



TACKLING INACTIVITY:

The Design Principles





WELCOME

This pack will help you design your projects and services to target inactive people and support them to get active.

It has been developed using the learning and evaluation to date from the Get Healthy Get Active projects and SPORTA Make your Move projects.

Contents

Aims of this pack	02
The 10 Principles	03
Principle 1	04
Principle 2	05
Case Study - Macmillan	06
Principle 3	07
Principle 4	08
Principle 5	09
Principle 6	11
Principle 7	12
Case Study - Mind	13
Principle 8	14
Principle 9	15
Principle 10	16



DESIGN PRINCIPLES

01 Understand the complex nature of inactivity

02 Use behaviour change theories

03 Use audience insight

04 Reframe the message

05 Work in quality partnerships

06 Make sport and activity the norm

07 Design the offer to suit the audience

08 Provide support for behaviour change

09 Measure behaviour change and impact

10 Scale up what works and make it sustainable





Principle 1: UNDERSTAND THE COMPLEX NATURE OF INACTIVITY

29% of the adult population are inactive. These are people that don't achieve a total of 30 minutes of at least moderate intensity physical activity in a week. This means that they are not undertaking walking, cycling, or any kind of sport or exercise where their heart rate increases and they are mildly out of breath for at least 30 minutes a week. **But there are 3 distinct behaviours.**

7% Doing Nothing

3.1 million people

(no activity at all in the last 28 days)

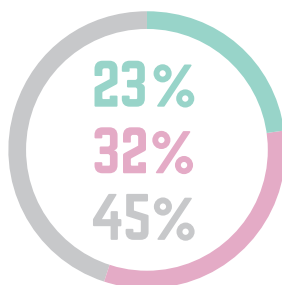
Demographics

Closest fit to inactive stereotype:

- older profile
- over half with a limiting illness/disability
- 58% female / 42% male

Behaviours

- size of this group varies depending on the time of year (8% of the population in winter, 5% in summer).
- a high proportion cite health/disability/injury/age as the main reason for doing less activity



3% Not Doing Enough

1.4 million people

(some moderate activity but less than 30 minutes)

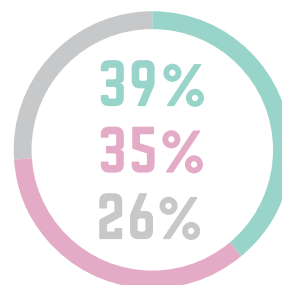
Demographics

Younger profile than the other inactive groups—most representative of society

- 57% female / 43% male
- 27% have a limiting illness/disability

Behaviours

- Low levels of overall activity (even including light intensity):
- relatively few 'active' sessions in a week and short average duration
- gardening and walking are often the main activities



19% Missing the Intensity

8.2 million people

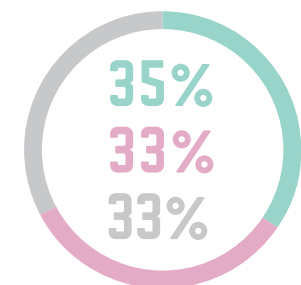
(only light intensity activity in the last 28 days)

Demographics

- 58% female / 42% male
- 22% limiting illness/disability
- more even spread of ages

Behaviours

- The largest group is already quite 'active'
- on average 4.5 hours per week of usually just one lifestyle activity e.g. walking
- For the small number engaged in some sport, it's almost 8 hours per week of light activity



Age: ● :16-44 ● :45-64 ● :65+

Data source: Active People Survey (April 2015 - March 2016)



Principle 2: USE BEHAVIOUR CHANGE THEORIES

Behaviour change is a journey.

There are several theories that can help us support people to create new habits. See how the GHGA projects have used these in the accompanying resource “Real world examples of applying behaviour change theories”.

People make decisions based on both reflective (rational/slow) and reflexive (gut instinct) thinking.

