# Quest 2016 – Delivery 5 Increasing Participation and Reducing Inactivity Guidance Notes

**Issue 1 May 2016** 

### **Outcomes**

- To work collaboratively with other service providers to enhance the local offer and provide inclusive, high quality and accessible opportunities for local people to participate in sport and physical activity and meet the Chief Medical Officers guidelines.
- To reduce the levels of inactivity across the organisation's catchment area by identifying and addressing local needs, particularly in disadvantaged areas/communities with high levels of deprivation and health inequalities.
- To address inequalities in a proactive way, through effective interventions that attract and retain over the long term an increased number of:
  - o Disabled people and supporting their integration into mainstream provision
  - Women and girls
  - Older people to maintain an active lifestyles and a good quality of life.
- To provide evidence of positive outcomes and the organisation's contribution to the long-term impact on physical and mental wellbeing, personal development, social and community development and/or economic development.

PLAN					
organisation	in place that sets out clear		informed by local demands and	_	There is evidence that projects and programmes
priorities and objectives to increase participation and target inactive people in its area?	objectives for the organisation to achieve.  There is little or no evidence that consideration of the needs of inactive people has	centrally/corporately driven.  Some consultation with low participation groups and communities and with organisations catering for such groups and	There is good evidence of community consultation and use of local intelligence to set clear priorities and objectives.  There is evidence that staff are	behavioural change.  There is good evidence of regular and positive engagement with different population groups and communities that have high levels of inactivity. There is a range of opportunities	
	participation groups and communities.	place. There is evidence that the needs of inactive people have been considered within	areas of deprivation and communities where there are the greatest health	reflecting the needs of these groups and communities and support to overcoming the barriers to participation that	There is evidence that the work of the organisation is



prevent disabled people from accessing facilities and services.	Facilities used for programmes are DDA compliant.	7 6 6 8 8 8	There is effective working within and across the organisation as well as with key partner agencies to facilitate and support change and development in service delivery.  Priorities and objectives have short and long term perspectives.  The majority of programmes are accessible to disabled young.	services and local community, education, NGB/club provision.  Physical activity and sport is well positioned and valued for its contribution to local well-being priorities as a result of efforts made.  Local people from targeted population groups and communities are fully involved in shaping the development and delivery of the organisation's plans and services with robust targets/KPIs that reflect local priorities.  Pathways/links to other services and providers are in place and actively pursued to increase retention and encourage progression.  All facilities used have been assessed for accessibility via IFI accreditation (or



DO  How does the organisation widen access to, and take up of sport and physical activity opportunities?	The organisation is focused on delivering more and better services to existing participants.	The organisation is predominantly focused on delivering project outputs for funders, clients and partners.  Commitment is evident via equality pledge, customer charter, or similar.  Facilities meet Part M regulations and adaptations are clearly sign posted.	across services and facilities.  Good use is made of best practice in the sector and learning from national insight, data collection, local sport and health profiles in order to	There is a carefully considered set of interventions in place with clear referral routes, development pathways and support processes for individual users and community groups that are attracting and retaining new custom. The benefits of family orientated and intergenerational activity are recognised.	The benefits of family
		·	data collection, local sport and health profiles in order to shape services, make interventions and target resources and efforts to best effect.  Marketing materials encourage		The benefits of family orientated and intergenerational activity can be evidenced.  There is cause and effect which can be tracked and recorded to show impact



		to change their attitudes and	promoting physical activity and health/well-being as well as the development or promotion of sport for people of all ages and at engaging identified target audiences.  All staff are trained and confident in relating to the population groups and communities that are being targeted.  Facilities have been accredited or assessed via IFI, Disabled Go, or similar.	returning participants (the currently inactive) and manages transition points in the lifecycle.  Local champions from the targeted population groups and communities help to shape and drive the marketing of opportunities.  The emphasis is on ensuring all activities are fully inclusive (not only specialist programmes for different groups such as disabled young people, girls and young women, NEETs etc.).
How does the organisation work with other service providers to widen the offer and make it accessible to inactive people?	There is evidence of a reasonable range of activities targeted at different population groups and communities where a need has been identified. There is a dialogue with other local provides to enable their services to co-	communities where a need has been identified. The organisation is actively co- operating with other local	engagement with inactive people from targeted population groups and	There is evidence of behavioural change amongst inactive people from targeted population groups and communities including those who are considered to be hard to reach or at risk of a long term health condition or



