

Evaluation of the Movement for All programme

2018-2021

By Tim Vanson and Tim Bidey



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Foreword

Physical activity has been described as a “wonder drug” by medical experts and healthcare professionals for a good reason: playing sport and being active helps everyone to unlock a better quality of life by improving our physical health and mental wellbeing. But Sport England’s Active Lives Surveys have shown that people living with one or more long-term health condition are missing out on these benefits because they are twice as likely to be inactive than the rest of the population.

It shouldn’t matter that you’re 35 or 65, live with two health conditions or are in perfect health – the right range of opportunities, experiences and support should be available for everyone. That is why I am so proud of our partnership with The Richmond Group of Charities to support those who need our help the most to become and stay active and better manage their conditions.

This report summarises the innovative and collaborative work of these charities whose projects and partnerships are helping to establish where there are gaps in provision, what works to fill them and what we can all do differently in the future. I strongly encourage everyone working in health and sport and activity to take note and act on these recommendations because when we move, we are stronger.

Tim Hollingsworth

Sport England’s Chief Executive





Foreword

Physical inactivity is a huge issue for people living with physical and mental health conditions. More than 42% are inactive, almost twice the proportion of people without health conditions (23%). The Richmond Group of Charities knows this is central to tackling health inequalities and the wider challenges faced by people living with multiple conditions.

That's why we've been pleased to work with our colleagues at Sport England and our other charity partners in a unique collaborative approach to the Movement For All programme. The evaluation team has uncovered rich learning about the specifics of the projects connected to this programme, as well as about what it takes to collaborate effectively.

We're proud of the story this report tells of how we've created a network of champions, embedding physical activity into their organisations; how we've deepened our understanding of barriers and enablers to activity; how we've tested new approaches and created a new and consistent narrative about physical activity for people living with (multiple) health conditions;

and what we've learned about how to collaborate to bring about change for individuals, organisations and systems.

The report is clear that this hasn't been easy. We learned a lot from what didn't work so well, for example the need for a more tailored approach to evaluating projects and measuring impact. It also describes the effect of the pandemic on this work. I'm proud that despite the new claims on our partners' attention, including pressures on their resources and significant structural change, we stayed focused on what was needed to support physical activity now and in the future.

We'll take on board the recommendations and learning for ourselves. We encourage you to look at the relevant recommendations and we want to work with you, whatever sector you're in, to enhance your own work supporting people with health conditions to be active.

Neil Tester

Director of The Richmond Group of Charities



Introduction

Movement for All is a coalition made up of [The Richmond Group of Charities](#) and [Sport England](#), also working alongside partners [Activity Alliance](#), [MS Society](#), [Mind](#) and [Parkinson's UK](#).

The coalition aims to support people with long-term conditions to become more physically active in a way that suits them, and to collate and share lessons learned and good practice between organisations.

Movement for All was evaluated by [Traverse](#), an independent social research organisation, between 2018-2021.

This report has four sections:

What we did – summarises the work undertaken and supported by Movement for All.

What we achieved – presents its overall impact.

What we learned – explores key insights, learning and good practice recommendations from the programme.

What next – examines next steps.

Who is The Richmond Group of Charities?

The Richmond Group is a group of health and social care charities striving to ensure all people with long-term health conditions have better and more equitable access to the care and support they need, when they need it, no matter where they live in England.

What we did

Background

43% of adults aged 16 and over have at least one long-term medical condition.¹ People with one or more long-term condition and disabled adults are less likely to be active than those without.²

However, there is evidence that physical activity can help people to manage conditions and reduce the impact and severity of symptoms. Small amounts of activity can make a significant difference to overall health and wellbeing for people with certain conditions, such as type 2 diabetes or dementia.

Physical activity can also reduce the risk of developing some conditions, and can delay the onset, and reduce the severity, of many health conditions.³



42.5% of adults with a disability or long-term health condition are inactive.⁴



Nearly a quarter (24%) of people with a long-term health condition fear that physical activity would make their health issues worse.⁵

¹ NHS Digital. 2019. Health Survey for England 2018. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2018>

² Sport England. 2021. Active Lives Survey 2019/20 report. Available at: <https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2021-04/Active%20Lives%20Adult%20November%202019-20%20Report.pdf>

³ NHS. 2021. Benefits of exercise. Available at: <https://www.nhs.uk/live-well/exercise/exercise-health-benefits/>

⁴ Insight pack: Health conditions and physical activity. Available at: <https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2021-06/Coronavirus%20insight%20pack%20-%20June%202021.pdf>

⁵ We Are Undefeatable research. Available at: <https://www.sportengland.org/campaigns-and-our-work/we-are-undefeatable>

What we did

Background cont.

Research shows that 69% of people living with long-term health conditions would like to be more active.¹ However, people with long-term conditions or disabilities face a range of barriers. This includes practical barriers such as time, cost or lack of information, condition-related barriers such as pain or limited energy, and personal barriers such as perceived self-efficacy, fear of being judged or fear of failure.



Two in five (44% of) people with long-term health conditions would like more help and advice on how to be more active.¹

¹ We Are Undefeatable research. Available at: <https://www.sportengland.org/campaigns-and-our-work/we-are-undefeatable>

What we did

Movement for All

Movement for All aimed to help people to become more active in a way that suits them, and improve awareness of the benefits of activity.

To achieve these goals it brought together a coalition of charities to build insights into physical inactivity for people with long-term conditions; to test different ways to increase physical activity; and to understand what more could be learned through a collaborative approach to the issue of inactivity.

The programme was initially awarded £1.3 million of funding from the National Lottery (administered by Sport England).



What we did

Movement for All cont.

The funding supported a Programme Manager to coordinate the programme, hosted by Age UK on behalf of the coalition, and allowed charity-based project leads to:

- **Carry out insight gathering.** Four charities were supported to develop what is known about the barriers and motivators to being physically active for people with specific long-term conditions. This included research into people living with breast cancer, arthritis, diabetes and those who are in older age.
- **Test and embed physical activity interventions.** Four charities were supported to use existing evidence to design, test and embed behaviour change interventions within their organisation to increase physical activity. Two types of intervention emerged: peer support groups and remote support models. A shared set of evaluation methods was created across these projects to support comparison.



What we did

Movement for All cont.

- **Develop a guide.** One charity was supported to develop a free guide for the sport and physical activity sector to become more dementia-friendly. The guide shared good practice and creative ideas from across the sector.
- **Influence wider sectors.** Charities also explored how their collective assets and resources could be combined to contribute to a shared vision about supporting increased physical activity. The We Are Undefeatable campaign represented the first major collaborative effort by Movement for All and its wider partners. It aims to inspire people with long-term conditions to build activity into their lives in ways that work for them. Versus Arthritis was also a national partner for Sport England's Tackling Inequalities Fund on behalf of the Richmond Group of Charities. This fund aimed to reduce the negative impact of the COVID-19 pandemic, and the widening of the inequalities in sport and physical activity.

WE ARE UNDEFEATABLE



What we did

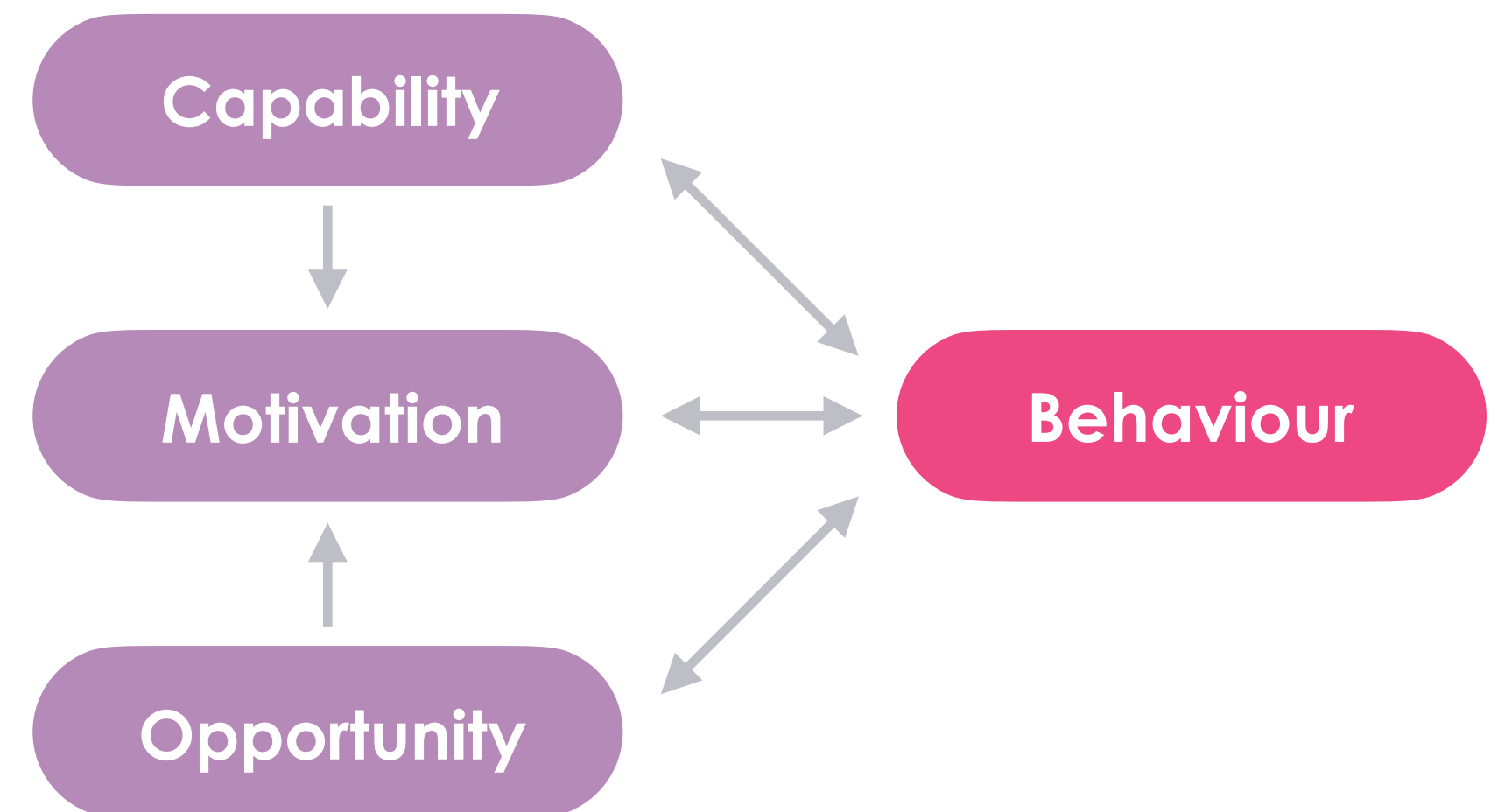
How it worked

Movement for All was underpinned by a set of principles that aimed to support its goals and create lasting change in relation to physical activity.

Behaviour Change

Charities designed and delivered projects based on behaviour change principles. Behaviour refers to the way people act or 'behave' in any given situation or in response to something. Drawing on the COM-B model it is theorised that behaviour change depends on influencing one or more of a person's:

- **c**apability to change
- **o**pportunity to change
- **m**otivation to change



What we did

How it worked cont.

Comorbidities

Movement for All placed an explicit focus on exploring the impact of multiple long-term conditions on taking part in physical activity, including how this affects known enablers and barriers.



What we did

How it worked cont.

Cross-programme collaboration

Charities worked as a coalition in close collaboration, rather than designing and delivering their projects in isolation.

At the start of the programme, the project leads funded by Sport England co-created a programme theory of change that described the shared changes that they wanted to bring about as a result of their projects and influencing activities.

A framework was also agreed to provide some areas of focus, shared outcomes and indicative project timelines over the three years. However, the flexibility within the framework meant that funded projects did not need to start at the same time, or deliver the same type of activities, to achieve the shared outcomes.



What we did

How it worked cont.

Cross-programme collaboration cont.

Charities also formed partnerships to support project development and delivery, attended cross-programme meetings to exchange knowledge and learning, and contributed to cross-programme activities such as the [We Are Undefeatable](#) campaign.

The main lessons learned are explored in “Working in coalition”.