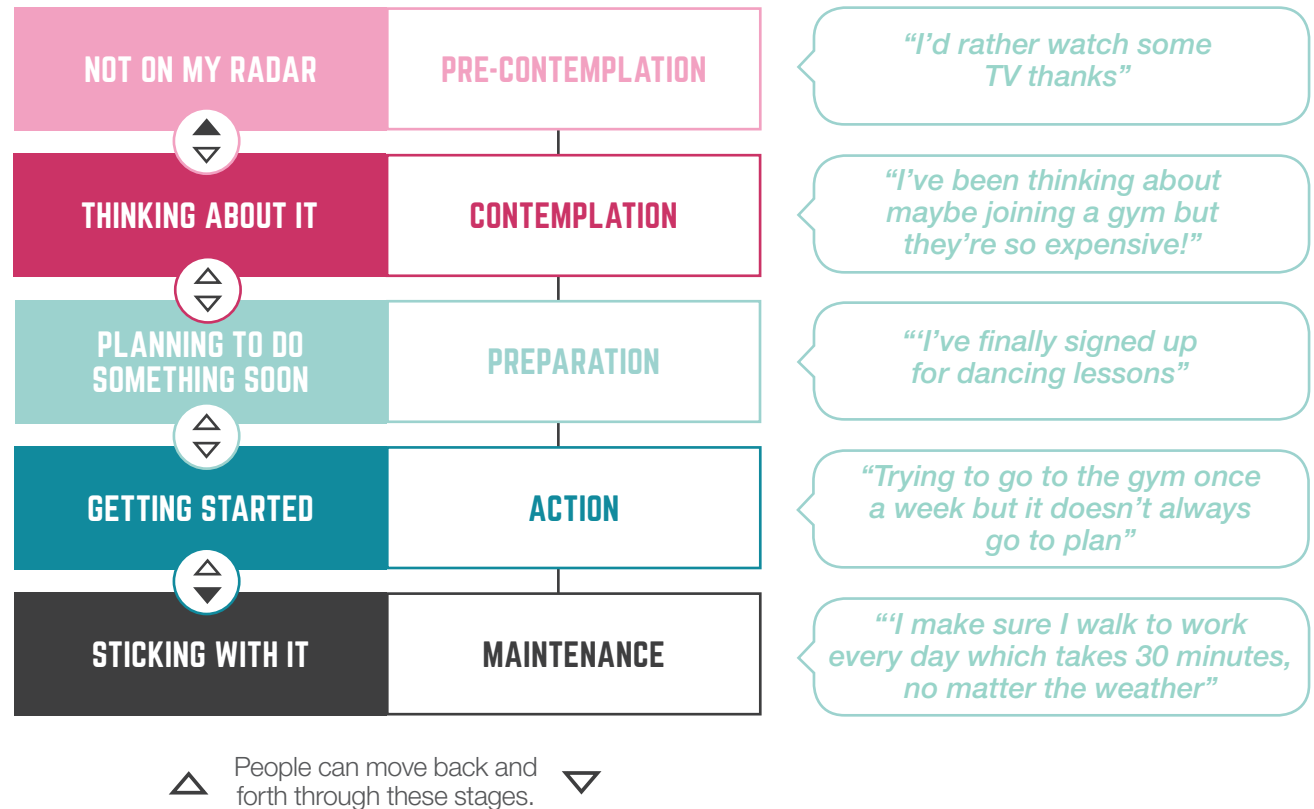
Our reflexive thinking steers our choices far more than we would like to admit and responds to emotions more than facts and figures.

People can change their behaviours at different speeds

Some people will require more support to change than others.

Life has a habit of getting in the way.

If routines are broken, people may drop out of activity they have been doing. It's normal for people to have breaks in activity, but they are likely to need help to get back into it again.





CASE STUDY – MACMILLAN

Putting behaviour change theory into practice

Macmillan has placed behaviour change approaches at the centre of its Physical Activity Care Pathway, supporting those living with and beyond cancer to get active. The pathway is being tested across a range of sites, with six funded through GHGA. Approaches include:

Use of the COM-B model of behaviour change.

