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Active Ageing and Tackling Inactivity and Economic Disadvantage Programmes: Final Evaluation Report

CFE Research

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Authors and acknowledgements

The authors of this report are Alex Stutz and Rachel Moreton with help from Professor Jennifer Roberts (University of Sheffield).

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1. Introduction

This report summarises the key findings from CFE Research's evaluation of two of Sport England's Tackling Inactivity programmes. It includes learning that has been co-developed and produced with projects. Our aim is to share the approaches and outcomes of the programmes and provide inspiration, ideas and actions that community organisations can draw on to help the people they work with to become more active.

About the programmes

In 2016 Sport England published its strategy 'Towards an Active Nation' which set out plans to encourage inactive people to become active. To support the strategy, Sport England invested in dedicated programmes, designed to find new ways to reach underrepresented groups, and create happier and healthier communities by engaging them in physical activity. Two of these programmes, each focusing on a different target audience, are the focus of this report:

- The £10 million Active Ageing programme was designed to support inactive people aged 55 and over into activity, providing investment and support for 25 projects, 21 of which have been part of this evaluation (the other 4 investments were made later and had different learning objectives, and so are not included here).
- The £4.5 million Tackling Inactivity and Economic Disadvantage programme was designed to support individuals and communities from low socio-economic groups to become more active, and supported 35 projects.

Sport England has worked with these projects and partners over the past five years to test new approaches and capture learning on how to provide positive, inclusive physical activity experiences for their target audiences that are relevant, achievable and enjoyable and support them to integrate more sport and physical activity into their daily lives. The projects were diverse in terms of the range of models and approaches they were testing and the types of organisations and partnerships delivering them. Many of the delivery partners had not previously received funding from Sport England, nor had they previously offered sport and physical activity opportunities to their communities.

About the projects

All projects aimed to help participants become more active and sustain this behaviour change. Projects provided a wide variety of activities, ranging from aerial hooping,

Zumba, Boccia, walking football and chair-based exercises, to boxing, cycling, ultimate frisbee and coastal rowing.

The activities were co-designed with participants to respond to their motivations, needs and physical capabilities.

Activities were delivered in a range of convenient and accessible settings and locations, including residential care homes, parks, hospitals, housing estates, museums, hostels for homeless people, sports clubs/stadia, canal sides, community centres and libraries, as well as local gyms and leisure centres.

Physical activity was not always the central premise for bringing people together. Many projects sought to offer a supportive space for people to create social connections first and foremost and then introduced participants to physical activity over time. For example, a walking befriending service to help participants cope with bereavement and loss, and a session for people with dementia that combined physical activity with reminiscence activities.

Funded organisations varied greatly in size and capacity, ranging from large charities that operate on a national scale to very small hyper-local community organisations. A full list of participating projects is provided in Appendix 1.

The evaluation

CFE, with the support of the projects, undertook a four-year evaluation of each programme. The evaluation set out to identify how projects went about tackling inequalities in participation in sport and physical activity and to understand the impact on the physical activity levels and lives of the audiences they supported.

Before the pandemic, the projects collected survey data from participants when they first joined activities and then at intervals of three, six and twelve months. This data was shared with CFE every six months. The survey data included information on participants':

- **demographic characteristics**
- **levels of physical activity**
- **wellbeing, self-efficacy and social trust**

The evaluation involved:

- **analysis of survey data collected by projects from over 15,800 participants and accompanying progress reports**
- **visits to case study projects to see delivery in action and to hear directly from staff, volunteers, participants and stakeholders and gain qualitative insights**
- **a review of research, evaluation and learning reports produced by projects and their local evaluation partners**

- a series of interactive learning activities (Communities of Learning) which brought project staff together to reflect on their approaches, learning and project impacts and how the activities as well as changes in behaviour change and the wider physical activity culture could be sustained.

Over the course of the evaluation, we created a range of resources to distil and share the learning with projects.

- Thematic case studies, videos, and graphic illustrations exploring digital exclusion, support for older adults with long-term conditions, and engaging people experiencing multiple disadvantage.
- Communities of Learning insight summaries on the impact of COVID, creating a lasting legacy, and sustainability.
- A podcast capturing projects' experience of creating systems change.
- Six-monthly interactive dashboards summarising quantitative data on participation and changes in wellbeing and activity levels.

In the main body of this report, we highlight key findings and learning. Fuller details of the quantitative data analysis can be found in appendix 2.

Data collection learning

Sport England developed an evaluation framework to collect data from participants on their characteristics and levels of physical activity, wellbeing, self-efficacy and social trust. CFE provided templates, written guidance and webinars to support projects to collect the required data. Over the course of the programme, projects gathered nearly 31,500 observations, which form the basis of the statistics reported here.

However, collecting this data was not without its challenges. As with any longitudinal evaluation, the number of respondents reduced at each data collection point. Furthermore, projects could choose from a selection of wellbeing and health measures, to best meet their needs. As a result, the data for some measures is based on a relatively small sample. There are also gaps in the data because people chose not to answer questions, or the data were recorded incorrectly.

As well as learning about tackling inactivity, the programme provided valuable insight into how best to evaluate similar initiatives in the future:

- Embed evaluation from the outset. The evaluation framework and guidance was shared with projects after some had already begun delivering. As a result, partners had to seek ethical approval and integrate evaluation activities, including data collection processes, retrospectively. Furthermore, it was not feasible to gather survey data from participants who took part in activities that were delivered remotely (see 10 Today on page 10). Ensuring sufficient lead in time for projects to embed evaluation methods prior to commencing delivery that allow comparison with other projects in the programme would help to reduce

delays and enhance data collection from all participants, irrespective of the delivery method.

- Ensure adequate resources and training for data collection and processing. Many of the projects were run by smaller grass-roots community groups with limited staff time and expertise in managing large volumes of data. Some projects allocated time to an existing staff member for data collection and processing and/or drew on the support of academic partners to address this.
- The full range of impacts cannot be captured through quantitative data alone. Quantitative data can provide an indication of overarching impact but can miss smaller but important changes in people's attitude and motivation levels. Qualitative data is needed alongside survey data to help understand *how* change is achieved.
- Buy-in from projects is vital. Projects are rightly focussed on delivery and do not always recognise the value and importance of evaluation. They can often perceive data collection as burdensome and something that inhibits participant engagement in activities. Providing projects with something in return, such as a dashboard or insights based on the data along with learning sessions to share insights, challenges and solutions with other projects, can help to secure their co-operation, particularly if the information can be used to enhance delivery or demonstrate their impact to strategic partners and funders. Co-producing evaluation frameworks and data collection tools with projects and their participants can also help to achieve their buy-in, as well as ensure measures are appropriate and accessible.

Sport England has incorporated this learning, alongside other feedback, into its ongoing approach. This is reflected in their new strategy for Evaluation and Learning for Uniting the Movement, which is accessible here:

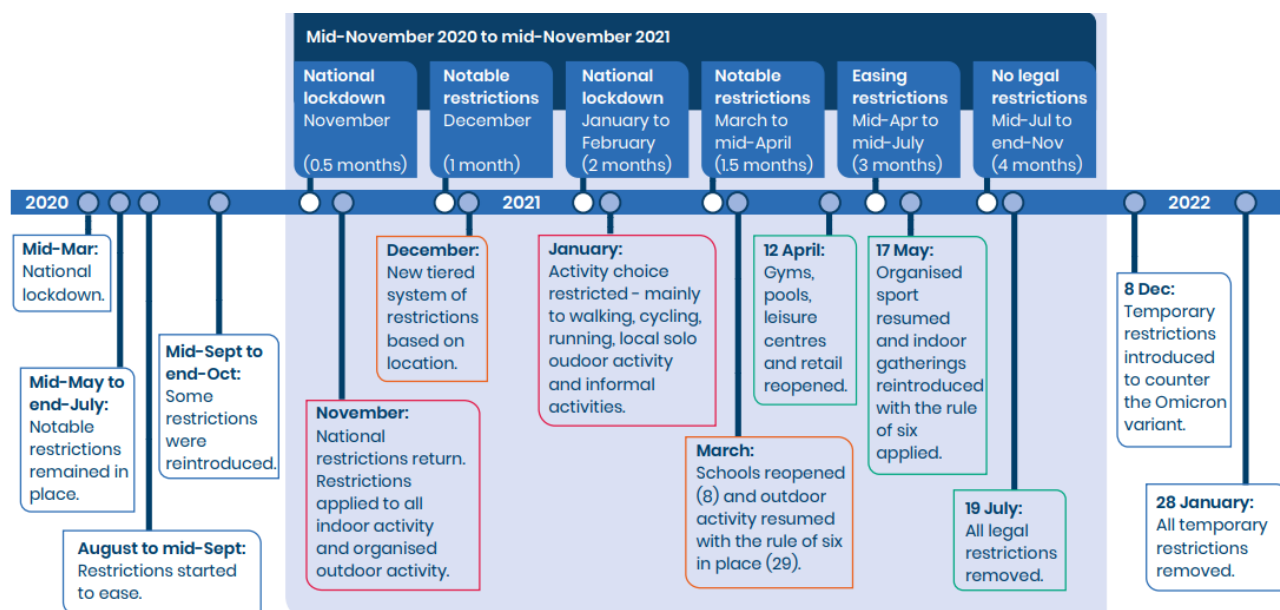
<https://www.sportengland.org/guidance-and-support/evaluation-and-learning>.

The impact of the COVID-19 pandemic

The pandemic has inevitably had a significant impact on national activity levels, the scale of project activities and the volume of evaluation data collected by these programmes.

