Rother Workforce Project
Stage 1 Report:
Understanding audiences
Key findings

- Residents regard physical activity as important, but have insufficient confidence to take part. Closing this confidence gap will be critical for the workforce to achieve if they are to recruit more inactive people to become active.

- Therefore promotional materials must emphasize that activities are age-appropriate, at ‘my level’ and involve ‘people like me’. Coaches can reinforce this in sessions.

- The Activity Providers involved in this project have successfully engaged Inactive people. Specifically, they have had success in engaging people with disabilities and health conditions, older people and some people from deprived areas.

- Supporting these activity providers to scale-up their activities and engage more people should have an impact on reducing inactivity rates in Rother District. This will involve recruiting more coaches and ensuring that they have the skills to support behaviour change.

- However, people in some deprived areas (Sidley, and the Tilling Green neighbourhood in Rye) have not been engaged. New activities based in these communities may be required.

- People aged 16-25 and over-75 are taking part less than those in other age groups. Specific activities aimed at these age groups should be explored.

- More behaviour change training is needed so that the workforce is able to support people with low fitness, low confidence, low motivation or health conditions to become active.

- Each activity provider should be supported to develop their offer against the Inactivity Design Principles Checklist, so that the areas highlighted for development are improved. The key areas for development are: Using behaviour change theories and measuring behaviour change, developing more partnerships, and scaling up what works.
Methodology

Stage 1 - Understanding audiences

The six wards in Rother District with the highest estimated inactivity levels were the focus area for this project. Information was gathered on four audiences in these wards. Residents were surveyed to understand what would motivate them to be more physically active, and what stops them being more active.

To understand what has been successful in getting and keeping people active, existing participants were surveyed. Coaches were surveyed to find out about their knowledge of behaviour change and their views on coaching inactive people.

Finally, in-depth interviews were carried out with the lead organisers of 15 clubs and activity providers which target inactive people in these six wards. They answered questions using Sport England’s Inactivity Design Principles as a framework. These scores provided club-specific and district-wide priorities for development in engaging inactive people.

Residents

381 residents in Rother responded to the residents’ survey online, and a further 300 were interviewed on doorsteps in focus neighbourhoods. Their current activity level was recorded using Sport England’s ‘Short Active Lives Survey’ methodology, alongside key demographic information, and their views on what would help them to become more physically active.

Participants

310 current participants completed a survey which mirrored the questions in the residents survey, including a measure of their activity level before joining their current activity. This provides for comparison with the resident data to show who is being reached by the current activities. New participants will complete this survey, so that we can continually monitor who is being engaged.

Coaches

50 coaches and volunteers were surveyed to find out their attitudes towards, and experience of coaching previously inactive people.

Coaches were asked about their knowledge of behaviour change techniques and their experience of using them. We will use the coaches responses to upskill current coaches and identify gaps which new coaches should be recruited to fill.

Activity providers

15 clubs and activity providers, which operate in the six focus wards, and offer activities for inactive people or beginners were interviewed by an experienced coach.

They answered a series of qualitative questions which fed into a scorecard to highlight strengths, and areas for development for each club. This will be used to plan interventions to develop the workforce in each club.
Residents were asked to rate how important to them it is to be physically active, and how confident they are to take part in physical activity.

Across all activity levels, residents rate the importance of physical activity higher than their confidence to take part in it. This gap was biggest for inactive residents.

The challenge for the workforce is therefore to design activities which build confidence to take part from initial promotion through to sign-up, first attendance, and in each session.

Messages which stress the importance of physical activity will be less effective than those which help people to feel more confident to take part.

**Recommendations**

1. Behaviour change training for activity organisers to ensure that they understand how to build confidence of new participants.
2. Activity organisers to review and test promotional and sign-up materials to check if they build confidence in new participants.
3. Activity organisers to review sessions to ensure they build confidence of new participants.

**What would help you to be more confident to take part in physical activity?**

“Friendly beginners fitness classes or private home exercises. It's a confidence issue!”

Inactive female resident, Bexhill, aged 25-34
Residents

**Importance of physical activity** v **Confidence to take part**

### Disability or health condition

<table>
<thead>
<tr>
<th></th>
<th>Importance of physical activity</th>
<th>Confidence to take part</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td><img src="image" alt="Bar Chart" /></td>
<td><img src="image" alt="Bar Chart" /></td>
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<tr>
<td>No</td>
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</tbody>
</table>

There is a sizeable gap between the confidence of people with a disability or health condition, and those without. This is true across all activity levels.