What we did

How it worked cont.

Cross-sector partnerships

The programme engaged and involved a wide range of organisations who have a part to play in the physical activity support network. This included sport, leisure and physical activity providers, health and social care professionals, and peer support and volunteer networks.



What we did

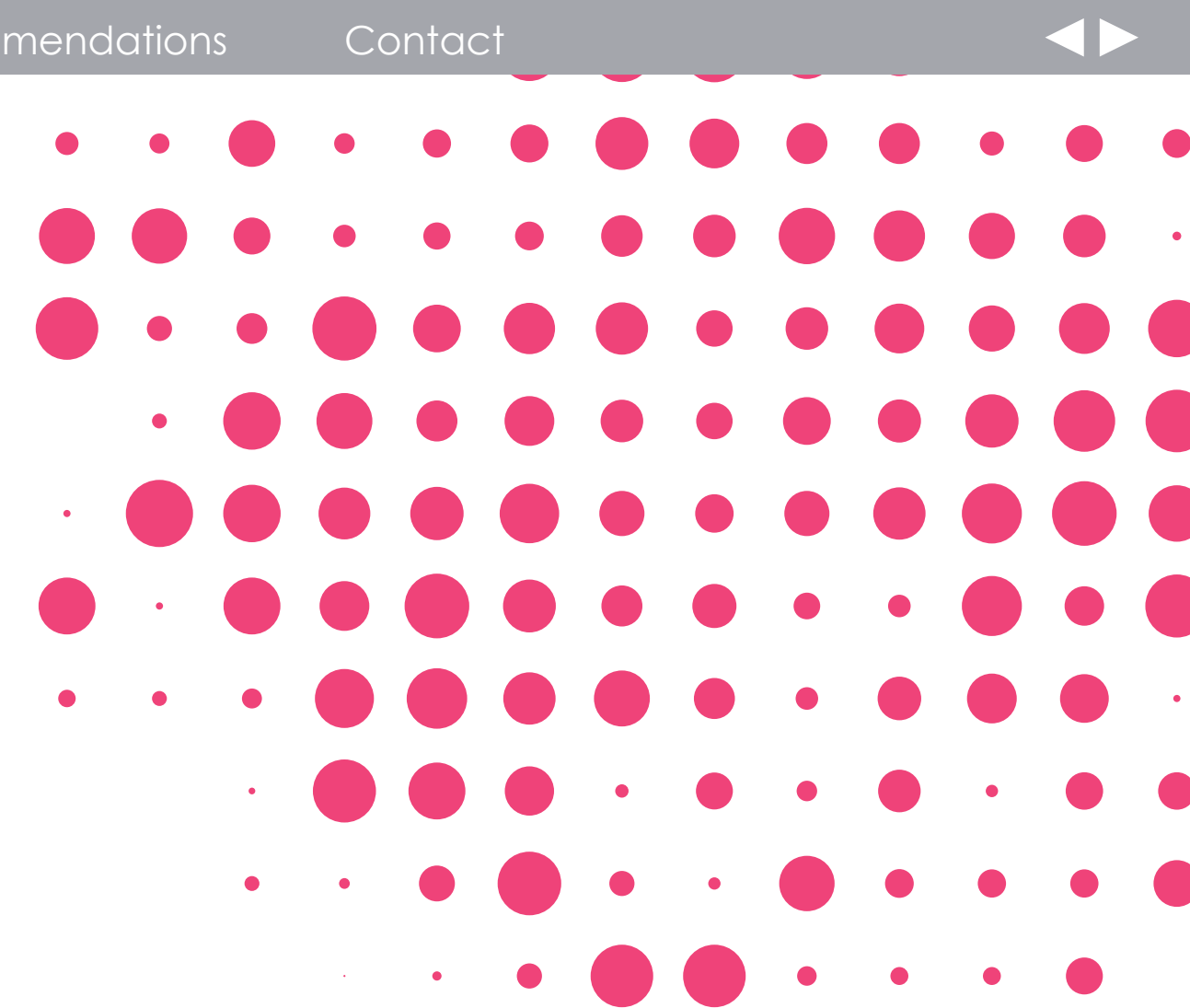
Insight projects

Insight projects explored what is known about the barriers and motivators to being physically active for people with specific long-term conditions. Some charities developed interventions based on the insights produced.¹

Age UK

Aim: Develop and test methods, strategies and messages for reaching and engaging inactive older people.

Approach: Evidence review, internal consultation and gap analysis and depth interviews with older people. Led by Research Works Limited. The result was an insight report called [One Step at a Time](#).



¹ For example, see <https://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-6-42> and <https://www.nice.org.uk/guidance/ph49>

What we did

Insight projects cont.

Breast Cancer Now

Aim: Understand why women aged 55+ with breast cancer are inactive and what interventions would work most effectively to change this and maintain activity.

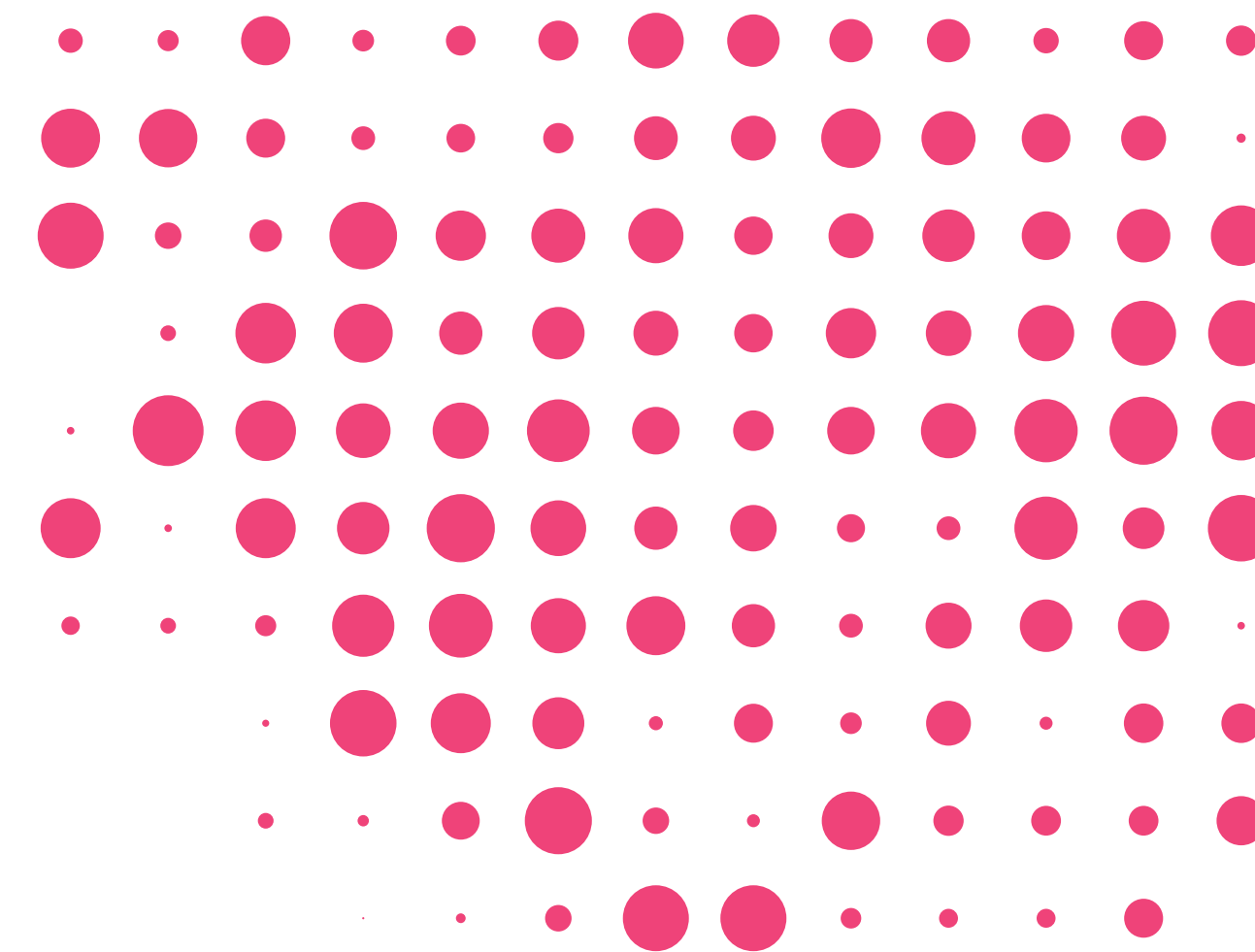
Approach: Quantitative and qualitative research with women with a breast cancer diagnosis, and health care professionals, culminating in an intervention workshop. Delivered with Women in Sport.



Diabetes UK

Aim: Understand the motivations and barriers to physical activity for people with type 1 and 2 diabetes and the role of healthcare professionals in supporting increased activity.

Approach: Internally-led evidence review, survey and focus groups with people with diabetes. Delivered with Sheffield Hallam and Brunel Universities. Further funding was provided by Sport England to develop an enhanced physical activity offer.



What we did

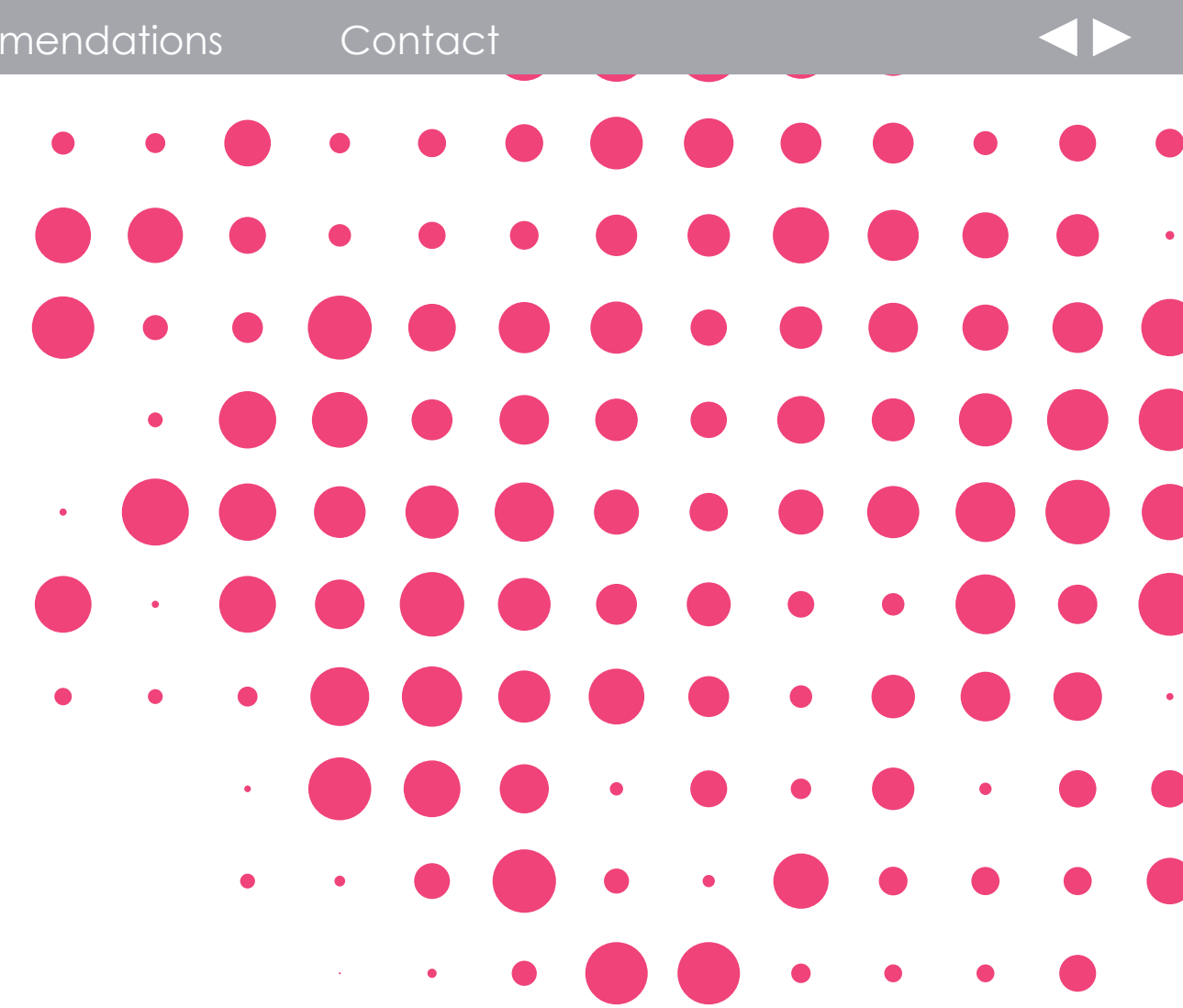
Insight projects cont.

