

Get Out Get Active: Evaluation and Learning

1st Annual Report

October 2017

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Date of document: 20th December 2017

Version: 6

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Acknowledgements

We would also like to thank the many individuals who gave their time to assist in the evaluation, all of whom were important in the writing of this report. This evaluation would not have been possible without all of these contributions.

List of abbreviations

|  |  |
| --- | --- |
| BAME | Black, Asian, and Minority Ethnic |
| DPULO | Disabled People's User Led Organisation |
| DSNI | Disability Sport Northern Ireland |
| DSW | Disability Sport Wales |
| EFDS | English Federation of Disability Sport |
| MI | Management Information |
| SDS | Scottish Disability Sport |
| Spirit | Spirit of 2012 |

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# Executive Summary

Below we summarise the key findings from the early evaluation work completed so far that aim to illustrate the nature of delivery achieved so far, the numbers of participants GOGA has reached, early insights on the impact of this engagement particularly in relation to the Lowest Active target groups and engaging disabled and non-disabled in activity together, and the key learning that will help drive the GOGA programme forward.

## Programme Set Up and Early Delivery

Good progress has been made with GOGA delivery now underway in 18 localities across the

UK. A key component of this driving delivery for all participants is that GOGA activities looked like they were going to be fun, whilst for Least Active groups also offering particular opportunities to be more physically active, improve physical health and enhance mental health.

Registration data shows that there are over 4,090 participants on the GOGA programme, 3,893 who are participants in GOGA activities, and 176 who are volunteers and 28 as Peer Mentors.

To September 2017, 282 GOGA activities were identified by localities, though 101 of these activities (36% - 101/282) do not currently specify their targeting. However, over three quarters (78% - 141/181) of activities with known targeting (181) are providing opportunities for disabled and non-disabled people to be active together, 42% involve active recreation, and 57% are offered free of charge.

58% of all activities run with sessions of between 31-60 mins, although the average session length is 100 minutes, with an average of 28 sessions planned for activities. Most activities (70%) target multiple audiences with 25% (71 activities) targeting the over 50s, 12% (33 activities) targeting Under 16s; 10% (28 activities) targeting women, and 6% (18 activities) targeting BAME groups. It would seem that there is scope for localities to keep the targeting of their activities under regular review utilising the monitoring information to identify specific population groups that may need to be targeted as inactive groups are identified.

Across the management information data there are clearly challenges in collating full datasets from all participants, and this will need further work by all localities to address the identified gaps on participants that other localities have managed to collect.

Discrepancies in data have been caused by staff changes, incomplete registrations, in some areas a wish to collate personal details overtime, and difficulties getting accurate participant numbers from some local delivery organisations. The addressing of these discrepancies will be a critical focus of the evaluation and programme management work over the immediate months including a continued focus on the quarterly monitoring data supplied by localities. Localities will be supported to address gaps and solutions through targeted feedback, whilst monitoring tools will be regularly reviewed and refined where appropriate to ensure they work as effectively as possible for localities and their delivery partners, and GOGA participants.

Despite these challenges the emerging patterns in participation data suggest GOGA is having some success through the specific targeting of female and BAME participants, the inactive and those with disabilities, but there is still a need to focus to engaging inactive men and boys.

Whilst the early statistics drawn from the management information system show that progress is being made in terms of the numbers of participants, GOGA has already managed to reach and begin working with, there is still much work to do to achieve its main objectives.

## Reaching the Least Active

Where data from registration forms is available known activity levels of GOGA participants are relatively low with 17% saying that they are not doing any physical activity for at least 10 minutes per day, whilst 62% are only active for up to 30 minutes per week. Thus current GOGA participants are significantly less active than minimum recommended levels for adults in the UK.

Baseline survey findings show a more definitive pattern with a Least Active group being identified through analysis of previous activity levels. Amongst this group 73% had not done any form of physical activity in the 4 weeks prior to their participation in the programme. 80% had done no sport, and 92% no walking of ten minutes or more.

These Least Active groups identified by the Tier 2A survey results and matched to registration data are marked by particular characteristics. Those records able to be matched, show that 74% of matched records are for females and 52% from Asian or Asian British[[1]](#footnote-1), and 48% from White ethnic groups. This compares with an overall profile of participation from registration data where 14% of participants are from Asian or Asian British Groups, and 5.1% from Black/Black British - data which shows participation by a range of ethnic groups who constitute least active participants. It reflects the overall sampling we were able to undertake in the very first round of Tier 2A collection and will be addressed as further rounds of data collection throughout programme delivery. The evaluation work will need to focus on unpacking more detail about the non-traditional routes that have been utilised to access these least active individuals across a range of ethnic groups as we move forward.

## Disabled and Non-Disabled People Being Active Together

In terms of Disability and activity Levels, the early findings from management information data are relatively positive. Participants in GOGA are from Disabled and Non-Disabled groups and the proportion of those with a Disability or Long Term Health Condition is higher than the proportion in the resident population in GOGA areas.

Over half of all GOGA participants have difficulty learning, concentrating, or remembering, whilst a similar proportion face mobility challenges. A quarter face vision challenges and 18% mental health issues.

GOGA has had success in reaching those most affected by their disability or condition with 68% saying their disability, or condition has a substantial effect on their day to day activities.

Participant data shows that GOGA is already providing opportunities for the disabled and non-disabled to be active together. Out of those that have identified their target group, 78% of GOGA activities explicitly provide opportunities for disabled and non-disabled participants to participate together, and 22% of activities target people with disabilities only. For the disabled only activities this approach is within the context of an inclusive pathway so some localities will be piloting activity with disabled people first to support growth in confidence and then engage non-disabled people when trust has been built. This is part of an approach that enables participants to engage in a journey towards being active with non-disabled people. Quarterly monitoring will however continue to check and challenge activities and engagement approaches to ensure they are aligned with the core principles of the GOGA programme.

There are 101 activities listed that do not currently specify their targeting, and these will be revisited by the evaluation to update these data gaps.

## Application of Talk to Me Principles

Early application of the Talk to Me principles has been strong across most localities, particularly supporting marketing and communications and engagement work.

Stakeholders see strong alignment between their own values and the Talk to Me principles and the principles of other national equivalent values, and have seen this assist National Partner engagement with Localities across the UK.

The Talk to Me principles that have proved most useful for localities and stakeholders have been: My Channels; Include Me; Listen to Me; and Welcome Me.

For the Least Active awareness of GOGA activities is most likely to occur through family and friends.

All respondents felt that there was NOT a sense that existing GOGA activities were too disability focussed.

For Least Active groups the support of another person, transport availability, and the timing of activities were of particularly important factors in their involvement in the GOGA programme.

For engagement to occur these individuals agree strongly they need support for another person and to have activities timed around their other responsibilities, it is these aspects they are finding in the activities they are participating in that for them are fun, welcoming, reassuring, inclusive, without an over emphasis on disability.

The Least Active group want to participate in GOGA to be more physically active, improve their physical health and mental wellbeing, whilst the more active want to learn new things.

Over 80% of those involved with GOGA say it has enabled them to connect with activities they haven't done before, whilst just over half say a specific individual or role model has inspired them to get involved.

## Sustainability

Sustainability of GOGA activities has thus far had a limited focus in Locality and National Partner delivery.

Development of inclusive delivery training, new partnerships and working relationships, and joint action planning between National Partners and Localities are providing some sustainability opportunities across the GOGA programme.

Sustainability remains a core programme element and will have an even greater focus for 2017/18 delivery as delivery programmes have now been set up, and are now delivering a significant range of activities.

## Progress Against Spirit's Impact Measures

**Wellbeing** - The Least Active group are more anxious, less happy, feel life is less worthwhile, and have lower life satisfaction in the early stages of GOGA engagement than their more active counterparts. However, all GOGA participants irrespective of prior physical activity levels mean ratings show them to feel happier than average UK levels. This represents early findings from the data and rolling baseline data collection will further fine tune this information as GOGA and the evaluation data move forward.

**Perceptions of Disabled People** - These are generally positive across the board when respondents join the GOGA programme. The Least Active are less likely though, to believe that a disabled person can lead as full a life as a non-disabled person, and they also believe that GOGA could change perceptions of disabled people in their local area.

**Social Cohesion** - Baseline findings show that the Least Active are much less engaged in their local community on joining GOGA, feel less able to participate on physical activity, take part in less activities in their local community, and are less likely to report that they feel they belong in their local community.

These findings show the baseline position for individuals who have recently joined the GOGA programme, in future we will be in a position to understand the impact of GOGA on these measures and individuals through the impact assessment work that is the cornerstone of the Tier 2b and 3 evaluation work.

## Conclusions

It is positive that GOGA delivery is now underway in 18 localities across the UK and that systems are in place to facilitate local project management, monitor and evaluate the programme from its earliest phases of delivery, and learn from practice.

The complexity of ensuring this across those 18 localities should not be underestimated.

Delivery success seems to stem particularly from offering activities that are perceived to be fun, recommended by friends and family, providing new opportunities to engage in different kinds of activities, support through role models disabled and non-disabled people to be active together, and offer welcoming and reassuring initial engagement.

Through these approaches there are a number of early signs that the GOGA programme has begun to make good progress in targeting the inactive, encouraging activities that allow disabled and non-disabled people to be active together. Indeed, there are particular signs that the programme thus far is starting to demonstrate particular success with women.

However, work remains to be done in ensuring greater consistency in the collection of monitoring and evaluation data across all localities to truly capture the detail of who the programme is beginning to reach, but equally who it has yet to reach.

There is more work to do at a local level to increase engagement of men, those from BAME groups, and ensuring that there is a focus on getting the truly inactive engaged in the programme.

National partners have made a real difference where they have been proactively involved in supporting delivery and/or where Localities have proactively sought out their expertise. However, not all localities have yet made the fullest possible use of this support. There is a sense that there remains a particularly untapped resource in the use of the expertise of each of the home nation disability sports bodies both within their home nations, and across the rest of the UK.

Plenty of early expertise has been developed, but this needs to be shared more widely across the GOGA network and beyond. Although shared on the GOGA portal and through the annual GOGA conference, interaction with this has been relatively low and this needs to be built up further to ensure that practice sharing has the best possible impact on delivery in future. Such practice sharing should be utilised to effect change by Localities, Stakeholders, and National Partners across a range of work around active recreation and the engagement of the inactive, wherever that may be taking place.

## Insight for 2017/18 Delivery

From our work for this first Annual Evaluation report, our findings suggest that for delivery through 2017/18 should be focussed particularly on:

Working to **embed the GOGA brand** which localities are extremely complimentary about to help get the programme out there, deeper into the targeted localities.

Further **engagement work with the harder to reach/harder to help groups** to target local need as specifically and forensically as possible.

**Ensuring that the GOGA 'offer' emphasises its opportunities** for fun, in welcoming and reassuring environments, with role model support if wanted, providing opportunities for disabled and non-disabled people to be active together, within their local community.

**Spreading the knowledge and learning from GOGA** within and beyond its partnerships and networks.

**Building on the networks and partnerships** that are starting to be established to embed them sustainably further in localities as the key mechanism through which the inactive and disengaged might be best engaged in the future. It is these partnerships and networks where the GOGA programme, and the practice and expertise it builds, will be sustained beyond the funding by embedding practice and collaboration for the future.

# Background

## Introduction

In June 2016, the English Federation of Disability Sport (EFDS) commissioned Wavehill along with Consilium Research and Consultancy to evaluate Spirit of 2012’s Get Out & Get Active (GOGA) initiative.

### Spirit of 2012

Spirit of 2012 (hereafter Spirit), is a Trust set up by the Big Lottery Fund to spread the spirit that radiated from the London 2012 Summer Olympics (particularly that associated with the voluntary efforts of the Games Makers) to everyone, everywhere. The objectives of the Trust are to:

* **Use** regional, national and international events as catalysts for social change; ensuring the country as a whole benefits from the values, opportunities and spirit of events.
* **Enhance** the volunteering infrastructure of the UK for community benefit, drawing on learning from the success of the London 2012 Games makers’ programme.
* **Engage**, enable and empower young people as leaders and ambassadors, in schools, communities and nationwide.
* **Increase** understanding of the challenges disabled people face and ways in which they overcome them to help achieve a step-change in positive attitudes to disability and impairment.
* **Collect and share** expertise and information gained by Spirit and its partners to inform and support others working in similar areas across the UK.