**Recommendations:**

1. More coaches trained in how to support people with specific conditions.
2. Communicate that this support is available to people with health conditions or disabilities in promotional materials and through partners such as GP surgeries.

### Deprivation (only inactive people shown)

People in deprived areas rated the importance of being physically active similarly high to residents in other areas. Their confidence to take part was also significantly lower than how important they rated it.

**Recommendations:**

1. The messages in promotional materials are reframed to build the confidence of inactive people to take part with images showing ‘people like me’ and addressing potential concerns and expectations.
2. People from the community are recruited as coaches and volunteers so that word of mouth promotion builds the confidence of potential attendees.

### Age (only Inactive people shown)

The importance placed on being physically active is relatively high among all age groups, even for inactive people. Confidence is lower than importance and appears lower with younger age groups.

**Recommendations:**

1. More work needed with younger people to understand what would help to build confidence.
2. New activities designed and promoted which make it easier for young people who have other competing pressures on time and finance.
Residents

What would give you more confidence to take part?

### Activities at my level

**Ability of workforce to influence:** **High**

Activity providers and coaches can plan sessions which cater for different levels. Through the interviews carried out with activity providers in Rother we can assess the extent to which each activity provider is catering for completely inactive people with limited fitness, or limiting conditions.

The key will be to promote opportunities to people that gives them confidence that it is at their level.

### Catering for my Disability/Health condition

**Ability of workforce to influence:** **High**

Activity providers can ensure that sessions can be adapted meet the needs of people with specific disabilities or conditions. We can identify where there are gaps in provision for certain conditions and attempt to fill them.

### Losing weight

**Ability of workforce to influence:** **High**

This needs to be inverted so that people who are overweight feel that the activity is for them. Images can help to show this. While explicit weight loss may be effective in attracting some groups e.g. Men v Fat, football, it could shame others, so focusing on other benefits may help overweight people to feel more confident to attend.

### Safer cycling routes

**Ability of workforce to influence:** **Low**

This is largely outside of our control. Cycle training could help new riders to feel safer on roads.

### Support from a friend

**Ability of workforce to influence:** **Limited**

It is difficult for coaches and activity providers to identify buddies for people in advance of attending a session, but once they have joined a group, a buddy system can be put in place.

The social element of an activity can be made prominent in promotional materials.

### Affordability

**Ability of workforce to influence:** **Limited**

For activities to be sustainable, they have to be self-funding.

The only way to achieve zero cost events is for them to be entirely volunteer-led with zero facility costs, such as Parkrun.

### People like me

**Ability of workforce to influence:** **High**

There are two aspects to this:

1. Recruiting people from the target groups and communities to lead and promote the activity.
2. Ensuring promotional materials show people from the target group.

### Facilities

**Ability of workforce to influence:** **Low**

The facilities requested such as swimming pools require significant investment.

### More time/family commitments

**Ability of workforce to influence:** **Limited**

There is some demand for sessions which allow carers to bring their family, including those with high needs. This could be explored as a new group.

### Activities local to me

**Ability of workforce to influence:** **Limited**

We can identify if specific areas or groups are under served, but 100% coverage in rural areas will be difficult.
Resident's barriers to being active identified by residents

- Disability or health condition: 237
- Affordability: 54
- Location/convenience: 44
- Age: 27
- Not at my level: 27
- Weather: 26
- Embarrassment: 21
- No one to do it with: 13
- Family commitments: 8

The barriers identified by residents as to what might stop them being active raise similar issues to what would help them to feel more confident about taking part in physical activity.

While some of these issues can seem difficult for the workforce to influence, there is potential with each one to make it easier for some people to be active.

For example, family commitments can be catered for by offering people to bring their family members to sessions - this is offered by Family Fun and Fitness.

Barriers to being active identified by residents

“Being mixed with fit thin young people that shatter my self esteem and confidence.”

“I would be worried I would hold up other people or slow them down or otherwise be a pain.”

Residents

What activities would you be interested in taking part in?

Walking is the most popular activity for all activity levels. Walking groups were approached to be part of this project but declined as they did not want to survey their participants. As this activity is almost twice as popular as any others for inactive people, we will have to consider how to engage groups which do offer this.

A cycling group, which was initially engaged in the project also declined to take part. Cycling’s relative popularity as a potential activity for inactive people means this should also be explored.