Training health professionals to understand and sell the benefits of activity to their patients at the right point in their cancer care journey.

Imagery and case studies that create emotional connections and show the activity is for them, and that people like them will benefit.

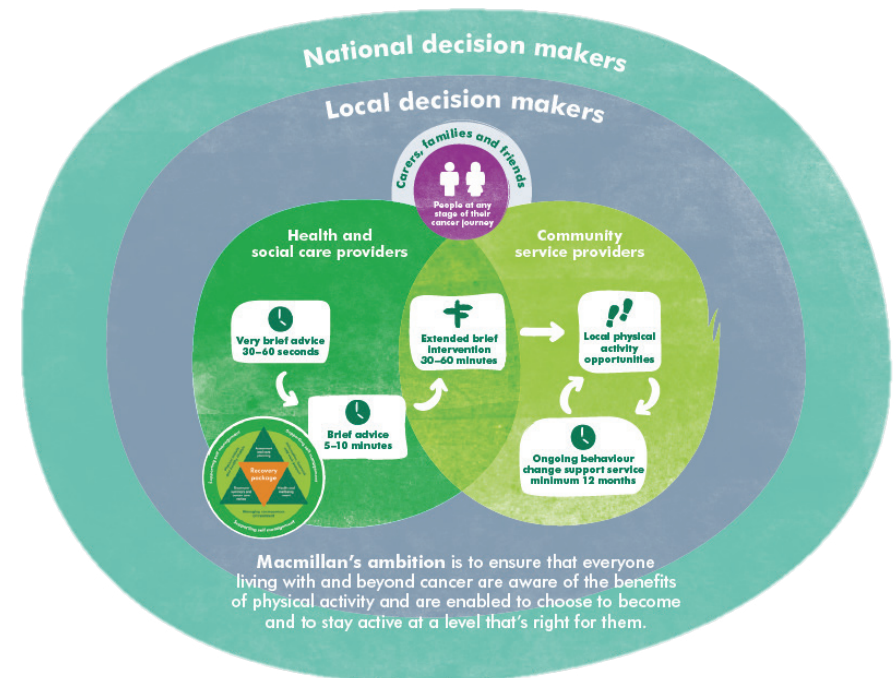
A range of lengths of intervention, from brief advice to full support.

Using motivational interviewing techniques to explore needs and challenges.

Group activities that offer peer support and socialisation.

Planning for periods when activity may be difficult (relapse).

Setting individual goals, reviewing progress.





Principle 3: **USE AUDIENCE INSIGHT**

Understanding audience needs and wants is crucial to developing a project that people want to engage with.

Get to know your communities.

Before you start a project carry out surveys, focus groups and consultations with people you are trying to target, and groups who already work with them. Find out about their lives, what's important to them and their motivations and barriers to activity.

Emotional barriers are often stronger than practical ones.

People may blame lack of time, money or opportunity, but these often hide underlying emotional barriers – like lack of confidence or fear of judgement. These need to be considered when designing projects.

Community boundaries may differ from those on a map.

This may mean working at a micro-level to make sure sessions are available at the right locations to attract the audience you want to reach.

Use other Sport England insight packs to plan for specific groups.

Including our Youth Insight, Disability and Where Women Are packs.

Insight is not a one-time thing.

Community needs change over time – plan to continue insight work throughout your project delivery.

The Black Country in Motion project used insight to inform its delivery

“The insight from the focus groups and on-street questionnaire provided compelling information into the targeted communities. As expected common themes were cost, school experience, parental responsibilities, geographical constraints, and whether it’s a fun and supportive environment.”

“This insight helped us deliver some ‘quick wins’, such as working with local leaders to agree Bhangra delivery in Smethwick.”