### The GOGA Programme and Its Objectives

The GOGA programme is supported by £4.5 million from Spirit of 2012 to develop, deliver and learn from new and innovative ways to engage capture inactive people into active recreation. Delivered across the UK, the programme is overseen by the four Home Nation Disability Sport Organisations (Disability Sport Northern Ireland (DSNI), Disability Sport Wales (DSW), Scottish Disability Sport (SDS), and the EFDS) working in 18 Local Authority as shown below:

|  |
| --- |
| **Area** |
| * Bradford Council |
| * Greater Manchester - Manchester City Council |
| * Greater Manchester – Rochdale Borough Council |
| * Greater Manchester – Wigan Council |
| * Kent/Thanet |
| * Lincolnshire |
| * London - Lambeth Council |
| * London - Wandsworth Council |
| * Nottingham City Council |
| * Stoke-on-Trent City Council |
| * Derry City and Strabane Council |
| * Armagh City, Banbridge and Craigavon Council |
| * Fife Council |
| * Forth Valley: Stirling Council/Clackmannanshire Council/Falkirk Council |
| * Grampians: Aberdeenshire Council/Aberdeen City Council/Moray Council |
| * Pembrokeshire County Council |
| * Rhondda Cynon Taf County Borough Council |
| * Wrexham County Borough Council |

Programme delivery is supported in a number of ways across the GOGA programme though usually this involves strategic groups overseeing GOGA delivery which in the strongest examples include key partners from across health and social care, and community development fields rather than just partners from explicitly just sport or physical activity areas.

Developing infrastructure in Local Communities is also important and an area where the support of National Partners is particularly crucial in brokering contacts and supporting Localities in developing these new relationships. Evaluation findings will show later in this report how these provide key foundations for the delivery of GOGA across the programme Localities.

EFDS is the programme lead for a wide-ranging partnership approach that aims to reach out to new audiences for fun and inclusive active recreation and see disabled and non-disabled people being active together. This approach is underpinned by implementation of key Spirit of 2012 principles that advocate that by enabling people to participate in a wide-range of activities and being able to engage in their communities they will:

* Improve their health and well-being, and as a result, improve communities and society as a whole.
* Improve their perceptions towards disability and impairment.
* Lead them to experience greater social cohesion and understanding.

The overall aim of GOGA delivery is:

*Supporting disabled and non-disabled people to be active together, GOGA aims to get some of the UK’s least active people moving more through fun and inclusive active recreation.*

GOGA delivery is also guided at a local, national and programme level by the English Federation of Disability Sport (EFDS) Talk to Me principles. These ten principles result from research with disabled people, which explored what helps to make activities more appealing and accessible. The programme aims to test whether the effective use of the principles will influence the extent to which people are supported to become more physically active.

# Methodology

## Purpose of the evaluation

The purpose of the evaluation of the GOGA programme covers three key elements of work:

1. **Formative Evaluation:** To focus on the learning, innovation and good practice achieved by the programme during its life, including case study evidence. The findings will be used to inform programme processes and future project design, development and evaluation throughout programme delivery. In addition, feedback on findings will be provided to GOGA partners, to enhance their activities and methodologies.
2. **Summative Evaluation:** To analyse the outcomes of each element of the programme individually and collectively against the outcomes in the original project proposals. As well as quantitative measurement against the agreed KPIs, the analysis will include case study research to enable grant recipients and beneficiaries to ‘tell their stories’ highlighting the detail of their experience and the practice, support, and delivery underpinning successful impacts and outcomes. It will bring together the analysis of individual projects to provide an evaluation of how far the GOGA programme is meeting its stated objectives.
3. **Process Evaluation**: To test (light touch) the experience of GOGA partners of working within a consortium and with Spirit of 2012 at each stage, including grant management and reporting processes so that we can learn from partner feedback and improve our processes and procedures accordingly.

These elements of work are all ongoing and this report represents the first Annual Report from the Evaluation work completed thus far, primarily covering the set up and early operation of the GOGA programme through the 18 localities it is working in, the partnership working between those localities and National Partners, and the wider partnership development work also being undertaken. It is intended that this report gives the first snapshot of the early progress made by the GOGA programme, capture any early learning from those experiences, and help shape further delivery across the UK from that learning.

## Basis of this report

The findings presented in this report are based on several datasets, including:

* Analysis of Management Information reported by Localities delivering the GOGA programme. Data covers all the activity undertaken by localities and reported via the GOGA management information system or recorded on the Upshot system up to late September 2017. The dataset includes participant, volunteer and peer mentor numbers plus key demographic and activity level statistics as those individuals registered to join the GOGA programme. This information covers over 4,000 individuals.
* Narrative reports provided by Locality and National Partners covering quarters 1 and 2 of the 2017/18 delivery year which represented the first two quarters of GOGA delivery where all 18 localities were ready to begin delivering GOGA.
* Annual Update Interviews with Locality Leads and National Partners. These were conducted by telephone and involved a total of 20 interviews with National Partners[[2]](#footnote-2) and 23 interviews with those representing 15 localities[[3]](#footnote-3).
* A baseline survey (Tier 2a – see detail below) with GOGA participants to gather more detail on their levels of activity, wellbeing measures, and perceptions of disabled people. This survey was undertaken by telephone, online, and on our behalf by GOGA staff in a number of localities. A sample of activities across the UK that were still operating in May/June 2017 were selected and 164 interviews were completed with GOGA participants from a total of 1,181 usable contact details[[4]](#footnote-4)[[5]](#footnote-5) supplied to us across a sample of localities delivering GOGA activities in June/July 2017. It will be repeated on a rolling basis over the course of GOGA delivery meaning the overall sample will grow over the course of GOGA delivery. Thus the final evaluation reporting. Up to 80% of those interviewed have said they are happy to participate in further follow up interviews so the evaluation will be able to track impacts across time.

The baseline surveys above were conducted as part of Tier 2a of the evaluation framework that sought to allow us to identify a little more detail about GOGA participants, volunteers and peer mentors.

The survey we conducted with them first sought to collate a series of baselines about their physical activity levels prior to GOGA participation, their views and perceptions of disabled people, measures of personal wellbeing, and commentary on aspects of GOGA delivery. These surveys were conducted as early as possible in the participants engagement with the GOGA programme and they were specifically asked to reflect on the position against these measures prior to their participation in the GOGA programme.

This approach was developed in response to the findings of our initial scoping interviews with locality leads (July – Sept 2016) that highlighted particular concerns that participants from vulnerable groups or those facing particular personal/social challenges might be deterred from participating in GOGA if they found they were being asked detailed questions about a range of personal circumstances and engagement in the very earliest stages of joining the programme. Indeed, as our findings later highlight activity and locality leads have identified that they have had to invest a lot of time and effort in building trust with participants to engage and maintain participation and that to facilitate this data collection has been held back to avoid ‘putting participants off’. This is an important learning point for similar work with disengaged/vulnerable groups that has also been seen in previous evaluation work Wavehill have been involved in with vulnerable groups – that trust building is a key success component in engagement and that early extensive data collection does little to facilitate such a critical element of work with such vulnerable groups.

Surveys were conducted with GOGA participants on a list of activities that was sifted from the full list of activities reported to us through the monitoring system by those leading GOGA delivery in localities across the UK.

#### The Sifting Process

When drawing the sample of activities a number of criteria were specified to provide the best opportunity to interview participants who had had a 'detailed' GOGA experience and thus would be able to provide some detailed feedback post-GOGA on the impacts and outcomes of that experience.

Activities were selected on the following basis:

* Project activity information was fully detailed;
* GOGA delivery had begun;
* Activities lasted for at least 7 or more sessions.
* Sessions were expected to last least 60 minutes.
* Activities were due to be running past June 2017 as initially scheduled, so interviewees were still participating in their GOGA activity at the time of interview.
* Activities cover a mix of Sport, Active Recreation, or Physical Activity.

Consequently, surveys were conducted with a sample of participants from these sifted activities, as detailed above, selected at random from the workable contacts supplied.

#### Activities Sampled and Interview Process

The sifting process led to the identification of 57 activities across 11 locality areas[[6]](#footnote-6). These localities were contacted and Activity Leads were invited to identify contacts of participants who had agreed to be contacted for the evaluation. There were two options for each activity,

1) the evaluation team at Wavehill would complete surveys by telephone; or

2) Activity staff would undertake the interviewing, or send participants an online survey link.

In total, 295 contacts of participants on those activities were provided for telephone interviews for Wavehill staff from which 116 completed interviews were achieved. A further 45 interviews were completed by GOGA staff in four localities, and three participants in one locality completed an online survey.

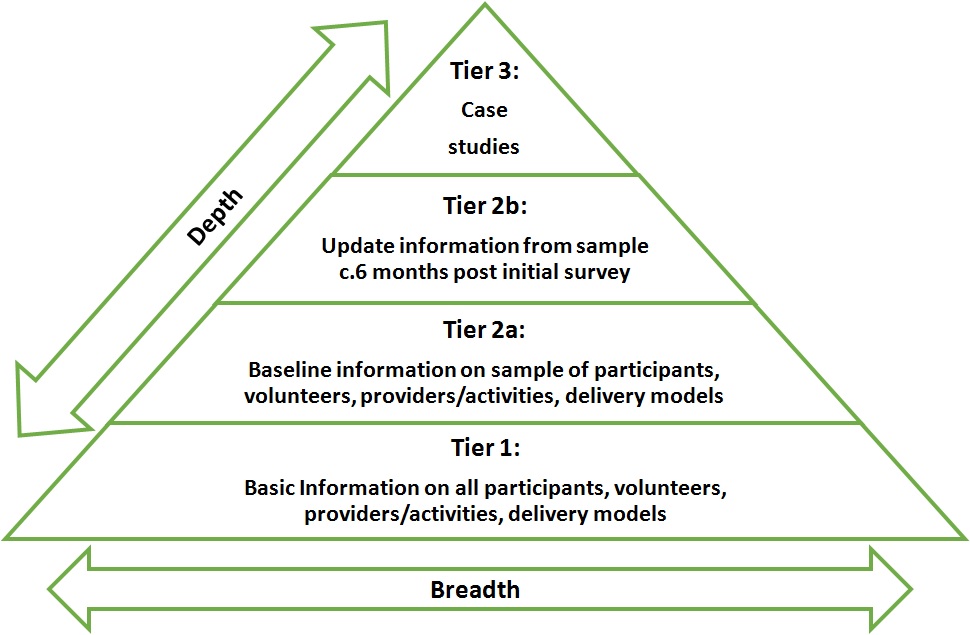
In total, 164 interviews were completed by the beginning of September 2017[[7]](#footnote-7), though as we note earlier this sample will grow over the lifetime of the evaluation as further Tier 2a and 2b surveys (see **Section 2.3** below) are completed on a rolling basis.

## How this report fits into the overall evaluation approach

**Figures 2.1 and 2.2** below summarise how our evaluation is structured, and how it addresses the examination of the key objectives of the GOGA programme. It involves a Tiered approach to evaluation data collection that starts at the broadest level across the full registered population of GOGA participants/volunteers/peer mentors/activities. At Tier 1 our evaluation work captures the full breadth of GOGA delivery, but does so for only a relatively shallow depth of information.

By sampling to ensure representativeness, our work across Tiers 2a, 2b, and 3 will seek a greater depth of information about GOGA delivery, but from a narrower breadth of evaluation subjects, programme participants and those delivering and managing GOGA, from whom we will seek greater detail about their GOGA experiences and outcomes.

Figure 2.1: Overview of GOGA Evaluation Framework



This report covers results of our analysis of the evaluation covering the Tier 1 and Tier 2a data collected so far it is intended to spark further queries and questions about GOGA delivery and practice to aid further analysis that ultimately aids those delivering GOGA to learn so that the programme can be enhanced further as it moves forward.

We welcome any insights, or areas for further analysis, that might be sparked in those reading this report.

Figure 2.2: Summary of the Coverage of each Tier of the Evaluation Framework

# Programme Set Up and Partnerships

## Introduction

The GOGA programme commenced in October 2016 and will run until September 2019 and aims to deliver the following objectives:

* **A More active society** Engage over 16,000 inactive disabled and non-disabled people into community led inclusive active recreation opportunities
* **More volunteers** Recruit, train and deploy 2,000 disabled and non-disabled volunteers and peer mentors to reach, engage and support inactive individuals into active recreation
* **Inclusive delivery** To deliver over 30,000 opportunities for disabled and non-disabled people to be active together, increasing demand for and accessibility of existing provision by responding to key motivations and drivers for being physically active
* **Improved perceptions and understanding** Challenge and improve perceptions and understanding of disabled people through co-production and sharing of best practice and learning to influence the practice of others
* **Improved health and well-being** Creating more healthier, happier and cohesive communities

It is important to note that five of the eighteen localities delivering GOGA have been delayed in their delivery of GOGA since the official start of the programme in October 2016. Due to a range of staff recruitment and delivery partnership challenges the following areas have only begun formal delivery since January 2017:

* Lambeth (London)
* Wandsworth (London)
* Thanet (Kent)

These areas began formal delivery in June 2017:

* Pembrokeshire (Wales)
* Rhondda Cynon Taf (RCT) (Wales)
* Wrexham (Wales)

However, the most recent quarterly reports for the period to late September 2017 show that GOGA is delivering across all 18 areas covered by the GOGA programme.

