, Clacton</strong></td>
<td>Clear ethos with holistic approach; Knowledge of hard to reach populations; Taking place in community settings</td>
<td>Thinking of the system; Provides multiple benefits</td>
<td>Strengthen evidence that their projects increase physical activity levels</td>
</tr>
<tr>
<td><strong>Healthier Independence Longer (HILL)</strong></td>
<td>Clear ethos with holistic approach; Knowledge of hard to reach populations; Strong leadership and team</td>
<td>Provides multiple benefits; Strong community insight</td>
<td>Strengthen evidence that their projects increase physical activity levels</td>
</tr>
<tr>
<td><strong>Teen Talk Harwich</strong></td>
<td>Clear ethos with holistic approach; Knowledge of hard to reach populations; Taking place in community settings</td>
<td>Provides multiple benefits; Strong community insight</td>
<td>Strengthen evidence that their projects increase physical activity levels</td>
</tr>
<tr>
<td><strong>Dig 4 Jaywick</strong></td>
<td>Creates supportive environment; Taking place in community settings; Knowledge of hard to reach populations</td>
<td>Provides multiple benefits; Strong community insight</td>
<td>Increase participation rate from within target population</td>
</tr>
<tr>
<td><strong>Parkeston Welfare Park, Harwich</strong></td>
<td>Strong on obtaining funding; Taking place in community settings; Dynamic leader</td>
<td>Strong community insight; Good fit with setting</td>
<td>Capacity building to ensure sustainability</td>
</tr>
</tbody>
</table>
# Research action projects: Current success, strengths and areas to develop for upscaling: Basildon

<table>
<thead>
<tr>
<th>Project</th>
<th>Key Current Success Factors</th>
<th>Strengths for Upscaling</th>
<th>Areas to Develop for Upscaling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sport for Confidence</td>
<td>Uses sport centre as community asset; Clear ethos with holistic approach; Creates supportive environment</td>
<td>Systems building; Content &amp; Delivery</td>
<td>Embedded in a wider system</td>
</tr>
<tr>
<td>Motivated Minds</td>
<td>Taking place in community settings; Creates supportive environment; Effective use of behaviour change principles</td>
<td>Provides multiple benefits; High quality content &amp; delivery</td>
<td>Increase participation rate from within target population</td>
</tr>
<tr>
<td>Home-Start Essex</td>
<td>Strong partnerships; Knowledge of hard to reach populations; Clear ethos with holistic approach</td>
<td>Strong community insight; Good fit with setting</td>
<td>Strengthen evidence that their projects increase physical activity levels</td>
</tr>
<tr>
<td>Health Outreach</td>
<td>Knowledge of hard to reach populations; Clear ethos with holistic approach; Dynamic leader</td>
<td>Provides multiple benefits; Strong community insight</td>
<td>Strengthen evidence that their projects increase physical activity levels</td>
</tr>
</tbody>
</table>
Section 6: Recommendations

Recommendation 1: Undertake action research: test and learn

Action research enables testing and learning to take place within the communities and to be replicated and scaled up across Essex and beyond. For this to be valuable we recommend:

1. A systematic approach to action research
   - All projects to fit with LDP outcomes.
   - Empower organisations, informal groups, and individuals to plan and deliver their new test and learn projects across the deprived communities of Basildon, Colchester and Tendring.
   - All funded projects should provide sufficient detail of their design and implementation to ensure effective projects can be replicated.
   - Potential for upscaling should be considered early in the development of all action research projects.

2. A standard evaluation framework
   - Action research test and learn projects should collect consistent quantitative and qualitative data using a standardised framework (see Recommendation 5) to facilitate integration and comparison of findings. The data collected should be proportionate to the scale and size of the organisation and activities.

3. Knowledge Exchange and Learning
   - Action research should make use of expertise and knowledge already within the system to facilitate sharing of best practice, enhance learning and maximise potential impact (see Recommendation 2, point 4)
Recommendation 2: Invest in people and communities

Investment in individuals, communities, systems and learning is required to build capacity in individuals and organisations to use physical activity to develop strong and cohesive communities in deprived areas and to enhance sustainability. To do this we recommend investing in:

1. The Community
   - **Capacity build** by *upskilling* deliverers and volunteers.
   - **Develop community champions** (deliverers and volunteers) as role models, enabling them to feel that they are valued members of the community and to use them to promote recruitment.
   - Facilitate enhanced community involvement by *engaging gatekeepers*, e.g. schools, workplaces, housing associations.

2. Participants
   - **Ensure capacity for support** which could include *1:1 time with deliverers* or significant others, as well for *peer support* within sessions.