Simon Hall, Director, Black Country BeActive Partnership

The evaluation from Sporta’s Make Your Move show how the ‘BH Live, Active Health Link’ project used insight to deliver its goals

“The project seems to be designed from the perspective of the client, not the leisure professional. For example, the exercise class would probably be logistically easier to run from the Littledown Centre, but this would mean that fewer people would attend.”

“Also the staff make sure that they do not push one particular model of exercise. For example they are as keen to promote walking along the beach or swimming as they are gym activities or circuits.”

“The activity programme is colour coded to show which classes are low impact which are good for beginners, which are good for people with health conditions or limitations.”





Principle 4: REFRAME THE MESSAGE

For some people the word ‘sport’ has negative baggage – Get Healthy Get Active and Sporta Make your Move projects have found that re-framing their messages (presenting sport or activity by another name) has helped in recruiting those who wouldn’t normally consider attending a sport or physical activity session.

Understand the benefits people are looking – frame your project marketing and delivery to sell these.

- a healthy way to spend time with the family
- a good way to meet friends or new people
- an energiser before work or going out
- a fun way to de-stress after work/school
- a chance to get new skills or be outdoors.

Don’t preach – projects with sportier names and messages, like ‘getting healthy/fit’ may be less appealing to the audience you are trying to reach.

Promote the experience – rather than just the activity. And make sure you deliver the promised experience.

Create emotional connections – use the right images and words so that people can see the activities are for someone like them.



“We try to make it fun, very social, no competitive element. It’s almost making it “I’m not exercising, I’m out with my friends, we’re having a night out.”

Make Your Move on Mondays, Tees Active Sporta MYM project



Images from Active Norfolk’s Fun & Fit Norfolk project, Mind Get Set to Go and Hull City Council’s Us Mums project



Principle 5: **WORK IN QUALITY PARTNERSHIPS**

People's needs are complex and getting active might not be everyone's top priority – linking to other services to help meet people's wider needs, such as housing or debt management, can support them to consider and prioritise activity in the longer term.

Identify individuals and organisations that work with your inactive audience that can refer or recommend to your project or service – build a relationship with and provide training to these partners so they understand how the project will benefit them too.

Support partners to deliver your message – especially if they've already developed trust and rapport with the communities you are working in.

Be realistic about how much time partners can spare and think creatively about what is possible – for instance embedding sport and activity professionals in a health centre rather than expecting busy health staff to do the recruiting.

People may choose to take part in lots of different sports (throughout a week, month or year) – so establish links to high-quality exit routes with other sport providers to support people in their journey.

Your partners' views on certain types of sport and physical activities are important – they may influence the activities they choose to refer people onto. You may need to support them in changing their perceptions so participants are given as wide a choice as possible.

Bring in support to broker relationships when needed – for instance clinicians may respond best to other clinicians selling them the project benefits.



The Go Active project partners included the local Clinical Commissioning Group and Public Health teams.

“We worked with our local Clinical Commissioning Group (CCG) and Public Health team to understand how best to embed physical activity approaches into health professionals’ working practice. With their support we developed a ‘Physical Activity Referral Pathway’ and a unified Exercise on Referral Form that are embedded in the CCG and clinicians’ IT systems to make it as easy as possible for them to refer patients. The CCG helped us have further engagement with health professionals in the county via Locality Group Meetings and GP Bulletins. This resulted in us delivering training sessions and presentations at a number of practice meetings”

Jenny Willson, Physical Activity Manager,
Oxfordshire Sport and Physical Activity



Principle 5: **WORK IN QUALITY PARTNERSHIPS** (CONTINUED)

The Move into Sport, Get Healthy Get Active project in County Durham works with sports clubs to deliver sessions targeting inactive members of the community.

Easington Hares delivered a successful 12-week running course in Chester-le-Street, which attracted 38 people, 35 of whom completed the course. Most recruits came from a local slimming group who encouraged its members to join. The group are going to continue with a weekly run, establishing themselves as 'Chester-le-Street Running Group'.

