

<p><b>Institution: Leeds Metropolitan University</b></p>
<p><b>Unit of Assessment: Unit 26 – Sport and Exercise Sciences, Leisure and Tourism</b></p>
<p><b>Title of case study: Community interventions to improve the promotion of physical activity and of Sport-for-Development</b></p>
<p><b>1. Summary of the impact</b></p> <p>We improve Public Health and facilitate personal growth through promoting active lifestyles. We have provided an evidence-base of effective intervention approaches across settings, in ‘hard-to-engage’ populations and through distinctive planning and delivery approaches. Our support for practitioners and commissioners has developed (i) ways to show the effectiveness of interventions to increase activity and (ii) programmes that achieve wider developmental aims. These effects are achieved by deploying innovative, often bespoke, realistic impact measures that improve programme effectiveness in locations, venues and groups where other groups do not go.</p>
<p><b>2. Underpinning research</b></p> <p>We capitalise on distinctive approaches to demonstrating intervention effectiveness, based on clarifying and then operationalising the agents that cause people to change behaviour. In relation to involvement in participative sport, our approach emerged from detailed critical evaluations of the various claims for the personal and social developmental impacts. Our distinctive approach is deployed across settings and across the lifecycle and provides unique insights into how to deliver and evaluate community interventions. More specifically, our impacts and successes stem from using methodologies that (i) are context- and culture-specific, (ii) can be replicated at low cost and across settings and (iii) yield effective practice-based evidence. This approach bodes well for further success in post-recession countries.</p> <p>Since poor health stems from social conditions, our physical activity research focuses on impacts among inactive people in these difficult social circumstances. Central to this is to understand how social factors impede aspirations for living more functionally and productively. Our methods identify the numbers of intervention participants who become active during the intervention (and beyond) as well as the ingredients of intervention delivery that most influence these positive effects. We have confirmed that programmes - whether to increase physical activity or to promote sport-for-development – can be more effective after careful consideration of how the intervention produces intended outcomes.</p> <p>Work examining and promoting physical activity began in the early 1990s (<b>Cooke and Gately</b>) with the Carnegie International Weight Loss programme (CIWL; British Heart Foundation funded). This was expanded to concurrently evaluate 10 UK-wide community interventions aimed at promoting physical activity (Local Exercise Action Pilots (LEAP), 2004-2008; DoH funded; <b>Cooke and Pringle</b> [3]). Beyond this, the 3-year Old People’s Active Living study (2007-2009; MRC funded) and the 3-year health literacy study of physical activity and diet among women with low health literacy (SWITCH; 2008-2010, NIHR funded; <b>McKenna</b>) show prolonged engagement with communities with low activity profiles [2-5]. A number of local evaluations have influenced policy and provision across cities, e.g., Derby (<b>McKenna and Long</b>) and Nottingham (<b>Pringle</b>). Each was based on contemporary conceptual frameworks that refine understanding about measurement of change while evaluating programme impact (e.g., RE-AIM). Our Premier League Health evaluation confirmed that an innovative amalgam of high profile professional football clubs can be developed to powerfully and successfully promote physical activity to hard-to-engage men [4,5]. This is through the reach of these clubs into groups who only rarely access NHS provision.</p> <p>In sport-for-development basic critical evaluations conducted for the Scottish Executive, Sport England/UK Sport and UNICEF led to a prolonged array of international work, including that delivered in Nairobi, Harare, Lusaka and Mumbai [1]. Commissions from Comic Relief and UK Sport have assessed the contribution that sport might make to addressing the social concerns linked to gang violence and support for children with HIV/Aids. Based on over £200K of independent funding (<b>Coalter</b>), this approach has changed the perspective of practitioners and funders, so they are now more likely to formulate theories of change (particularly around self-</p>

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efficacy) that inform programme design, monitoring and evaluation.