Versus Arthritis

Aims: Understand how to support people with musculoskeletal conditions to increase their physical activity levels with a view to improving their quality of life.

Approach: Programme of scoping, research and engagement, including a representative survey of people with musculoskeletal conditions led by DJS Research. Further funding was provided by Sport England to develop an enhanced physical activity offer, including working with the helpline to offer call-back services and referral into physical activity services.

**VERSUS
ARTHRITIS**



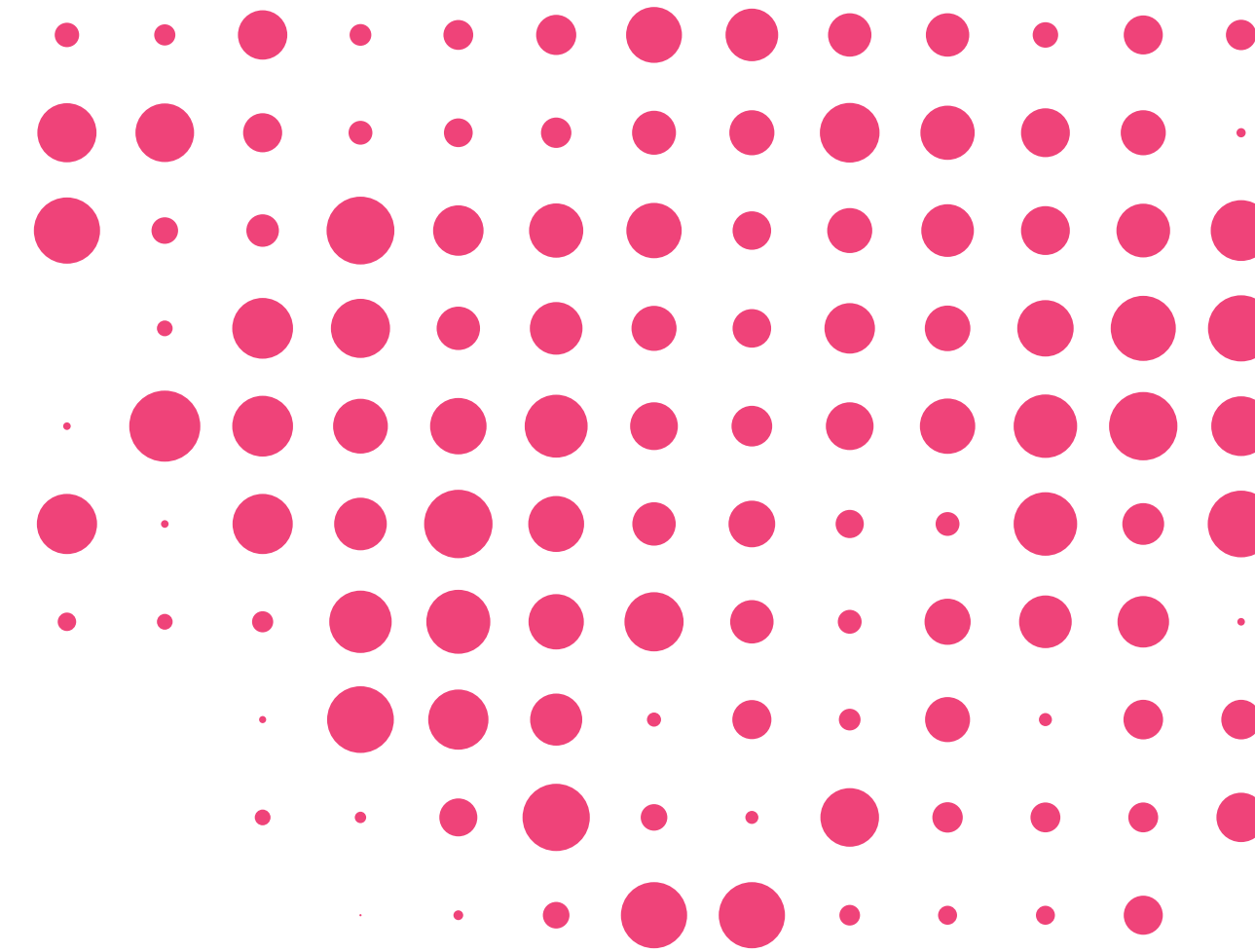
What we did

Insight projects cont.

Asthma UK

Aims: Co-create a new digital intervention to support improved asthma self-management and tackle the fears that children, parents and teachers have around physical activity.

Approach: A user-centred insight and co-creation process, involving children with asthma and their parents, community coaches and primary school teachers.



What we did

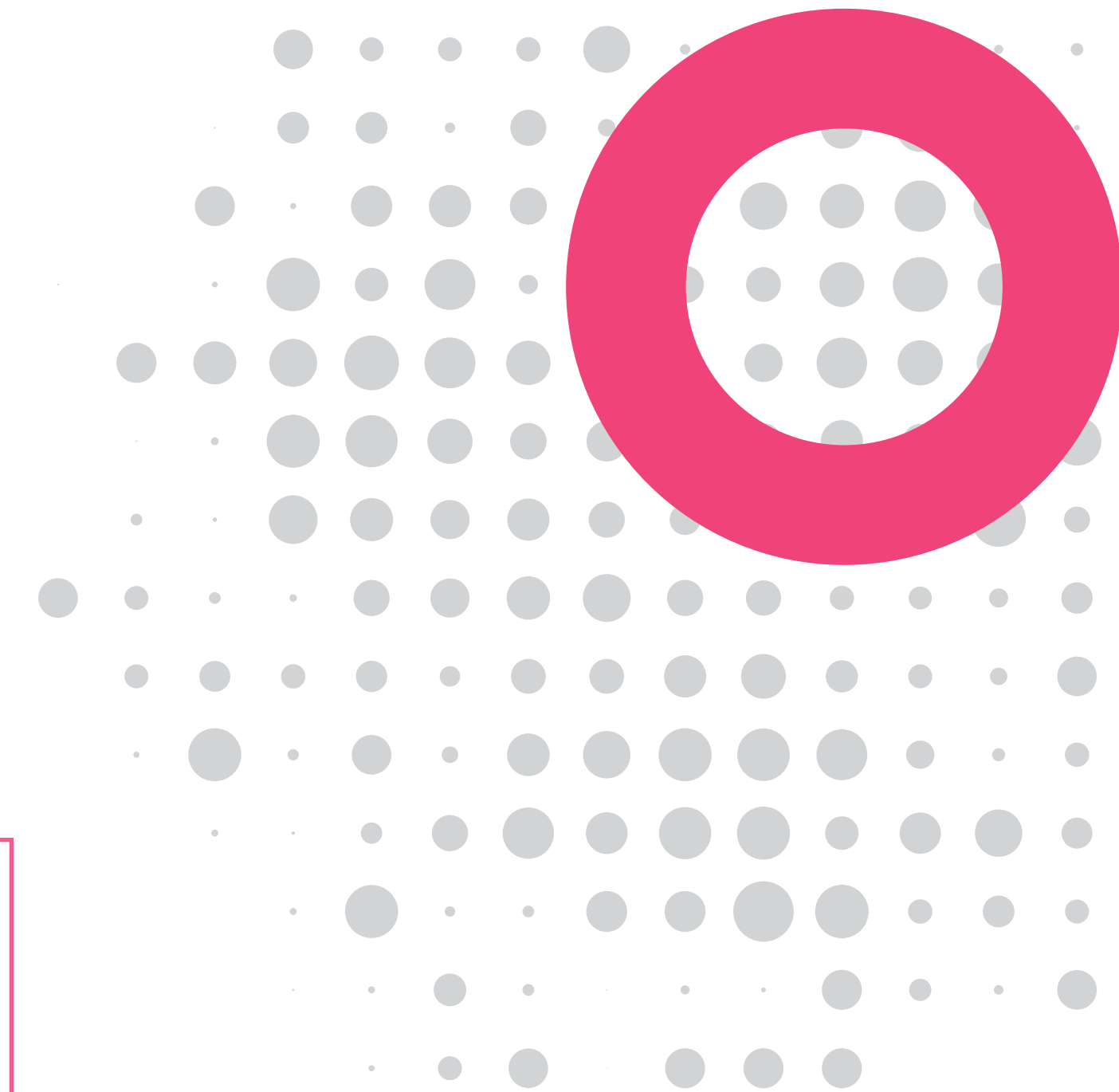
Intervention projects

Intervention projects used existing evidence to design, test and embed behaviour change interventions within their organisation to increase physical activity.

Alzheimer's Society, Dementia-friendly sport and physical activity guide

Aim: Enable more people living with dementia to become physically active through influencing local and national providers to improve accessibility of their services and facilities.

Approach: Develop a dementia-friendly-guide to support the physical activity, sport and leisure sector to become more dementia-friendly.



What we did

Intervention projects cont.

MS Society, Active Together - remote support project

Aim: Encourage people with MS to become more physically active and inspire long-term behaviour change with the support of telephone coaching.

Approach: Test motivational telephone coaching and personalised text support.



British Lung Foundation, Active Steps - remote support project

Aim: Empower people living with lung conditions to become and stay active with the support of a new remote health coaching behaviour change service.

Approach: One-to-one telephone health coaching, complemented by email newsletters, information pack and plan, exercise DVD and a pedometer.



What we did

Intervention projects cont.

Rethink Mental Illness, Physical Activity Toolkit - peer support project

Aim: Support inactive individuals severely affected by mental illness to become active through embedding physical activity into new and existing peer support groups.

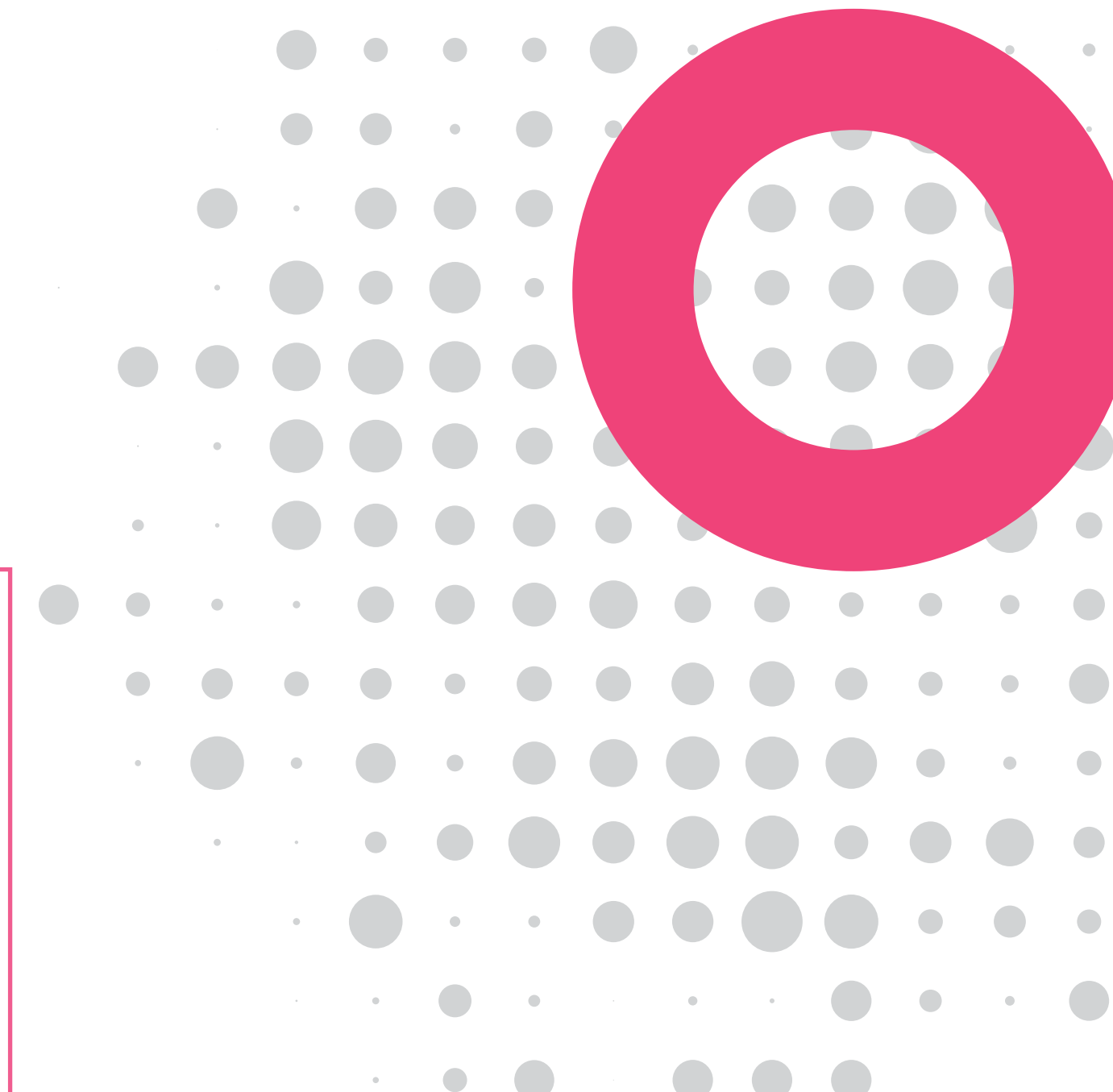
Approach: Co-produce a toolkit to support peer support groups and services to facilitate physical activity opportunities.