"I met with the physiotherapists about six times before the project started, and they come and do training with the staff, so we know the activities we offer are suitable. You need to build a really good relationship with your referrers, and be clear about what it is you're trying to achieve."

BH Live's Active Health Link, Sporta MYM Project

BHFNC Active Newham project: training health professionals

The BHFNC and partner, Intelligent Health, have trained 127 health professionals to discuss physical activity with their patients as part of the Active Newham project. The results of the training showed that:

- 1/5 of GPs and nurses were aware of the current UK physical activity guidelines pre-training
- most acknowledged it is their role to promote physical activity but most don't routinely screen patients unless linked to a health condition
- lack of time is the most common reason for not discussing physical activity with patients
- post-training, 76 per cent of primary care staff felt more confident in advising patients about physical activity.
- training has to be fitted around the needs of busy health workers.





Principle 6: **MAKE SPORT AND ACTIVITY THE NORM**

Most of us want to fit in with the people around us.

Develop ‘someone like me’ approaches – use ‘relatable people’ in images, case studies, blogs and videos to make sure your inactive audience know the offer is for people that are genuinely like them.

Create ‘social norms’ – use people’s own social networks and create new ones that participants can identify with.

Use social media – use Facebook/WhatsApp groups etc. to help participants form friendships that motivate them to keep coming, and where instructors can build more rapport outside of sessions.

Make recommending sport the norm for partners – consider training or supporting your partners or other referrers so they’re more likely to signpost to you.

Make it easy for people to get the information – promote your project where people you want to involve usually go or look.

We are heavily influenced by who gives us information.

Role models, community champions or mentors can all add value to your project. – They can help to encourage others to come along and be active.

Word-of-mouth is crucial – more than 55% of recruitment to our Round 1 GHGA projects is through word-of-mouth via friends, family, partner organisations etc. A high quality experience maximises the effects of this.

Videos can bring your activities to life – film a session, or people talking about it, so people can see it’s for people like them.

The actiSPORT, Life Leisure, MYM project created a sense of belonging and common purpose, despite many of the participants never meeting. The black pebble (an electronic device which measures activity levels) on the shoe has been a badge/identifier that starts conversations and makes participants feel special.

The website forums and group challenges have let people cheer each other on, and see there are other people just like them, so they feel they’re not alone in their journey of change. The support of their dedicated coach, face-to-face or via email, increases motivation.

The Active Norfolk Fun and Fit project uses imagery and wording that focuses on “wanting to enjoy the good things in life”, “spending time with the family”, “a catch up with friends” “An energiser before work or going out” as part of their marketing strategy.



Principle 7: DESIGN THE OFFER TO SUIT YOUR AUDIENCE

Don't expect inactive people to fit in with current sport and activity delivery. We need to change our offer to suit their needs and wants.

1) Make the participant journey easy and rewarding by:

- making it quicker and simpler to join the project
- understanding potential drop-out points and minimising them
- considering setting up or moving your activities to existing community groups – faith groups, day centres, health support groups etc
- making sure participants are welcomed and supported during their first few sessions to decrease anxiety e.g. train venue receptionists to provide a high-quality experience from the start
- creating beginner's guides to the activities, to help decrease anxiety and fear of judgement e.g. what to expect, what to wear, venue directions, images of people participating etc.

2) Friendly, adaptable, enthusiastic, empathetic group leaders, staff and volunteers are crucial to good delivery:

- make sure they are trained to understand the needs and wants of inactive people.
- consider training community members to give peer support and lead sessions, so the community has ownership of sessions.

3) Offer a range of activities based on community insight:

- informal activities seem to be particularly popular with inactive people, rather than formal structured ones
- adapted versions of sport have proven popular with some audiences– such as walking football, cricket, netball etc.