### 3. References to the research (bold names indicate current Leeds Met staff submitted in Unit 26):

1. **Coalter, F.** (2013) 'There is loads of relationships here': Developing a programme theory for sport-for-change programmes. *International Review for the Sociology of Sport*. 48(5), 594-612. DOI: 10.1177/1012690212446143
2. Fox, K. F., Hillsdon, M., Sharp, D., Cooper, A., Coulson, J., Davis, M., Harris, R., **McKenna, J.**, Narici, M. & Stathi, A. (2011) Neighbourhood deprivation and physical activity in UK older adults. *Health and Place*. 17(2), 633-40. DOI: 10.1016/j.healthplace.2011.01.002
3. **Pringle, A.**, Gilson, N., Marsh, K., **McKenna, J.** & **Cooke, C. B.** (2010) Cost effectiveness of interventions to improve moderate intensity physical activity: A Study in nine UK sites. *Health Education Journal*, 69(2), 211-24. DOI: 10.1177/0017896910366790
4. **Pringle A.**, Zwolinsky S, **McKenna J.**, Daly-Smith A, Robertson S. & White A. (2013) Delivering men's health interventions in English Premier League football clubs: key design characteristics. *Public Health*, 127(8), 717-26. DOI: 10.1016/j.puhe.2013.04.011
5. White A, Zwolinsky, S, **Pringle A.**, Smith A, Robertson S. and **McKenna J.** (2012) *Three-year report of the Premier League Health project.* <http://www.premierleague.com/content/dam/premierleague/site-content/News/publications/other/Premier-League-Health-Final-Report-2012.pdf>

### 4. Details of the impact

Our distinctive perspectives on promoting lifestyle change allow us to design bespoke approaches that enhance Public Health and personal development through sport. We work with so-called 'hard-to-engage' groups, consistently contesting the belief that they are inherently resistant to change, while also confirming that careful planning can assure attainment of specific outcomes. Our approaches help to generate programmes that attract inactive people to relevant and sustainable activities. In sport-for-development, providers are helped by deploying processes that detail their assumptions about programme mechanisms and how these can be managed to heighten impacts.

Our 3-year Derby 'b-active' intervention (2007-2010, funded by Derby City council (Professors **McKenna** and **Long**) identified a 9.9% increase in the numbers of children achieving current PA recommendations, when societal trends continue to suggest decline. Item #116 of the Corporate Performance Assessment Derby, 2009, conducted by the independent Audit Commission [B] explained that '*The Council's 'b active' project which aims to increase the number of people of all ages taking part in physical activity, has organised much of the improvements. A reason for its success is the use of research methods delivered by a team from Leeds Metropolitan University*'. Item #119 links to our commitment to making research outcomes accessible and relevant; '*Information on 'b active' and other physical activity programmes is easily accessible. A focus on ensuring access to physical activity for those from the most disadvantaged areas and communities will help to reduce the health inequalities that are often at their greatest in those areas*'.

Responding to these outcomes, in 2010, Derby City Council made investment in PA promotion one of five city-wide priorities. In 2013 this led to us collaborating in successfully bidding to deliver a new 3-year £1m NHS-funded health promotion service. This shows the conviction of local commissioners that our approach will deliver on NHS expectations for delivering higher 'value' services by combining better service outcomes and a more positive patient experience. Overall, this 9-year span (2007-2016), facilitated by **McKenna**, represents a prolonged period of positively influencing a local authority serving a city of almost 250,000 people, to address high levels of inactivity-related ill-health.

More recently we worked with the bidders to develop a persuasive and integrated delivery and

evaluation approach for the Leeds Let's Get Active programme (2012-14; Sport England funded; **McKenna**). This targets under-served communities with little engagement in either sport or PA. It also builds on our experiences of reaching under-served men, established through the Premier League Health (PLH) project ([D], **Pringle** and **McKenna**). PLH underlines the potency of our approach to evaluation while also providing important 'proof of concept'; with annual attendances exceeding 12 million this shows immense Public Health potential. A recent commentary [E], whose authorship included the chair of the Royal Society for Public Health, reported; '*...Pringle et al.'s paper provides a template which can and should be replicated in other countries and sports throughout the world.*' As a result of this work, delivered through 16 of England's most prestigious football clubs, we are now represented on the Premier League evaluation (health) panel (**Pringle**). This panel influences decisions about the £111.6m invested through the 'Creating Chances' programme, benefitting 14m people. Collectively, work within football indicates how our group is supporting community PA through our national sport.

The research that underpinned the Sport-in-Development monitoring and evaluation (M&E) manual (**Coalter**) has become part of the research training for organisations around the world: Government of Western Australia, Department of Sport; Government of the Western Cape, South Africa, Department of Social Development; UNICEF in Brazil, Argentina, Colombia, Jamaica, Mexico, El Salvador; UN Expert Group on the World Programme of Action for Youth; Magic Bus and other Indian sport-for-development organisation. Workshops train development workers to train others to work effectively in their own context.

The initial M&E manual has been posted on the UK Sport website. Since publication of the '*Sport-for-development impact study*' [A] UK Sport requires grant applicants to develop theories of change for their programmes. Recent contributions in this area are widely regarded as unique in providing an integrated critical assessment of wide ranging empirical research, theory, politics, policy and practice. The issues dealt with include the politics of research, peer leadership, HIV/AIDS, perceived self-efficacy, self-esteem, social capital and programme theories. As a result of these impacts, **Coalter** is now the chief design consultant for an 80-country study of 15-24 year-olds. Outputs linked to this publication have contributed to an increased awareness of the need for more systematic consideration of nature and content of sport-for-development programmes, the developmental potential of theory-based M&E and a better and more well-informed dialogue between funders and providers.