## Programme Set Up - Monitoring Programme Performance

A key focus of the set up work for the GOGA programme has been upon establishing mechanisms to monitor the programmes' performance. As a result the GOGA programme is underpinned by a range of Management Information systems that have been developed alongside GOGA programme delivery by the programme manager at EFDS, and the evaluation team at Wavehill. The systems and evaluation framework were developed following consultation with Localities and National Partners on the feasibility of collecting certain types of information, and tools developed to aid them in collating the information.

This has sought to ensure that the management information requests are not duplicated and that all the data collected is directly used to report progress and outcomes to Spirit of 2012, whilst at the same time addressing the key evaluation objectives for GOGA. Of equal importance, is the fact that the systems have been designed so that they can be used by localities and national partners to monitor their own practice, review delivery, and shape revisions to delivery. It is a key aim for GOGA, and all activities funded by Spirit, that risks and the piloting of new approaches is undertaken to test innovative approaches and to build new capacity for sustained delivery beyond the life of the GOGA programme funding.

The systems developed have been in use since October 2016 and are already yielding a range of useful programme management information that localities and National Partners collate and report on to EFDS, to facilitate performance reports to Spirit.

To this end, localities and National Partners have been issued with standard guidance on their responsibilities for collating management information.

### Locality Data Collection

For Localities the standard information they need to collate is included on registration forms for participants aged under 16; participants aged over 16; volunteers; and peer mentors.

They are asked to ensure that the following occurs:

Day to day:

* Complete, collect and store registration forms for participants, volunteers and peer mentors (where this applies) involved in GOGA activity
* Support the evaluation work on outcome measures to encourage learning from delivery and sharing of details on emerging impacts from GOGA
* Lead own internal project monitoring and learning. This ensures that delivery remains on track and meets the needs of the individuals who they are engaging.

Every quarter submitting:

* A **partner narrative report** focussed on key milestones and project delivery for that quarter
* An **aggregate numbers report**, for those not using the Upshot system[[8]](#footnote-8) which pulls together information from the individual registration forms.
* For those localities using the Upshot system localities are asked to ensure that all participants are recorded onto the system so that live data on participants can be drawn down at any time, but also at specific reporting times.
* An up-to-date online **activity report** to record details of all activities influenced through the GOGA investment. This data will be collected online using a unique link for your locality.
* A **partner finance report** to include details on actual spend from the previous quarter and forecasted spend for the upcoming quarter, this template is also used to record any ‘in kind’ funding received.

As activities finish:

* Making sure that activity leads complete an **activity or event closure questionnaire**, this is sent to them online based on the information submitted through the online activity report when activity or events are recorded as completing. It collates details of the total number of participants in an event/activity.

### National Partner Data Collection

National partners are expected to report on a quarterly basis using a standard set of templates. The templates to be submitted include[[9]](#footnote-9):

* Action Plan Updates
* Finance Reports
* Narrative Reports

In this report we have concentrated on reporting of participant numbers by localities, but have drawn key insights into the National Partner delivery experience and learning from our national partner interviews that will be summarised later in this report.

## Early GOGA Programme Set Up and Delivery

### Registration Form Completions

Data from the management information systems shows that early steady progress is being made in GOGA delivery. **Table 3.1** illustrates the total numbers of participants across all GOGA activities from Q3 2016/2017[[10]](#footnote-10) to Q2 2017/2018[[11]](#footnote-11) inclusive, a period of just under 12 months of delivery (October 2016 - Mid September 2017). This is also a period where delivery by all 18 localities has only been on stream since June 2017 because some localities have faced some challenges in recruiting or replacing GOGA delivery staff.

Overall, there are over 4,090 unique participants on the GOGA programme[[12]](#footnote-12), 3,893 who are participants in GOGA activities, and 176 who are volunteers and 28 as Peer Mentors. The data shows how the overall numbers have increased as delivery in more localities has come on stream, with Q2 2017/18 being the first quarter of reporting where all 18 localities have been delivering GOGA activities.

Table 3.1: Participation in the GOGA Programme by Type of Participant October 2016 to September 2017

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time Period | Total number of Participants / Volunteers / Peer Mentors | Total number of participants | Total number of volunteers | Total number of peer mentors |
| Q3 2016/17 | 468 | 421 | 44 | 3 |
| Q4 2016/17 | 952 | 918 | 26 | 8 |
| Q1 2017/18 | 1,185 | 1,113 | 63 | 9 |
| Q2 2017/18 | 1,493 | 1,441 | 43 | 9 |
| Total Unique Participants | 4,097 | 3,893 | 176 | 28 |

Source: GOGA Management Information Systems, data extracted 29th September 2017

Initial analysis of the data, reinforces an issue raised by some localities about getting participants to complete registration forms. Some areas have reported some reticence from participants to completing the registration form, or only being willing to complete certain sections of the form. The reticence is predominantly related to questions associated with disability and nature of the condition, activity levels, sexuality, and working status. These issues are not universal however, with the majority of localities reporting no particular issues. Consequently, some participants have blank records against their details on the Upshot system and this means there are shortfalls in response levels against some characteristics of participants. We only know this from data drawn from Upshot because this illustrates individual categorisations rather than the aggregate numbers supplied by non-Upshot users.

These distinctions may in part be explained by the approach adopted in some localities to the gathering of key monitoring information. In some areas, initial engagement of individuals in the GOGA programme involves the collection of basic contact information and gender with the overall registration form completed when a relationship with those participants has been established and thus issues with disclosure are minimised. The findings suggest that such an approach is not working and important planning information is being missed out from these initial engagements that would enable localities to plan activities better as the localities may not have a clear picture of the kinds of activities potential participants may wish to take part in. In Fife, interviews have highlighted how the locality as moved from a similar two stage registration process to one where the GOGA information has been combined with the standard local registration form. Thus all the information is collected during a single conversation with individuals during their first two engagements with GOGA.

Some of locality interviewees reported they had had fewer problems in collecting the required information by adopting a more 'conversational' and 'socialised' approach to collecting this information from participants, standard Management Information (MI) reporting can be completed more easily, and a locality has the background knowledge about participants it should need to plan a delivery programme effectively. Indeed in contrast, Wavehill interviewers found little reticence amongst those we interviewed for the participant baseline interviews to disclose this information, although these have been selected/self-selected and therefore may not represent a true reflection of the full GOGA participant cohort.

## Characteristics of All Participants

Notwithstanding some of the underestimates in the management information data on the characteristics of participants highlighted above, we are still able to provide an overview picture of existing GOGA participants that illustrates that there is an emerging positive picture of whom GOGA is supporting, across the 4,097 participants. Later sections of this report (**Sections 4.2 - 4.3**) unpack these characteristics further looking at physical activity levels and experiences of disability in to GOGA's reach of the Lowest Active groups and provision of opportunities for disabled and non-disabled people to be active together.

Thus as **Table 3.2** illustrates:

* 66% (2,075) of GOGA participants to September 2017 are aged over 16, and GOGA is working with over 1,000 people aged 16 or under.
* Females make up a majority of GOGA participants accounting for 60% of all participants that responded to the gender question. Indeed, the most recent quarter data shows that a rising proportion of participants in Q2 2017/18 were female at 58% of all participants, up from 51% in Quarter 1.
* 75% of participants who responded to the ethnicity question come from White Ethnic groups, with 14% from Asian or Asian British groups. 2% prefer not to identify their ethnicity.

Table 3.2: Demographic Characteristics of GOGA Participants - Age, Gender and Ethnicity

|  |  |  |
| --- | --- | --- |
| Characteristic | Number | % of All Responding |
| Age | | |
| Over 16s | 2,075 | 65.7 |
| Under 16s | 1,082 | 34.3 |
| Missing Age | 927 |  |
| Gender | | |
| Male | 1,617 | 39.7 |
| Female | 2,441 | 59.9 |
| Unknown | 19 | 0.5 |
| Missing Gender | 7 |  |
| Ethnicity | | |
| White | 2,293 | 75.4 |
| Mixed/Multiple ethnic group | 61 | 2.0 |
| Asian/Asian British | 429 | 14.1 |
| Black/African/Caribbean/Black British | 167 | 5.5 |
| Other ethnic group | 37 | 1.2 |
| Prefer not to identify | 54 | 1.8 |
| Missing Ethnicity | 1,005 |  |

Source: GOGA Management Information Systems, data extracted 29th September 2017.

### Profile of GOGA Activities

**Table 3.3** below shows that 282 activities have been identified as part of the GOGA programme offer, available across 15 localities[[13]](#footnote-13) since delivery began in October 2016. It shows that where the targeting is known, 78% of all GOGA activities explicitly provide opportunities for disabled and non-disabled participants to participate together, and 22% of activities target people with disabilities only. However there are 101 activities listed (36%) that do not currently specify their targeting, and these will be revisited by the evaluation to update these data gaps.

Table 3.3: Profile of GOGA Activities by Disability Targeting

|  |  |  |
| --- | --- | --- |
| Targeting by Disability | Number | % of All Known Types |
| Disabled Only | 40 | 22.1 |
| Disabled and Non-Disabled | 141 | 77.9 |
| Total Identified Activities | 282 |  |
| Number Where Targeting is Unspecified | 101 | 35.8 |

Source: Locality Activity Reports to end of September 2017

Further analysis of the activity records (282) also shows that:

* 42% of all activities involve some form of active recreation[[14]](#footnote-14)
* 82% are led by a sports professional
* 57% are free of charge

In addition, analysis of the activities shows the targeting of support such that:

* 58% of all activities run with sessions of between 31-60 mins, although the average session length is 100 minutes, with an average of 28 sessions planned for activities.
* GOGA funding has particularly enabled the activities to provide additional sessions or activities; cover additional staff costs associated with particular delivery models or supporting participants to attend, or provision of training to staff to support delivery.
* Most activities (70%) target multiple audiences with 25% (71 activities) targeting the over 50s, 12% (33 activities) targeting Under 16s; 10% (28 activities) targeting women, and 6% (18 activities) targeting BAME groups. It would seem that there is scope for localities to continually review the targeting of their activities particularly in relation to the demographic characteristics of the inactive groups they have engaged, but equally those they have yet to engage.

### National Partner Activity

National Partners are a key part of GOGA delivery providing specific expertise to Localities to support delivery to specific target groups.

The main National Partners are:

* **Volunteering Matters** - Volunteering recruitment, development, and management support
* **Disability Rights UK (DRUK)** - Peer Mentor training and specialist advice on working with people with disabilities
* **Women in Sport** - Specialist advice on engaging Women and Girls in sport and physical activity
* **Sporting Equals** - Specialist support on engagement with BAME individuals and organisations
* **StreetGames** - Support for community engagement and links to community sports clubs in Localities
* **Age UK** - Specialist support for engagement with Older people.

**Table 3.4** overleaf summarises the activities that National Partners have been involved with since delivery began in October 2016.

One area of particular interest that emerged from the National Partner interviews, and underpins the information presented in **Table 3.4** was the shift in their practice away from generic consultancy advice and provision of standardised workshops to more bespoke delivery. This shift has been encouraged by the consultative approaches adopted by National Partners and has enabled them to identify specific areas of support related to their expertise with tailored support offered in response.

National partners identified that this was often best after some initial delivery by localities which enabled those localities to be more specific about their needs. As a result they were able to make more specific requests of National Partners and receive tailored support which often led to more success in improving delivery to target specific groups of low or inactive participants.

Stakeholder particularly welcomed the contribution of National Partners in bringing additional targeted support to their GOGA delivery in particular supporting localities around key targeted groups. They also welcomed the move to more tailored consultancy models and the new models and partnerships that were being facilitated by this.