Lancashire Sport's Challenge Through Sport initiative harnesses the “someone like me” factor by recruiting and training a range of peer support workers and volunteers from the drug and alcohol misuse community. They lead the sessions and help other people from that community to get involved in the activity sessions. One volunteer says “*it feels like a bit of a family... I check up on them, make sure they are ok and have a chat about how things are going. I like feeling like I belong to something and it makes me feel good that I am doing something good to help others. It is helping me in my recovery too*”.





CASE STUDY – MIND

Get Set to Go project

“People with lived experience of mental health problems had a key role in the co-design of our programme right from the start. Their involvement helped us to create a ‘person-centred’ intervention that’s more appealing and suited to people’s needs

“Our online information and resources are also informed by our users... to make sure we’re credible, relevant and trusted by our audience.”

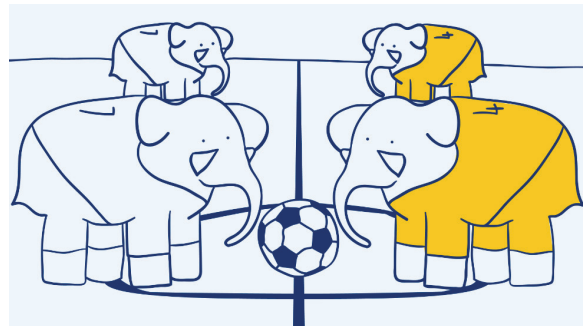
Hayley Jarvis, community programmes manager, MIND

As a result Get Set to Go includes:

Peer Navigators – provide a friendly face and encouragement, helping people make the crucial transition from curiosity to activity in the eight local areas that MIND are testing the project in.



Elefriends – our online community for people who are anxious about starting something new, or increasing their activity levels, and want to talk it through.





Principle 8: PROVIDE SUPPORT FOR BEHAVIOUR CHANGE

People make or break the experience. Make sure your participants are appropriately supported along the way.

Train and support coaches/volunteers to provide a quality experience – they'll need to adapt sessions, pitch them at the right level, and use behaviour change principles.

Provide a buddy system for new participants – using people who are confident in an activity can make it easier and more enjoyable for new participants.

Be adaptable in your delivery – coaches/exercise professionals will need to arrange sessions to meet a range of fitness levels.

Incorporate social elements – like post-session tea or coffee. Encourage people to talk to each other and make commitments to be active together.

Minimise the risk of people relapsing – get people to publicly commit to their activity goals and help them plan for potential lapses, so that missing a few sessions doesn't become a full relapse into inactivity.

Contact people who have missed a couple of sessions – Understand what the reason is and help them to understand that missing a few sessions or a few weeks of activity is really common. Reassure them that they will be welcomed back again when they are ready.

Activity levels can be seasonal – good project planning and delivery can minimise the effects of people relapsing to inactive behaviour in winter.

Celebrate people's achievements – promote and celebrate what they have done. The 'I did it' factor is incredibly important in improving confidence in their ability to be active. Coaches should help people see what they have achieved, how much more they could achieve, and what they would lose by stopping.

"They use WhatsApp all the time – if one of the women in the group sends a WhatsApp then they all get it, so we ask them to say: 'Where were you this week?'"

GLL's For the Girls, by the Girls, Sporta MYM project

The Active Herts project supports people to change in a number of ways

"The Active Herts project provides dedicated behaviour change support. We developed a personal action plan guide as part of our tools to support people who have been referred to our Active Herts project. The guide helps people to set goals, plan to get active and plan for times when it gets difficult to build their activity habit. It can also help people track their progress. People can fill it in by themselves or it can be used as part of the consultation with the Get Active Specialists".

Joe Capon, Senior Health Project Officer,
Herts Sports Partnership





Principle 9: MEASURE BEHAVIOUR CHANGE AND IMPACT

Use established tools such as the Standard Evaluation Framework for Physical Activity (SEF) to help you evaluate the impact of your project.

Collect baseline information – Ask participants what their current activity levels are prior to starting the project.