The other activities are provided by the groups involved in this project, so considering how to engage more people in each focus ward and from each demographic group is the challenge for these groups.

Walking sports such as Walking Football, Netball and Cricket were selected by the fewest respondents. This is perhaps because their recent emergence means that awareness and understanding of their suitability for older people or people with limited fitness is the biggest hurdle. Increasing people’s understanding of these activities could be the first steps for these groups.

89 inactive people who have stated an interested in one or more physical activities, have requested more details on physical opportunities in their area. So there is potential to directly recruit new participants through this.

(The option to receive more information on physical activity opportunities was not asked in the doorstep survey to comply with the Market Research Society Code of Conduct)
Which activities do inactive people in each age group prefer?

Interest in each activity from inactive people is fairly evenly distributed across each age group.

So while conveying that an activity is age-appropriate to potential participants, and potentially organising separate sessions for different age brackets, activity organisers do not need to limit their promotions to only one age group.

The relatively low number of responses from inactive young people is partly reflective of the likelihood of younger people answering a doorstep or electronic survey and partly reflective of the demographics in Rother. More work may be needed to specifically engage people aged 16-34 in future.
Participants

Who has taken part?

Of the 325 responses received from participants to date, **33% were previously inactive**, 27% were previously ‘Fairly active’ and 41% were previously ‘Active’. The groups involved in this project have already engaged a higher proportion of inactive people than the Rother average.

Family Fun Fitness engaged the highest proportion of inactive people, followed by Walk2Run. More than half of the participants in these two activities were previously inactive.

Some of the groups surveyed such as Bexhill Runners and Triathletes and Rye Runners incorporate beginners into their main sessions after a period, so all participants in these clubs were surveyed. This is reflected in the higher proportion of previously ‘Active’ participants for these groups.

KaZoo Fitness had the highest number of previously inactive participants (20) followed by 20/20 Health (16). While at least half of the participants for most groups returned surveys, only 5%-10% of Tennis for Free participants returned a survey, meaning the total number of inactive people engaged could be as high as 60.

These engagement rates can be used to plan workforce development in Rother. The next pages examine the type of people engaged.
Participants

Have people with disabilities and health conditions taken part?

The proportion of participants with disabilities or health conditions, who were previously inactive, mirror the proportion of residents who have a disability or health condition who are inactive.

This suggests that the activity providers involved in this project have been effective at reaching people with disabilities or health conditions who are physically inactive.

Broadly, the conditions which are most prevalent among residents are matched by their prevalence among participants in existing groups.

There are double the proportion of residents with arthritis, spinal problems or back pain than participants with those conditions. Asthma and COPD, Diabetes, people who are overweight or with thyroid conditions, and neurological conditions are slightly underrepresented.

There are a higher proportion of participants with mental health problems than the proportion of residents who report that they have a mental health problem. This is a positive difference and one we should aim to replicate in other health conditions.
Participants

Number of participants with health condition in each club

20/20 Health have been the most effective at engaging people with health conditions. They receive referrals directly from Conquest Hospital cardiac rehabilitation programme. While Walk 2 Run has a suicide prevention focus, the people engaged have a range of conditions, not limited to mental health.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Arthritis, spinal problems or back pain</th>
<th>Asthma and COPD</th>
<th>Cancer</th>
<th>Cardiovascular</th>
<th>Diabetes</th>
<th>Fatigue and fibromyalgia</th>
<th>Knee, hip or other joint condition</th>
<th>Mental health</th>
<th>MS or temporary paralysis</th>
<th>Neurological condition</th>
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<td>Family Fun Fitness</td>
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<td><strong>6</strong></td>
<td><strong>79</strong></td>
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Participants

Have people from deprived areas taken part?

Groups have managed to recruit from some deprived neighbourhoods, but the numbers recruited from Sidley are lower.

Recommendations

1. Consider whether the activities on offer in Sidley have sufficient appeal and are conveniently located for residents.

2. Recruitment of coaches from the community in Sidley and promotion using 'People-like-me' messages.

3. Focus on other factors in Sackville and St Michaels, such as age-appropriate activities.

A map showing the location of all participants is shown in the Appendix.
Participants

Have people from deprived areas taken part?

- The other areas of Rye have 6 and 4 participants and much lower deprivation.
- Participant numbers are much lower in the deprived Tilling Green neighbourhood, than in other areas of Rye.
- The picture is mixed in Eastern Rother, and doesn’t reflect the deprivation statistics with the most deprived area having the highest number of participants.