Table 3.4: Summary of Key Activities Undertaken by National Partners since October 2016

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| National Partner | Linked with other National Partners | Training | Generic Consultancy Support | Bespoke Consultancy Support | Specialist Workshop Delivery | Recruitment of Volunteers/Peer Mentors | Mapping of Local Support Needs | Brokering links with local organisations | Toolkit/Resource Production and Supply | Intelligence and Research Sharing |
| Age UK |  |  |  |  | **🗸** |  |  | **🗸** |  | **🗸** |
| Disability Rights UK | **🗸** | **🗸** |  | **🗸** | **🗸** | **🗸** | **🗸** | **🗸** | **🗸** |  |
| Sporting Equals | **🗸** |  |  | **🗸** | **🗸** |  | **🗸** | **🗸** |  | **🗸** |
| Volunteering Matters | **🗸** | **🗸** | **🗸** | **🗸** | **🗸** | **🗸** | **🗸** |  | **🗸** |  |
| Women in Sport | **🗸** |  |  | **🗸** |  |  |  |  | **🗸** | **🗸** |

Source: National Partner Interviews and Analysis of Quarterly Narrative Reports

## Learning from GOGA Set Up

Reviewing these findings and insight gained from interviews with Locality Leads we are able to highlight specifics of GOGA practice that relate to particular areas of interest, or seek to support GOGA delivery in particular ways. In this example we are able to highlight details around Successful Project Set Up.

The examples overleaf are intended to prompt specific questioning about the approaches that are being adopted, and open up conversations about what alternative approaches might be possible to set up GOGA activities that address the main objectives of the programme.

It is important to remember that a key focus of GOGA and Spirit funding is on what is learnt from previous experiences and how that might be put to best use to further enhance, and sustain, delivery the programme has funded.

It is also important to remember that piloting and risk taking is actively encouraged as one of the key objectives of the GOGA programme. A further Annual Learning Focus can be found in **Section 4.2.7**.

### Annual Learning Focus: Successful Project Set Up

* **Get analytical** – what does local need data tell you about who you have, and **haven’t** reached in the past? Do others have data/knowledge you could use?
* **How to collate registration details to underpin project delivery moving forwards**
* Work with existing specialist groups
* Use the registration form as a consultative tool
* Seek help from volunteers/peer mentors
* **How targeted** is your:
* **Partnership working in local authority** - are there other local authority partners you could engage with, specifically those outside the sport and physical activity field?
* **Partnership with other local organisations** - what other local agencies could you work with to reach those targeted by GOGA: Disabled People's User Lead Organisations (DPULOs); Ethnic, Faith, or Cultural Groups; Health and Social Care Charities; or other organisations outside the physical activity field.
* **Engagement with participants** and organisations they may already be working with
* **Consultation** and the mechanisms used to identify participant needs
* **Delivery** - how is it being shaped by your understanding of the needs of participants and how they might need to be supported to participate?
* **Sustainability** - who will this involve and what opportunities are available for participants to continue being active in the future?
* **Piloting** – What risks have been taken to get the project set up?
* **Investing time and resource to build new partnerships** to engage participants, and accepting that engagement takes time, especially with new partners, and accounting for this in the resourcing of project set up.
* **Interrelated needs and characteristics (Intersectionality)** – how to engage and deliver to complex and cross-cutting needs and barriers, and how might interrelated needs be identified and addressed through delivery
* **Using others expertise to shape delivery practice** – who else knows more about local engagement practice, and how could you work with them?
* **Changing perceptions** – how are you changing perceptions of what is possible in existing delivery and what participants might be able to undertake?
* **Local understanding of GOGA** – how well does your locality understand the GOGA aims and what it delivers?
* **Use Talk to Me Principles, or other national equivalents**, to change marketing/comms practice and outputs and provide a clear message to participants and partners about what GOGA activity is about
* **Education programme on inclusive delivery** – what inclusivity means, involves, and the practice to deliver it – up-skilling for all levels of staff/partners
* **New contexts** – have you been able to create a different context for an existing partnership, or working relationship?
* **National partner engagement** – are there any national partners you have yet to engage with and what specific help have you requested from them?
* **Networking with other localities** – are there other localities you could be working with, and what resources might that involve?
* **Sharing learning** – what have you shared with other localities and how?

# Key Components of GOGA Delivery

## Introduction

In this chapter, we identify GOGA’s performance against its key components of delivery: Programme Reach to the Least Active; Disabled and Non-Disabled being Active together; Application of the Talk to Me Principles; Programme Sustainability; and Progress against Spirit's Impact Measures - Wellbeing; Perceptions of Disability; and Social Cohesion. These findings area drawn from across the data sources from our evaluation as outlined in **Section 2.2**.

## Reaching the Least Active

### National Guidelines

The guidelines for physical activity identified by the Chief Medical Officer (CMO) for the UK[[15]](#footnote-15) issued in 2011 underpin the different strategic approaches within the devolved nations. Thus the guidelines identify targets for levels of physical activity for the following groups across the UK:

**EARLY YEARS (UNDER 5s) – for children who are capable of walking**

* Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day

**CHILDREN AND YOUNG PEOPLE (5–18 YEARS)**

* All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.

**Adults (19–64 Years)**

* Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.
* Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or combinations of moderate and vigorous intensity activity.

**Older Adults (65+ Years)**

* Older adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.
* Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or combinations of moderate and vigorous intensity activity.

These have been finessed in line with the different physical activity participation strategies within the home nations as **Table 4.1** below illustrates:

Table 4.1: Difference between the four nations in Physical Activity Guidelines

|  |  |  |
| --- | --- | --- |
|  | Adults | Children |
| England | Physical activity guideline for adults of 30 minutes or more of moderate intensity on **at least 5 days** a week. | Physical activity guideline for children of 60 minutes or more of moderate intensity **each** day |
| Northern Ireland | Physical activity guideline for adults of 30 minutes or more of moderate intensity on **at least 5 days** a week. | Physical activity guideline for children of 60 minutes or more of moderate intensity **each** day |
| Scotland | Physical activity guideline for adults of 30 minutes or more of moderate intensity on **most** days of the week. | Physical activity guideline for children of 60 minutes or more of moderate intensity on **5 days** a week. |
| Wales | Physical activity guideline for adults of 30 minutes or more of moderate intensity on **at least 5 days** a week. | Physical activity guideline for children of 60 minutes or more of moderate intensity on **5 days** a week. |

### Data on GOGA Participants at Registration

In order to maintain a short registration form our questions on physical activity levels at registration were necessarily simple.

The registration form asks for detail of the number of days in a typical week that participants undertake 10 mins and 30 mins of physical activity that was enough to raise their breathing rate. Again interviews with localities showed that there was some reticence amongst GOGA participants about providing this information which is further confirmed by the data collected thus far. Data on 10 minute sessions of activity has currently been collected from 66% (2,720/4,097) of current GOGA participants[[16]](#footnote-16), whilst 48% (1,833/4,097) provided data on their 30 minute sessions[[17]](#footnote-17), although the GOGA programme team are already working to address this with the localities affected by it.

**Figure 4.1** overleaf illustrates that the GOGA programme at present does appear to be reaching groups of participants who upon joining the programme exhibit relatively low levels of physical activity, and participation levels are more concentrated in lower amounts than nationally.

Figure 4.1: Proportion of GOGA Participants Doing 10 and 30 Minutes of Physical Activity By Number of Days (percentage)

Source: GOGA Management Information Systems, data extracted 29th September 2017. All Providing Data = 10 mins: 2,720 Participants; 30 mins: 1,833 Participants

As **Figure 4.1** shows:

* 16.7% of GOGA participants are not doing any physical activity for at least 10 mins.
* 44% are doing less than a total of 30 mins of activity per week, and 62% of current GOGA participants do at least 10 mins of activity only on up to three days in a typical week.
* In terms of 30 minute sessions, 23% are not reaching at least 30 mins of activity on any days of the week, and 77% are not attaining the physical activity guideline for adults of at least 30 mins per day on at least 5 days per week.

The Active Lives Survey in England shows that 57% of the population are active doing over 150 minutes of moderate intensity activity (ie 30 minutes per day on 5 or more days) per week, this compares with 23% of the GOGA participants sharing activity data. Active Lives also identifies that 24% of people in England are inactive compared with 17% amongst GOGA participants which suggests a greater breadth of activity /a more polarised profile of activity across the general population than amongst participants of GOGA.

### Physical Activity Levels

The baseline survey illustrates more detail around the physical activity levels of interviewed GOGA participants than was possible in the registration. **Figures 4.2 and 4.3** show the amount of time on average per day respondents identified they were doing the specified activities for in the four weeks prior to their GOGA participation.

**Figure 4.2** shows responses including for activities that the respondents identified had not raised their breathing rate (thus included activities that were likely to be less intensive).

Figure 4.2: Average Physical Activity Levels Per Day in the 4 weeks Prior to GOGA Participation (**Includes** activity that did not raise the breathing rate of the participant)

Source: Participant Baseline Survey 2017. Base = 164.

**Figure 4.2** shows that:

* A third (32%) of GOGA participants were not doing any of the specified activities including lower intensity activities (ie including activities that did not raise the breathing rate of participants) in the four weeks prior to their GOGA participation.
* 53% doing only up to 10 minutes per day, with only a further 24% doing more than 30 minutes a day.
* For specific sport, fitness, and recreation activity over three fifths (62%) were not doing any activity of this kind, with only 17% doing more than 10 minutes on average per day.
* 46% identified they were not doing any walks for at least ten minutes in duration.

**Figure 4.3** shows responses where these 'less intensive' activities are excluded illustrating respondent engagement in more intense activities.

Figure 4.3: Average Physical Activity Levels Per Day in the 4 weeks Prior to GOGA Participation (**Excludes** activity that did not raise the breathing rate of the participant)

Source: Participant Baseline Survey 2017. Base = 164.

**Figure 4.3** shows that for more intensive activity (ie only including activities where respondents reported that their breathing rate was raised by that activity) participation prior to GOGA was even less, such that:

* Almost half (48%) of these participants did not do any of the specified activities in the four weeks prior to them taking part in GOGA, whilst two thirds were only doing 10 minutes or less in total.
* 66% were not doing any sport, fitness, or recreation activity, with 82% only doing up to 10 minutes of such moderate activity on average per day.
* Almost three quarters (72%) were not doing any walks of 10 minutes per day or more that were enough to raise their breathing rate.

These figures suggest GOGA is already having some success in its targeting of low and no active groups. It also allows us to identify active and non/low active groups within our respondents which we have used to identify some key characteristics about these individuals that give further insight into their early GOGA experience.

### Identifying Lower Active Groups

In analysing the activity data, we have identified groups that undertake less than 30 minutes per day of activity that raises their breathing rate and flagged these individuals as making up the “Lower Active Groups”.

Across the 164 respondents to the baseline survey 125 individuals (76%) of were identified as “Lower Active”, with 24% as “Active”, (they were doing on average more than thirty minutes a day of at least one of the activities identified in a way that was enough to raise their breathing rate prior to joining the GOGA programme).

However when we analysed this further, we found that the Lower Active group was marked by a majority of people (107, or 86% of the Lower Active group) that were only doing physical activity on average 10 minutes, or less, per day. We identified this group as the 'Least Active' group.

The distinction between the Least Active group and those doing more activity on average has raised some interesting perspectives. **Figure 4.4** below shows the overall activity levels for the Least Active Group illustrating that:

* The Least Active group is particularly marked by its limited activity with 73% of participants not doing any of the specified activities in the 4 weeks prior to their GOGA engagement.
* 80% did no sport, fitness, or recreation activity, and 92% were not doing any walking.

Figure 4.4: Average Physical Activity Levels Per Day Prior to GOGA Participation by Least Active Group (**Excludes** activity that did not raise the breathing rate of the participant)

Source: Participant Baseline Survey 2017. Least Active group Base = 107.

#### Profiling the Characteristics of the 'Least Active' Group

Through our analysis and matching Upshot records with the Tier 2a Baseline Survey responses we have been able to identify characteristics of the group from the data held on Upshot about this group amongst the 164 individuals who responded to the survey.

Matching of records for individuals participating in the Tier 2A surveys has identified data for 119 individuals (out of the 164 interviewed) of whom 67% (80) are identified as being part of the Least Active group. This analysis provides some interesting perspectives on the individuals that make up this group. Therefore the matching analysis of those individuals for whom demographic information is available shows that:

* 74% of the matched Least Active group are female.
* 52% are from Asian or Asian British groups, with a further 48% from White groups showing that particular targeted work with this ethnic group is already showing some signs of success.
* 63% are aged over 16.

These show that some groups who are identifiable as being in a Least Active group have already been successfully engaged by GOGA and this has been achieved amongst women and those of Asian or Asian British ethnicity.