exist alongside each other.	complementary services to be available with good connections between them.	seeking collaborations with other providers to align services from different sectors for targeted beneficiaries.  There are strong links with primary and secondary schools through curriculum, extra-curriculum and community organisations, clubs, NGBs, FE and HE establishments with pathways in place to minimise drop out between transitional periods/settings.  Effective partnerships are in place with high profile professional clubs (e.g. Premier League Football Clubs) and other major venues that can act as magnets, engage and influence the perceptions of inactive people.	criminal activity. The organisation can demonstrate it is coowning/producing interventions with providers from other sectors to enhance service provision for targeted beneficiaries.  There is an established structure in place that facilitates joint planning and stimulates collaborative working between different local providers and stakeholders. The structure allows for shared insight and learning, seeks out new/best practice and drives innovation and improvement.  Innovative collaborations in place with high profile professional clubs (e.g. Premier League Football Clubs) and other major venues with evidence that



MEASURE					they are engaging and influencing the perceptions of inactive people.
What precise measurement	The organisation does not use national or local measurement data and cannot track participation.	is available for young people under 14 years.  Some disaggregation of usage data is in place, but no	inform and determine demand for, and supply of, services that people want or need.	approach taken to assess the profile and levels of attendances in facilities, in projects and programmes, and in supported partnership work. Measures can assess how representative service users are compared with the local community and the profile of new participants the organisation is seeking to engage with.	National and local surveys show improvement and the organisation can clearly identify added value from the services it provides.  Project and facility attendance figures are on an upward curve and are more representative of the community being served.  Outputs and outcomes are now being delivered. There is a golden thread in place which provides a clear line of sight for the organisation, funders, commissioners and stakeholders.



				strategies.  Changes have been implemented as a result of data gathered, with evidence of short term impact.  Customer satisfaction levels are high across the targeted population groups and communities.	Measurement and target setting is fully embedded into quarterly reports and annual plans/reviews.  Customer satisfaction is regularly tested with excellent ratings across targeted population groups and communities.  Behaviour change is evidenced through performance measures - specifically the move from inactive to active.
REVIEW					
How does the organisation search out and apply best practice to learn, grow and develop with the involvement of targeted local people shaping	The organisation is inward looking and does not seek out or share best practice in the sector.  There is little or no consultation or review process that involves local people, especially from the targeted population groups and communities.	There is an internal review process which involves funders or commissioners.  There is some regular bilateral engagement with partners around projects/programmes.  There is limited consultation on specific initiatives targeted at inactive people, mostly with local	Review processes are planned and involve external agencies/partners.  Programmes are reviewed in partnership with local organisations dealing with targeted population groups and communities. There is some evidence of changes to activities as a result of this review process.	There is a proactive approach with staff to learning and development through check and challenge reviews and proactive training/development.  People from the targeted population groups and communities are consulted/involved in the review process at programme level.	Clearly articulated measures and KPIs are regularly reviewed with partners/strategic players/providers and contractors.  People from the targeted population groups and communities are fully integrated and embedded into the review process.



		organisations dealing with the targeted population groups and communities.	Benchmarking and peer review processes are being used to good effect.  There is evidence of innovation and enterprise but the organisation also knows what works best.	process by which feedback is addressed in programme development to drive continuous improvement.  This is an organisation which makes strenuous efforts to "look out of the box" and can provide evidence where it has developed its knowledge base and adopted/adapted best practice or latest thinking.	specific programmes for young people.  Trend data is available and
IMPACT					_
How does the	There is no framework in	The organisation is able to	The organisation is working to	The organisation is able to	The organisation can
organisation	ļ' ' '		provide evidence and	show that it is engaging with	
evidence	and programmes	, , ,	information on the		to improving levels of
improved activity	meaningfully contribute to	development and expansion	contribution it makes but is	and partners to map out and	participation and activity



and a positive impact of its interventions on the local population in terms of physical and mental wellbeing and social and community development?	participation goals and wider commissioning strategies.  The organisation is unable to provide evidence of the benefits that programmes have on the targeted population groups and communities in its area.	targeted at inactive people in its areas.  There is limited evidence of benefit, primarily via case studies of individuals, or at single initiative level.	evidence of sustained change, improvement and added value for the new participants engaged.  There is evidence of strong partnerships with organisations working on programmes, and outputs/outcomes are jointly planned and reviewed.  Uptake of programmes is good amongst the targeted population groups and communities and users are happy to serve as advocates.	a more active community/locality through the services and support it provides.  The organisation is clearly aligned to national outcomes and local priorities in balance.  The organisation can provide	outcome studies to 'tell the story".



		of them benefiting from their involvement.  Staff recognise the potential to scale up successful activities and are actively doing so.