In March 2020 the UK went into lockdown in response to the public health risks posed by COVID-19. This lasted for three months in most areas, with a further two periods of lockdown between November 2020 and March 2021 as outlined in the illustration below.

Coronavirus timeline



Unprecedented restrictions applied to everyday life resulted in a drop in activity levels compared to pre-pandemic levels (November 2018/19) of:

- **0.6m (-1.9%) fewer active adults**
- **1.3m (+2.6%) more inactive adults.¹**

In terms of the 2 audiences that were the focus of the Tackling Inactivity and Economic Disadvantage (TIED) and Active Ageing programmes:

- **Activity levels dropped most among the least affluent (down 1.7% compared to November 2018/19). While activity levels for the most affluent groups quickly returned to pre-pandemic levels, this was not the case for the less affluent.**
- **Activity levels among those aged 75+ fell at the start of the pandemic but have started to recover. The 55–74 age group was generally more resilient, and the small drop observed in their activity levels during the pandemic has been reversed. Whilst some projects were able to adapt their activities, many, including those working with individuals defined as “clinically vulnerable” had to pause their face-to-face delivery in response to legal restrictions on activities and group sizes, or shift their delivery away from physical activity and towards an emergency community response.**

¹ Sport England (2022) [Active Lives Adult Survey November 2020–21 Report](#)

Sport England quickly relaxed its evaluation requirements in recognition of the disruption to delivery and the upheaval in many people's lives caused by the pandemic. As noted above, this has impacted on the longitudinal quantitative data available for this evaluation and we do not have an accurate measure of the total number of participants supported by the two programmes. However, we are confident that the baseline and follow-up survey data, along with rich insights from the qualitative research with project staff and participants, provides a detailed understanding of the audiences reached, the effectiveness of the models and approaches, and the outcomes achieved. Critically, the evaluation has also captured learning from projects about how to effectively support certain groups to become

Case Study: Dance On

Dance On is a community-based programme aimed at increasing physical activity levels and enhancing wellbeing in inactive people aged 55+. The programme has engaged over 700 older adults in areas of Leeds, Bradford and Doncaster.

Lockdown restrictions meant that the organisers had to change their offer. During the lockdowns they offered five weekly Zoom classes and a monthly masterclass series, alongside online socials. They also took fun dance activity to their participants, delivering on driveways and doorsteps to maintain sense of community.

"The strength and resilience of the communities formed, and their love and commitment to dance – even during such a tremendously challenging year, continues to astound me."

– Programme Staff

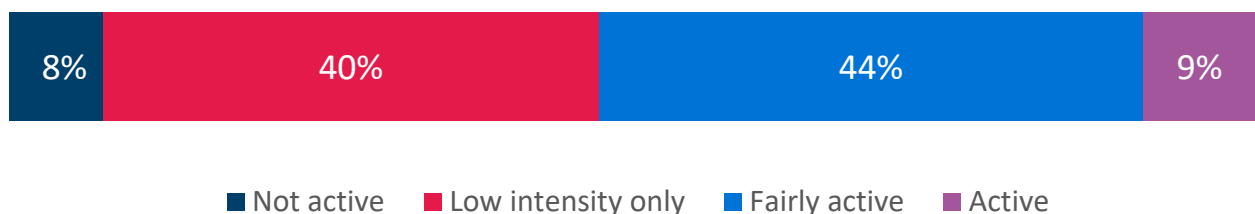
Find out more – watch this <https://www.youtube.com/watch?v=UIIrLRO--rk>

more physically active in the future.

2. Overall impact

Projects successfully engaged and supported people with lower levels of physical activity to become more active.

As illustrated in the graph below, only 9 per cent of participants were physically active when they joined the programmes. This is much less than the national average, of just over 60 per cent.² On average, respondents were active for less than two days in a week.



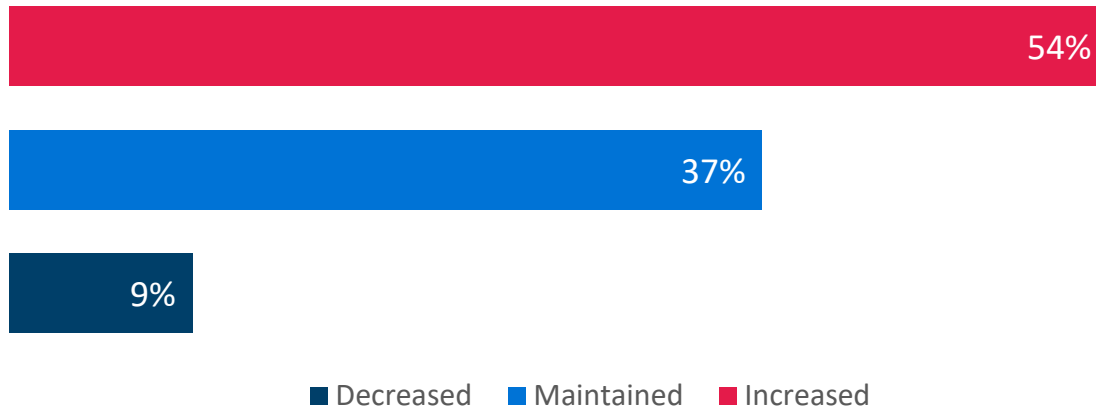
Not active	Doing less than 30 minutes a week of moderate intensity activity
Fairly active	30 to 149 minutes moderate intensity activity per week
Active	At least 150 minutes moderate intensity activity per week
Low intensity only	Activity is below moderate intensity – that is, not sufficient to raise the heart rate

See the following sections for details on the extent to which the two programmes reached their target audience.

² Between November 2020 and November 2021 [Find out more](#)

Over half of participants increased their activity levels, and sustained this behaviour change

Over half of participants had increased their activity levels and sustained this 12 months after joining activities provided by the projects, and only a small proportion had reduced their level of activity, despite the aforementioned impacts of the



pandemic when coronavirus-related restrictions were introduced and when the bulk of the planned delivery phase took place. These restrictions massively curtailed access, opportunity and the capability to exercise, and older adults and individuals from low socio-economic groups were disproportionately affected.

The benefits of participation extend far beyond increased activity levels

"I was having a great deal of trouble just getting up the stairs. I was in real pain. Coming here has really helped my knees as well so that has been massively beneficial."

Active Devon

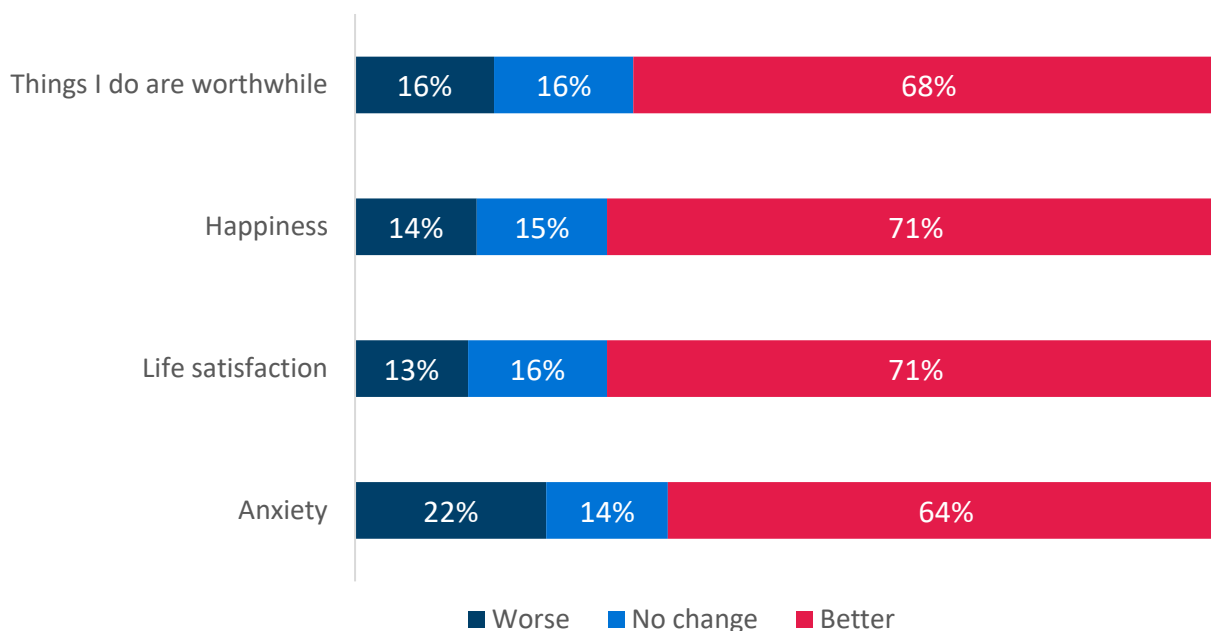
Participants say they feel healthier as a result of taking part in the programme. They report a range of physical benefits including improved strength, stamina, fitness, mobility and balance, weight loss and improvements in health conditions and pain.

Instructors report similar improvements in those they support. Many instructors perceive that participants have exceeded their expectations in terms of the improvements to their fitness and strength; participants'

confidence in their ability to be active has also grown. This is particularly important for those who may not have exercised for some time. Instructors highlight cases where improvements in participants' health conditions have resulted in reduced medication

or reliance on mobility aids. For older people in particular, improved physical health has helped them to carry out daily tasks, such as dressing and eating more easily, enabling them to remain independent for longer.