### Locality Lead Interview Findings

The interviews also highlighted some approaches that had yielded particular success in engaging with inactive individuals, that seem to be driving some of the patterns above. These included:

* **Focussing on the importance of the family** and not just the individual. Interviewees highlighted that familial engagement had in some examples of their work led to the engagement of the target individuals and provide opportunities for the disabled and non-disabled to be active together.
* **The sheer volume of participants** that several localities have managed to engage with has surprised them which by getting the engagement mechanisms right and working through alternative community networks it is possible to reach inactive and disengaged individuals if local expertise is used to find where those individuals might be found.
* **The formation of partnerships** primarily focussed at the same local level as delivery have proved critical to reaching inactive groups. Engaging with specific organisations/forums/networks based within the areas where GOGA delivery is planned, or ongoing, helps to: unlock/enable access to previous hard to reach groups; understand what is out there; identifies new opportunities to engage participants; and spreads the word about GOGA. Many Locality Leads reported to us that they had genuinely been surprised at the sheer scale of reach to new and inactive participants that could be attained working through new partnerships and networks, and changed approaches to engagement.

### Case Study Example

**Case Study 1**

**Location and Description of Activity**

Manchester’s GOGA team have good links with the education establishments for young disabled people in Manchester and used to have many young disabled people volunteering at sports events, this was during school hours and the school provided transport. However they realised that they had few young disabled volunteers at activities held out of school hours. This was put down to travel difficulties or a lack of finance but, after being advised by a consultant from volunteering matters, the locality lead decided to engage with young disabled people to encourage more to volunteer.

**Summary of Case Study Detail/Approach**

Together with the Volunteering Matters consultant the locality lead put together an action plan which included visiting students to talk with them about volunteering. During their consultation they discovered that the barriers they believed were preventing students from volunteering were actually very different to what they initially thought. The students explained that the reason they don’t volunteer after school has to do with low awareness about volunteering opportunities and about the benefits of volunteering.

Through the consultation exercise the locality also learned that it is important to build a rapport with the parents and carers of young people looking to volunteer, and to reassure them about their safety and wellbeing as well as highlighting the benefits and opportunities volunteering provides. The locality lead explained “consultancy has given us the tools to continue increasing awareness about volunteering among young disabled people and their parents”.

Lessons learnt from the consultation include the need to have a volunteering ambassador / champion at each partner education establishment to increase awareness and engage young people which is something that has now been implemented in Manchester. The locality lead also highlighted the importance of having an accessible website and the need to access support to make this a reality,

Reflecting on the experience the locality lead said “the consultancy with Volunteering Matters was a very thought-provoking and enlightening insight into encouraging inclusive volunteering and our GOGA programme has become more inclusive, and we are continuing the work to get even better, working with local partners and bringing awareness to schools with disabled students”.

**Key Learning Points from Case Study**

1. The need to have a volunteering ambassador / champion at each partner education establishment to increase awareness and engage young people.

2. The need for an accessible website

### Annual Learning Focus: Engaging the Inactive/Least Active

In light of the findings above we identify below some of the ways in which future GOGA activity might work in particular ways to engage with Inactive individuals. The approaches from our evaluation work include:

* **How might the Disabled and non-disabled participate together**
* ‘Accompaniers’/friends/family participate together
* Link different community partners together
* Education programme on inclusive delivery
* Adjust existing delivery to inclusive delivery, not necessarily new delivery every time.
* **Finding participants**
* If they are not being active what else are they doing and where?
* Proactively using national partner expertise
* The Spirit ‘Thrive Toolkit’[[18]](#footnote-18) offers an excellent resource to shape engagement of the Inactive
* Who else might know where they are, and how to engage them?
* **Key is the ‘depth’ of community engagement**
* Target families/peer groups, rather than individuals to be ‘Active Together’
* Targeting ‘trusted’ community groups and organisations, commonly not in the ‘activity’ field, but sold clear message on what GOGA is
* GOGA staff and activities out in communities, advocated / brokered by community contacts
* Proactive use of local and national expertise, and existing programmes – who might know your target groups best?
* **Make initial activity secondary to socialising**, building trust, and consultation. Begin by introducing very short initial ‘chunks’ of lower intensity activity
* **‘Socialised, consultative assessment of need’** shaped by the participants themselves that unpacks their previous experiences and allows them to specify the kinds of activities and the ways they want to engage with them.
* **Education programme on inclusive delivery** for those delivering GOGA activities to ensure all delivery is inclusive – demonstrate what inclusivity means, involves, and the practice to deliver it. This should seek to cover up-skilling for all levels of staff/partners
* **Talk to Me Principles, or other national equivalents**, to change marketing/comms practice and outputs
* **Getting the ‘Accompaniers’ to participate as well**
* **Tailored support from national partners**, proactively sought by localities, and worked up together to meet specific local needs.
* **Active use of peer mentors and peer volunteers** (getting them active as well!)

## Disabled and Non-Disabled Participants Active Together

### Registration Form Analysis

Analysis shows that 1,299 participants who responded to the disability question identified themselves as having physical or mental health conditions, or illness that has lasted or is expected to last, 12 months or more.

However, again we know this to be an under reporting of those with a disability participating in the GOGA programme because there are 852 records on Upshot which have been left blank against this measure and that localities have reported that there are a significant minority of participants in some activities who are reluctant for a number of reasons to identify themselves as disabled. This means that 40% of the 3,245 participants who identified whether or not they had a disability considered themselves to be disabled in some way.

**Figure 4.5** illustrates the nature of the condition or illness that these participants indicated that they had. It shows that over half of all GOGA participants have difficulty learning, or concentrating, or remembering, and or mobility challenges. Just over a quarter had vision challenges, and 18% faced mental health issues[[19]](#footnote-19).

Figure 4.5: Proportion of Participants Reporting Condition by Type (percentage)

Source: GOGA Management Information Systems, data extracted 29th September 2017. Multiple Response. Base = 1,299 reporting having physical or mental health conditions, or illness that has lasted, or is expected to last, 12 months or more

Registrants were also asked if their physical or mental health conditions, or illness had a substantial effect on their ability to do normal daily activities, of those reporting a disability 68% (881/1,299) indicated that their condition or illness did have such an impact on them.

Clearly, there is a sense that GOGA is having some success in reaching disabled people, and that GOGA participation is involving disabled and non-disabled people participating together. Overall, our analysis using 2011 Census data on disability and long term health conditions shows that proportionately disabled groups are over-represented amongst GOGA participants than the average level of disability amongst the resident population across all 18 GOGA localities (20.2% v. 40% of all responding GOGA participants).

Furthermore, GOGA also seems to have had particular success in reaching those most impacted by their disability or condition. Therefore, amongst GOGA participants 68% of those identifying they have a disability or long term health condition say it has a substantial impact on their ability to do day to day activities. Amongst the resident population across all GOGA areas this, according to the 2011 Census, affects 50% of the resident population with disabilities.

This data shows that participants in GOGA are from Disabled and Non-Disabled groups and the proportion of those with a Disability or Long Term Health Condition is higher than the proportion in the resident population in GOGA areas.

### Baseline Survey Analysis

Furthermore, matching of baseline survey responses shows that the overall Least Active group (107) is marked by participants by disabled and non-disabled people. For people with disabilities the results show that:

* 42% identified themselves as having physical or mental health conditions, or an illness that has lasted or is expected to last, 12 months or more.
* 67% say their condition or illness has a significant impact on their day to day life.
* 56% say they have mobility issues, 33% difficulties learning or concentrating or remembering, 26% mental health issues, and 22% have stamina or breathing difficulties.

### GOGA Activity Delivery

Analysis of Activity records (**Section 3.3.1**) provided by Localities through the management information system show that this outturn also reflects the fact that 78% of all the activities currently made available through the programme where their targeting is known explicitly seek to provide opportunities for disabled and non-disabled people to be active together, 40 activities (22%) target just disabled people, although we know from existing reporting that many of these aim to support those disabled people with initial engagement in activity before progressing them onto opportunities for activity with non-disabled people. Despite this, these figures show that across the majority of activities available through GOGA there are opportunities for disabled and non-disabled people to be active together as the programmes' key objectives highlight.

### Perspectives from Locality Leads

Interviews with Locality Leads have also highlighted that particular approaches in local delivery of GOGA have also engaged disabled and non-disabled people in GOGA and that the key ways of this occurring include:

* **The importance of the family** and not just the individual and that familial engagement will lead to the engagement of disabled and non-disabled members and provide opportunities for them to be active together.
* **The sheer volume of participants** that several localities have managed to engage through alternative community networks has surprised them. It has shown that it is possible to reach inactive and disengaged individuals if local expertise is used to find where those individuals might be found.
* **Localities have also sought to engage directly with disability specific organisations**/Disabled People's User Led Organisations (DPULO) to encourage friends and family member of disabled people to participate in physical activities. Localities have often found that for many this may be the first time they have had such an opportunity to be active alongside a disabled person, and it's an easy way to achieve a key GOGA objective.

### Case Study Examples

**Case Study 2**

**Location and Description of Activity**

The Howe bridge climbing activity takes place in Wigan.

**Summary of Case Study Detail/Approach**

Two participants from the GOGA activity fed back on their experiences with the climbing activity at Howe Bridge. One participant is 16 years old and has Autism, Dyspraxia and Learning Difficulties whilst the second is 14 years and has Down's Syndrome and Autism.

Before being involved in the programme, one of the participants said he felt “scared, apprehensive and angry” about being active but the idea of improving his fitness and socialising with others were what appealed to him about the activity.

Both boys have grown in confidence through attending the activity. Although the 14 year old participant had been a regular attendee at various sessions for the last 4 years, when he first started he was afraid of climbing high and would not go further than 2m up. Gradually his confidence increased and he was able to climb to the top of the climbing wall (5m). Likewise whilst the 16 year old lacks confidence in social situations the activity has “given him the confidence to try something new and has shown him something he is afraid of can actually be fun”.

When asked to describe his involvement in the activity in three words the 16 year old participant chose “Enjoyment, achievement and fitness” and said he had made new friends from the activity. These were echoed by the 14 year old who was keen to attend climbing because it “is something new for him to take part in with his friends, who also regularly attend the session” but also though his achievement of overcoming his fear of climbing high. Their experiences demonstrate how activities such as the climbing at Howe Bridge can impact on the mentality of participants as well as on their physical health.

The friendliness and inclusivity of the activity were echoed by other feedback collected, “there is nothing else like this anywhere else, it’s a very inclusive group”.

Speaking about the Climbing Wall activity the locality lead explained “Children with various disabilities can blossom in a group where they don’t feel different or that anyone is being judgemental about them. Sharing physical activities together gives them enjoyment and confidence”.

**Key Learning Points from Case Study**

1. Children with various disabilities can blossom in a group where they don’t feel different, or that anyone is being judgemental about them.

2. Being active can help mentally as well as improving health physically.

**Case Study 3**

**Location and Description of Activity**

The GOGA Adventure Programme in Bradford consisted of two adventure activities days in August 2017. The aim was to take inactive families out of the community and engage them in some outdoor activity. The days consisted of adventure trips to DOE Park, Ilkley Lido and Cow and Calf, and prices were subsidised so it would be within a family budget. Transport was provided to prevent the barriers of travelling and

overall the activity days were fully booked in each locality with a great mix of disabled and non-disabled participants.

**Summary of Case Study Detail/Approach**

The activity engaged with 121 people, 21 of whom would typically do 0 days of exercise a week and 76 who had never experienced outdoor activities. Some families were initially reluctant to attend the activity as one participant explained “last minute we really wanted to back out, but because we had made a commitment we turned up and it turned out to be the best day the family has had in a while. Tiring but so worth it”.

Partaking in activities that were a little bit more unusual seemed to be an attractive part of the offer and the affordability of the adventure programme was clearly appreciated. As a result of attending the activity, 33 participants said that they were keen to take part in weekly GOGA activities in the future.

“It’s fantastic to have an affordable opportunity for the whole family. My daughter and son suffer with learning disabilities and it’s been so fantastic that they have taken everything on and really enjoyed the sessions, will be continuing these activities for certain.”

**Key Learning Points from Case Study**

1. Family Activity is key to reaching the inactive. Those who came with an active family member or friend were more encouraged to take part

2. Non-traditional activity has attracted more inactive people

3. Leaders were both disabled and non-disabled which had a positive impact on the participants

## Application of the Talk to Me Principles

### Perspectives from Locality Leads and Stakeholders

Interviews with Locality leads and Stakeholders in relation to the Talk to Me principles showed a strong common view on the application of them in early GOGA delivery. Locality Leads identified that:

* Talk to Me principles have been used widely by most Localities to support engagement of disabled and non-disabled individuals in the GOGA programme; and have significantly supported engagement work with individuals doing little or no physical activity.
* Many Localities can see strong parallels between existing work approaches, inclusion strategies (where they are in place) and the principles that Talk to Me advocate.
* Primarily, the use of Talk to Me principles by localities has focussed on their use in four main areas - development of marketing and communications around the GOGA programme to target messages better to participants and partners (existing and new), review of engagement mechanisms and approaches, when identifying approaches for delivery and coaching in GOGA activities, and in identifying the need to up skill some staff in inclusive communications and engagement approaches.