Collect data on activity levels at specified follow-up points to understand the change that has been created – The SEF recommends up to 12 months follow-up. The time points that you choose should be based on the resources available and the level of evaluation you and your partners require to determine effectiveness. GHGA projects collect follow-up data for up to 12 months because they are research projects.

Use real-time evaluation data approaches – They will help you maximise impact and allow efficiencies and improvements to be made. Don't be afraid to try something new if things are not working how you expected.

Accessing follow-up data is a challenge – Work out the most effective and efficient way of getting it. Who is best placed to do the follow-up? What resources and methodologies will give you better response rates? This may include digital resources, incentives and support from local academics.

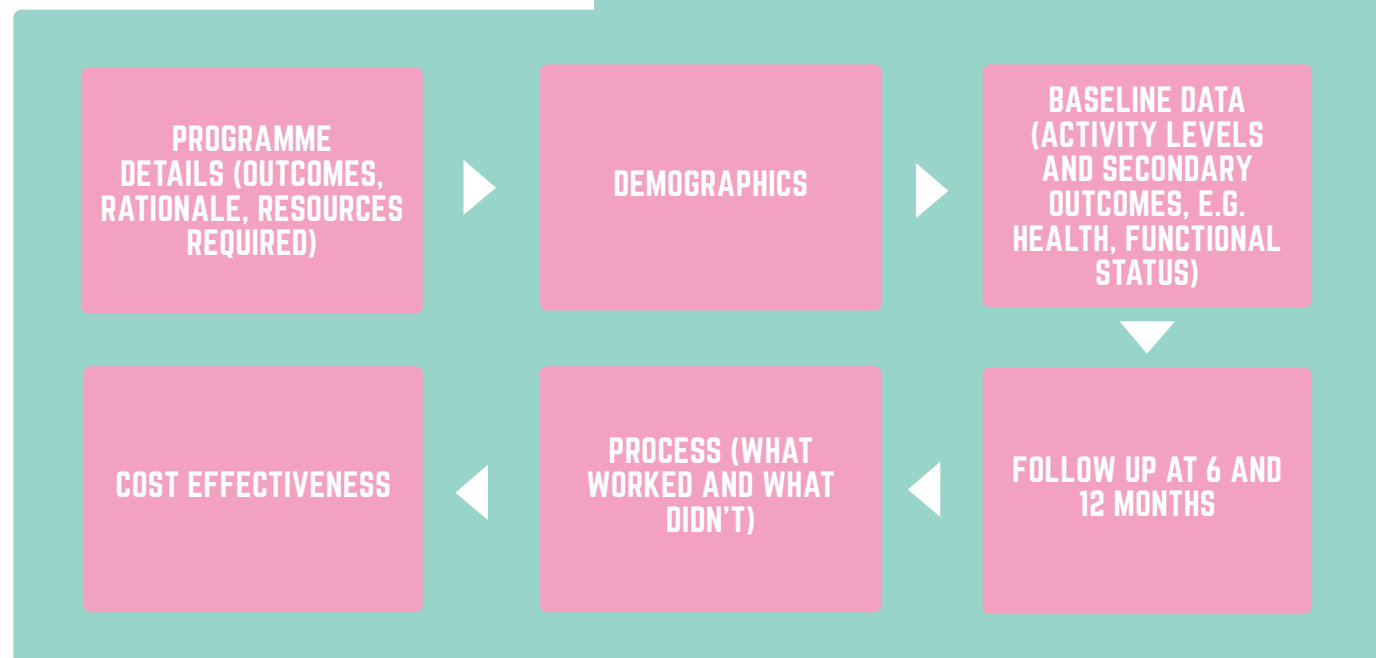
GHGA projects have found that by getting people involved in at least 30 minutes of sport per week, activity levels increase significantly, and are maintained in the longer term.

Evaluations from GHGA projects show increases ranging from 214 - 813 metabolic equivalent of task (MET) minutes of activity at 3 months. This has been measured by the International Physical Activity Questionnaire (IPAQ).