After 12 months, there are clear improvements in people's mental health and levels of wellbeing. Some of this data was collected during the pandemic, including lockdowns, a time many people found difficult. So, it is positive that such a large proportion of participants reported improved mental wellbeing, life satisfaction and happiness.



Although we cannot say for definite that one causes the other, there is a link between increased activity levels and improved wellbeing.

"Not only has it helped me physically, it has helped me mentally. When my husband went into care, I didn't like doing anything on my own but I can do all these things now."
Wiltshire Council

Qualitative information collected from the projects supports the survey findings. Participants report benefits to their mental health including improved mood, confidence, sense of achievement and general wellbeing. Focusing on an activity has reduced feelings of anxiety and helped people feel calmer.

Emphasising the social aspect of activities has been important for getting people involved. Participants have developed new social networks and friendships as a result and report reduced feelings of loneliness and isolation.

Participants say they have improved their quality of life and gained a sense of purpose as a result of attending the activities.

Continued efforts are needed in adapting offers to help specific groups get more active

When looking across the 2 programmes, we found that some groups within the audiences supported were less likely than others to increase their activity levels over time. Women, those aged 55 and over, and those in employment were all less likely to report increased activity. Section 5 of this report sets out the learning that the projects have developed which can help us all collectively adapt offers to better support these audiences.

Those aged 55 and over and those in employment were also less likely to report improved wellbeing – see the section below on how activity and wellbeing are linked on page 13. To help mitigate this, projects provided activities at different times of day to allow people in work or with other commitments, such as caring responsibilities, to participate (see the Outta School case study on page 19). Some also took activities direct to people's workplaces and other locations, including care homes, to make it easier for people to participate. Again, for further details on adaptations that can be made to your offers, please refer to section 5 of this report on page 14.

The impact of, and adapting to, the pandemic

The pandemic had a major impact on many of the projects. Most had to suspend or substantially adapt their activities. Many moved activities online. They ran Zoom sessions and/or provided resources and support for people to exercise at home, including YouTube videos, worksheets and equipment (beanbags, balls, resistance bands etc.).

Projects worked with new partners to provide additional help for people to stay healthy, such as food parcels, arts and crafts activities, prescription collection and phone calls. As lockdown restrictions eased, some began to deliver small group and outdoor activities, including doorstep sessions. During and after lockdowns, many projects paid particular attention to people's mental health needs.

A lack of digital literacy and/or internet access was a barrier to participation for some and delivering activities through remote means has its limitations; it can be harder to provide coaching and individual support at a distance. Projects highlighted how the pandemic amplified inequalities

"The pandemic brought home how important this work was with older communities. We have so many stories of older people feeling isolated and cut off from both friends and family. The hubs have been a lifeline in so many cases."

English Football League Trust

and marginalisation, particularly for those on low incomes, with limited space in their home or access to green spaces for exercise.

Nonetheless, there were equally many positives. Projects adapted rapidly and in creative ways to the restrictions and learnt quickly how to effectively deliver activities online. Virtual wellbeing walks were offered in a range of settings – from the Cotswolds to the Moon! Online and digital programmes resulted in some projects achieving a much wider reach and several gained new participants as a result. As things returned to normal, many projects continued to run hybrid models which combined virtual and

Case Study: delivering activity remotely

Developed by Demos and co-produced with and for older adults, 10 Today is a set of fun 10-minute audio and video workouts to help get older people stretching and moving at home. When the country went into lockdown, Sport England and Demos partnered with the BBC to make the content universally available on BBC Sounds and the BBC website, and it was also broadcast daily on BBC Radio 5 Live Extra and community radio stations.

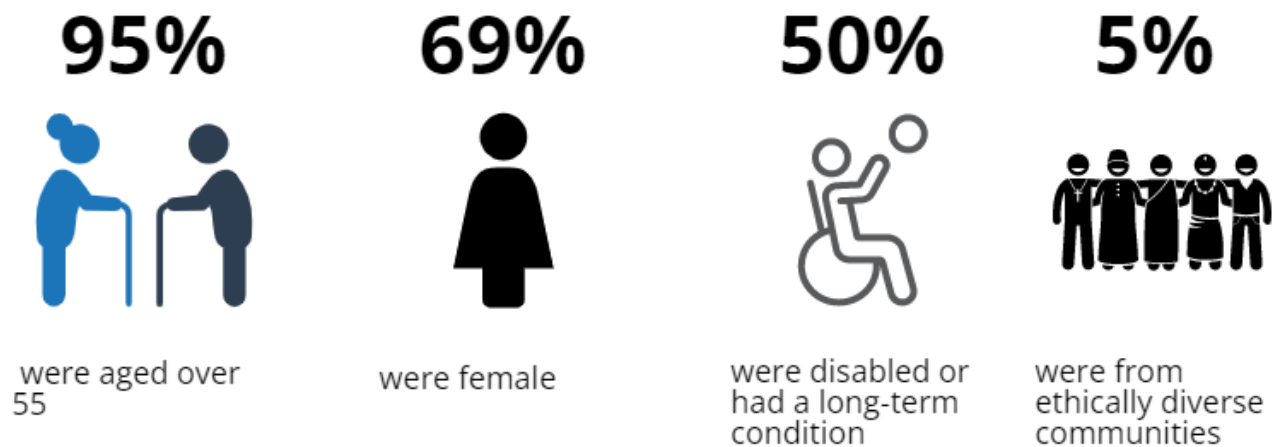
- 10 Today supported at least 20,000 people to get active through its community and national radio broadcasts, and audio and video content available online.
- 10 Today increased activity levels, reduced social isolation, increased confidence, reduced depression and boosted mental wellbeing.
- 10 Today provided participants with improved strength and balance to help with everyday tasks.

The project evaluation identified six things that made the content so successful: it was achievable, accessible, adaptable, simple, relatable and fun. You can read the Impact report on the project [here](#).

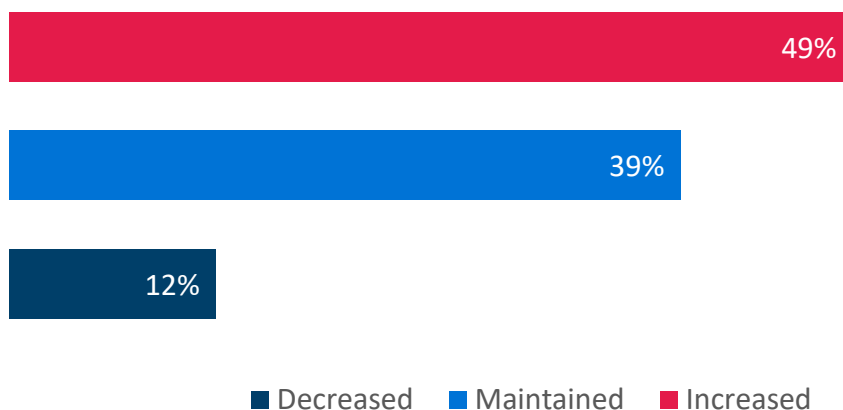
face-to-face support.

3. The Active Ageing programme

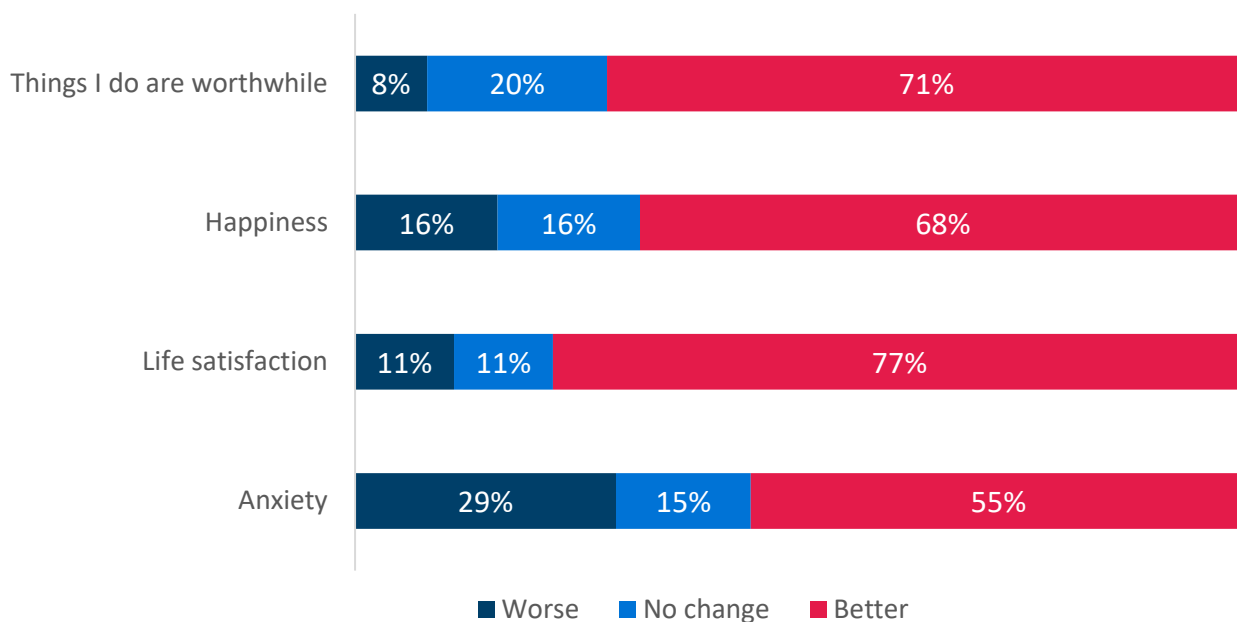
Age need not be a barrier to getting active. Active Ageing projects were successful in reaching and supporting their target audience of people aged 55 and over.