Stakeholders identified that:

* There was strong alignment between their values, approaches and the existing content of the Talk to Me principles but that this was most pronounced for those based in England and that the other home nations have comparable principles of inclusive delivery that they feel are better known in their own countries.
* When used, the Talk to Me principles or other home nation alternative, were found to assist National Partner work with Localities, particularly around delivery and coaching and work to tease out what key target groups for National Partners are seeking from their GOGA participation.
* National Partners are keen that these principles continue to underpin their work because they are actively supporting the engagement of inactive people and fostering delivery at a local level that provide opportunities for disabled and non-disabled people to be active together.

Our analysis of responses by Locality Leads and Stakeholders has shown that the Talk to Me Principles that have been most useful in the early delivery undertaken by the GOGA programme are:

* 1. My channels The use of communication channels that are trusted e.g. social media and local media
* 7. Include me Some disabled people are concerned they’re not good enough to participate
* 8. Listen to me Disabled people need to be able to discuss their needs in a safe and private environment before participating
* 9. Welcome me An unpleasant first experience can discourage people from participating again and it is therefore crucial to ensure a positive first experience

Some use has been made of the following principles but further emphasis on their efficacy may be needed:

* 2. My locality Getting to the activity can be a major barrier. It is therefore important for opportunities to be closer to home
* 3. Me, not my impairment Many people do not identify with being disabled and are put off by advertising that focuses on disability
* 4. My values Linking values to activities can make participation more appealing
* 6. Reassure me Some disabled people fear standing out and need to be reassured that they will be welcomed into the event/activity and it will be suitable for them
* 10. Show me Engage existing participants to promote activities to others

Thus far, although delivery is still in its infancy there has been little use of principle #5. My life story; and this maybe an area, given the focus on mixed age delivery across GOGA where further support might be needed.

These findings from Localities and Stakeholders show that the Talk to Me principles have been used in the early GOGA delivery. Findings from baseline interviews illustrate in more detail how the principles seem to be influencing GOGA delivery thus far.

### Awareness of GOGA Activity and Reasons for Participation

**Figures 4.6 and 4.7** illustrate how GOGA participants became aware of the activity they were engaged in and what reasons they gave for participating. For all groups, families and friends are the main routes through which participants have become aware of the GOGA activity (see **Figure 4.6**) and particularly a route for the Least Active. The 'other' category covers sources of information from teaching staff, those running other sporting activities, and members of existing sports clubs or activities. This demonstrates that Localities have been using the channels trusted by these participants to engage them (Talk to Me Principle - My Channels).

Figure 4.6: How Participants Heard About GOGA by Activity Type

Source: Participant Baseline Survey 2017. Least Active group Base = 107; Active = 39; Overall = 164.

Across all groups the key reason for participation was that the activities looked like they were going to be fun. However, other reasons for participation in GOGA (**Figure 4.7**) show limited differences across different groups, though some were noted. Thus for the Least Active group the key reasons for participation are:

* Being more physically active
* Improving physical health
* Improving mental wellbeing

For the Active group participation has been particularly about learning something new.

Figure 4.7: Reasons for Participation in GOGA by Activity Group

Source: Participant Baseline Survey 2017. Least Active group Base = 107; Active = 39; Overall = 164.

In future advertising of GOGA activities, it is therefore important to remember these differences and that improving physical health and mental well being are important when seeking to recruit participants, but that this **must** be coupled with activities that look like they will be fun because this is the main overriding reason for participation by all groups. This demonstrates that future communication about GOGA activities needs to retain a focus particularly on the My Channels, My Locality and My Values Talk to Me Principles.

### GOGA Experience, Participation Support, and Early Outcomes

This engagement perspective is born out in the actual experience of GOGA that participants report which demonstrate evidence that the Reassure Me, Include Me, and Welcome Me Talk to Me principles have been utilised in the GOGA developments thus far, as our Locality Lead and Stakeholder interview findings highlighted. The baseline survey evidence shows that those in the Least Active group felt, like their counterparts, that:

* Activities were suitable to needs
* Were welcoming and reassuring
* Felt they were listened to
* Felt confident enough to take part
* Found them to be inclusive

However, the Least Active group were less sure about whether they did have an opportunity to discuss any needs to facilitate participation, and were a little less sure that all activities were welcoming and reassuring. All respondents were clear that for almost all there was NOT a sense that GOGA activities were too disability focused, rather they were much clearer about the inclusivity of the activities being provided.

**Figure 4.8** illustrates the kinds of support that participants said they needed to facilitate their engagement and participation in the GOGA activity they were attending. What these show is that for the Least Active group the support of another person, transport, and particular timings for activities are very important to them becoming involved in the GOGA activity. For more active participants the main support was transport to and from the activity illustrating that the My Locality principle applied here.

Therefore this illustrates that the provision of other supporters for participants, a key focus of GOGA delivery, is supported as a key engagement mechanism for those from the Least Active groups and thus needs to be a key feature of all activities moving forwards.

Figure 4.8: Detail of Support Needed to Participate in Activity by Activity Group

Source: Participant Baseline Survey 2017. Least Active group Base = 107; Active = 39; Overall = 164.

**Figure 4.9** further supports the perspective that GOGA is starting to have a positive impact on re-engaging participants with activity and their local community. The chart shows that GOGA has engaged all participants with activities they haven't done before - though this is less pronounced for the Least Active group, whilst for over half of all participants a key individual/role model has inspired them to get involved in the programme, rising to 63% of the Least Active group.

Figure 4.9: Participant Agreement with Statements on GOGA Participation (% Agree/Strongly Agree)

Source: Participant Baseline Survey 2017. Least Active group Base = 107; Active = 39; Overall = 164.

### Case Study Example

**Case Study 4**

**Location and Description of Activity**

Slade Gardens SPA in Lambeth runs a variety of activities such as yoga and mindfulness, outdoor gym exercises, beach volleyball skills, walking, jogging and cycling. The club offers an inclusive, relaxed, sociable atmosphere, plus a variety of activities for people to try.

**Summary of Case Study Detail/Approach**

The sessions not only provide a range of activities for participants but also provide opportunities for learning and support. Two social studies students who attended Slade Gardens SPA were shown what a red and white cane means, i.e. the person using it, is DeafBlind.

Participants had the opportunity to try out adapted cycling equipment, one woman tried the recumbent tricycle and as she thought it may be good for her mother and a family with a disabled daughter asked for advice about what cycle to buy her and where to try one.

Eleven of the 14 participants at the session had a disability however the activity seems to have encouraged disabled and non-disabled people to participate in activities together as another resident who was attending with her family commented about another of the disabled participants, “It’s great to see him cycling and out chatting to people, I’m one of his neighbours, we chat, he’s really funny.”

Many other people wave and talk as the volunteers and participants cycle around the gardens, and the activity has decided that in future they will meet next to the adult outdoor gym as it will be easier to encourage people to use the equipment

**Key Learning Points from Case Study**

1. Providing activities in a public space allows participants to interact with the community

## Sustainability

Approaches to sustainability have had less of a focus for Stakeholders and Localities thus far. For the evaluation sustainment of outcomes by participants will be identified through data collection for Tier 2b which will take place early in 2018.

In the meantime, interviews with Stakeholders and Locality Leads highlighted that this was an area for development in GOGA delivery as most had deliberately started to focus upon setting up delivery intending to focus on sustainability once delivery had been set up and Localities were clearer on what progress was being made.

However, some interviewees (mainly National Partners and Stakeholders) did identify some early views on how GOGA programme sustainability was starting to be put in place. They identified that:

* They had seen there was a **clearer local sense of what is needed**, what approaches are beginning to work, and where enhancements might be needed, so a clearer sense of how GOGA delivery might be sustained in the future was beginning to emerge.
* To increase inclusive opportunities localities have found that they have needed to **up skill people in a position that could make a difference** to its wider accessibility by making them more aware of the needs of inclusive practice and up skill them in delivering it. This has involved a range of inclusive practice education programmes that are delivered to as wide a range of staff as possible from those on front desks to those delivering activities to many other roles.
* **Being as strategic as possible in who is being targeted** and the active recreation offer that is made has born real benefits in some localities. Specific targeted ads through Facebook have proved to be really useful and this is starting to spawn other clubs in other forms of active recreation (eg Nordic walking; dance activities) which also enables individual participants to get into a range of multiple activities as clubs driven by their participants start to grow.
* **The ability/opportunity to proactively build relationships with new partners/strengthen existing partnerships** as a result of the additional resource available locally and nationally which provides the capacity for National Partners/Stakeholders and Localities to more fully engage with each other. All National Partners highlighted in interviews how they had begun to work with new partners as a result of their engagement with the GOGA programme.
* **The related willingness for National Partners and Localities to engage and work collaboratively with each other** – the interviews demonstrated clear evidence of how the concurrent development of a shared understanding and shared goals for the GOGA programme has further aided the relationship building and the sharing of knowledge/expertise. This has been particularly evident in examples of National Partner/Stakeholder support where that support has been tailored to local needs as initial engagements with localities and mapping of need highlighted that more localised support was often needed. When early collaborative working has not been as evident some National Partners believe this has delayed some early successes in GOGA in those areas being able to full engage with inactive groups of potential participants.
* **A real openness amongst some localities to try new approaches to attract participants** including talking to inactive groups or parts of communities that Localities have not spoken with before. Interviewees identified that through GOGA, National Partners particularly have been able to bring real expertise to frame these initial conversations with participants more as consultations on need and facilitate new links as well through their own networks, whilst also helping in listening to what motivates or stops them from participating, and using this intelligence with Localities to shape ongoing delivery. There is also real expertise in the national Disability Sports organisations that has been tapped in to that could be utilised more, these organisations are keen to be seen as more that a Nations GOGA programme manager.
* **That National Partner staff have been freed up to adopt very flexible, patient, and collaborative engagement approaches** to deliver the support (being in the right place at the right time with the right expertise to address a local issue) to meet the needs of the locality. This has primarily come about because the additional GOGA resource has supported this work, but also that the wider philosophy of the programme is focussed upon partnership working and learning from practice to enhance future delivery within the GOGA programme itself.
* **Joint action planning** so that Localities assume ownership of their own plans for delivery whilst also utilising National Partner expertise to enhance their own delivery. However, it is interesting to note that some National Partners have highlighted that such Action Plans tend to focus on 1-2 goals over the medium term (3-6 months) and that localities have yet to set longer term (beyond 12 months) goals.

### Case Study Example

**Case Study 5**

**Location and Description of Activity**

The Adapted Cycling Leaders Course was a one day course that took place in Lochore Meadows Country Park. It organised by Disability Sport Fife in conjunction with Outdoor Education Fife. The course was possible because of the investment of GOGA in Fife.

**Summary of Case Study Detail/Approach**

The course was attended by a teacher from Balwearie High School Department for pupils with Additional Support Needs. The school currently has access to 6 mountain bikes, one tricycle and one hand cycle but until the course they had made limited use of the equipment.

The course offered candidates the opportunity to try out a whole variety of adapted bikes and familiarise themselves with how they work and who they would be best suited for. The candidates were also shown a wide range of cycling related activities and games that they could use to increase confidence and sustain enjoyment, and the course tutor provided many ideas and answers and opened up many new opportunities.

The country park cycling tracks were a great hit with the delegates as they experienced first-hand their potential for learners with additional support needs. Since attending the course the school adapted cycling position has now changed significantly and the adapted bikes are now a daily feature in the lives of inactive pupils, in particular within Balwearie High School.

The mountain bikes have become even more popular with the introduction of new ideas and routes. Staff and pupils alike are thoroughly enjoying the many new games and activities introduced by the course tutor. The two senior phase classes are now involved in a National 3 certificate in Cycling and Bike Maintenance, led by the teacher who attended the adapted cycling course. She now has the skills and confidence to lead in this subject area.

Balwearie High School Department for pupils with Additional Support Needs pupils will now have cycling as an option for their electives on a Friday afternoon and will also have cycling as an option for the next Health and Well Being Day. Plans are in the pipeline for a group to attend Lochore Meadows Country Park once a week to access the adapted bikes and negotiate the cycle tracks that were highlighted and explored on the adapted cycling course. Particular emphasis will be paid to the needs of inactive pupils with severe and complex needs and mobility difficulties.