The Active Norfolk Standard Evaluation Framework

“Using the learning from the GHGA projects we have developed a consistent approach to evaluation across all of our programmes that lets us really determine the impact of our delivery for our partners, stakeholders and potential investors. This has aided our strategic positioning and helped us lever in additional investment from partners.”

Shelley Ames, Physical Activity and Health Manager





Principle 10: SCALE-UP WHAT WORKS AND MAKE IT SUSTAINABLE

Determine the impact of your project on the community – use Principle 9 to work out what behaviour change you’ve created and the wider impacts.

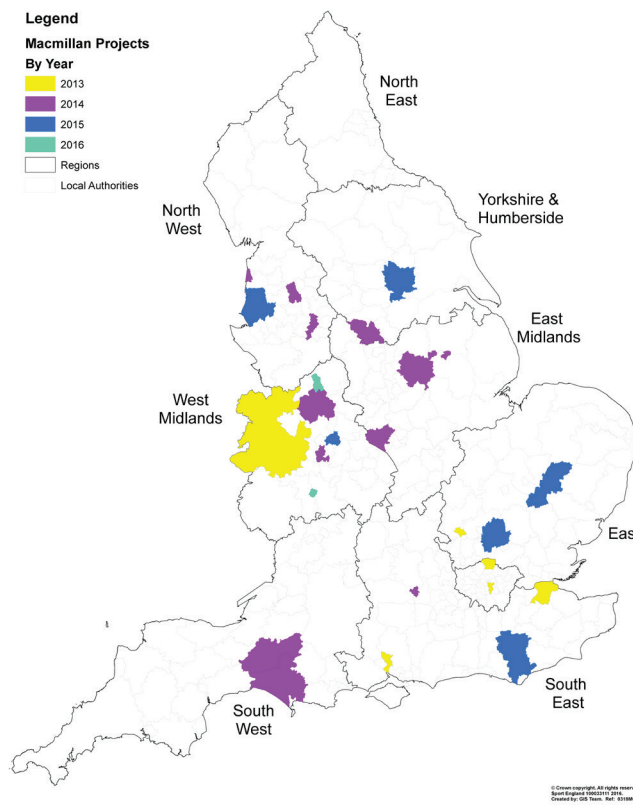
Consider whose priorities your project is delivering against, and how best to present the impact to them to encourage future investment – this may be through meetings, reports, case studies or local events where they can meet people who have benefited.

Support individuals and groups you are working with to take ownership of the delivery over time – that may mean encouraging participants who have become active to take on volunteer roles at sessions or training them to lead sessions.

Add to the evidence base and share your learning with others – through reports, academic journals, case studies, conference presentations, posters at events etc.

Scale-up what works – once you have a successful model, work with partners outside of your organisation’s boundaries to scale-up projects, so more people can benefit. This may mean implementing all the above points to gain investment, and secure the continuation of your initial projects.

Scaling-up the learning from the Macmillan Physical Activity Pathway test sites between 2013–2016 across England



“We’ve been incrementally learning from our Physical Activity Pathway Test sites, scaling up the number of these over time and applying the previous test sites’ learning to each new site. We’re aiming to create large-scale culture and system change and it’s vital we understand the effective elements of the pathway. The evaluation across sites will determine effectiveness of our behaviour change approaches, and our future plans for scaling-up.”

Jo Foster, Physical Activity Programme Lead, Macmillan Cancer Support

The Leisureworks, Love Your Life County Durham Sport MYM project is scaled-up from a successful LYL MYM-funded pilot project, targeting people at medium risk of diabetes in Stanley, Co. Durham. After successful recruitment/retention of targeted communities, and lessons from the pilot project, Leisureworks is working with diabetes pathway ‘Just Beat It’, NHS Check4Life, Durham County Council Culture and Sport and Durham County Council Public Health teams to expand the project countywide.



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