Stroke Association, Active Lives After Stroke - peer support project

Aim: Increase and maintain levels of physical activity among stroke survivors through peer support, increase related impacts (wellbeing, self-management and secondary stroke prevention).

Approach: Instructor and volunteer-led activity in new and existing peer support groups and informal buddying schemes.

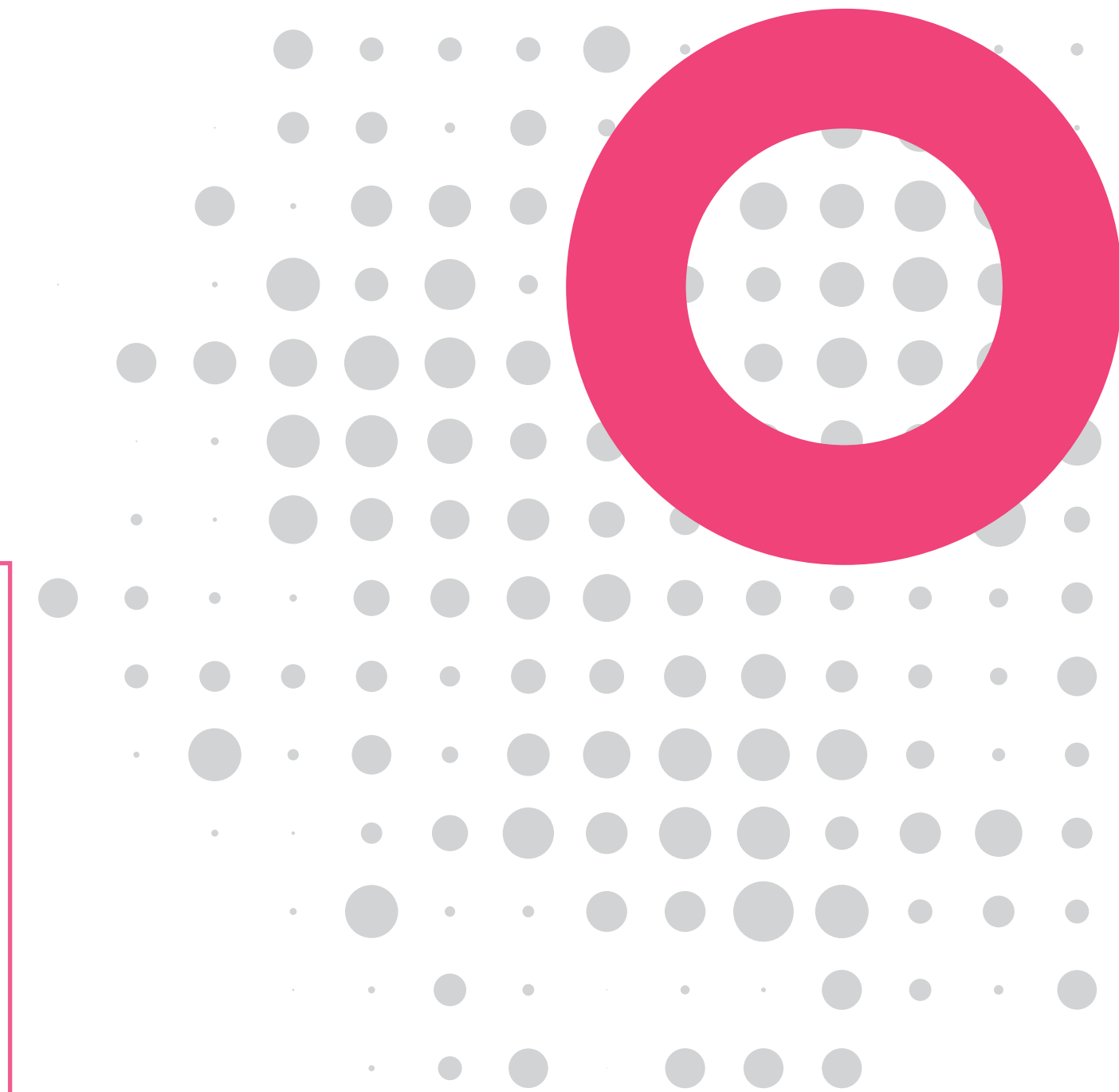


What we did

Intervention projects cont.

Additional coalition members

Alongside charities taking forward insight and intervention projects, there were several others in the coalition who played the role of critical friend and fed into workstreams relating to sector influencing and campaigning supporting the We Are Undefeatable campaign. These were Activity Alliance, Mind and Parkinson's UK.

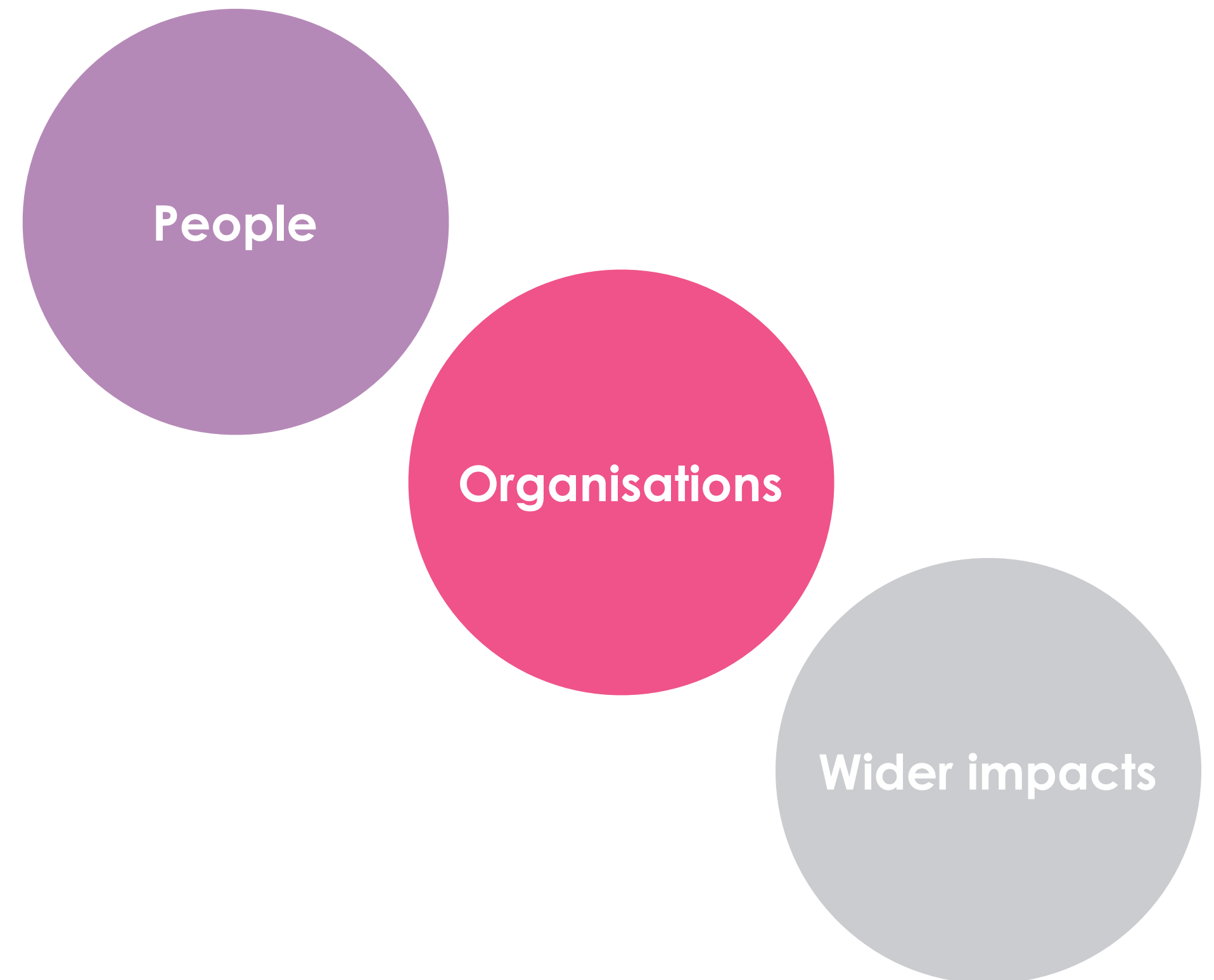


What we achieved

Overview

Evidence from across the programme demonstrates that it has achieved impact across the following three areas:

- **People** – increased physical activity among people with multiple long-term conditions taking part in intervention projects, and being active at home, in the community and in other non-traditional settings.
- **Organisations** – increased focus in charities on physical activity as a wellbeing approach, and influencing improvements in interventions backed up by evidence.
- **Wider impacts** – more partnerships, increased influence with key stakeholder groups and new public narratives about physical activity and health.



What we achieved

People

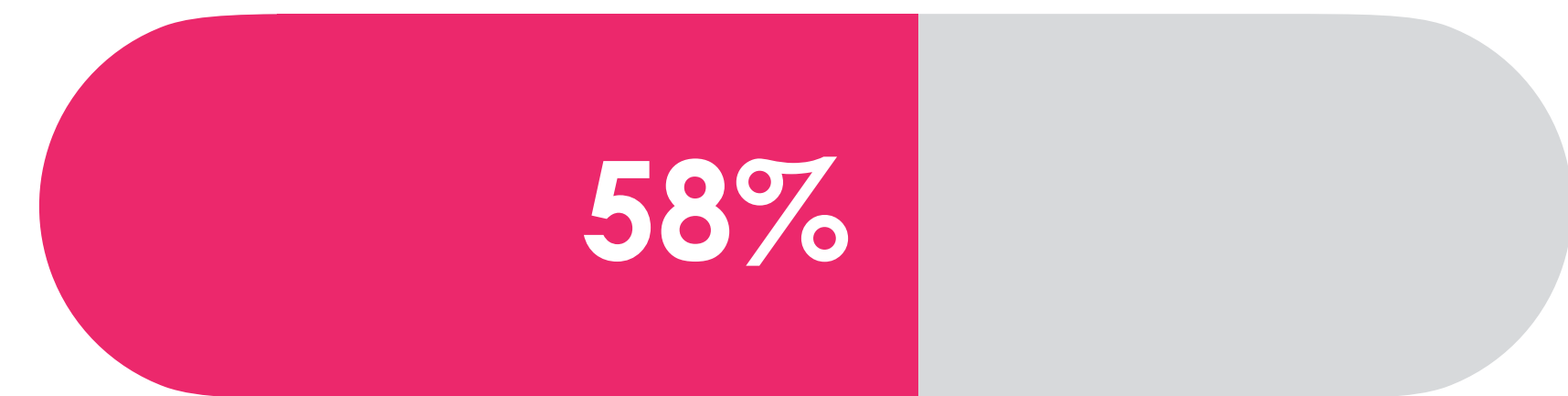
Increased physical activity levels

All of the Movement for All intervention projects increased the number of adults who were physically active.