Recommendations

1. Explore the possibility of activities located at Tilling Green Community Centre.
2. Explore the possibilities for more activities in Icklesham and Winchelsea, with a focus on activities for older people.
Most age groups are over-represented in the participants. 16-25 year-olds and over-75s are underrepresented.

For the 16-25 year-olds this reflects the fact that the activity providers involved in this project are mostly focused on older adults, and are successfully reaching them above young adults.

Recommendations

1. Explore the possibilities for engaging more people aged between 16-25, particularly in deprived areas.

2. Explore the possibilities for engaging more people aged 75 and over. The care home and table tennis sessions run as part of ‘Getting Rother Active’ successfully engaged this group.
## Coaches

### Who do you most enjoy coaching?

<table>
<thead>
<tr>
<th>Coaches who most enjoy coaching ‘Previously Inactive’ people:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bexhill Runners and Triathletes</strong></td>
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<tr>
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</table>

Thirty percent of coaches surveyed enjoy coaching previously inactive people most.

A further 28% enjoy coaching ‘Beginners with some level of fitness’. 41% most enjoy coaching intermediate/improvers.

Of the 46 coaches who responded to this question, only 14 cite previously inactive people as the group they most enjoy coaching.

Some of the coaches who responded to the survey do not currently coach sessions involving inactive participants or beginners, so these responses are not surprising.

However, for more inactive people to be recruited, we will need more coaches for whom this is the group they most enjoy working with. This is likely to involve upskilling existing coaches so that they are better equipped to work with inactive people, and recruiting new coaches who can gain these skills and have empathy with inactive people.

“I purposely make exercise fun and no big deal. That has a very positive effect on people that have thought that any form of exercise isn’t for them.”

“They gain benefits so quickly, and are amazed by this, which is very rewarding to witness.”

“I enjoy encouraging people to get active and love to see them start to feel fitter or do things they couldn't do before.”
Coaches and participants both rate getting fit and having fun as the most important reasons to take part in physical activity.

While residents agree that getting fit is the top reason to be active, they rate having fun much lower, perhaps because they do not enjoy physical activity.

Coaches and residents place high importance on using physical activity to manage weight. Participants place lower importance on this, perhaps because they have attained a weight they are happy with.

All three place ‘Spending time with friends and family’ as the lowest reason, although this can be the incentive which helps people be active who otherwise wouldn’t be.

**Recommendations:**
1. Messaging to inactive people should emphasize that activity can be fun and social.
Coaches

Do coaches have the right skills?

The majority of coaches say that they do already have sufficient skills to engage and retain inactive people in their sessions. However, most were willing to learn more, and several identified specific needs.

Broadly speaking, the coaches have built up experience of supporting beginners or inactive people. But from the responses it appears there is room to develop this experience with formal training to develop each coach’s understanding of how they can help people who are not already motivated.

While the majority of coaches feel that they have sufficient skills to engage inactive people, most do not have specific knowledge of behaviour change techniques.

Recommendations

1. Behaviour change training is offered to all existing coaches. Where coaches have already completed some behaviour change training, additional courses are identified to further their development.

2. Training is organised so that each activity provider is able to support an increasing number of disabilities and health conditions and provide age-appropriate activities.

3. Skill-sharing and mentoring are organised so that activity providers learn from each other about what works in recruiting and retaining inactive people and engaging different audiences.

Training needs

<table>
<thead>
<tr>
<th>Training Need</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making my activity appropriate for different disabilities and health conditions</td>
<td>33</td>
<td>17</td>
</tr>
<tr>
<td>Supporting behaviour change</td>
<td>32</td>
<td>18</td>
</tr>
<tr>
<td>Understanding different audiences</td>
<td>29</td>
<td>21</td>
</tr>
<tr>
<td>How to recruit inactive people</td>
<td>28</td>
<td>22</td>
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<tr>
<td>How to retain inactive people</td>
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</tr>
<tr>
<td>Making my activity appropriate for different age groups</td>
<td>24</td>
<td>26</td>
</tr>
</tbody>
</table>

Do you feel that you have sufficient skills to be able to engage and retain physically inactive people?

“...it does however depend upon the degree of inactivity, there needs to be a desire to improve fitness.”

“Content for sessions is the key. Most courses I have been on have been brilliant but they have not really focused on content.”