One year after joining a project, most people had either increased or maintained their activity level.



Levels of wellbeing – measured in terms of life satisfaction, feelings of happiness and that things are worthwhile – improved for most people 12 months after joining a project. Levels of anxiety do not show quite the same level of improvement, and for nearly a third of people this got worse.



The results for this group are likely to have been affected by the pandemic. The 75+ age group was particularly impacted, with a requirement for many of those aged 70+ to shield during the earlier stages of the pandemic and continued nervousness about mingling indoors or in crowded outdoor spaces after restrictions were lifted.

The high proportion of female participants is positive given the lower level of sport and physical activity among women in general. However, older men are at particular risk of social isolation, so it is important that they continue to be targeted. Men's social interaction can often be centred around the workplace or reliant on partner, increasing the risk of isolation on retirement or following bereavement or divorce. EFL's Extra Time Hubs project harnessed people's affinity with the local football club to engage them (mostly men) in social activities that included an element of physical exercise.

One in five people in England have a long-standing limiting disability or illness. Disabled people are almost twice as likely to be physically inactive compared to those without a disability.³ So, it is important that Active Ageing projects targeted this group – see the case study on page 16 for details about how two projects, in particular, went about this.

More work is needed to ensure that activities reach and are appropriate to all sections of the community. The proportion of participants from ethnically-diverse communities was considerably lower than that for the population in England and Wales generally.⁴ Our analysis shows that people from an ethnically-diverse background were more likely to have lower activity levels when they started the

³ <https://www.sportengland.org/research-and-data/research/disabled-people>

⁴ [Ethnicity and National Identity in England and Wales: 2011](#)

programme. Research from Sport England shows that there are persistent inequalities in activity levels between people from different ethnic backgrounds.⁵

Case study: supporting people with long-term conditions

Many of the projects focused on helping people with long-term conditions to have the confidence, capability, motivation and opportunity to take part in physical activity. This included Still on the Go delivered by Cotman Housing, and ESCAPE-pain delivered by the Health Innovation Network.

A wide range of people of different ages, abilities and conditions have been supported by the projects to take part. Participants have been provided with flexibility so they can go at their own pace. Participants across both projects emphasised the importance of instruction and support that is highly individualised and tailored to their needs.

As well as improving overall cardiovascular fitness, activities focus on improving key motor skills and other capabilities that typically decline with age, including balance, co-ordination and strength. Instructors actively challenge the perception that physical activity needs to be intense to be beneficial, supporting participants to manage effort and intensity and demonstrating ways to modify or adapt activities in order to manage pain or to overcome physical restrictions.

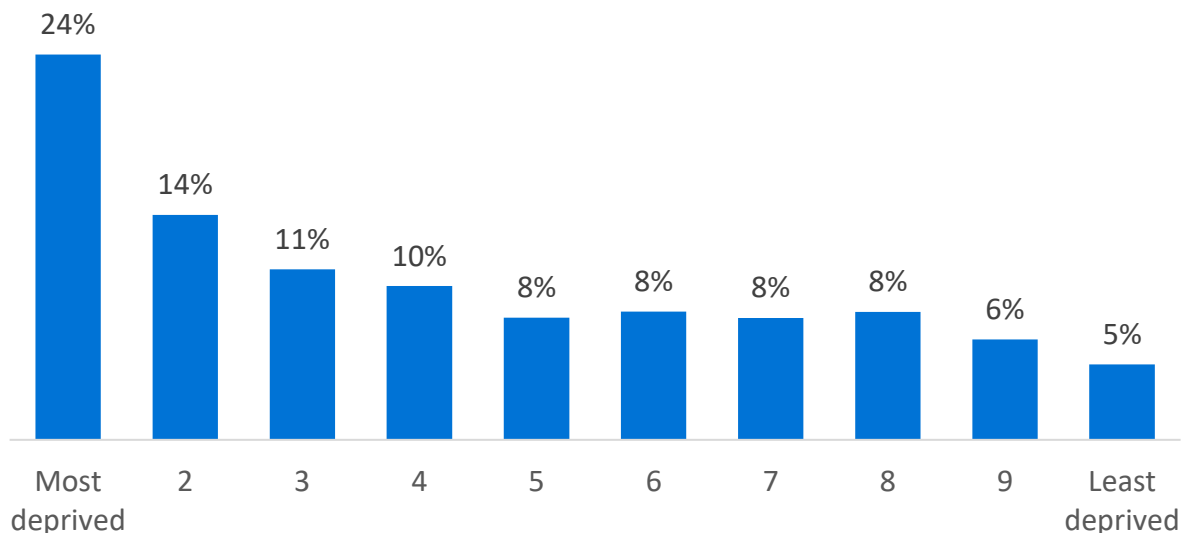
“The amazing thing is that they are relatively gentle exercises. I’d always thought it was no pain no gain. But I have been amazed by how simple exercises for the leg and for the back have made a difference already.”

- Participant

⁵ [Sport for all? Why ethnicity and culture matters in sport and physical activity](#)

4. The Tackling Inactivity and Economic Disadvantage programme

The Tackling Inactivity and Economic Disadvantage (TIED) projects successfully reached their target audience, with almost half of their participants coming from the top third most deprived areas. We found that people from deprived areas were more likely to have lower physical activity levels at the start of the programme, than those from the least deprived areas.



61%



were female

66%



were not in employment

15%

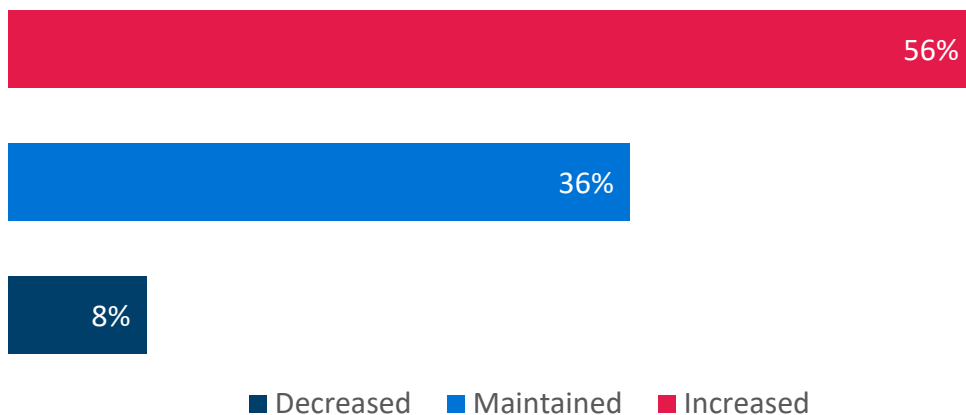


were from ethnically diverse communities

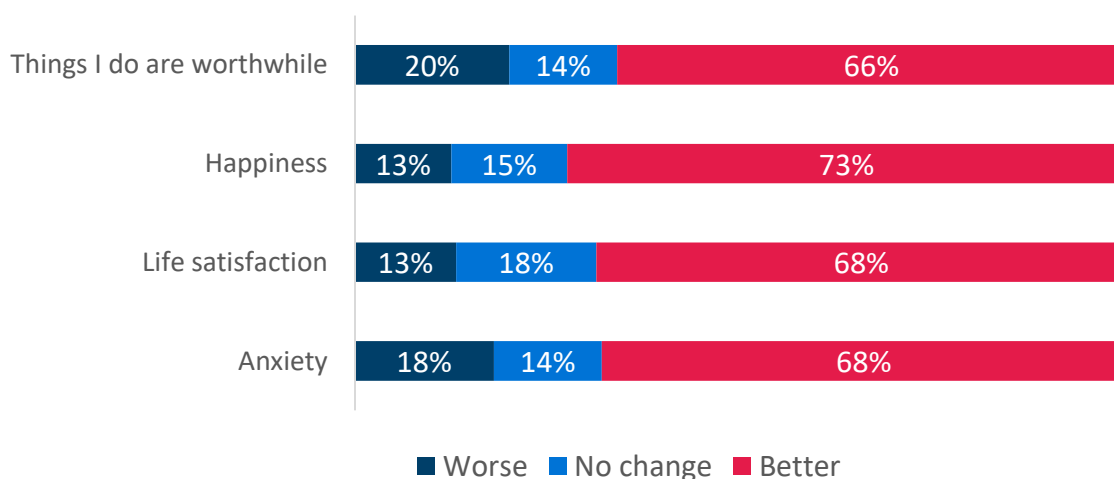
A higher proportion of participants were female than male. Women are an important target group because we found they are more likely to have lower activity levels when they first get involved, reflecting a wider pattern in the population as a whole.⁶

It is important to remember that people can be disadvantaged by factors other than where they live. Most TIED project participants were not in employment. Those not in employment were less likely to be doing higher levels of physical activity when they joined projects compared to those in employment.

One year after joining a project, over half of participants had increased their activity levels and very few had decreased their levels.



Most TIED participants reported improvements in key aspects of their wellbeing, including happiness, life satisfaction and anxiety levels after 12 months. Interestingly, people from less-deprived areas were less likely to increase their levels of wellbeing. This could be because this group had higher levels of activity to begin with and there was less room for improvement. i.e. the benefits of physical activity are likely to be felt more strongly amongst those who are more inactive.



⁶ <https://www.sportengland.org/research-and-data/research/gender?section=research>

These achievements are particularly notable in the context of the pandemic. Please refer [here](#) for more details on the impact of the pandemic on physical activity levels

Spotlight on physical activity and multiple disadvantage

People from disadvantaged communities are less likely to be physically active than those from more affluent backgrounds. Several projects run by homelessness and women's aid organisations worked with people affected by multiple forms of disadvantage, including domestic violence, homelessness and mental ill-health, to support them to engage in physical activity.