Most projects reported modest to significant changes in the majority of people's activity levels. This often peaked at three and six months into activities.

Participants also reported increased physical activity outside of the main project activities they took part in. This included day-to-day activities around the house (e.g. cooking, cleaning and climbing the stairs) as well as a more active lifestyle (e.g. walking the dog).

Increased physical activity among people with long-term conditions often rested on first bringing about shorter-term changes. The two main changes that preceded increased physical are outlined on the next page.



58% of Active Lives after Stroke participants reported a positive change in activity levels after three months.

What we achieved

People

Increased physical activity levels cont.

- **Increased confidence to take part in physical activity.**

Across intervention projects, people often had to overcome underlying anxieties about physical activity before they could try to be more active. This included concerns about whether they could do physical activity and whether it would be appropriate for them, often based on negative experiences in the past.

- **Increased motivation.** Initial motivation was often kickstarted through building rapport and trust between participants and staff or volunteers; emphasising the friendly dynamic of a group; the suitability and safety of activities; and by reassuring participants that attendance was as valuable as participation (without pressure to participate).



British Lung Foundation Active Steps participants were nine times more likely to be physically active at three months, than the control group.

What we achieved

People

Sustained physical activity levels

Many intervention project participants maintained their physical activity levels 12 months after they first started.

Sustained levels of motivation and activity often rested on:

- Setting small, realistic goals that could be achieved, supported by a written action plan.
- Set times for calls or sessions to support the formation of new habits.
- Regular check-ins between sessions and reminders ahead of sessions (e.g. text) to support attendance.
- Fostering social relationships between people and their peers, volunteers or advisers to support attendance (if not participation).

“I know a lot of the people who were doing the activities said: there’s no way they would’ve kept it going on their own. Having the group, having the chat, having the encouragement from each other was really key for them.”

– Rethink Mental Illness group lead

What we achieved

People

Sustained physical activity levels cont.

- Quickly following-up with people who missed sessions to offer support and gently encourage them to return to sessions.
- Effective signposting to locally available activities, suitable to people's conditions and individual needs.

British Lung Foundation's evaluation also found that people who increased their sense of self-efficacy were more likely to achieve sustained behaviour change.



Active Steps service users were twice as likely to be physically active at 12 months than a control group.

“It’s finding where these facilities are and what is accessible for us - I didn’t know that I had a local leisure centre.”

– Active Lives After Stroke participant

What we achieved

People

Barriers to sustained physical activity levels

However, while many participants maintained their activity levels, small numbers in each project often struggled to maintain their activity levels over longer periods of time.

Reasons for this drop-off varied across projects, but common factors included:

- Waning enthusiasm after initial involvement, especially where people did not see noticeable improvements in themselves.
- Not finding a physical activity that enabled them to be active in a way that suited them.
- Fluctuating symptoms and unpredictable conditions that impacted on confidence, attendance and ability to maintain a routine.

A minority of Active Lives after Stroke service users reported that they would like to continue being active, but would not do so if the group was no longer running.

What we achieved

People

Barriers to sustained physical activity levels cont.

- Whether activities took place in local settings (which determined access to critical motivators such as meeting other people or progressing to another activity).
- The impact of the COVID-19 pandemic on opportunities to exercise, either within projects or as a result of reduced local provision.

These risk factors highlight the importance of proactively identifying and supporting people who might not sustain positive behaviour change between three and six months into projects, and ensuring flexible support mechanisms to accommodate people leaving and re-joining projects.

“My confidence has grown but I will not join another group. I would come back here but I’ve not got the confidence to go anywhere else.”

- Active Lives After Stroke participant

What we achieved

People

Improved physical and mental wellbeing

Movement for All projects further evidenced the positive relationship between physical activity and mental and physical wellbeing for people with long-term conditions.

Most projects reported improvements in perceived health across different wellbeing measures. Establishing physical activity routines could:

- Bring about clinically meaningful improvements in condition-specific symptoms, such as increased physical mobility or reduced shortness of breath, fatigue, or maintain conditions.

“I never used to exercise because I would think it would make my fatigue worse but actually it has helped a lot. Now I have got the pain under control I have been able to lower the dose of my medication. Swimming has also definitely helped with my strength.”

- MS Active Together participant

What we achieved

People

Improved physical and mental wellbeing cont.

- Improve quality of life, including managing day-to-day activities better and feeling safer and more able to look after themselves around the home.
- Help people to feel better emotionally, including reduced social isolation and loneliness as a result of group activities, reduced anxiety and increased life satisfaction and happiness.

“When I come in and when I leave here, I feel a much better person. Without Rethink I don’t know where I would be actually.”

- Rethink Mental Illness peer support group member

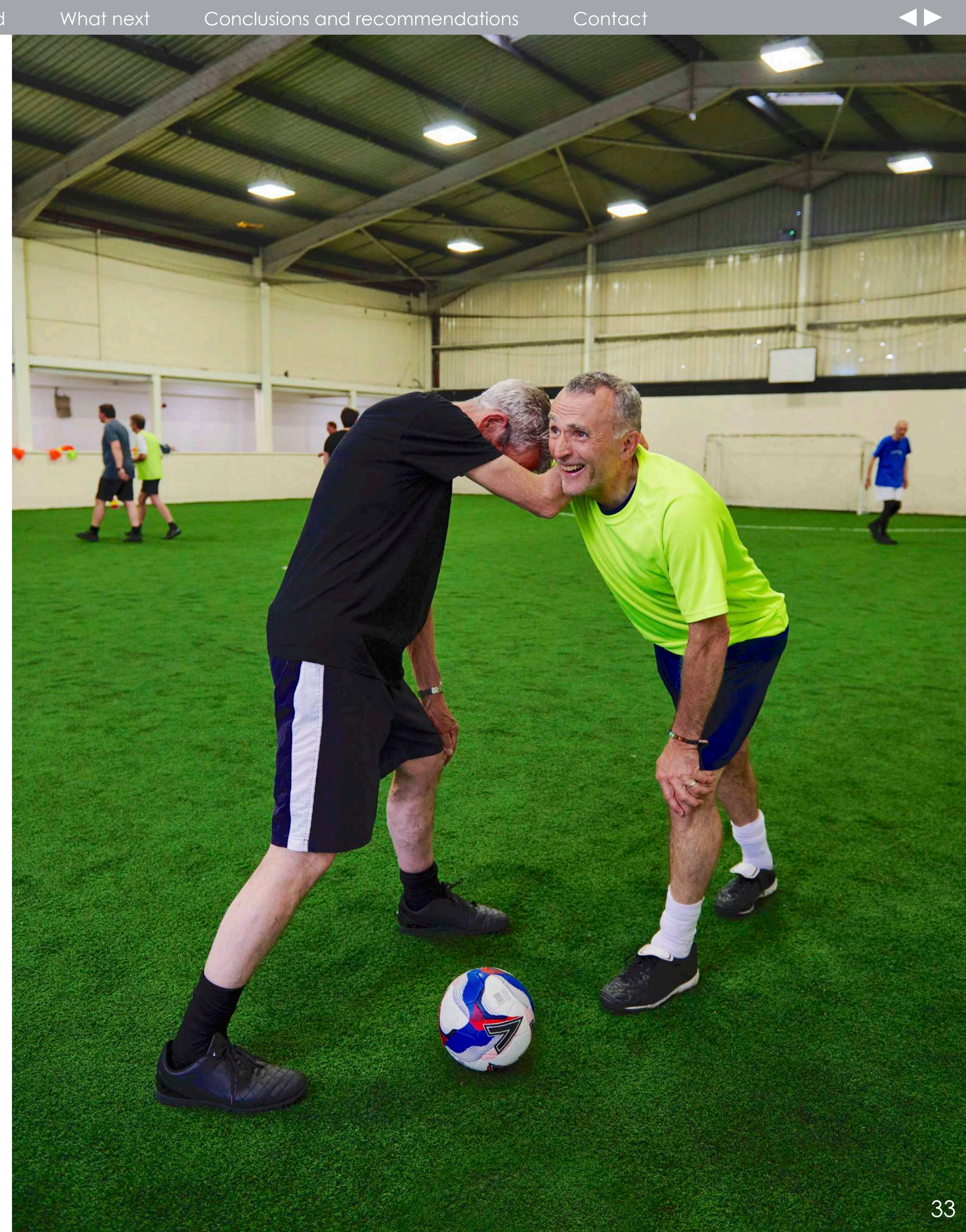
What we achieved

People

Improved physical and mental wellbeing cont.

Improvements in physical and mental wellbeing did not, however, necessarily reduce how much people used healthcare services.

While there was some suggestion that improved health could reduce visits to services such as A&E and physiotherapy, many people felt that the unpredictable or progressive nature of their conditions meant that they would continue to need specialist support and other healthcare.



What we achieved

Case study: Increased activity and improved social confidence

Regina, 51 - Stroke Association, Active Lives After Stroke - peer support project

Regina has had two strokes, the first was in 2016. It left her unable to speak clearly and she lost the ability to use her right arm. She has also felt isolated at times, trying to manage her health while looking after a small child.

Following the strokes, she has tried to keep herself busy by taking part in a social club for stroke survivors. The social club received a visit from the Active Lives coordinator who presented activities that were available to the group. Members liked what they saw, and exercise sessions were added to the club's activities.

Regina liked that the exercise sessions took place in a setting where people were very friendly and supportive of one another. She also liked that exercises were easy to do and encouragement from the trainer motivated her to keep going and to push herself.

Before the stroke Regina was not regularly physically active, but since taking part in the sessions it has completely changed how she feels about being active. She loves how she feels after a session and losing weight as a result of being more active has also motivated her to do more.

She is now always searching for other exercise groups to join, and during the first lockdown kept active through home exercise sessions.

“The people in the group were really friendly and the exercises were not too hard. It makes me feel good when I do them. The trainer encouraged me and I liked that because it motivated me to do more and he always keeps the exercises simple.”

- Regina

What we achieved

Case study: Increased activity and improved motivation

Eamon – British Lung Foundation, Active Steps remote support project

Eamon used to go for regular walks and shopping trips, and do household chores but he found that all of these activities were beyond him after his diagnosis with a lung condition. Even the smallest of activities around the house would make him feel breathless. He became housebound and reliant on friends for help. This made him very depressed.

Eamon found out about Active Steps on the British Lung Foundation website. He read about how the project would support him with regular phone calls, information and resources to help him become active again. He decided to take a chance and give the activity programme a go.

After a few weeks, he found he was beginning to improve in many ways.

The programme inspired him to set his own small goals and he found himself working towards achieving them every day. The regular phone calls from British Lung Foundation to see how he was getting on gave him an incentive to continue and made him feel like he wasn't doing it on his own. He felt less isolated.

Eamon has now started a daily routine of walking, as well as doing more household tasks. He is also hoping to start making trips to his local supermarkets again.

“Active Steps changed the way I think about myself. Before I joined the programme, none of this would have been remotely possible for me. I'd totally given up on all activities and resigned myself to a life indoors - depressed and housebound.”

- Eamon

What we achieved

Organisations

Project leads within the charities have acted as physical activity champions working across their organisations to increase the knowledge and capacity of colleagues, influence organisational strategies and secure new funding to improve their organisation's approach to physical activity.

Having gathered robust evidence and learning about what works through their insight, intervention testing and campaign activity, project leads have used this to update the information, advice and guidance they offer to different target audiences.

“One of our biggest achievements has been how physical activity has been embedded across our organisation. One of the big factors supporting this has been creating new positions based in different directorates. We have a physical activity lead in our helpline team, and a physical activity content producer in our content team.”