“I feel I have the skills to engage inactive but relatively healthy people - less so when it comes to people with serious health conditions as need specialist knowledge to ensure that don't make a condition worse.”
Coaches

What helps participants to stay motivated?

Participants were asked what keeps them motivated to be physically active, and Coaches were asked ‘What motivates new participants?’. This was an open question and the responses have been categorised here for comparison.

It is encouraging to see that coaches mentioned non-fitness benefits of physical activity, such as ‘Fun’ and ‘Socialising and being part of a group’ as highly or more so than participants.

This shows that the coaches currently in place have a good understanding that fun and socialising are key motivations for participants.

Further, the coaches surveyed listed ‘Supporting physically inactive people to become active’ and ‘Enabling people to reach their personal goals’ as the most important issues for them. This is a further indication that the coaches engaged in the project have the right attitude towards inactive people.

Do you feel your activity has been successful in engaging physically inactive people?

“It isn’t easy as you have to give a lot to get people into a different frame of mind and it’s not always reciprocated.”

“I personally find it difficult if individuals you have been helping towards a goal and giving them loads of energy but they stop coming and you’ve lost them.”

“Our success rate with the beginners has been amazing but it’s always the ones that quit that stick in my mind because I know they could have reached their goals.”
Activity providers

How are we doing in reaching inactive people?

Following detailed qualitative interviews with each activity provider, indicative scores were assigned against each question. These have been combined to show which areas require the most development for more inactive people to be recruited and retained. Principles 2, 5, 9 and 10 require the most development. Some of the key themes from these are discussed below.

For details on each principle, please see: Sport England’s Inactivity Design Principles

<table>
<thead>
<tr>
<th>OVERALL</th>
<th>HOW ARE WE DOING IN REACHING INACTIVE PEOPLE?</th>
<th>We haven't looked at this yet</th>
<th>We're making progress but we've got room to improve</th>
<th>We're doing this really well</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principle 1</td>
<td>UNDERSTAND THE COMPLEX NATURE OF INACTIVITY</td>
<td>56%</td>
<td>71%</td>
<td></td>
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<tr>
<td>Principle 2</td>
<td>USE BEHAVIOUR CHANGE THEORIES</td>
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<td>56%</td>
<td>65%</td>
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<td>Principle 3</td>
<td>USE AUDIENCE INSIGHT</td>
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<td>51%</td>
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<tr>
<td>Principle 4</td>
<td>REFRAME THE MESSAGE</td>
<td>39%</td>
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<tr>
<td>Principle 5</td>
<td>DEVELOP AND WORK IN QUALITY PARTNERSHIPS</td>
<td>39%</td>
<td>51%</td>
<td></td>
</tr>
<tr>
<td>Principle 6</td>
<td>MAKE SPORT AND ACTIVITY THE NORM</td>
<td>39%</td>
<td>51%</td>
<td></td>
</tr>
<tr>
<td>Principle 7</td>
<td>DESIGN THE OFFER TO SUIT THE AUDIENCE</td>
<td>39%</td>
<td>51%</td>
<td></td>
</tr>
<tr>
<td>Principle 8</td>
<td>PROVIDE SUPPORT FOR BEHAVIOUR CHANGE</td>
<td>39%</td>
<td>51%</td>
<td></td>
</tr>
<tr>
<td>Principle 9</td>
<td>MEASURE BEHAVIOUR CHANGE AND IMPACT</td>
<td>39%</td>
<td>51%</td>
<td></td>
</tr>
<tr>
<td>Principle 10</td>
<td>SCALE UP WHAT WORKS AND MAKE IT SUSTAINABLE</td>
<td>39%</td>
<td>51%</td>
<td></td>
</tr>
</tbody>
</table>
## Activity providers