People experiencing multiple disadvantage face many barriers when it comes to physical activity, ranging from practical challenges, such as lack of opportunities to engage in exercise and financial difficulties, to psychological barriers associated with the trauma they have experienced.

Staff made activities social and easy to attend, with no commitment to attend regularly or even for the full session. Building trust and rapport with people first is crucial to engagement as is shaping activities to fit with participants' interests and preferences.

Activities have helped participants manage their mental health and recovery from trauma. Taking part in leisure activities and hobbies can be instrumental in helping people rebuild a positive identity and sense of self. Regular activities provide a routine in what can otherwise be chaotic lives. Projects report that some people began to engage better with other services, such as GPs, drug workers and benefits appointments. Participants have also experienced improved physical health and fitness, greater confidence and reduced social isolation.

Find out more – watch this [short film from SHP on their Sports and Health Project](#).

Case study: engaging people with complex lives

EVA Women's Aid is a charity that works with women who are fleeing, or who have fled domestic abuse. EVA provides women with space away from what they are going through to develop themselves while they are moving forward.

Key to the success of the project has been offering opportunities that take into account participants' concerns around being out and safe. This requires considerable early investment by staff into building participants' self-confidence before starting physical activity. The right instructors are at the core of the success. EVA uses an instructor with experience of working with vulnerable women. This ensures that the instructor understands the needs and triggers of this cohort.

You have to gently push the women to be motivated into coming, but you have to be every gentle with it, because you have to let them take control of that, given what these women have been through

–Programme lead

5. Learning

This section provides learning insights from the Tackling Inactivity programmes. It aims to offer actionable examples to help organisations make small, simple adaptations to their offers to help deliver more positive, inclusive physical activity experiences that are relevant, achievable and enjoyable for everyone.

Programme design

- Identify gaps in local provision. Work with partners to map the physical activity landscape in your local area so you are aware of the existing offer for your target audience and can ensure new activities add value to current provision.
- Engage your target audience from the outset and throughout the project. Work with members of your target audience to explore how they can be enabled to become more physically active. Find out what is important to them and use this to address barriers that prevent activity. Insights from the evaluation suggest that these include:

Top tip: Engaging participants from the outset, in project design
Co-designing activities with participants helps to provide a better overall experience. Involving potential participants in activity design can help to ensure that the activity fits their interests, needs and requirements.

- Situational factors such as work and shift patterns, family and caring

Case Study: the value of co-production

Sporting Memories Network CIC uses the hook of sport to engage isolated older people living with long-term conditions like dementia, Parkinson's disease, depression or loneliness. Weekly volunteer-led group activities take place at a range of community locations and use archive images of sport to trigger memories of playing or watching sports. The clubs incorporate age-appropriate physical activity and stimulate competition within the groups through playing accessible sports.

Participants are at the heart of developing and running activities. Everyone is encouraged to become involved to any extent they wish by contributing content, designing and delivering activities, determining the initial and ongoing location, timings and composition of the club.

By getting involved participants build confidence, agency and inter-personal skills that have a wider impact outside of the clubs. This enables them to take more control of their lives and how they interact with statutory agencies and other service providers.

commitments, and cost/affordability.

- **Health-related factors such as lack of physical mobility, low fitness levels and anxiety about pain or making conditions worse.**
- **Infrastructure, such as lack of transport/poor transport links and a lack of suitable places to get active within walking distance of a participant's home or workplace.**
- **Personal factors such as lack of confidence and perceived ability.**
- **Cultural factors such as lack of female only activities/facilities or perceptions about what physical activity involves.**
- **Co-design the activity with your target group to ensure it is appealing, meets their needs and, as far as possible, addresses identified barriers.**
- **Build flexibility into your programme. Some target audiences may be unwilling or unable to commit to an activity on a very regular basis (e.g. weekly), so it is important to offer the flexibility for participants to 'dip in and out'.**
- **Adapt activities according to ability. Participants' fitness levels and physical capabilities are likely to vary so it is important to think about how an activity can be adapted for those with more limited mobility as well as those seeking more of a**

challenge. Individual participants' needs are likely to change over time, so it is also important to ensure activities are flexible enough to evolve in response.

- **Resources and equipment.** Some activities may require certain equipment or a specific type of venue. Collaborating with other groups and sharing resources and facilities reduces the need to purchase additional equipment and helps budgets to go further.
- **Group size and composition.** It can be challenging to deliver some activities to large groups and/or to participants with a wide range of abilities. It is therefore important to consider the composition as well as the size of the group.

Top tip: Adapt activities for different capabilities across your participants
For example, Dance-based activities were adapted for those who need to remain seated, those who can stand but have limited mobility and those who can move comfortably around a room.

Case Study: the value of programme flexibility

Outta Skool offers a 12-week prevention and support programme to support members of the community who are already diagnosed with diabetes or are at risk of developing diabetes through obesity. The project has adopted a flexible approach to delivery, working around the needs of their predominantly South-Asian community, offering activities that are popular in a range of different formats, locations and times.

Operating out of seven different community venues, often at the heart of the community, makes accessibility less of a barrier for participants. This also allows the project to take cultural considerations into account, for example, by offering women's only classes.

The project negotiated with one venue to offer sessions between midnight and 3 am. This allowed the project to reach out to the large number of men in their

- **Changing attitudes and behaviour takes time.** To achieve lasting change, it is important to consider the length of the programme and how participants can be supported to continue on their physical activity journey from the outset to post programme provision.

Participant engagement

- National organisations should collaborate with partners at the grass roots. Local groups have credibility with the communities they work with as well as an in-depth understanding of local culture and the issues and challenges residents face. Collaboration with local organisations is an effective way for national organisations to engage with these communities.
- Create referral routes between local partners. Working together at a local level to identify and engage potential participants supports recruitment. It can also help to establish progression pathways for participants who want to try something different or move on to something more challenging.

Top tip: Make physical activity relevant and achievable to people. Many of us love sport and can think everyone else does, but this isn't always the case. Reframing what it means to be physically active, that is not just about joining an organised activity, that it can be active travel or everyday activities such as gardening, climbing the stairs or walking a little more briskly is important to help people find ways to get active that work for them.

Top tip: consider using trusted local venues

"The club is well known within the local community and is part of the fabric of the area. When I heard about these sessions, and that they were being run by the club, I thought they must be good otherwise the club would not be doing it."

- Create a range of routes into an activity. Some participants may be apprehensive about signing up to an activity, particularly if it involves a long-term commitment. Consider offering taster sessions to give prospective participants a sense of what the activity will be like. Engage community volunteers and past participants to act as programme ambassadors and to accompany those attending an activity for the first time.
- Use a range of communication channels. Electronic methods of communication, such as websites, email and social media, are an efficient and cost-effective way to reach out to large numbers of potential participants and to deal with questions and inquiries. However, not all target audiences have access to the technology or the necessary digital skills to engage with information in this way. It is important to communicate with target audiences in an appropriate way, including through leaflets and posters, which can be produced in alternative formats (such as large print and Braille) and

community languages.

- Tailor your messaging to your target audience. Choose the language and imagery you use in promotional materials carefully. Use images of people that

participants can identify with. Provide an accurate description of the activity so that participants understand what is involved as well as what they can expect to achieve as a result of taking part. Focus the messages on the features of the activity that are likely to hook people in – the opportunity to have fun, meet new people and share common interests – not just the health benefits.

- Think about the whole journey and the information that participants need at each stage from inquiring about the activities, registering to take part, attending and completing the sessions. This includes information on transport links to the venue/location, signage within the venue/location to the activity and the facilities available, such as toilets and changing rooms, crèche and a place to get refreshments.

Programme delivery

- Ensure the venue/location is safe, welcoming and accessible. Delivering activities in familiar venues and locations can help engage and retain participants. Venues and locations must be easy to get to and accessible for wheelchair users and those with limited mobility. Some venues, such as those that serve alcohol or without a private space to change and exercise, will be unsuitable for some groups.
- Provide facilities for those with caring responsibilities, such as a crèche or respite care, ideally onsite and free of charge or at a reduced cost.
- Ensure activities are enjoyable and engaging. Opportunities to have fun and socialise – before, during or after an activity – can help attract participants initially and motivate them to keep coming back.
- Consider your target audience when timetabling activities. Different groups prefer to engage in activities at different times of day or night. While some will prefer early morning sessions (e.g. before work) others will prefer daytime sessions (e.g. while children or dependents are in school or day care). Some may prefer or only have the opportunity to engage in activities at night, such as shift workers or those observing Ramadan.

- **Delivery staff need to be relatable, empathetic, adaptable and independent of other support services participants are accessing . This is particularly important when engaging with less mobile groups such as care home residents or people with limiting health conditions or individuals with complex needs.**
- **Volunteers play a critical role in the success of a project. Volunteers fulfil a range of important roles – both formal and informal – that support delivery. They can act as programme ambassadors and positive role models for those who have further to go on their physical activity journey, helping to encourage members of their community to engage and sustain their involvement. They can also take responsibility for designing and delivering whole activities. The case study and graphic overleaf illustrate the benefits and advantages of volunteer-led programmes.**

“A lot of the hostel staff will be chasing clients for their rent arrears and things like that. Clients see us as the people coming to provide sport, fun activities [...] You can see a differences between our relationship with them and the hostel staff’s relationship with them.”