**5. Sources to corroborate the impact**

[A] Coalter, F (2010) Sport-in-development: A monitoring and evaluation manual. London, UK Sport. <http://www.uk sport.gov.uk/pages/research-and-publications/> or Available from Leeds Metropolitan University.

"The research sought to test the hypothesis that 'sport contributes to the personal development and well-being of disadvantaged children and young people and brings wider benefits to the community'."

"The research was undertaken with six sport-for-development organisations:

- The Kids League work with internally displaced people in northern Uganda and provide mixed-sex open-access 6-7 week football/netball programmes for 12-15 year olds. A before-and-after survey of participants was undertaken.
- Praajak is a Kolkata (India) based social development agency which works with 'railway children' – young people who run away from home to work on the railways. They held three all-male outdoor physical activity camps over 20 months and a before-and-after survey of participants was undertaken.
- Magic Bus works in the slums of Mumbai (India), providing a range of age-related programmes, including the Voyagers programme for 14-16 year olds. Two before and after surveys were conducted: (i) with participants in the Voyager programme; (ii) with participants in the peer leader training programme.
- Elimu, Michezo na Mazoezi (EMIMA) is a Dar-es-salaam (Tanzania) based afterschool and weekend programme which uses sport and other activities to develop life skills and raise

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awareness of HIV and AIDS. Two sets of data were collected: (i) A survey of participants and non-participants; (ii) a before-and-after survey of participants in the Girls' Empowerment Programme (although respondents had been taking part in the programme for at least four months).

- Kamwokya Christian Caring Community (KCCC) in Kampala is a faith and community-based NGO seeking to improve the quality of life in an impoverished area and deal with issues of HIV and AIDS. A before-and-after survey was undertaken with participants in the All Star Sports Academy (which holds weekend soccer clinics) and the Treasure Life Centre which provides recreational and competitive netball plus education and training activities (although participants had been taking part in the programmes for some time). In addition, a survey of non-participants was undertaken to enable comparisons with the KCCC data.
- Sport Coaches Outreach (SCORE) is a South African NGO which aims to empower individuals and develop communities through sport and recreation. In-depth interviews were undertaken with female and male community sports leaders to explore the impact of their training and aspects of their practice."

"The research has raised a number of key strategic issues – the *variety* of sport-for-development programmes, the *contingent* nature of impacts, uncertainty about *valid impact measures*, and unexamined assumptions based on a *deficit model* and a lack of understanding of *programme processes* all point to the need for programme providers and funders to develop *programme theories* and to articulate *how* programmes are meant to work. A programme theory details the components, mechanisms, relationships and sequences of causes and effects which are presumed to lead to desired outcomes (which are also a subject for analysis and clarification)."

[B] Audit Commission (2009) The Corporate Performance Assessment, Derby 2009. Available from Leeds Metropolitan University.

[C] **Health and Wellbeing Manager, Leisure and Cultural Development/Neighbourhoods, Derby City Council.**

[D] **Head, Premier League Charitable Fund.**

[E] Johnman C, Mackie P, Sim F. (2013) Editorial: The beautiful game. *Public Health*, 127; 697-8. doi: 10.1016/j.puhe.2013.07.008

"In this issue of Public Health, Pringle et al. provides us with the key design characteristics and process insights of the Premier Health League (PHL) programme: in reaching and helping hard-to-engage male participants. This intervention is designed to encourage the fiercely loyal fans from the 16 English Premier League (EPL) football teams (one of the most popular, richest and powerful leagues in the World) to adopt health improvement interventions. The EPL clubs hired HealthTrainers to deliver these need-led activities. Using semistructured interviews conducted with these Health Trainers, Pringle et al. found that the appeal of football clubs had substantial advantages over conventional settings such as the NHS. This type of sustainable 'everyday legacy' is more likely to impact on the health and well-being of the population."

"This is especially important when the health and socioeconomic Legacy of the World Cup and other major multisport events such as 2012 Olympics and Paralympics is still being investigated and critically debated. Pringle et al.'s paper provides a template which can and should be replicated in other countries and sports throughout the world. These initiatives contribute to the art of public health as they aim to 'promote and protect health and well-being, prevent ill-health and prolong life through the organized efforts of society.' The author H.E. Bates was first to compare football with art in print when he called it 'the most beautiful game' in his short 1952 social commentary in The Times titled: 'Brains in the Feet'."