### **Suggested Guidance**

### **Physical Activity Guidelines**

For further information on the UK physical activity guidelines: <a href="http://www.bhfactive.org.uk/guidelines/index.html">http://www.bhfactive.org.uk/guidelines/index.html</a>

### <u>Under 5 years</u>

- Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments.
- Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day.
- All under-fives should minimise the amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).

### 5-18 Years

- All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.
- Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.
- All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods.

### <u>Adults</u>

- Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more one way to approach this is to do 30 minutes on at least 5 days a week.
- Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous intensity activity.
- Adults should also undertake physical activity to improve muscle strength on at least two days a week.
- All adults should minimise the amount of time spent being sedentary (sitting) for extended periods.
- Older adults who participate in any amount of physical activity gain some health benefits, including maintenance of good physical and cognitive function. Some physical activity is better than none, and more physical activity provides greater health benefits.





### Key links

- Change for life campaign and resources: <a href="http://www.nhs.uk/change4life/Pages/change-for-life.aspx">http://www.nhs.uk/change4life/Pages/change-for-life.aspx</a>
- DCMS Sporting Futures Strategy: <a href="https://www.gov.uk/government/uploads/system/uploads/attachment">https://www.gov.uk/government/uploads/system/uploads/attachment</a> data/file/486622/Sporting Future ACCESSIBLE.pdf
- EFDS: overview <a href="http://www.efds.co.uk/">http://www.efds.co.uk/</a> Be informed, be inclusive, be active. Inclusive Fitness and Inclusive Mark.
- EFDS: Together We Will campaign encourages disabled people to be more active and aims to support you to become healthier, stronger and have fun being active: <a href="http://www.efds.co.uk/together">http://www.efds.co.uk/together</a>
- Sport England: Strategy Towards an Active Nation <a href="https://www.sportengland.org/media/10629/sport-england-towards-an-active-nation.pdf">https://www.sportengland.org/media/10629/sport-england-towards-an-active-nation.pdf</a>
- Equality for Sport web site: <a href="http://equalityinsport.org/">http://equalityinsport.org/</a> website of the five UK Sports Councils, providing a wide range of equality related material to assist all sporting organisations become more equitable and to provide a service to all sectors of the population.
- PHE: <a href="https://www.gov.uk/government/organisations/public-health-england">https://www.gov.uk/government/organisations/public-health-england</a> contacts regional and local centres; national strategy





### **PLAN**

### **Key questions:**

- How will local people benefit from your services?
- Do your service users reflect the profile of the local population?
- Have you assessed local needs and used local insight to shape your services and identify which population groups and communities you are targeting to increase participation levels?
- How have you involved local people, especially those being targeted, in the planning and design of your services?
- Who are you working with to widen access, enhance the offer of opportunities in your targeted population groups and communities?
- Is your service fully inclusive and accessible for all people in your area?

### **GUIDANCE**

- The service is aligned to local needs and opportunities. There is a very clear purpose and vision/goal to raise levels of participation and reduce levels of inactivity in the local community. This is based on the local assessments of need and use of the latest insight to identify and engage targeted markets (population groups and/or local communities) to bring about sustained behavioural change.
- The organisation is aware of local participation data, inactivity levels and needs assessments. This has been fully incorporated into business planning, the development of partnerships/collaborations, the planning of interventions and the deployment of resources.
- The organisation influences local agendas and key players and has helped to position physical activity and sport so its value is recognised by commissioners, politicians and policy makers.
- The service is aligned to the latest Government agenda around the five main outcomes and specific priorities around children, young people, the inactive, disabled people, families and people from disadvantaged communities. The service has created a clear systemic link between corporate objectives and national, regional and local agendas across the "place". There is a clear line of sight between priority interventions, project outputs, KPIs and longer term outcomes.
- Schools, community organisations, health providers, facility managers, clubs, local FE colleges and universities, professional clubs and local arms of NGBs are all working together to increase activity levels and engage inactive people to become active, reducing drop out from sport and optimising the power of sport for health and social good.
- Specific measurable objectives targets are set out within the business plan to raise activity levels, address inequalities and widen access to sport. There is a commitment to make use of publicly funded facilities representative of the community served.
- The wider workforce, coaches, volunteers as well as local clubs/facilities/community organisations and staff are being equipped with the knowledge, skills and resources to reach out to new participants.
- FE and HE students are encouraged and supported to pursue volunteer opportunities and work placements in the local community to help deliver sports and physical activities. Local communities are encouraged to take on and support community sport and physical activity apprenticeships for their areas.
- Links are being developed with new non-sporting partners to support and enable new initiatives to take place so that effective partnerships are used to reach, engage and retain new participants for the longer term.