Crisis

Case Study: value of volunteering

Bury, Manchester and Stockport Metropolitan Borough Councils (MBCs) used their funding as part of the Greater Manchester Active Ageing programme to support activities led by volunteers or champions. Volunteers supported the running of activities or mentored their peers to encourage those less confident to attend sessions. Volunteers highlight a range of benefits from the programme, including improved confidence, a greater sense of self-worth and improved life satisfaction.

Stockport MBC focused on over-65s who had experienced a life-changing event (such as retirement, bereavement etc). Working in partnership with a range of statutory and non-statutory local organisations they developed a referral pathway. This was based on a peer support volunteer programme for those needing additional support into physical activity, through chair-based sessions and walk and talk programmes.



Sustaining participant engagement

- Ensuring community ownership of your activity encourages active and sustained engagement. Empowering participants to shape sessions means that activities don't go 'stale' and can be changed in response to their needs and preferences, for example, if participants simply don't like or enjoy an activity or want more challenge as they get physically fitter and increase their skill level.
- Consider the potential use of rewards and incentives. Discuss with your group whether they would value being rewarded for their attendance or as an incentive to help them stay motivated. Some participants may benefit from a reward for achieving a personal milestone.
- Work with your group to identify opportunities for people who want to progress. Signpost participants to other activities and put progression pathways in place to ensure individuals are able to remain active.
- Maintain contact with participants between sessions. Programme retention can be challenging, particularly if the target audience has multiple or complex needs. Keeping in touch with participants between sessions can help to keep them motivated and sustain their engagement.

"Every time a client attends a session they get a stamp on a loyalty card and then they receive a personalised reward. Some people have chosen sports clothing... another wanted a blender for food and nutrition."

Single Homeless Partnership

Progression routes: participants to volunteers

One project noted that there was an appetite among some of their participants to undertake a formal fitness training qualification. Working with a local partner, the project provided instructors to help participants achieve this goal. Some of the participants who successfully completed their qualifications have gone on to run sessions. Not only have these people become ambassadors for the programme, they have also contributed to its sustainability beyond the Sport England funding.

Sustaining the programme

- **Develop a sustainability plan:** It is important to consider how a programme can be sustained in the long term *from the outset*. Potential funding models and sources of funding (including the potential to charge for activities) should be explored and form the basis of a plan that also sets out how requirements such as staffing, equipment, venue/location and outreach to new communities and groups will be met.
- **Understand participation demographics.** It is important to capture the number and characteristics of participants to establish whether a project is reaching its target audience and in sufficient numbers to ensure its viability. It is also important to understand the true cost of delivery to inform future delivery plans.
- **Support and develop the volunteer workforce.** Volunteers can feel under-valued if they are not supported and recognised for their contribution. Formal and informal training and/or mentoring helps to build confidence as well as develop volunteers' skills to ensure they are effective and remain in their role. Articulating the value and intrinsic benefits of volunteering helps to recruit volunteers who are primarily motivated by a desire to help others. Former participants can make effective volunteers because they can draw on their experience of the programme and can relate to potential participants.
- **Demonstrate relevant impact to key stakeholders.** Building evaluation in from the outset enables providers to understand how effectively their project is being delivered (and where it could be improved) and measure its impact. This evidence can be used in funding applications to support the long-term sustainability of a project. Tackling Inactivity projects captured learning and insight to inform delivery in a number of ways (see image overleaf). These methods were often designed to enable participants to share their perceptions and experiences in a way that worked for them.
- **Secure buy-in to monitoring and evaluation from the outset.** Ensuring staff, volunteers and participants understand the rationale for collecting information and the purpose of evaluation helps to shift mindsets from 'evaluation is a burden' to 'learning as an asset' which encourages buy-in. It is important to make it as easy as possible for stakeholders to engage with monitoring and evaluation processes. Collecting data once and ensuring permission is in place for all

"I think when it was free, it allowed people to come... [Not charging] allowed us to develop a sense of community in the first few weeks... This made it easier for us to find the money when they started charging because we can see that it is helping us all."

Outta School

potential uses (including monitoring and evaluation purposes) helps to reduce burden and sustain engagement.



Benefits for providers

Tackling Inactivity has delivered a range of benefits for the stakeholders involved in the delivery of the projects:

- Improved organisational profile. The projects have helped to increase the visibility of providers in their local communities as well as with local and national stakeholders.

- **Strengthened organisational offer:** The activities have created additional pathways for clients who were already engaging in core services. This has helped to sustain client engagement as well as deliver wider benefits, such as a reduction in instances of anti-social behaviour in hostels.
- **Increased awareness of the importance of sport and physical activity.** Project staff increasingly recognise the role that sport and physical activity can play in enhancing the experience of service users. As a result, some organisations have introduced new strategic objectives within their business plans.
- **Collaboration and partnership is the golden thread that runs through this programme and is integral to its success.** Both the Active Ageing and TIED projects engaged with a diverse range of partners when developing and delivering their programmes, including other service providers, community centres, faith groups, charities, sports clubs and schools. Partnerships can take time and resources to establish, but once in place, deliver a range of benefits for projects, partner organisations and of course participants, as illustrated below.

"Working with partners has allowed us to share best practice, increase resources across sectors and co-design sessions to achieve multiple objectives. All these factors contribute towards project sustainability and legacy."

Cotman Housing Group



6. Find out more

More information on the Active Ageing programme can be found here:

<https://www.sportengland.org/campaigns-and-our-work/active-ageing>

More information on the Tackling Inactivity and Economic Disadvantage programme

can be found here: <https://www.sportengland.org/campaigns-and-our-work/tackling-inactivity-and-economic-disadvantage>

More information on engaging older people in physical activity can be found here:

<https://www.sportenglandclubmatters.com/participant-development/reaching-different-audiences/older-adults/>

The new strategy 'Uniting the Movement' outlines Sport England's strategic priorities for 2021–2031: <https://www.sportengland.org/about-us/uniting-movement>

Appendix 1: Projects involved

The following projects took part in the programme evaluation

Tackling Inactivity and Economic Disadvantage projects

Active Lives Healthy Futures

Active Northumberland

Bonny Downs Community Association

Barry McGuigan Boxing Academy

BID Services

Community Recording Studio

Crisis

Daisy Inclusive UK

EVA Women's Aid Ltd

Family Gateway

FitMums and Friends

Groundwork Cheshire, Lancashire and Merseyside

London Youth Rowing

Maslaha

Middlesborough and Stockton Mind

Netherton Feelgood Factory

North Somerset Council

Nottinghamshire YMCA

Outta School Ltd

Oxford Diocesan Council for Social Work Incorporated

Oxfordshire Mind

Peabody

Pink Lizard Developing Youth and community

Premiership Rugby
Rochdale and District Mind
Rugby League Cares
Southern Brooks Community Partnerships
Sport Works Limited
St Helen's Council
Trelya
WILD Young Parents Project
Wiltshire Council
WM Morrison Darlington Enterprise Trust
Workers Educational Association
Yorkshire Sport Foundation

Active Ageing projects

Active Dorset
Age UK Milton Keynes
Aquarius
British Gymnastics Foundation
Canal and River Trust
Cotman Housing Association
Demos- Active radio- a digital exercise regime for older people
Devon Local Nature Partnership – Connecting Actively to Nature
English Football League Trust
Havant Borough Council
Greater Manchester Active Ageing Programme
Guys and St Thomas's NHS Trust: Health Innovation Network
Hertfordshire County Council
Interlink Community Services C.I.C
Motitech
Northumbria Sport Foundation
One Dance UK
Oomph Wellness Training Ltd

Parkinson's UK

SHP – Single Homelessness Project

Sporting Memories Network C.I.C

Appendix 2: Analysis and data tables

Descriptive statistics

After data cleaning to address duplicate records, there are 31,847 observations across the four data collection points. Data is available on 15,871 people at baseline, with around 20 per cent of respondents tracked to 12 months.

Table 1: Sample sizes by time period

	n
Baseline	15,871
3 months	7,551
6 months	4,737
12 months	3,337
Total	31,496

Table 1 shows descriptive statistics at baseline for each programme. Note how even at baseline the sample sizes vary considerable across the variables. For example, in the Active Ageing programme there are over 9,000 useable observations for gender and age and under 3,000 for employment status.

Table 2: Demographic statistics at baseline for each programme

	Active Ageing		TIED	
Demographics	Observations	Per cent	Observations	Per cent
Females	9,422	69	6,437	61
Aged 55+	9,130	95	5,871	25
Culturally diverse communities	7,577	5	4,842	15
Disabled/long-term health conditions	4,977	50	5,569	32
Employed	2,907	19	4,398	44

Figure 1 and Figure 2 show the age distribution for each programme . The modal age group is 35–44 for the TIED group and 65–74 for the AA group.