- Diabetes UK



What we achieved

Organisations cont.

Charity leads have also used Sport England funding related to Movement for All to create new, dedicated physical activity positions in their organisations, and to continue testing and embedding new service offerings.

The We Are Undefeatable campaign has led to increased online traffic for Movement for All charities, has helped to kickstart conversations about physical activity within organisations and has provided a suite of resources that has helped them to promote physical activity more effectively with partners and beneficiaries.

“I am struck by the popularity of the [Active Together] project internally; it has helped to inspire physical activity work in MS Society across the nations. There’s been a ripple effect – we’re now teaming up with different directors in different nations around how to build on this.”

- MS Society



What we achieved

Wider impacts

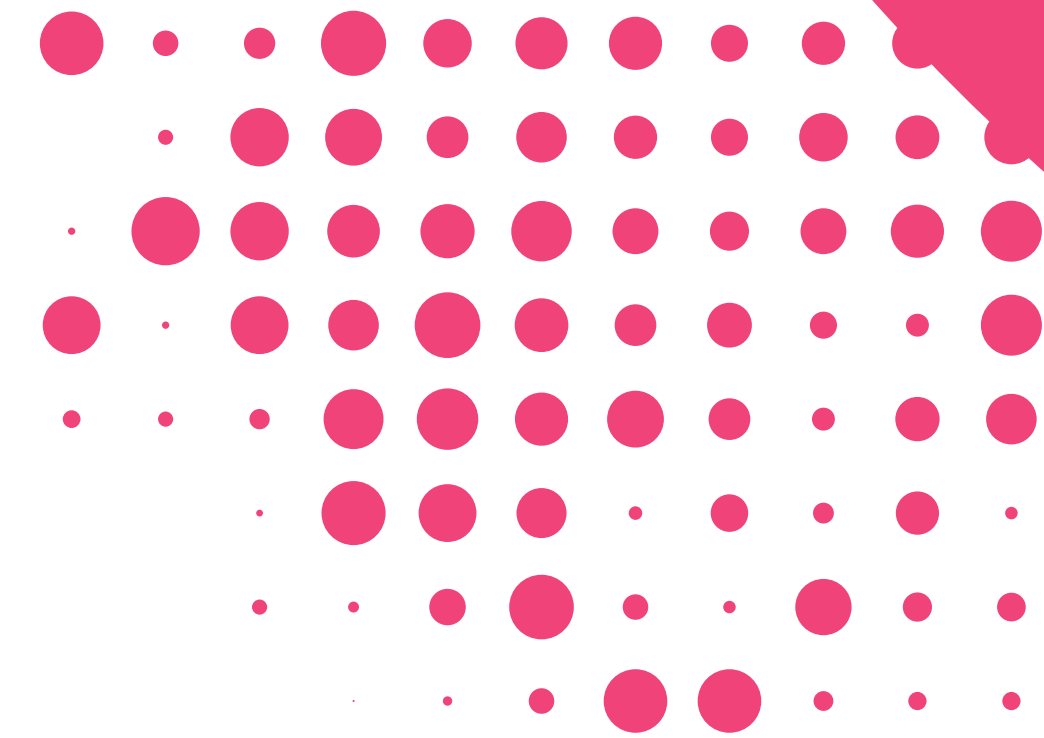
Increased recognition of physical activity

Movement for All charities have used evidence and learning from the programme to influence other sectors to begin to address some of the systemic barriers to physical activity that people with long term conditions face. This has included:

- **Healthcare professionals:** shifting their attitudes, practice and confidence levels through producing new guides and resources; updating modules and training and in the case of Breast Cancer Now, considering how physical activity advice can be integrated across diagnosis, treatment and post-treatment for women with breast cancer.
- **Sport and physical activity sector:** sharing insight and guidance with a range of providers and bodies in the sector so that they are better able to attract and support different people with long-term conditions to become active.

“Our dementia-friendly physical activity guide helped to kickstart a lot of conversations about physical activity for people affected by dementia. As a result of the guide, we’ve seen lots of organisations either creating new programmes or integrating physical activity into what they already offer. For example, following our launch event of the guide, the Riding for the Disabled Association rolled out a national programme offering tea and activities with ponies for people affected by dementia; the sessions integrate gentle forms of movement and exercise.”

- Alzheimer’s Society



What we achieved

Wider impacts

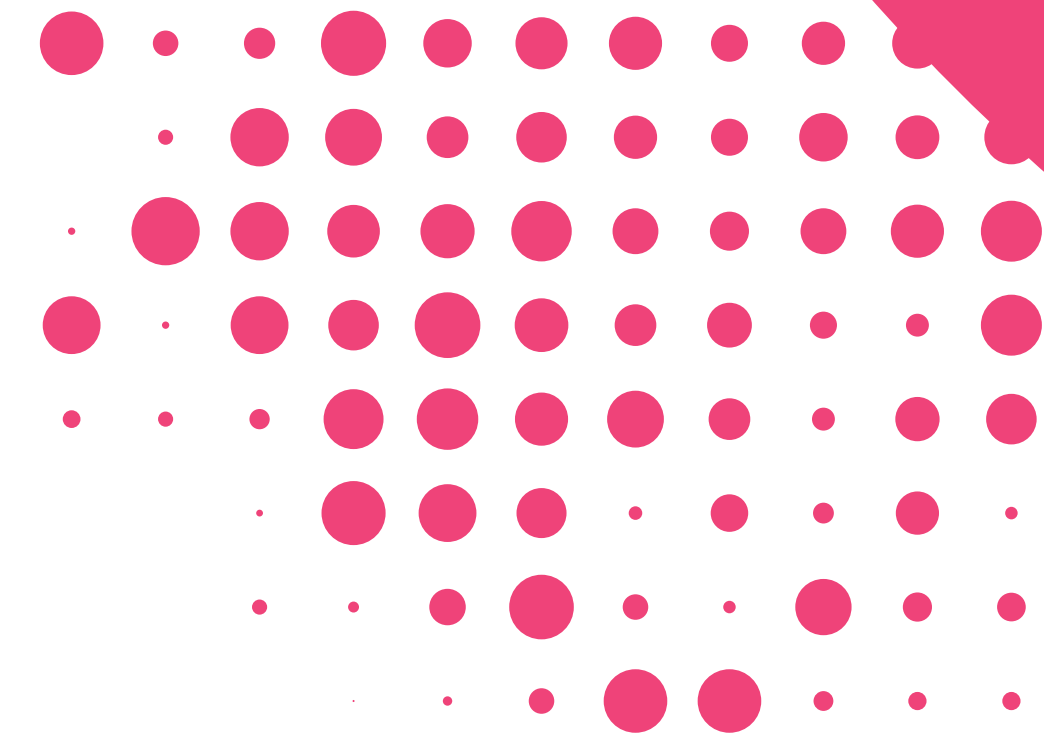
Increased recognition of physical activity cont.

- **Voluntary and community sector:** highlighting insight and lessons learnt about the benefits, enablers and barriers of becoming more physically active to a wide range of charities as well as community and voluntary networks, alongside working with Sport England to distribute grants to organisations to support people with long-term health conditions to get active.
- **Policy makers:** focusing on responding to government consultations and formulating policy responses as a group, highlighting the experience of people living with long term conditions and the barriers and enablers to increased physical activity.

Through its influencing work the Movement for All coalition now aims to bring about broader changes, linked to Sport England's [10-year vision](#) that aims to improve sport and physical activity messaging, experiences and opportunities and place sport and physical activity at the heart of how we think about health and wellbeing in the UK.

“One of our successes has been hosting the Tackling Inequalities fund on behalf of The Richmond Group which saw us administering funds to reduce the negative impact of coronavirus and increase the availability of exercise opportunities in local communities within England. That’s really driven collaboration for us within the charity sector. For example, we formed strong working relationships with colleagues at Mind to plan and administer the fund.”

- Versus Arthritis



What we achieved

Wider impacts

Changing perceptions of physical activity

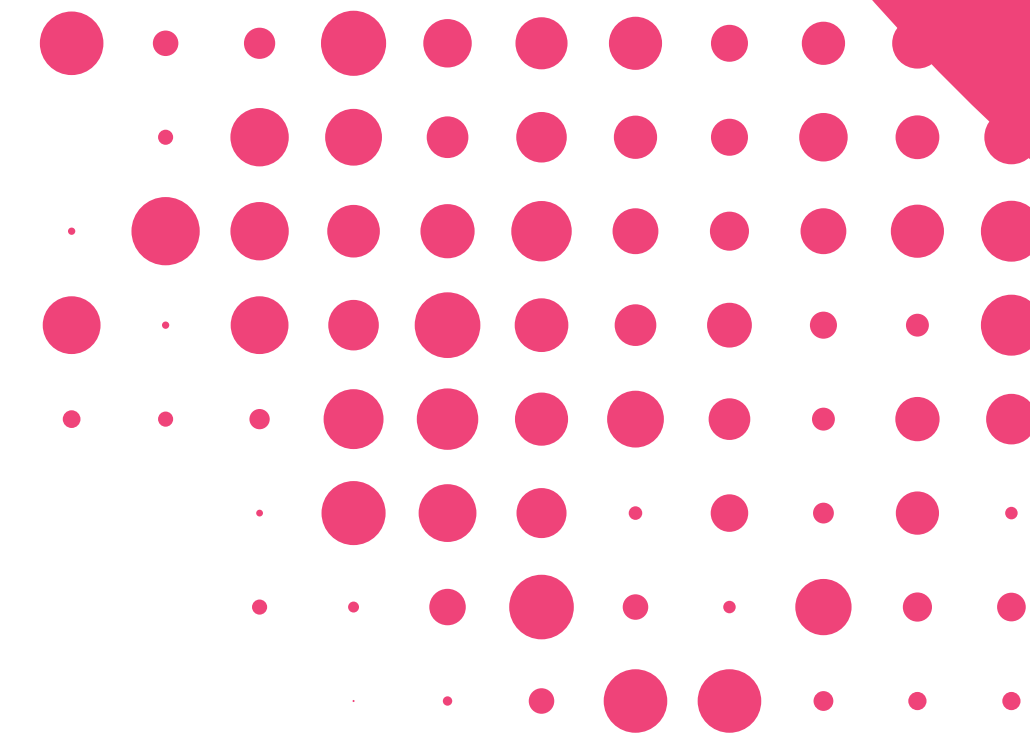
The We Are Undefeatable campaign spearheaded Movement for All's ambition to encourage and support people with long-term conditions to find ways to be active that work for them.

The campaign was co-created by Richmond Group members along with Mind, MS Society and Parkinson's UK, and with support, expertise and National Lottery funding from Sport England. A dedicated campaign team is hosted by Age UK.

The campaign aims to reach people living with a range of long-term conditions. It was developed from extensive audience research and features real-life case studies of people from diverse social and ethnic backgrounds, who share how they take part in physical activity with one or more long-term health conditions.



We Are Undefeatable's TV launch campaign video, from 2019.



What we achieved

Wider impacts

Changing perceptions of physical activity cont.

Responding to audience insight, the campaign focuses on ways of being active outside of 'traditional' and structured sport and activity and on being relatable for people with long-term conditions, in particular acknowledging the ups and downs of living with long-term conditions and the barriers that presents to being physically active.

The campaign was launched in August 2019. Two years later, in August 2021¹:

- 47% of people with health conditions said that they recognised the campaign and 60% that they could relate to the people featured in the campaigns.
- 38% of those who were aware of the campaign took action as a result. Those most likely to take action were aged 34-65, with more severe conditions and multiple conditions.



We Are Undefeatable's most recent TV campaign video, from 2021.

¹ The listed figures are drawn from the We Are Undefeatable evaluation, September 2021

What we achieved

Wider impacts

Changing perceptions of physical activity cont.

The campaign continued throughout the COVID-19 pandemic, but shifted its focus in response to the changing needs of people with long-term conditions. This included an increased focus on supporting activity at home, including curated [YouTube playlists](#), [instructional leaflets](#) and [new case studies](#).

The campaign won Best Representation of Diversity & Inclusion at the [Drum Social Purpose Awards 2020](#) and The Partnership Award at the [Sport Industry Awards](#) in 2021.