Budget and resources have been identified to deliver and sustain interventions in both the short and long term to achieve sustainable behavioural change.

### DC

### **Key questions:**

- What does your offer for local people include and how does it link to other provision in the area?
- How do you reach and engage all people in your catchment area including who are considered 'hard to reach/engage?
- How do you engage inactive people, make the activities fun, sociable and change their behaviours?
- What do you do to recruit local people as leaders, staff, volunteers and board members, especially those from the population groups and communities that you are proactively targeting?
- How do staff in different roles understand and respond to the needs of your target population groups and communities and what training do they receive specifically for those who are considered to be 'hard to reach/engage'?
- What venues do you use for local people's activities and how do you make sure they are safe, accessible and fit for purpose?

### **GUIDANCE**

- The organisation is using the findings of insight studies, market research and relevant demographic trends to shape the delivery of participation initiatives that have been carefully designed and targeted.
- The organisation is working collaboratively with education (primary, secondary schools, FE colleges and HE universities), community (health, crime and local community organisations) and sports partners (including professional clubs) to provide a joined up offer and to deliver sessions/programmes at the right time, in the right place, with the right coach/activator and at the right level to engage and retain inactive people. Sessions have clear development pathways and exit routes designed to retain and sustain new participation. Infrastructure networks are strong with evidence of joint working and co-production towards a common cause.
- The customer journey and experience is researched and taken into account when designing interventions, products and programmes.
- The organisation ensures that the content and delivery of activities are well organised, engaging and set at an appropriate level for the participant attending. Sessions have clear development pathways and exit routes designed to retain and sustain new participation.
- There are programmes in place in the locality designed to reach and engage with:
  - More disabled people
  - o More girls and young women including intergenerational activities
  - o More older people
  - o Inactive people living in disadvantage areas/communities with high levels of deprivation and health inequalities.
- Activities are taken to and developed with people in their areas (particularly where there is clear inequality/low levels of participation/low income) including use of outdoor space as part of a wider and inclusive offer, for example Street Games, Park-runs, walking groups, group exercise programmes making use





- of parks, community facilities/Inclusive Sports HUB Clubs and schools.
- Concessionary prices are clearly and positively promoted, carefully targeted and applied well both to attract and retain for the longer term. Activity is value for money and rewards, membership and loyalty schemes are used to retain and support participants.
- It is easy to access new activities and programmes in local facilities on a pay as you play basis (reflected in high levels of casual use). Progressive pathways are built into referral schemes, projects and programmes, targeted sessions for specific groups and events/new activities to enable participants to develop and learn new skills and keep motivated.
- Staff, including volunteers, buddies and/or coaches are fully engaged, friendly, skilled and motivated to provide a welcome and personal service to new and hard to reach participants.
- Skilled motivators/activators/community champions are proactively utilised and deployed to talk and engage with target audiences/communities.
- FE and HE students are deployed as volunteers and in work placements in the local community to help deliver sports and physical activities. Local communities take on and support community sport and physical activity apprentices in their areas.
- There are strong links in place between development agencies and local facility operators based on common goals and outcomes.
- Local clubs and community groups are supported and encouraged to be open and accessible to new participants.
- Partner networks are strong across physical/mental well-being, physical education, community and sports sectors with evidence of effective joint working and co-production; there is a common cause.
- Effective links have been made with NGBs, professional sports clubs and local sports providers.
- The organisation has made effective use of external funding, grant aid or local commissioning to reach and engage with low participant groups and those who are inactive to widen access and reduce inequalities in health and wider sports participation.
- Supply and demand is mapped and understood in the area to ensure gaps are filled and duplication minimised.

### MEASURE

### **Key questions:**

- What data do you gather for measuring new participants, usage, retention and return on investment for young people involved in your services?
- How do you measure the levels of engagement and satisfaction of participants and volunteers especially those from targeted population groups and communities?
- How do you measure the strength of collaborative working and satisfaction of your partners and stakeholders?
- How do you assess the long term outcomes and impact of your services on local people?