Figure 1: Age distribution Active Ageing programme

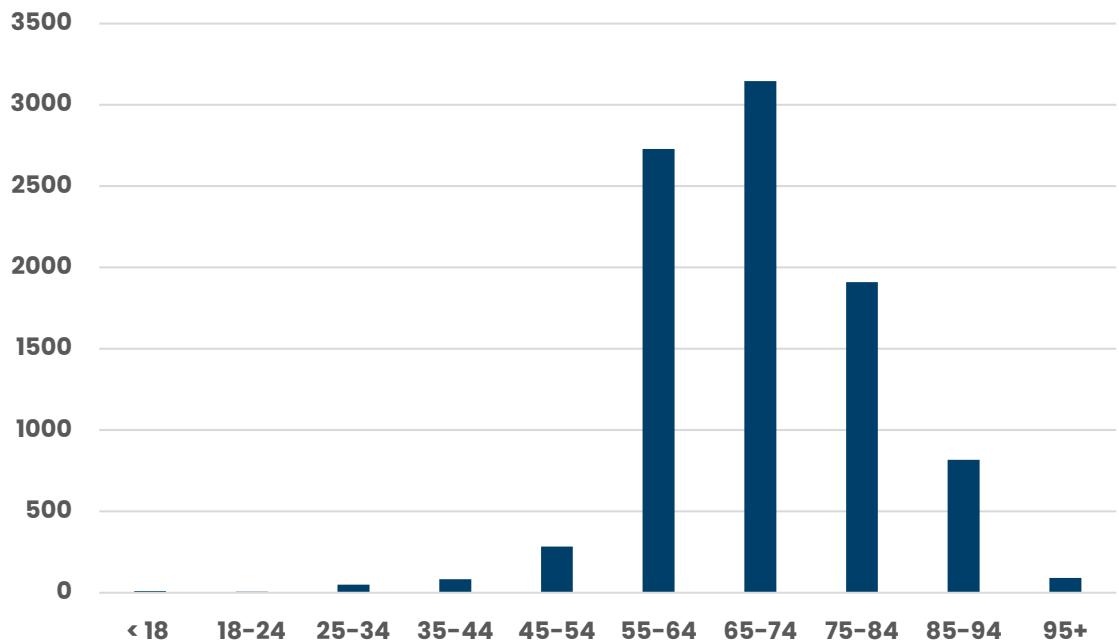


Figure 2: Age distribution TIED programme

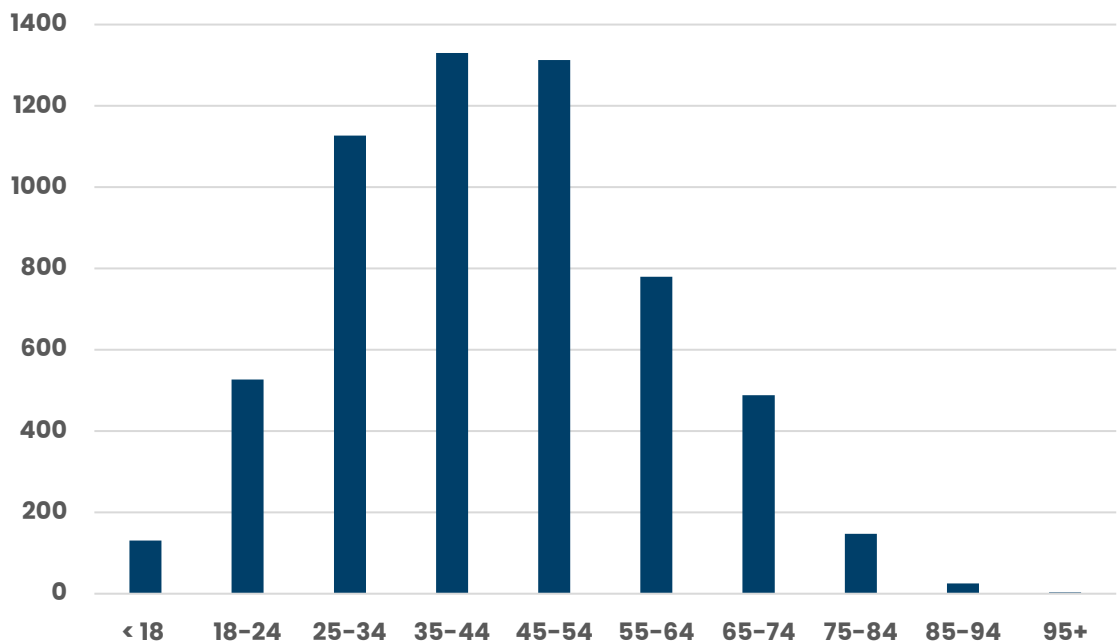


Table 3 shows distribution of participants by IMD decile. As expected, the TIED respondents are skewed towards the more deprived deciles.

Table 3: Distribution of participants by Index of Multiple Deprivation

	Active Ageing		TIED	
IMD Decile	N	Per cent	N	Per cent
1 – Most deprived	443	8.0%	1,330	23.6%
2	401	7.2%	792	14.1%
3	652	11.7%	597	10.6%
4	519	9.3%	539	9.6%
5	478	8.6%	428	7.6%
6	543	9.7%	449	8.0%
7	684	12.3%	427	7.6%
8	829	14.9%	448	8.0%
9	503	9.0%	352	6.3%
least dep.	518	9.3%	264	4.7%
Total	5,570		5,626	

Table 4 shows mean values for health and wellbeing measures at baseline. The Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)⁷ measures mental wellbeing. A total scores is calculated from 14 questions scored from 1 to 5, with a total score of 14 being the worst and 70 the best. The mean WEMWBS scores reveal similar levels of mental wellbeing at baseline for both programmes – although both are slightly below general population norms.⁸ EQ-5D⁹ is a health index scored from <10 to 1, where 1 is full health. As might be expected the mean EQ-5D overall self-assessed measure is lower

⁷ See <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/> for further information

⁸

https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/using/howto/wemwbs_population_norms_in_health_survey_for_england_data_2011.pdf

⁹ See <https://euroqol.org/eq-5d-instruments/> for further information.

for the Active Ageing programme. Note the very small number of responses for these two variables.

The four ONS wellbeing measures aspects of wellbeing on a scale of 0 to 10, where 0 is not at all and 10 is completely (completely satisfied/happy). For the anxiety question, 0 is completely anxious and 10 is not at all anxious – so higher scores are always more positive. The results suggest higher levels of wellbeing overall for the Active Ageing group; this group has higher means for all four measures of wellbeing.

Table 4: Mean scores for health and wellbeing measures at baseline

	Active Ageing		TIED	
	Observations	Mean score	Observations	Mean score
WEMWBS	294	49.95	2,052	46.08
EQ5D	277	0.75	61	0.91

ONS wellbeing measures	Active Ageing		TIED	
	Observations	Mean score	Observations	Mean score
How satisfied are you with your life nowadays?	3,296	7.10	3,319	6.13
How happy did you feel yesterday?	3,304	7.21	3,170	6.27
How anxious did you feel yesterday?	3,062	6.47	3,219	5.91
Overall, to what extent do you feel the things you do in your life are worthwhile?	3,278	7.38	2,882	6.60

Table 5 shows very similar mean levels of self-efficacy and social trust in both groups. Self-efficacy is measured by the question “I can achieve most of my goals I set myself.” Social trust is measured by the question “Most people in my area can be trusted.” Both questions are scored on a four-point scale from 0 strongly disagree to 4 strongly agree.

Table 5: Measures of self-efficacy and social trust at baseline

	Active Ageing		TIED	
	Observations	Mean score	Observations	Mean score
Self-efficacy	2,995	2.67	2,391	2.58
Social trust	2,363	2.63	2,253	2.49

The TIED group is slightly more active at baseline than the AA group, but for both groups activity levels are low – only around 9% of respondents are classified as active at baseline.¹⁰ The modal category for the Active Ageing programme is low intensity activity, whereas for TIED it is fairly active.

Table 6: Activity levels at baseline

	Active Ageing		TIED	
	N	Per cent	N	Per cent
Not active	475	7%	292	9%
Low intensity only	2,948	43%	1,100	32%
Fairly active	2,776	41%	1,672	49%
Active	589	9%	327	10%

¹⁰ Definition of the range of activity levels are provided on P6

The average number of days in a week that respondents are active is less than 2 for both groups. The modal number of days activity in a week is zero for both groups.

Table 7: Days active per week at baseline

	Active Ageing		TIED	
Days active per week	N	Per cent	N	Per cent
0	406	77.63	580	32.35
1	18	3.44	439	24.48
2	5	0.96	248	13.83
3	12	2.29	157	8.76
4	8	1.53	110	6.13
5	13	2.49	92	5.13
6	4	0.76	40	2.23

Table 8 shows changes in activity level at 3, 6 and 12 months, classified as simply increase, decrease or maintained.

Table 8: Changing in physical activity at each time point (per cent)

	Active Ageing			TIED		
	3 months (per cent)	6 months (per cent)	12 months (per cent)	3 months (per cent)	6 months (per cent)	12 months (per cent)
Decreased	13.89	12.48	12.2	5.78	9.45	7.6
Maintained	40.53	49.71	39.02	53.26	45.01	36.45
Increased	45.58	37.81	48.78	40.96	45.54	55.95

Table 9 shows an increase in mental health (measured by the WEMWBS) overtime for the TIED sample, but follow-up for the AA active is too small to give a clear picture.

Table 9: Change in mental wellbeing (WEMWBS) at each time point – TIED only (per cent)

	3 months (per cent)	6 months (per cent)	12 months (per cent)
Decreased	21.68	24.34	22.68
Maintained	15.51	9.62	7.9
Increased	62.8	66.03	69.42

Table 10 show a clear increase in all four wellbeing measures over time for both programmes.