**Key Learning Points from Case Study**

1. Training has meant teacher(s) can implement learning in their schools and make use of maximum equipment (a one off course, but potential long term impact)

## Progress Against Spirit's Impact Measures

### Wellbeing

**Figure 4.10** illustrates the pattern of baseline survey response against the ONS national Wellbeing[[20]](#footnote-20) measures as an approach used nationally to measure overall life satisfaction. These figures clearly show that the Least Active group, early in their GOGA participation, when compared to the active group are:

* More anxious (4.51 for the Least Active group v. 3.33 for the Active group)
* Less happy (7.74 v. 8.15)
* Feel less that life is worthwhile (7.23 v. 8.11)
* Have lower life satisfaction (6.75 v. 7.61).

Figure 4.10: Wellbeing Measures by Activity Group (Mean Scores out of 10)

Source: Participant Baseline Survey 2017. Least Active group Base = 107; Active = 39; Overall = 164.

In comparison with UK Wellbeing measures for March 2017[[21]](#footnote-21), **Table 4.2a** illustrates that across all the mean ratings against the measures, except happiness, the GOGA participants are more anxious, less satisfied with their lives, and less likely to feel that life is worthwhile. Yet all GOGA participants irrespective of the Activity group they are in, report higher levels of feeling happy than their national counterparts.

Table 4.2a: Comparison of Mean Wellbeing Measures by Participant Activity Level

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Measure | UK Mean (March 2017) | Overall  Mean | Least Active Mean | Active  Mean |
| Feeling anxious | 2.9 | 4.1 | 4.5 | 3.3 |
| Happiness | 7.5 | 7.9 | 7.8 | 8.2 |
| Life satisfaction | 7.7 | 7.1 | 6.8 | 7.6 |
| Feeling life is worthwhile | 7.9 | 7.4 | 7.2 | 8.1 |

Source: Participant Baseline Survey 2017. Least Active group Base = 107; Active = 39; Overall = 164.

However, when looking at proportions who rated their responses high or very high against these measures (see **Table 4.2b**) the results show that, apart from Happiness the least active of GOGA participants are more likely to identify higher feelings of anxiety, have a lower sense of life satisfaction, and a lower rating that their life is worthwhile.

Table 4.2b: Comparison of Wellbeing Measures by Participant Activity Level % Rating as High or Very High 7-10

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Measure  (% Rated as 7-10) | UK % 7-10 (March 2017) | Overall  % 7-10 | Least Active  % 7-10 | Active  % 7-10 |
| Feeling anxious[[22]](#footnote-22) | 20 | 20 | 26 | 0 |
| Happiness[[23]](#footnote-23) | 75 | 81 | 78 | 82 |
| Life satisfaction[[24]](#footnote-24) | 82 | 63 | 53 | 83 |
| Feeling life is worthwhile[[25]](#footnote-25) | 84 | 79 | 73 | 94 |

Source: Participant Baseline Survey 2017. Least Active group Base = 107; Active = 39; Overall = 164.

### Perceptions of Disabled People

#### Findings from Baseline Surveys

A key focus of the GOGA delivery is its influence on the perceptions participants have of disabled people, and whether GOGA participation has a positive influence on this.

**Figure 4.11** below shows that almost all participants say they have a positive view of disabled people with 91% of the Least Active group having a net positive view[[26]](#footnote-26), this compares with 97% of the Active group.

Figure 4.11: Net Positive Response to Statement on Disabled People

Source: Participant Baseline Survey 2017. Least Active group Base = 107; Active = 39; Overall = 164.

**Figure 4.12** shows that despite stating an overall positive view of disabled people the baseline measures for the Least Active group are less likely to believe that disabled people can lead as full a life as a non-disabled person. Consequently, 61% of those in the Active group state they believe that disabled people can lead a full as life as a non disabled person most, or all of time, a view held by just 44% of those in the Least Active group, for whom 52% (v.39% of the Active Group) say this is only possible some of the time.

Figure 4.12: How much of the time, if at all, do you think disabled people can lead as full a life as non-disabled people?

Source: Participant Baseline Survey 2017. Least Active group Base = 107; Active = 39; Overall = 164.

A final measure seeks to identify if participants think GOGA is, based on their earliest experiences on the programme[[27]](#footnote-27), helping to change perceptions of disabled people in their local area. Again as **Figure 4.13** shows there is a subtle distinction between the Least Active group and the Active group in response (on a 10 point scale where 0 = Not at all an 10 = Completely), thus those in the Least Active group do seem to be more positive with a mean score (out of 10) of 7.33 compared with 6.94 amongst those from the Active group.

Figure 4.13: Whether Participants Believe Disabled People Are Being Perceived More Positively in their Local Area As a Result of GOGA by Activity Group

Source: Participant Baseline Survey 2017. Least Active group Base = 107; Active = 39; Overall = 164.

#### Findings from Locality Lead and Stakeholder Interviews

Analysis of findings from interviews with Locality Leads and Stakeholders (including National Partners) showed that when asked if they felt GOGA had already changed perceptions of disabled people in the areas they were working, all identified that it was too early to comment fully. However, some also thought they were able to agree that some initial progress was being made because the more inclusive activities that GOGA was putting forwards were raising awareness of the things that disabled people could do, especially where those activities were providing opportunities for disabled people and non-disabled people to be active together.

However, although felt too early in GOGA delivery to see immediate impacts on the perceptions of disabled people, all respondents without exception said that GOGA would be able to change perceptions of disabled people, particularly in relation to individuals being active.

### Social Cohesion

#### Baseline Survey Findings

A key focus of GOGA through its Spirit funding, is upon improving local engagement of project participants, and its wider impacts upon the social cohesion of areas where GOGA delivery is taking place. Baseline survey findings in **Figure 4.14** below show that for those in the Least Active group there was a feeling upon joining the GOGA programme that they were less able to participate in local community events and participate in physical activity in their local area than their counterparts who were more active.

Figure 4.14: Perceptions of Ability to Engage in Local Community/Physical Activity (Mean Scores out of 10)

Source: Participant Baseline Survey 2017. Least Active group Base = 107; Active = 39; Overall = 164.

Thus whilst the Least Active group scored community participation 4.59 on average the more active participants scored this 6.71 (on a ten point scale where 10 = Completely and 0 = Not at all.) A similar pattern appears around participation in physical activity locally where the Least Active group scored this 4.49 compared with 6.15 for their more active counterparts.

This illustrates that in both senses those in the Least Active group who were engaging with GOGA had felt less able to participate prior to GOGA than others who were already in more active groups.

This confirms a key premise of GOGA delivery that by targeting groups they will be enabled to participate when previously they had felt unable to do so.

However, the Least Active group are much less positive in terms of (see **Figure 4.15**):

* Their link with other people in their local area with a net positive score (ie more respondents agree than disagree with this statement) of 64% of the Least Active group agreeing that other people from their local area are important to them, compared with 90% amongst those from the Active group.
* A net positive score of 27% say they see good role models in the area where they live compared with 46% amongst the Active group.
* The Least Active group having a net negative reaction (-19% ie more respondents disagree/strongly disagree than agree/strongly agree with this statement) to their taking part in a lot of things in their local community. This compares with a net positive rating of 32% for the Active group showing that this group feels it actively participates in a range of local activities.

Figure 4.15: Net Positive Response to Statements on Disabled People and Community by Activity Group

Source: Participant Baseline Survey 2017. Least Active group Base = 107; Active = 39; Overall = 164.

The limited community engagement by the Least Active group shown above is further reflected in **Figure 4.16** below. It shows how strongly GOGA participants felt they belong in their local community illustrating that 67% of the Least Active group felt this, compared with 84% amongst the Active group.

Indeed, 16% of the Least Active group say they don't feel very strongly that they belong in their local community, compared with just 11% amongst the Active group.

Therefore, it is hoped that by engaging with GOGA this sense of lack of community belonging and participation in local community activities amongst the Least Active group will be addressed at least in part by their GOGA participation. It will be followed up in Tier2b surveys where we will track the change in perceptions identified by participants 6 months after their GOGA experience, and investigated in more qualitative detail (Tier 3 Case Studies) to identify the specific ways any changes that have occurred could be linked to specific approaches, or practice, adopted by the GOGA project/activity the individual has found particularly helpful/supportive for them.

Figure 4.16: How Strongly Participants Feel They Belong in Their Local Community by Activity Group

Source: Participant Baseline Survey 2017. Least Active group Base = 107; Active = 39; Overall = 164.

# Conclusions and Insight for 2017/18 Delivery

## Conclusions

Reviewing the evidence in the previous sections of this report we have identified the following conclusions:

* It is positive that GOGA delivery is now underway in 18 localities across the UK and that systems are in place to facilitate local project management, monitor and evaluate the programme from its earliest phases of delivery, and learn from practice.
* The complexity of ensuring this across those 18 localities should not be underestimated.
* Delivery success seems to stem particularly from offering activities that are perceived to be fun, recommended by friends and family, providing new opportunities to engage in different kinds of activities, support through role models disabled and non-disabled people to be active together, and offer welcoming and reassuring initial engagement.
* Through these approaches there are a number of early signs that the GOGA programme has begun to make good progress in targeting the inactive, encouraging activities that allow disabled and non-disabled people to be active together. Indeed, there are particular signs that the programme thus far is starting to demonstrate particular success with women.
* However, work remains to be done in ensuring greater consistency in the collection of monitoring and evaluation data across all localities to truly capture the detail of who the programme is beginning to reach, but equally who it has yet to reach.
* There is more work to do at a local level to increase engagement of men, those from BAME groups, and ensuring that there is a focus on getting the truly inactive engaged in the programme.
* National partners have made a real difference where they have been proactively involved in supporting delivery and/or where Localities have proactively sought out their expertise. However, not all localities have yet made the fullest possible use of this support. There is a sense that there remains a particularly untapped resource in the use of the expertise of each of the home nation disability sports bodies both within their home nations, and across the rest of the UK.
* Plenty of early expertise has been developed and shared with Localities at the GOGA annual conference, website and regular email updates, but this needs to be shared more widely across the GOGA network and beyond into partnerships in particular localities. It should be utilised to effect change across a range of work around active recreation and the engagement of the inactive, wherever that may be taking place.

## Challenges Overcome

### Challenges for Locality Leads

There were seven common areas of challenge Locality Leads reported to us in their interviews that included:

* **Monitoring and Evaluation (M&E) and the collection and collation of data on participants and delivery has proved problematic for some staff** (although most staff are now becoming increasingly familiar with its value for project management and planning). Key issues have proved to be the reticence of some participants to provide details about themselves most commonly their disability status and nature of any condition they may face, details of physical activity levels, and working status. Although the monitoring can be somewhat lengthy staff have found that by getting into a routine of collecting the information in a more consultative conversational way can help, whilst also making the effort to check participants have filled in all of the detail.
* **Raising awareness /getting the GOGA brand out into communities** has involved significant liaison work through existing trusted partners and other new local organisations. A clear consistent message is needed which makes sense to the organisations and the people that are working with them. Local festivals and other community events have proved to be a good way of spreading the word, whilst have a GOGA officer regularly out in the field has also proved to be helpful.
* Actually **reaching some inactive groups and the amount of time this has taken** because of the wide ranging engagement and partnership working that is needed to see it through. It is often less about sport development, and more about community engagement to achieve success.
* **Getting used to consulting with potential participants** and that this activity will necessarily reduce the amount of time available for active recreation and/or reduce the number of sessions that staff are then able to deliver. This then needs Localities to review the scales and scope of delivery to account for this critical liaison work so that reach is attained, but numbers of sessions might be reduced.
* **Persuading some participants of the value of being in activities where disabled and non-disabled groups are active together**. Some groups have not responded well to initial proposals and a different 'pitch' has had to be attempted. This will be a key focus for evaluation and programme management work into 2018.
* **Balancing the need for good quality participation with a need to hit participant targets**. Often this can mean that the programme and its components operate at different speeds, even with activities that are running alongside each other. Key is to accept that this is how it has to be to engage individuals appropriately and at a speed they feel comfortable with
* **The geographies of the local areas in which GOGA is being delivered are very diverse, even within local areas**. Building cohesion takes time. GOGA has to work very specifically to engage people first before trying to bring different groups together. Localities have found that in some cases people can be very territorial and trying initially to get people to travel to an activity involving an area outside of that with which they are familiar can be counterproductive as people just wouldn’t attend. Intelligence from local contacts is especially important here as it helps to ensure there is a specific 'local' dimension to the design of activities and their promotion.