3. The System
   - **Embed people within the system** who can help ensure knowledge of the system is passed on to participants, deliverers, and partners.
   - Ensure *high quality leadership* across the system to enable action to be taken.
   - Change the *policies and practices* of organisations in the system to empower and resource local communities
   - Utilise social movement to make things happen locally leading to more cohesive communities that are active and stronger

4. Learning
   - **Local hubs** (clusters of local community organisations coming together physically and digitally) should be created to ensure *knowledge exchange, active learning* and *reflection*, leading to *co-production*.
   - **Additional training** and *resources* should be provided around *design* and *evaluation* of interventions, *funding bids, behaviour change*, and *community insight*.
Recommendation 3: Build sustainable systems

To enable a successful whole population shift, an appropriate and sustainable system should be in place. Individual projects will be stronger if supported by the system not restrained by it. To build sustainable systems we recommend:

1. Clearer infrastructure and clarity around funding
   - Support successful projects to secure funding to upscale or replicate.
   - Develop simpler processes for funding and ensure these are clear and transparent.

2. Develop a system to capture and share best practice
   - Provide awareness of all community projects tackling physical inactivity (e.g. by developing a centralised repository).
   - Improve the collection and sharing of data
   - Request funded projects share details of their project and their evaluation data.

3. Suitable Facilities
   - Facilities should be in a local setting, accessible by public transport, have adequate parking, be disability aware and charge an appropriate fee.
   - Facilities should meet the needs of deliverers and participants.

4. Build relationships
   - Empowering relationships could be achieved via local hubs or action learning sets.
   - Alter behaviour across the system and those people (providers/ deliverers/ commissioners/ partners) who are within the system.

5. Clearer pathways
   - Map systems both locally and wider to facilitate referral, signposting, and collaboration to ensure clearer pathways.
   - Embed people to help navigate the systems for participants, partners, and providers.
Recommendation 4: Embed community engagement and insight

Co-production will help to bring about behaviour change of a community. Develop community-level interventions that reflect the needs of the community, their local priorities and builds upon existing local strengths. To ensure this occurs we recommend using community engagement and insight to:

1. Explore what may be required by the community
   - Bring about *behaviour change* by changes in *policy, functions and techniques* that reflects local needs leading to improvements in *capability, opportunity and motivation* of individuals and groups.

2. Co-produce projects
   - Use co-production to help determine *who, what, where, and when*.

3. Develop recruitment strategies
   - Involve *gatekeepers, signposting, and social media* to enhance recruitment.

4. Develop communication strategies
   - Use effective communication to ensure *high level of engagement* by participants during project and follow-up especially with those participants who drop out.

![Diagram showing the flow of community insight and engagement with branches for behavioural change, intervention design, recruitment, and communication.](image-url)
Recommendation 5: Evaluation and monitoring

Evaluation and monitoring are key to determining if projects are successful but also help with learning what does and doesn’t work. To allow comparison of data within and beyond Essex, we recommend:

1. A standard evaluation framework

- **Data collection** needs to be simple, cost-effective, not over-burdensome for participant or deliverer, and at the right time points. It may need various methods of data collection which may include paper or more technology-based solutions.
- The Essex Framework should complement the National level frameworks.
- **Physical activity measurements** could be collected via a standardised questionnaire (e.g., Milton and colleagues single-item, Short Active Lives Survey; IPAQ), more objective measures (smartphones and accessories) or more expensive and complex accelerometers.
- **Wider wellbeing outcomes** should be included such as the Short Warwick-Edinburgh Mental Well-being Scale and the four ONS Personal Well-being questions.
- **Qualitative methods** should be used to increase richness.
- **Cost-effectiveness** and **social return on investment** should be included.
- **Process analysis** is important to identify out why effective projects are successful.
- The capture of **long-term behaviour change** should be encouraged.

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7 Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved.
Section 7: Appendix

Acknowledgements

We would like to acknowledge the providers, deliverers and participants who let us interview, observe and participate in projects across Essex. A full list of organisations/projects involved in the research is provided below. Thank you also to the leads who put us in contact with all the projects. It has been an interesting journey.

1. Achievement Through Football, Southend
2. Active Essex Ambassador Programme, Essex-wide
3. Active Living, Epping Forest
4. Beat The Street (Intelligent Health), Colchester
5. Catch 22 Crisis Housing, Colchester
6. Community 360, Colchester
7. Dig 4 Jaywick, Jaywick
8. Essex Youth Service and Essex Outdoors, Colchester
9. Fitness in Mind, Brentwood
10. Futures in Mind and Essex Wildlife Trust, Colchester
11. Healthier Independence Longer, Tendring
12. Health Outreach worker, Basildon
13. Home-Start Essex, Basildon
14. Let’s Keep Moving, Canvey Island
15. Let’s Keep Moving, Tendring
16. Livewell Child, Braintree
17. Motivated Minds, Basildon
18. Parkestone Welfare Park, Parkestone
19. Sport For Confidence, Basildon
20. Teen Talk, Harwich
21. Tendring Mental Health Hub, Tendring
22. Together We Grow, Colchester
23. Growing Together (Trust Links), Rochford
24. Wild Colchester (Intelligent Health), 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 deliver. 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) Can you describe the type of organisation you are:
      Prompts: Local authority, Charity, Volunteering organisation, Housing association, other
   b) Describe the activity/service e.g. what is it? What do you do?
      Plus include prompts: Type, when, frequency, where, duration
   c) What is the aim of activity/service?
   d) How long has your activity/service been running?
   e) Is it an ongoing activity or is for set period of time?
   f) How is your activity currently funded?
   g) What is the cost for the participant (if any) to the attend activity/service?
   h) Which behaviours are you trying to alter?
      Prompts: become more active; eat more healthily; decrease alcohol/smoking; start volunteering
   i) Who is your target audience? Why do you focus on that audience?
      Prompts: people with mental health difficulties; disabled; families; older people; female only
   j) Do you target people who are currently inactive (do less than 30 minutes exercise per week)?