Table 10: Changes in wellbeing (ONS measures) at each time point (per cent)

	Active Ageing			TIED		
	3 months	6 months	12 months	3 months	6 months	12 months
Life satisfaction						
Worse	16.13	12.08	11.34	20.22	20.03	13.16
No change	29.03	21.14	11.34	36.9	29.36	18.42
Better	54.84	66.78	77.31	42.88	50.61	68.42
Happiness						
Worse	22.08	21.48	15.97	20.25	17.34	12.59
No change	28.54	20.81	15.97	32.29	27.46	14.81
Better	49.38	57.72	68.07	47.46	55.2	72.59

	Active Ageing			TIED		
	3 months	6 months	12 months	3 months	6 months	12 months
Anxiety						
Worse	29.11	28.96	29.29	23.27	22.32	18.41
No change	25.82	16.84	15.9	27.16	25.8	13.9
Better	45.06	54.21	54.81	49.57	51.88	67.69
Things I do are worthwhile						
Worse	17.16	19.46	8.4	22.89	20.97	19.86
No change	30.35	21.48	20.17	43.38	33.45	13.86
Better	52.49	59.06	71.43	33.73	45.58	66.28

Table 11 shows that self-efficacy and social trust increase steadily over time for the Active Ageing sample, but the trend is less clear for TIED, where for both outcomes the majority of respondents stay at the same level.

Table 11: Change in self-efficacy and social trust at each time point (per cent)

	Active Ageing			TIED		
	3 months	6 months	12 months	3 months	6 months	12 months
Self-efficacy						
Worse	14.85	11.79	7.14	13.19	13.64	8.56
No change	58.18	50.66	25	57.39	60.67	51.83
Better	26.97	37.55	67.86	29.43	25.69	39.61

	Active Ageing			TIED		
	3 months	6 months	12 months	3 months	6 months	12 months
Social trust						
Worse	7.75	10.2	8.57	21.99	27.72	19.96
No change	79.07	66.33	42.86	50.46	44.1	53.78
Better	13.18	23.47	48.57	27.54	28.18	26.26

Regression models

Shows multivariate regression models of the correlates of baseline activity level. The dependent variable in each case is the activity level at baseline. The explanatory variables are the set of demographic characteristics, as well as each of the wellbeing, self-efficacy and social trust variables;¹¹ these latter are included one at a time to reduce multicollinearity problems. The activity level is an ordinal scale, but these regressions are estimated as linear models; thus only the signs (showing the direction of the association), and significance of the coefficient estimates are meaningful, not the magnitude. The results suggest that being female and from an ethnically diverse community are associated with lower activity at baseline. There is also some evidence that being employed and in a less deprived area is associated with higher activity at baseline. Being disabled is associated with lower activity but this association disappears once any wellbeing variables are included. Higher levels of life satisfaction, happiness, eudemonic wellbeing (feeling that the things you do are worthwhile) and self-efficacy are also associated with higher activity at baseline. It is worth stressing that no causation is implied by these models; the results simply reveal associations between activity level and the wellbeing variables at baseline, conditional on the other demographic characteristics. Note also that the sample sizes are relatively small compared to the full sample of respondents at baseline, and this is due to missing values on nearly all of the explanatory variables.

¹¹ The WEMWBS and EQ5D variables cannot be used in any of the regression models due to insufficient sample sizes.

Table 12: Regression model – correlates of baseline activity

Dependent variable: activity level at baseline							
female	-0.130*** (0.030)	-0.121*** (0.034)	-0.117*** (0.034)	-0.128*** (0.034)	-0.124*** (0.034)	-0.130*** (0.035)	-0.123*** (0.040)
age 55+	0.021 (0.032)	-0.034 (0.038)	-0.005 (0.038)	-0.018 (0.038)	-0.036 (0.038)	-0.014 (0.040)	-0.014 (0.046)
ethnically diverse communities	-0.178*** (0.066)	-0.191** (0.076)	-0.183** (0.078)	-0.202*** (0.076)	-0.177** (0.078)	-0.157* (0.095)	-0.131 (0.112)
disabled	-0.071** (0.030)	-0.035 (0.034)	-0.045 (0.034)	-0.056 (0.034)	-0.036 (0.034)	-0.025 (0.036)	-0.063 (0.039)
employed	0.035 (0.031)	0.058* (0.035)	0.058* (0.035)	0.082** (0.036)	0.053 (0.035)	0.050 (0.036)	0.066 (0.041)
IMD	0.011** (0.005)	0.011* (0.006)	0.007 (0.006)	0.011* (0.006)	0.011* (0.006)	0.008 (0.006)	0.004 (0.007)
satisfaction		0.025*** (0.007)					
happiness			0.017** (0.007)				
anxiety				0.007 (0.005)			
worthwhile					0.025*** (0.007)		
self-efficacy						0.093*** (0.017)	
social trust							0.035 (0.022)
Observations	3,189	2,459	2,428	2,337	2,433	2,279	1,872
R-squared	0.013	0.019	0.014	0.016	0.018	0.024	0.011

Standard errors in parentheses. *** p<0.01, ** p<0.05, * p<0.1. All explanatory variables measured at baseline. Estimated as linear regression models.

Table 13 shows probit regression models that explore which variables are associated with increased activity level from baseline to 12 months. As well as the demographic factors and project type, the wellbeing, self-efficacy and social trust variables are also included as potential predictors (again because there is no clear direction of causality implied); these latter are included one by one to reduce multicollinearity problems. As shown in the first column, being female, aged 55 or over or in employment lowers the probability of an increased activity level; being disabled increases the chances of improved activity level. On top of this people in the TIED projects appear to have an improved chance of increased activity. Higher life satisfaction, happiness and eudemonic wellbeing at baseline are all associated with a lower chance of improved activity level over 12 months. While this result may seem counterintuitive it possibly reflects the fact that people with higher wellbeing at baseline already had higher levels of activity so this is less likely to increase further.

Table 13: Probit regression models – wellbeing predictors of activity increase

Dependent variable: activity level increase over 12 months						
female	-0.407** (0.206)	-0.321 (0.209)	-0.363* (0.202)	-0.334 (0.214)	-0.284 (0.215)	-0.153 (0.272)
age 55+	-0.522** (0.243)	-0.567** (0.258)	-0.611** (0.246)	-0.553** (0.256)	-0.542** (0.260)	-0.865*** (0.313)
ethnically diverse communities	0.204 (0.393)	0.128 (0.409)	0.092 (0.409)	0.172 (0.534)	0.464 (0.705)	-0.989 (0.703)
disabled	0.418* (0.227)	0.420* (0.233)	0.469** (0.222)	0.378 (0.237)	0.401* (0.243)	0.336 (0.300)
employed	-0.604** (0.288)	-0.710** (0.304)	-0.703** (0.289)	-0.911*** (0.305)	-0.971*** (0.306)	0.327 (0.491)
IMD	-0.002 (0.046)	-0.013 (0.047)	0.002 (0.046)	-0.000 (0.047)	0.002 (0.048)	-0.066 (0.055)
TIED	0.485* (0.293)	0.493 (0.300)	0.685** (0.295)	0.614** (0.297)	0.678** (0.311)	0.705** (0.348)
satisfaction	-0.125*** (0.038)					
happiness		-0.106*** (0.041)				
anxiety			-0.048 (0.039)			
worthwhile				-0.166*** (0.048)		
self-efficacy					-0.148 (0.099)	
social trust						0.042 (0.144)
Observations	245	238	245	231	226	140

Standard errors in parentheses. * p<0.01, ** p<0.05, * p<0.1. All explanatory variables measured at baseline.**

Table 14 explores whether changes in activity level over 12 months are associated with changes in wellbeing, self-efficacy or social trust, conditional on the baseline

demographic characteristics and project type. The change in activity level is an ordinal scale, but these regressions are estimated as linear models; thus only the signs (showing the direction of the association), and significance of the coefficient estimates are meaningful, not the magnitude. The coefficients estimates for female, aged 55 and over, employed and disabled confirm the previous results; there is an inverse relationship between the first three and activity change and positive relationship for the last one. On top of this, changes in anxiety, eudemonic wellbeing and self-efficacy are also all positively associated with changes in activity level change.

Table 14: Regression models – associates of change in activity level

Dependent variable: change in activity level over 12 months						
female	-0.310*** (0.113)	-0.274** (0.113)	-0.284** (0.112)	-0.283** (0.116)	-0.282** (0.117)	-0.257* (0.151)
age 55+	-0.298** (0.137)	-0.346** (0.142)	-0.326** (0.137)	-0.320** (0.141)	-0.179 (0.147)	-0.495*** (0.166)
BAME	0.096 (0.204)	0.089 (0.207)	0.068 (0.206)	0.034 (0.251)	0.243 (0.279)	-0.374 (0.383)
disabled	0.286** (0.127)	0.305** (0.131)	0.275** (0.127)	0.253* (0.133)	0.138 (0.133)	0.260 (0.162)
employed	-0.386** (0.168)	-0.494*** (0.173)	-0.412** (0.168)	-0.494*** (0.177)	-0.490*** (0.173)	0.081 (0.260)
IMD	-0.013 (0.027)	-0.016 (0.028)	-0.002 (0.027)	-0.011 (0.028)	-0.008 (0.031)	-0.036 (0.031)
TIED	-0.061 (0.169)	-0.057 (0.174)	-0.058 (0.167)	-0.061 (0.171)	0.201 (0.225)	0.062 (0.203)
<i>12 month change in:</i>						
satisfaction	0.022 (0.019)					
happiness		0.013 (0.021)				
anxiety			0.045** (0.018)			
worthwhile				0.047** (0.022)		
self-efficacy					0.125*** (0.042)	
social trust						-0.006 (0.073)
Observations	245	238	245	231	210	133
R-squared	0.226	0.240	0.243	0.236	0.306	0.247

Standard errors in parentheses. * p<0.01, ** p<0.05, * p<0.1. All explanatory variables except wellbeing ones measured at baseline. Estimated as linear regression models**