We Are Undefeatable's TV campaign video, from 2020, amended in response to COVID-19.



What we learned

Cross-cutting learning from across insight projects

Movement for All projects carried out insight studies to inform the development of interventions and kickstart organisational change within their charities.

The resource provided by Movement for All has allowed charities to commission leading research providers to carry out rigorous primary and secondary research. This has aimed to improve understanding of:

- What was currently offered by their organisation in terms of physical activity.
- Current levels of activity of people with long-term conditions.

Good practice recommendations

Identified principles and approaches that underpin shifting attitudes and behaviours towards a more active lifestyle included:

- Understand people's needs and preferences as their health fluctuates or before and after specific episodes of ill health.
- Educate beneficiaries about the health benefits of physical activity and bust myths about the dangers of being active.
- Nest physical activity offers within wider goals and motivations, e.g increased mobility, independence and socialising – based on a realisation that the health benefits alone may not be enough to shift behaviour.

What we learned

Cross-cutting learning from across insight projects cont.

- The barriers, benefits and enablers to being more active that people with long-term conditions experience. This was achieved by mapping and collating published and grey evidence, and by carrying out high quality primary research.
- The enablers to physical activity as well as barriers that are exacerbated by health and social care practice.
- Physical activity interventions and solutions and the forms of messaging that can help to shift attitudes and behaviours – drawing on co-production with people with lived experience and robust sampling strategies.

Good practice recommendations cont.

- Provide resources and training for healthcare professionals who can be risk-averse, overstretched, or feel ill-equipped to recommend physical activity.
- Create broad and inclusive definitions of sport and physical activity, including everyday and moderate activities, and making “small steps”.
- Create realistic and relatable role models rather than focusing on celebrities and high-performance athletes.

What we learned

The benefits of using the COM-B model of behaviour change

The COM-B behaviour change model was seen as essential to helping a number of the projects develop effective interventions.

Use of the model helped organisations to:

- **Understand behaviour**, including systematically identifying barriers and enablers that specific groups of people with long-term conditions face to being more active.
- **Identify appropriate intervention responses**, including what exactly is needed to change to address inactivity in terms of people's capability, opportunity and/or motivation. Sometimes this involved changing existing support rather than developing new opportunities.
- **Build trust and credibility amongst wider colleagues about any proposed innovation**, since the process was understood to be systematic and evidence-based.

“We’ve focused on embedding the COM-B framework across our organisation. We offered staff from across our teams a 3-day course and have given teams the tools and resources to understand and apply the principles when they are designing, delivering and evaluating new interventions and content.”

- Versus Arthritis

What we learned

The benefits of using the COM-B model of behaviour change

There was evidence that the application and use of this model can help organisations bring about long-term behaviour change. For example, British Lung Foundation's evaluation identified that improvement in short-term outcomes such as self-efficacy and reflective motivation (making plans to be active) were significant predictors of becoming physically active in the longer-term.

Versus Arthritis have used the COM-B model as a framework for designing and evaluating new interventions to increase physical activity. The framework underpins everything that the Versus Arthritis Physical Activity team deliver and cuts across all workstreams from developing core content, influencing and collaboration. As part of the Versus Arthritis national programme evaluation, a COM-B barriers and motivators checklist has been developed for teams to utilise when developing new interventions.



What we learned

Enabling physical activity

Movement for All insight projects identified that negative attitudes towards physical activity are a common barrier to taking part in physical activity among people with long-term conditions.

The appeal of activities or advertised general benefits of becoming more active was not deemed sufficient to overcome these barriers.

Instead insight projects identified the importance of building knowledge of physical activity specific to an individual's condition(s) and symptoms, for them and those that support them. This included building people's understanding of:

- The condition or symptom-specific benefits of being more active.
- Appropriate types, duration and intensity of activity for them.
- And where they could do this locally.



What we learned

Enabling physical activity cont.

Several projects also identified that efforts to increase levels of physical activity need to focus on the wider benefits, not just those related to their condition. Several projects identified that emphasising the social benefits of group exercise was important, while Versus Arthritis identified that people with musculoskeletal conditions viewed weight management and improved mood as key benefits.



What we learned

Running peer support groups to increase physical activity

Three types of lessons emerged from Rethink Mental Illness and Stroke Association's experience of developing peer support groups to support physical activity:

Getting to know groups

The investment of time upfront by group leads and volunteers was an important driver of success. This enabled leads to understand the individual needs of group members, help them feel heard and valued, ensured sessions were delivered at an appropriate level and maintained motivation. These conversations were easier where group leads had similar lived experience to members.

It was also essential for group leads and volunteers to have sufficient time to deliver tailored support in line with identified needs. For example, text messages to remind and motivate some participants to attend.

“Because we've all got some sort of disability or have similar support needs we understand each other and rally around if one of us is feeling a little bit down.”

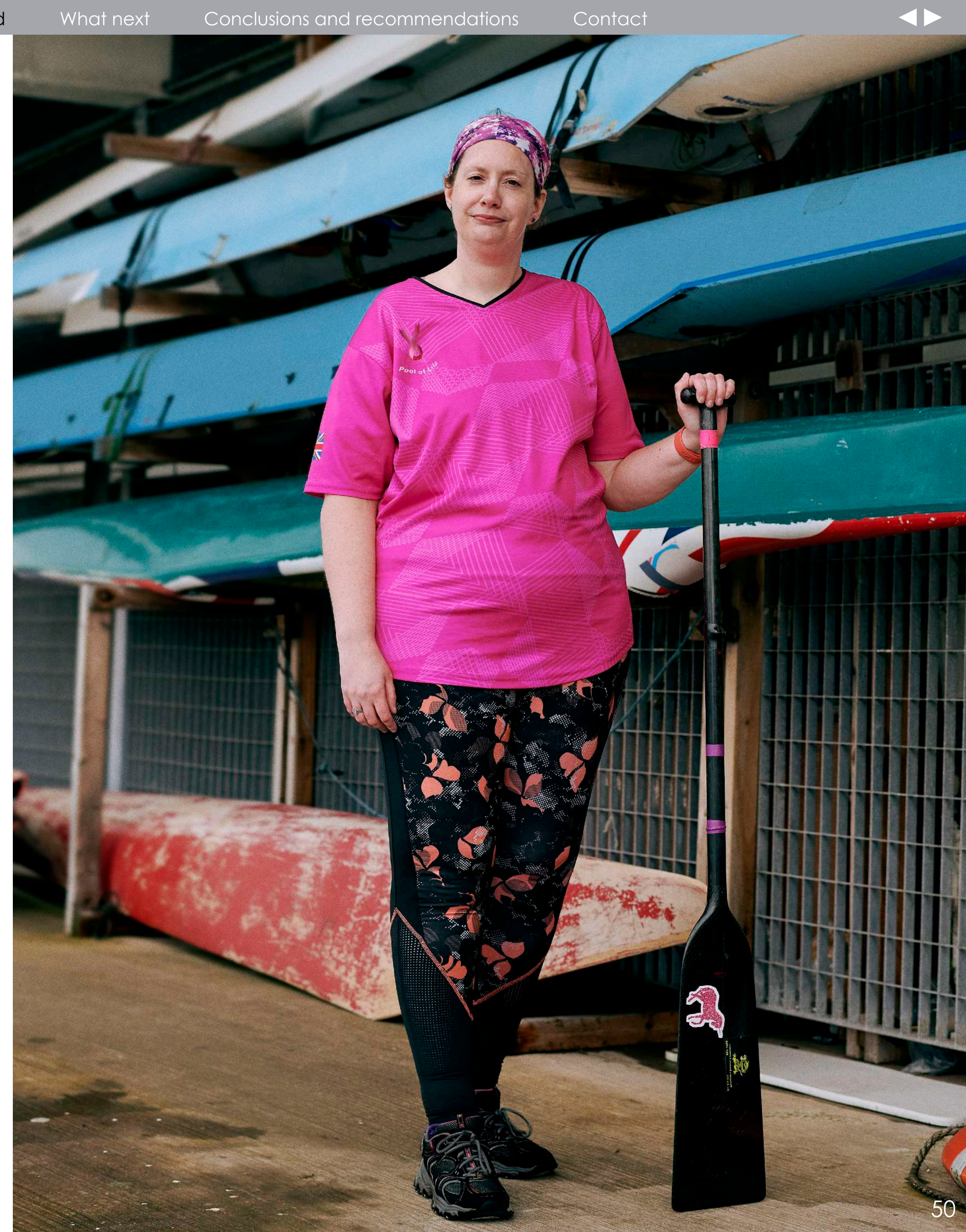
- Rethink Mental Illness peer support group member

What we learned

Running peer support groups to increase physical activity cont.

Creating safe spaces

The establishment of trusted, safe spaces was essential for participants to overcome challenges and take part in physical activity. Supportive, social environments often emerged naturally as a result of groups bonding over their common experiences and needs. However, group leads can also strengthen this culture further through valuing attendance and supporting others. Establishing informal social networks or buddying within sessions was also highly valued.



What we learned

Running peer support groups to increase physical activity cont.

Support outside of sessions

Peer support groups worked best when participants were also helped to support each other outside of meetings, such as arranged calls or WhatsApp groups.

Groups were felt to be more sustainable where they were connected to (or based out of) local social or physical activity environments. This built on and maximised social motivators to attend and exposed people to a wide range of physical activity opportunities.

Groups also benefited from being linked to physical activity partnership networks that could connect them into local activities, such as [Active Partnerships](#).

Good practice recommendations

Recommendations for running peer support projects to help people to become more active in ways that work for them include:

- Build peer support groups out of local assets such as local leisure centres or other community spaces.
- Invest time upfront to understand participant needs, experiences and motivators – and tailor support in response.
- Work with leads with lived experience to help make groups feel more relatable.
- Value attendance as much as participation in order to encourage gradual, long-term participation.
- Encourage communication outside of groups to foster informal support networks.

What we learned

Running peer support groups to increase physical activity cont.

Group lead support

Peer support groups were a flexible model that enabled a high level of tailoring to group needs, including a focus on informal physical activity (e.g. walks and talks) rather than organised sport. However, the flexibility of this model means that group leads should receive a strong, consistent level of support from delivery managers to ensure they have the confidence, skills and development opportunities to succeed – especially if they are volunteers.



What we learned

Remote support to increase physical activity

The British Lung Foundation and MS Society identified three types of lessons about how remote telephone-based support could best enable physical activity:

1) Maximising the number of appropriate referrals via helplines

Training and working with in-house helpline teams was an effective referral route that identified a high proportion of relevant referrals. This was even more so when helpline teams and physical activity coaches were located close to each other, enabling regular discussion regarding referral criteria and supporting quick follow-up when referrals were made.

Online enquiries provided an important route for self-referral, but typically captured lower rates of relevant participants unless short screening questionnaires were used.

“Talking really helped me mentally. Having regular conversations about my activity encouraged me to do more, but also to be realistic with my goals. If I failed, I didn’t give up and managed to get back on track slowly again. I will be continuing my activity and want to access pulmonary rehabilitation.”

- Active Steps service user

What we learned

Remote support to increase physical activity cont.

2) Call content

Remote services support worked best when they focused on how people could exercise in or around their home, because this enabled coaches to account for highly varied levels of physical activity provision between communities. Advice about local provision was best provided where remote projects were appropriately resourced to provide up-to-date advice specific to communities.

Remote services supported participant motivation best when they ring-fenced time for informal conversation between coaches and participants, rather than solely focused on advice and improvement. Participants valued the opportunity to share their physical activity successes and challenges with someone who understood their condition.



What we learned

Remote support to increase physical activity cont.

3) Flexible remote support

Remote services were more successful when they worked with smaller numbers of people. This enabled them to cope with 'peaks' in demand when participants needed increased spells of support to cope with setbacks or fluctuations in their long-term conditions. This was harder to accommodate when working at maximum capacity.

Participants that drew on remote support had a wide range of self-motivation levels, with more motivated participants needing fewer or more infrequent sessions to increase or maintain their levels of activity. Projects learned that more tailored support plans (in terms of total number of sessions and frequency) helped them provide more efficient support.