### Challenges for National Partners and Stakeholders

There remained challenges of National Partners/Stakeholders and those that were most prominent amongst the views expressed to us in interview were:

* **Appreciating that localities have decided to resource GOGA in different ways** and that the delivery of support needs also to be tailored to the local availability of resource. Work with a full time GOGA officer needs to be necessarily different from the working arrangements with a part time resource.
* **Facilitating engagement with Localities** has in some instances has been a challenge. In recognition that with 18 localities GOGA is a complex UK wide programme and for a variety of resourcing and project management issues not all have been so embracing in their welcome, and/or their ability to engage immediately with National Partners in particular. Some localities have felt overwhelmed by the range of support on offer and have been unsure how to effectively engage with it as they got their projects off the ground, and National Partners have been challenged by their wish to move their delivery forward without an apparent concurrent or similar willingness to engage from some Localities.
* **An incomplete understanding of the nature of the National Partner offer**. the sheer number of national partners has meant that in some instances, localities haven’t all fully understood what the national partners could offer them. Therefore the interaction with National partners may have been perceived as an additional challenge rather than embracing how it can add value. This has been overcome by providing dedicated resource to engage with Localities. It was also important in their approach to recognise that some people need the freedom to get going and get their head round the provision prior to engaging with national partners. Thus they could then more fully understand how a support offer could be tailored, but it was clear that 'earlier' engagement is often better than later.
* **Understanding the different barriers faced at the local level** (often bureaucratic) has placed challenges on identifying some ways projects could move forward. Often National Partners from the third sector are not necessarily burdened by these and therefore may find the barriers perplexing.

## Key Learning from GOGA

In light of the challenges above, there are a number of areas of learning that Locality Leads and Stakeholders have taken from their GOGA experience thus far that need to be taken forward into 2017/18 delivery.

### Locality Lead Insights

Locality leads highlighted the following key aspects of learning they had taken from their GOGA programme experiences since October 2016 which will prove useful for GOGA delivery in to 2017/18 and beyond. These identify:

* The **importance of local people/champions/partners/gate keepers** as a key conduit into the target groups in the local areas where GOGA programme delivery is taking place and the need to foster and develop such relationships - community engagement rather than sport development.
* The **importance of a high quality volunteer/peer mentor programme** and the real value that can come from using peer mentors to engage, support and sustain the participation in GOGA of people. Having a strategic approach to the recruitment, training, management, and utilisation of volunteers/peer mentors has been critical to successful GOGA delivery, more so than some areas had expected.
* How **using known and trusted partners in local communities** is working well and is more effective than starting from scratch (eg housing providers and charities can help extend reach) and broker access to completely new networks and means of accessing inactive people.
* **Understanding how to use the M&E in the best way** and also its value for reviewing the 'reach' of new community engagements and giving us insight into who programmes are not reaching.
* That a lot of the young people are ‘active’ in terms of running around but they haven’t previously engaged in structured physical activity/active recreation sessions. **Don't assume that one form of activity leads to another**, individuals often need prompting to engage and those that are less active when they engage in the programme can find it useful to be inspired by those that are more active (i.e. gives them a goal to aim for).
* The **importance of education into inclusive delivery and practice**. Significant numbers of people on the fringe of the GOGA programme have been touched by some of the inclusive training programmes thus creating a further pool of opportunities onto which GOGA participants can be signposted. This will help to build the longer term sustainability of participation that GOGA has begun to encourage.
* **Never be surprised by some of the activities that communities have expressed an interest in** taking part in. In some South East Asian communities Wrestling and Archery have proven particularly popular, though this can create challenges in identifying suitably qualified and available coaches but these could be addressed through work with relevant National Governing Bodies or support from National Disability Sports Organisations.

### National Partner and Stakeholder Insights

There were five main areas of learning arising from the 12months of delivery thus far from National Partners and Stakeholders:

* The **vital importance of relationships and partnership working** on a programme of this scale and complexity and that one size doesn’t fit all in terms of how engagement, and the support to achieve it, with inactive groups is approached. National Partners and Stakeholder fully expect that these relationships, new and reconstituted, will be one of the key sustaining features of GOGA. The key lessons will be in how the learnt practice is utilised and scaled up in future developments beyond the GOGA funding period and subsequently rolled out/scaled up with areas not participating in the GOGA programme
* The **importance of on the ground engagement in reaching the target groups** and the organisations that work with them, particularly those organisations not working in a sport or physical activity field. Having people out in the communities is vital to reach new audiences, particularly those that are disengaged from mainstream services or activities.
* **Sustainability is emerging at two levels and National Partners and Stakeholders should offer support at both**. One at a local delivery level, where the project lead is identifying what is needed and what works and how it can work better which can then be utilised in future delivery. Secondly, at the strategic level perhaps through engagement with the local strategic group/s that are driving GOGA delivery but also supporting local strategic leads in understanding the strategic importance of GOGA and its potential wider applicability to other locality work with inactive/disengaged individuals to support the achievement of broader inclusive and social outcomes.
* **Collaboration between National and Local is key** to developing sustainable partnerships. There needs to be a readiness to explore the specific factors around inactive audiences, identify if there are any local dimensions to these, other national practice to draw upon to address them, and a focus on developing a tailored approach making the best use of the good practice that may already exist out there. Some localities need to have their own epiphanies about the expertise they may need to draw upon for their GOGA programme to have real sustained success, and National Partners need to be ready to support those moments when they occur.
* This kind of **delivery can take time**, the inactive, disengaged, often need time to be persuaded even when the message is right. Concurrently, those leading GOGA delivery, at National and Local level, will need to appreciate the time investment they will need in their work. A situation well summarised by an interviewee at Women in Sport who stated:

"GOGA is one of the most exciting projects I have worked on. I think people sometimes underestimate how long it takes to really reach inactive groups so we must collectively maintain our patience and enthusiasm to actually reach our target audience. To help with this we should challenge the more experienced (possibly at a strategic level) people involved in the projects to truly focus on how we can make a difference for the ‘inactive groups’."

## Insight for 2017/18 Delivery

From our work for this first Annual Evaluation report, our findings suggest that for delivery through 2017/18 should be focussed particularly on:

Working to **embed the GOGA brand,** which localities are extremely complementary about, to help get the programme out there, deeper into the targeted localities.

Further **engagement work with the harder to reach/harder to help groups** to target local need as specifically and forensically as possible.

**Ensuring that the GOGA 'offer' emphasises its opportunities** for fun, in welcoming and reassuring environments, with role model support if wanted, providing opportunities for disabled and non-disabled people to be active together, within their local community.

**Spreading the knowledge and learning from GOGA** within and beyond its partnerships and networks.

**Building on the networks and partnerships** that are starting to be established to embed them sustainably further in localities as the key mechanism through which the inactive and disengaged might be best engaged in the future. It is these partnerships and networks where the GOGA programme, and the practice and expertise it builds, will be sustained beyond the funding by embedding practice and collaboration for the future.

To this end, we identify some specific actions for key Stakeholder groups to support 2017/18 delivery:

#### For Locality and Activity Leads

* Review existing monitoring information and identify ways to fill gaps in your intelligence on existing participants and those you have yet to reach.
* Extend networks, partnerships and collaborative working beyond existing contacts, particularly out into areas outside physical activity and active recreation to identify new ways of engaging potential participants.
* Publicise your work more, both locally and through the GOGA website and quarterly reporting mechanisms. Actively seek out more examples of practice on the GOGA website and publish your own, and seek out Localities who are targeting similar groups to you.
* Utilise the Thrive Toolkit and the practice examples in **Sections 3.5.1 and 4.2.7** of this report to further finesse your work with the inactive.
* Actively seek the support of National Partners and work with them to collaboratively use the expertise to reach the inactive, and deliver inclusive activities that provide the best possible opportunity for disabled and non-disabled to be active together.
* Prioritise work developing the strategic use of volunteers and peer mentors and be proactive in establishing the local use of volunteers and peer mentors in GOGA delivery.

#### For National Partners

* Actively seek opportunities to work jointly with other national partners.
* Identify ways of supporting localities at a strategic level as well as the level of Locality lead.
* Share news of GOGA with partners outside of the GOGA network and encourage them to learn from its delivery and practice.

#### For EFDS and National Disability Sports Bodies

* Actively seek ways of linking localities together, particularly those working with similar target groups or activities.
* Proactively promote your own expertise more to localities, perhaps developing a digest of intelligence and expertise available from your own organisation, even across National boundaries.
* Share news of GOGA with partners outside of the GOGA network and encourage them to learn from its delivery and practice including driving forward sustainability planning.



1. This compares with 14.1% of all unique participants recorded by the programme registration system, where 5.1% of participants were of a Black/Black British ethnic origin, although the random survey response matching did not identify any respondents in this ethnic group. [↑](#footnote-ref-1)
2. We were unable to secure an interview with a representative from the Youth Sport Trust within our interviewing schedule. [↑](#footnote-ref-2)
3. Wrexham felt unable to respond to our questions given the short period they had been delivering for. We were unable to secure an interview with Bradford and Rochdale in time for this report but will continue to chase these respondents. [↑](#footnote-ref-3)
4. Original activity plans identified that the sampled activities involve 1,303 participants, whilst delivery records show that they actually involved 1,181 participants. [↑](#footnote-ref-4)
5. This (1,181) included original contacts where telephone contacts were not available, numbers unobtainable, or individuals not remembering that they had participated in the GOGA programme. 802 contacts were available for Wavehill to complete telephone interviews with from which 114 interviews were completed (a 14.6% response rate), whilst 379 contacts were available for interviews completed by activity leads in localities – from which 55 interviews were completed (a 14.5% response rate). [↑](#footnote-ref-5)
6. Localities included: Armagh City, Banbridge and Craigavon Council; Bradford Council; Derry and Strabane Council; Fife Council; Manchester City Council; Wigan Council; Lambeth, Wandsworth; Nottingham; Stoke; and Forth Valley. [↑](#footnote-ref-6)
7. A further 77 surveys have been received since this analysis began and these surveys will be reviewed and entered into analysis for future evaluation reporting. [↑](#footnote-ref-7)
8. Upshot is a performance management software solution developed by the Football Foundation. It is designed to help organisations delivering and funding community based projects, manage, monitor and evidence their work, and impact. It utilises an online database system to help record participant details and the activities they are doing thus providing an individualised overview of a participants' journey through the GOGA programme. 12 of the 18 localities involved in the GOGA programme use the Upshot system to monitor their GOGA delivery. [↑](#footnote-ref-8)
9. National partners were also encouraged to submit case study examples as well. [↑](#footnote-ref-9)
10. Up to and including 1st October to 16th December 2016. [↑](#footnote-ref-10)
11. Up to and including 17th June 2017 to 15th September 2017 [↑](#footnote-ref-11)
12. There are a number of small discrepancies in the figures of total participants as direct reporting by localities on participant numbers is currently under reporting total participants. This is expected to be rectified in the next quarter as 16 of the 18 GOGA localities move onto the Upshot system to record the details of all participants. The figures shown provide details of the number of unique participants since the programme began, analysis removing duplicate records for those participants engaging with GOGA across more than one quarter of activity. [↑](#footnote-ref-12)
13. Responses awaited from the three local authorities in Wales due to their late start of delivery. [↑](#footnote-ref-13)
14. This refers to forms of activity that encourage engagement commonly walking, dancing, or other forms of physical activity that may not be considered by participants to be sport. They commonly involve a main focus on fun, enjoyment, and participation rather than competition being the primary focus of that activity. [↑](#footnote-ref-14)
15. See https://www.gov.uk/government/publications/uk-physical-activity-guidelines for full detail of the rationale and guidelines for the UK [↑](#footnote-ref-15)
16. A further 1,377 records are missing data. [↑](#footnote-ref-16)
17. A further 2,264 records are missing data. [↑](#footnote-ref-17)
18. See http://thrivetoolkit.org.uk/ for more details. [↑](#footnote-ref-18)
19. This includes 52 blank responses on the Upshot system. [↑](#footnote-ref-19)
20. See https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing#publications [↑](#footnote-ref-20)
21. See https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/april2016tomarch2017 [↑](#footnote-ref-21)
22. The question asked is: [↑](#footnote-ref-22)
23. The question asked is: " Overall, how happy did you feel yesterday? Where 0 is 'not at all happy' and 10 is 'completely happy'." [↑](#footnote-ref-23)
24. The question asked is: "Overall, how satisfied are you with your life nowadays? Where 0 is 'not at all satisfied' and 10 is 'completely satisfied'." [↑](#footnote-ref-24)
25. The question asked is: " Overall, to what extent do you feel the things you do in your life are worthwhile? Where 0 is 'not at all worthwhile' and 10 is 'completely worthwhile'." [↑](#footnote-ref-25)
26. Net Positive Measures are calculated by subtracting the total percentage saying they strongly disagree or disagree with the statement from the total percentage saying they strongly agree or agree with the statement. [↑](#footnote-ref-26)
27. This perception will be followed up in the rolling data collection for Tier 2b. [↑](#footnote-ref-27)