### **GUIDANCE**

- An evaluation framework is in place identifying key data requirements for programmes and the service overall.
- The organisation has a variety of KPIs that cover outputs/outcomes and impacts such as:





- Attendance numbers (and mix)
- Project/programme occupancy rates
- o Facility representativeness (measured through NBS/APSE TOOLS)
- Club and centre memberships (and type)
- New users to facilities, projects and programmes
- Facility occupancy and throughput
- Retention figures
- o Participants who are being coached
- Active People/Active Lives
- Sport England/Government outcomes around physical well-being, mental well-being, individual development, social trust and economic value
- o Workforce development-coaches/volunteers/trained staff
- o Financial sustainability of interventions and activities.
- The organisation is gathering qualitative measures and evidence to help 'tell the story'.
- The organisation knows how well it has performed and compares to similar locations/catchments using national indicators to measure success.
- KPIs are measured against year on year data so that the organisation can demonstrate/track improvement in performance.
- The results of feedback from local schools, health partners, community organisations, sports agencies and local commissioners services is used to measure performance and influence the shaping of programmes and activities.

### **REVIEW**

How does the organisation search out and apply best practice to learn, grow and develop with the involvement of targeted local people shaping its services?

### **Key questions:**

- Have you achieved your service objectives?
- How are local people involved in reviewing your services, especially those from targeted population groups and communities?
- How are partners and stakeholders involved in reviewing your services for local people, especially those working closely with targeted population groups and communities?
- How are the achievements of the services for local people, especially those from targeted population groups and communities reviewed, presented to and acted upon by the management team and the board?

### SUGGESTED GUIDANCE

• KPIs are regularly reviewed and compared with previous data with quarterly or annual trend analysis. Performance against objectives and targets is well communicated internally and externally.





- Projects/programmes are closely monitored and evaluated to ensure they are used/accessed by those for who they are designed.
- Referral and other pathways are properly monitored and evaluated using nationally endorsed and recognised tools/frameworks or models to help demonstrate positive health and wider social outcomes.
- Projects and programmes are regularly reviewed for both outputs and outcomes.
- The result of both qualitative and quantitative customer and partner survey analysis is used proactively to inform change and development.
- National Benchmarking Survey/APSE data is analysed and used to set new targets/objectives around access to key facilities.
- Quest is used to identify best practice and good use is made of research and case studies from Sport England, UK Active, British Heart Foundation National
  Centre, County Sports Partnership Network (CSPN), English Federation of Disability Sport (EFDS), the Sport and Recreation Alliance (SRA), Street Games and
  other key players in the industry.
- Insight data and studies are constantly being used to shape service design using indoor and outdoor facilities, targeted interventions, co-production with partners and positive campaigning to attract, engage and retain new participants and thereby develop the market.

### **IMPACT**

How does the organisation evidence improved activity and a positive impact of its interventions on the local population?

### **Key questions:**

• How do you evidence the long term outcomes and impact your services are having on local people, especially those from targeted population groups and communities, and the savings this is making in your area?

### **SUGGESTED GUIDANCE**

- Activities are targeted, inclusive and helping to widen access in the locality.
- Participation levels are increasing across the organisation and/or the wider community served in key areas and/or amongst target audiences.
- Inactivity levels are reducing in areas/audiences being targeted by the organisation as a result of priorities fixed with partners/funders/commissioners of services.
- Proactive work to target disabled people, older people and women/girls is impacting on participation levels.
- The organisation knows what works best to make the inactive more active, to nudge and support behaviour change and to increase participation/activity levels generally over the longer term; it is consciously doing more of it.
- There are increased opportunities for non-participants or low user groups/communities.
- Gaps between participation and engagement from under-represented groups and the host population are reducing.
- New participants who have never used facilities before are now using services and progressing through pathways.
- Target communities/audiences are becoming healthier, more active and the cost of inactivity is being reduced over time.
- The capacity and capability of the local workforce has been developed.





- There has been an identifiable uplift in income, utilisation and footfall in local facilities amongst the groups/communities targeted.
- There is an increase in the number of people in target communities who are delivering sport and physical activity opportunities for themselves.
- There are more people becoming more economically active as a result of interventions and campaigns.
- There is evidence of improved social trust and self-efficacy as a result of interventions and collaboration.

Page 18 of 18