2. Marketing/communication
   a) How do you publicise your activity/service to attract participants?
      Prompts: social media; flyers/posters; word of mouth; other advertising, referrals
   b) How do you communicate with participants once they have joined?

3. About you the provider/deliverer
   a) What is your role?
   b) Can you tell me about yourself?
      Prompts: age, gender, paid/volunteer, contribution, level of experience, level of skills/knowledge
   c) Why are you involved in the activity/service?
   d) Describe your approach to your role?
   e) Describe the training you have undertaken for this role

4. Other staff/deliverers
   a) Can you tell me about them?
      Prompts: age, gender, paid/volunteer, contribution, level of experience, level of skills/knowledge
   b) How do you recruit, retain, and deploy your staff/volunteers?
   c) Describe the training staff/volunteers undertake for this role
d) Can participants become upskilled to take on this role?
e) Why do you think they are involved in the activity/service?
f) Describe their approach to their role.

5. About your participants
   a) Can you tell me about the participants who attend the activity?
   Prompt: age, gender, ethnicity, SES, employment status, dependents, carer
   b) Can you tell us about the attendance?
   Prompt: number of unique participants, number of regular participants,
   c) How long have current participants typically been engaged with your
      activity/service?
   d) Why do you think they come?
   Prompt: socialising, be active, learn/practice a skill, give/volunteer
   e) Do your participants progress to participating in other community activities?
   f) How long before drop out or stop coming?
   g) Why do you think they stop coming or drop-out?

6. Physical activity
   a) On scale on 0-10 with 10 being fast running and 0 being asleep how would you
      rate the physical activity in your session?
   b) Why do you rate it like this?
   c) To what extent is physical activity a primary or secondary objective?
   Prompt: opportunity, increasing capability, motivation
   e) Physical activity is one of the five ways to wellbeing. Could you describe if and
      how any of the other 4 are objectives for your activity/service: connecting with
      others, learning, volunteering, and taking notice.

7. Partnerships
   a) Can you tell me about any partnerships you have within the current system?
   Prompts: groups/organisations such as local authority, NHS, housing association, job
   centres, police, schools, public health teams, CVS, other charities/organisations.
   b) How do you currently work with and interact with these partners?
   c) Do any of these partnerships refer participants to your service/activity?

8. Success factors and barriers
   a) How do you define success for your activity?
   b) Can you tell me about the key factors that you think contribute to the success of
      your activity?
   Prompts: ethos, deliverers, participants, the system
   c) Can you describe any techniques you use to try to change the behaviour(s) of
      your participants?
   Prompts: e.g. using role models, education, upskilling, incentives, persuasion,
   providing opportunities
   d) Can you tell me about any current barriers to the success of your activity?

9. Moving forwards
a) How would you like your activity to develop over the next 1-2 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
b) Can you describe any factors that are stopping this development?
c) Can you describe any support you need from the wider system to enable this
d) development?
   Prompt: Not just money, bats and balls! Who, what, when, how and why?
d) Would you be interested in receiving information/training on i) how to change
   behaviour? ii) how to secure extra funding; iii) how to recruit volunteers; iv) how
   to network with similar organisations; v) how to train and upskill your workforce;
v) how to improve your governance
   Prompts: Printed resources, written online resource webinar, workshops
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 are participating in 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) Why do you come?
   • Prompt: socialising, be active, learn/practice a skill, give/volunteer

b) Can you tell me about any partnerships that appear to be linked with this service/activity?
   • Prompts: groups/organisations such as local authority, NHS, housing association, job centres, police, schools, public health teams, CVS, other charities/organisations.

c) Discuss any aspects of this activity/service that are successful for you/the group

d) Discuss any aspects of this activity/service which are not so successful for you/the group

e) Discuss any barriers you know of for others not attending this service/group or dropping out

f) Describe any positive changes that have occurred as result of attending the service/activity

g) How has the activity/service led to these positive changes?

h) What factors will enable you to sustain your participation in this activity/service?
   • Prompt: individual, social, environmental and organisational factors.

i) What factors will enable you to increase your participation in this activity/service?
   • Prompt: individual, social, environmental and organisational factors.

j) What factors will enable you to increase your participation in other activities/services?
   • Prompt: individual, social, environmental and organisational factors.

k) Is there anything else that you would like to add?