Good practice recommendations

Recommendations for running remote services to help people become more active in ways that work for them include:

- Use screener questionnaires to increase the relevance of self- or third party referrals.
- Ensure close communication between referring (e.g. helpline) and remote support staff to improve effectiveness.
- Focus support on 'at home' activities to help participants take small day-to-day steps and to account for variation in local provision.
- Allow space within calls for informal conversation not focused on activity.
- Plan for peaks and troughs in service demand.

What we learned

Measuring physical activity impacts

In keeping with the programme evaluation framework, intervention projects used a number of standardised validated measures to track impact, alongside other quantitative and qualitative approaches.

A number of data collection challenges and learning points were reported by intervention projects:

- Most Movement for All projects found that standardised physical activity measures were not always appropriate for use with people with long-term health conditions due to how they defined 'physical activity'.
- Data collection tools typically framed physical exercise as physical activity that results in raised breathing rates. However this was not always appropriate for people with more limited mobility.

Good practice recommendations

Recommendations for measuring the impact of physical activity on people with long-term health conditions:

- Redefine 'physical activity' appropriate to your beneficiaries (e.g. raised heart rate, rather than movement or breathlessness).
- Consider more condition-specific measures to better capture physical activity impacts (e.g. a focus on improved strength, balance, mobility, coordination, or reduced sedentary time).
- Consider using objective measures (such as smartwatches or accelerometers) alongside self-report measures.
- Use both quantitative and qualitative methods to capture, smaller incremental impacts in people's lives.
- Create valid comparison groups to better identify intervention impacts (e.g. maintained rather than reduced health status).

What we learned

Measuring physical activity impacts cont.

- Standardised data collection tools (such as five-point Likert scales) were often not sensitive enough to record the progress of people with long-term health conditions, which often took the form of small, incremental changes.
- Some projects also faced challenges embedding activity questionnaires within the participant journey, leading to low response rates and partial completions.

Collectively, these challenges meant that there was a reliance on qualitative data to understand and assess the impact of the interventions on physical activity. These challenges also hindered consistent economic evaluation across the programme, which in turn limited the ability of the programme evaluation to assess whether money and resources were used in the best way possible.

Movement for All has highlighted that a key priority for charities and researchers should be to work on developing physical activity data collection tools appropriate to people with long-term health conditions.

Good practice recommendations

Recommendations to increase research participation and response rates:

- Be clear about why questions are asked, perhaps through a short intro video.
- Order the questions so the most important ones are first.
- Use user-friendly survey platforms such as Typeform or Qualtrics.
- Pilot the survey design, format and content with a small focus group before launch.
- Provide a point of contact that participants can use if they have trouble completing surveys.
- Send participants copies of their responses so they can keep track of how they are getting on and discuss with others (building community).

What we learned

Embedding physical activity into organisations

Project leads were often the first within their organisations to have a specific role for physical activity. The role provided dedicated capacity and a clear reference point within the organisation to share and discuss physical activity and learning.

Project leads highlighted the importance of carrying out rigorous research about the benefits, barriers and enablers of physical activity. Sharing the research findings with colleagues helped to make the case for change and ensured that any solutions were evidence-based.

Good practice recommendations

Recommendations to embed physical activity into organisations:

- Secure a physical activity lead with organisational development and engagement skills to hold the process.
- Define distinct phases in the change process, commencing with an insight phase and a review of existing practice/approaches.
- Work with colleagues to define an overarching vision and secure senior buy-in about the case for change.
- Draw out the links and synergies between an improved physical activity and other outcomes (e.g. improved mental wellbeing for beneficiaries, ability to attract new revenue streams).

What we learned

Embedding physical activity into organisations cont.

Project leads were most successful in embedding physical activity within their organisations where they consciously led a change process which sought to influence the strategy, services, culture and the capacity of their colleagues.

Good practice recommendations cont.

- Form an expert steering group to guide the process – who can provide critical challenge and champion the work externally.
- Factor in internal communications about the workstream and capacity building for staff.
- Create new physical activity roles based in different directorates to maximise impact across the organisation.
- Use behaviour change frameworks to develop and evaluate new content and offers.
- Consider the use of service design methodologies and appraisal frameworks to support service/ intervention development e.g. ‘design sprints’; [the Design Council’s Double Diamond](#) approach; and the [APPEASE](#) framework.

What we learned

What has coalition working made possible?

Project leads were able to identify value in working collaboratively as part of Movement for All. Doing so has:

- Offered members a sounding board and community of practice which has allowed them to bypass pitfalls, innovate and trouble shoot more quickly and effectively.
- Given individual members a stronger voice and credibility to influence internal and external stakeholders and a collective voice that contributes to policy making and sector influencing.
- Allowed them to magnify their reach, impact and profile as they have drawn on the extensive networks held by other members and partner organisations.
- Offered a space for charities to begin thinking about physical activity messaging suited to meet the needs of people with co-morbidities – which had been exemplified in the work of the [We Are Undefeatable](#) campaign.

“The coalition of charities has remained well connected and really supportive of one another, continuing to commit time and expertise to our Community of Practice, especially following the outbreak of the pandemic. As a group they’ve also been able to adapt their activities and focus and respond to the crisis and changing needs of our audiences. For example, the group worked closely together to develop a series of physical activity videos aimed at people with multiple conditions, which is also available as DVDs for those with limited digital access or skills.”

- Physical Activity and Health Programme Manager,
Movement for All

What we learned

What enables and hinders coalition working?

On a large multi-phase programme, project leads felt that it had been vital to have well-resourced programme management roles who could oversee and coordinate activity. This helped to maintain focus, support progress and facilitate connections between members of the programme and with external stakeholders.

Coalition working was primarily driven through attendance at a series of regular programme meetings. Charity leads talked about the value of protecting space at these meetings for free-flowing conversations and creativity and problem solving.

Project leads emphasised that building trust and rapport between members of the programme had been an important pre condition for coalition working and collaboration. This took time, and was supported by the informal contact around and outside of scheduled meetings - which was something lost when meetings shifted to an online only format after the outbreak of the pandemic.

Good practice recommendations

Recommendations for effective coalition working:

- Agree clear and achievable goals
- Attempt to achieve wins early on as a coalition to demonstrate value
- Create a programme management and coordination function to chair and steer activities
- Enable members of the group to build trust and rapport
- Create spaces for free-flowing conversations and creativity alongside more structured agenda items
- Create ring-fenced budgets for coalition activity
- Maximise the points of alignment between project interventions to make close collaboration possible (e.g. timelines and areas of focus)

What we learned

What enables and hinders coalition working? cont.

It was felt that coalition working had been inhibited by the fact that project level work had targets and budgets attached to it and therefore dedicated capacity, while coalition working did not. This meant that members of the coalition sometimes struggled with the capacity demands of working together. Additionally, relatively short-term funding cycles in the initial phase of the programme meant that key personnel had felt less secure and able to plan for the long-term.

Some of the projects pursuing similar types of interventions had been able to pair-up and provide close ongoing support. This worked well where projects were aligned in terms of their delivery timeline and could share relevant, timely challenges and lessons learned. However, this method worked less well where projects were 'out of sync' – leading to one project always in the role of advice giver – or clear differences between their delivery mechanisms and/or target groups which meant that learning was less transferable across interventions.



What next

Project leads are at different stages of embedding physical activity within their organisations. While some have made good progress on a transformational journey to do this, others recognise that they have further to go.

Where Movement for All charities have long-term funding provided by Sport England, project leads are optimistic that their work will deliver sustainable change across their organisations.

As their project-level work continues, project leads are keen to continue working as a community of practice, sharing good practice and new evidence and acting as a sounding board for one another as this has been a key value added for working as a coalition. Project leads envisage sharing their insights and learning with other charities and sectors to help them replicate what they have achieved.

“I feel like there is massive unfinished business here. I feel like we have not scratched the surface of what we can achieve by working together; we have an opportunity here to work in more joined-up ways to make the most of all this brilliant insight.”

- Versus Arthritis

What next

A growing focus for Movement for All is on maximising the learning, insight and knowledge from the programme to achieve a lasting positive legacy. Alongside continued work on the [We Are Undefeatable](#) campaign and using their collective voice to influence policy, members of the group have developed a strategic action plan to influence healthcare professionals and the sport and physical activity sector. With an initial focus on achieving practical outcomes, the influencing sub-group is working towards the vision of making physical activity a tool that people living with long-term health conditions use to support their health and wellbeing and changing the way we communicate about physical activity, to ensure it feels relatable and achievable.



Conclusions and recommendations

What have been Movement for All's biggest achievements?

- Created a wealth of knowledge and evidence about the barriers and motivations faced by different people with long-term conditions to being active. This has been used to develop successful behaviour change-based interventions and resources, and to kick-start organisational change within Movement for All charities.
- Created a coalition of physical activity champions across long-term conditions charities who have worked to give physical activity a more central place within their organisations. This has led to changes in services, strategy and culture – with Sport England funding allowing champions to design and deliver ambitious multi-phase programmes to realise these changes.

Recommendations for Movement for All

- Ensure learning and evidence generated by the programme is applied consistently across the programme.
- Continue to develop the collective voice of Movement for All and the strategic influencing workstreams.
- Maximise the wider impact of the learning and evidence further by mapping and exploring opportunities to disseminate learning and evidence across relevant networks, consultations and policy agendas.
- Act as leaders in the space of physical activity promotion for people with long-term conditions, being bold about what worked well and less well lessons related to physical activity and collaboration (e.g. challenges associated with collaboration, challenges associated with measurement and data collection).

Conclusions and recommendations

What have been Movement for All's biggest achievements? cont.

- Developed an effective coalition of charities who have worked as a community of practice to support each other in their transformational work around physical activity. This group is now increasingly focused on taking a strategic influencing role, building on their collective learning, insight and the success of the [We Are Undefeatable](#) campaign.

Recommendations for Movement for All cont.

- Work collectively to bring the coalition's knowledge to bear on more suitable physical activity evaluation measures and support ongoing work to establish a specialist evaluation group to tackling these challenges.
- Create a stronger public-facing bank of resources and evidence sources that have come out of the programme and highlight the advisory role that the coalition can play in the charity, sport and leisure sectors and health sectors.

Conclusions and recommendations

What have been Movement for All's biggest lessons learned?

- It is a key priority for charities and researchers to develop physical activity data collection tools appropriate to people with long-term health conditions. Movement for All projects sought to robustly evaluate their physical activity interventions, which highlighted the challenges of using standard physical activity measures to track change among people with long-term conditions, where the changes can be more modest and nuanced.

Recommendations for wider charities and collaborators

- Use the good practice tools and recommendations in this evaluation and use Movement for All as a sounding board for expert advice on audience insight, physical activity promotion, intervention development and co-production approaches.
- Any programme seeking to enable coalition working and collaboration needs to set clear objectives related to this and should have explicit and ring-fenced budgets and capacity.

Sport England, funders and commissioners

- When commissioning and delivering programmes made up of diverse interventions, streamline the approach to evaluation, by staying focused on outcomes, and being targeted about evaluation measures and methods.

Conclusions and recommendations

What have been Movement for All's biggest lessons learned? cont.

- Coalition working needs to be factored in early to the development of programmes and projects by all stakeholders involved. It requires ring-fenced budgets, targets and time to enable organisations to easily engage.
- Coalition working in Movement for All was at times hindered by a lack of capacity and resource, and because there could have been a greater degree of alignment and synchronisation across individual project timelines within the programme.

Sport England, funders and commissioners cont.

- Encourage deliverers and providers to use the insight and learning about audiences and coalition working from this evaluation.
- Work alongside researchers and charities to campaign for and develop physical activity measures that are inclusive of people with a variety of long-term conditions, rather than current, narrow definitions focused on heart rate only.
- Conduct early evaluability assessments of programmes that incorporate a wide scope of conditions, approaches and outcomes. This would help identify common challenges upfront (e.g. measures, lack of data), explore evaluation options in response and design support in response. This might include choosing a more qualitative, case-based approach to reduce data burden on projects.

Contact details

For more information about the Movement for All programme, any of the projects mentioned in the report, or the wider work of The Richmond Group of Charities, please visit our website:

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The Richmond Group of Charities