### Key themes for improvement

<table>
<thead>
<tr>
<th>Principle 2</th>
<th>Questions</th>
<th>Constraints</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Use behaviour change theories</strong></td>
<td>Do you prompt people to attend sessions?</td>
<td>● Lack of knowledge of data protection.</td>
<td>● Training need for coaches to gain knowledge and skills for how to support people who stop attending.</td>
</tr>
<tr>
<td></td>
<td>Do you provide any other support for people to attend sessions?</td>
<td>● Contact details not always collected - reliance on Facebook.</td>
<td>● Training and research on how to reach people who are not on Facebook.</td>
</tr>
<tr>
<td></td>
<td>Do you have any support for people who take a break to start re-attending?</td>
<td>● Difficulty reaching people who are not on Facebook.</td>
<td>● Skillsharing / mentoring from those groups which are doing this well.</td>
</tr>
<tr>
<td></td>
<td>Do you have a way for people to commit on Facebook or other social media?</td>
<td>● Support for people on breaks is not formalised.</td>
<td>● Investigate whether central prompt to attend sessions could be organised.</td>
</tr>
<tr>
<td></td>
<td>How do you make your activity attractive to your target audience? Who spreads the word?</td>
<td>● Incentives are not in place for most groups.</td>
<td>● Non-material incentives to be identified for each group (such as graduating to running a 5K).</td>
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<td></td>
<td>Are there any rewards or incentives for inactive people to continue attending?</td>
<td>● Activity organisers do not all see promotion as their role and want more support from Active Rother.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Principle 5</th>
<th>Questions</th>
<th>Constraints</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Develop and work in quality partnerships</strong></td>
<td>Do you have any links with community groups who refer potential participants to you?</td>
<td>● Difficulty establishing formal links with GP surgeries and other referral sources.</td>
<td>● Central coordination needed to secure GP and CCG buy-in to create a single point of contact for referral sources. This will need coordination with ESCC.</td>
</tr>
<tr>
<td></td>
<td>Have you ever signposted your participants onto other services?</td>
<td>● Difficulty establishing links with other community groups.</td>
<td>● Activity leaders who have succeeded at working in partnerships to share skills with other groups.</td>
</tr>
<tr>
<td></td>
<td>Are the NHS or any other partners involved in the project?</td>
<td>● Groups are not set up to signpost onto other services and some do not see it as their role.</td>
<td>● Groups to consider whether there is appropriate progression for inactive people.</td>
</tr>
<tr>
<td></td>
<td>What happens once people have initially become active? Is there another activity that they can join?</td>
<td>● Some groups have limited options to progress once people have become active.</td>
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</tr>
</tbody>
</table>
# Activity providers

## Key themes for improvement

<table>
<thead>
<tr>
<th>Principle 9</th>
<th>Questions</th>
<th>Constraints</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure behaviour change and impact</td>
<td>Do you have a way of collecting people’s activity levels when they start?</td>
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<td></td>
<td>Do you collect their activity levels at a follow-up point?</td>
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<td></td>
<td>Do you evaluate and make changes to your activity to improve it?</td>
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<td></td>
<td></td>
<td>● Most groups do not record activity levels at the start, or at follow-up points.</td>
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<td>● Most groups do not have any formal evaluation of the success of their activity in reaching inactive people.</td>
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<td>● If more formalised programmes are put in place within these activity providers then they will need support to measure changes in activity levels.</td>
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<td></td>
<td>● The monitoring in place as part of this workforce project will allow evaluation to improve the offer to inactive people.</td>
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<table>
<thead>
<tr>
<th>Principle 10</th>
<th>Questions</th>
<th>Constraints</th>
<th>Solutions</th>
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<tbody>
<tr>
<td>Scale up what works and make it sustainable</td>
<td>What would stop the activity expanding to new areas?</td>
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<td></td>
<td>How could the project attract more participants?</td>
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<td></td>
<td></td>
<td>● Lack of coaches</td>
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<td>● Lack of money</td>
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<td>● Difficulty recruiting the right coaches/ Finding people with empathy</td>
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<td>● Volunteer time / Reliance on one person</td>
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<td>● Not wishing to dilute the quality of the experience</td>
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<td>● Facility too small to accommodate more participants</td>
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<td></td>
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<td>● No desire to expand or to attract more participants</td>
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<td>● Recruiting more coaches and expanding where coaches are recruited from to find the right people</td>
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<td>● Support with the costs of training this new workforce</td>
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<td>● Exploring options for generating more income</td>
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<td>● Offering sessions at different times and age-specific courses</td>
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<td>● Better publicity including promotional videos and going into the community to recruit new participants</td>
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<td></td>
<td></td>
<td>● District Council and Leisure Trust support to find facilities to enable expansion</td>
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</tbody>
</table>
Appendix 1 - Map of Rother District showing the number of participants recorded, by the level of neighbourhood deprivation. Hastings shown in blue.

Turquoise areas have high numbers of participants and low deprivation. Red areas have low participant numbers and high deprivation. Brown areas have high deprivation and high participant numbers.