

**Evaluation of**

**Move More Empowered Communities**

**Sheffield**

**Final Report**

**Dr Kerry Griffiths and Dr Katie Shearn**

Sheffield Hallam University

Email: [k.griffiths@shu.ac.uk](mailto:k.griffiths@shu.ac.uk) [k.shearn@shu.ac.uk](mailto:k.shearn@shu.ac.uk)

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# EXECUTIVE SUMMARY

**Background**

Move More is Sheffield’s whole system approach to increasing physical activity. Part of the Move More strategy includes the ambition to direct more attention and resource to enable local people to support health and wellbeing and be physically active. Building on wider literature, local data and previous lessons from the Active Burngreave and This Girl Can (TGC) projects in Sheffield, the Move More Empowering Communities (MMEC) project aimed to support voluntary, community, faith, and social enterprise (VCSE) organisations across Sheffield work with communities with the lowest levels of physical activity. The aim was to work with these communities to understand what works to enable physical activity at a local level, what factors affect this, and ultimately enable more people to be active in ways and places that suit them.

The governance process and structure (which comprised Move More programme officer, Voluntary Action Sheffield, and Sport England) ensured that the investment for MMEC from Sport England could be transferred to community sector organisations according to their locally defined needs and project ideas. Community sector organisations, with an interest in physical activity and reach into underrepresented community groups, were encouraged and in some cases supported to apply for funding. Voluntary Action Sheffield appointed a coordinator who was a conduit between the organisations, a coach for some organisations and a facilitator for a community of practice.

**Evaluation aims and methods**

The overall aim of this evaluation was to develop the evidence base around what works to develop sustainable community assets for physical activity at neighbourhood level, for whom, under what circumstances, and why. The underpinning methodology drew on realist, developmental, and participatory schools of evaluation. This was appropriate to ensure that the evaluation was fully utilised to encourage learning about what was working, or working less well, and to identify the wide range of impacts and explain change in and across the places. The evaluation utilised a theory led approach and mixed methods for data capture across stakeholders and participants comprising: review of plans, reflection documents, and cases study submissions across all organisations / projects receiving funding; additional deep dives with five organisations (including bimonthly evaluation meetings with project staff, participant observation and interviews with participants); a stakeholder survey with ten stakeholders; and two collective events attended by ‘delivery’ organisations to celebrate, share lessons and challenges.

**Key findings**

Our evaluation findings are organised into five theory themes which explain how and in what circumstances organisations worked to enable physical activity, and a final section on stakeholder learning and impacts.

The five theory themes relate to the following interacting and interdependent contributions: building capacity in the VCSE to understand the needs of the target communities (insight), harnessing assets (use of facilities, green and blue spaces, networks), working with partners, developing a supported and person-centred approach, building capacity to deliver activities.

All of the organisations in the deep dive studies were able to **develop an understanding of the needs of target communities**. Ringfencing time for local officers to develop this insight made it central to local plans and provided a legacy of knowledge likely to be drawn on following the end of the funding period. The organisations began from different starting points, with some already experienced at supporting their clients to be active and some for whom this was relatively new. No matter the starting point, time taken to establish the trustful relationships essential for honest communication about physical activity was required. Furthermore, this project supports previous findings that who the officer is, their personality traits and their outlook is important. They need to be experienced in both community development and have a passion for physical activity, and their host organisation needs to be bought into the role and importance of physical activity, to secure / ringfence their time for this programme. It was helpful, but not essential, that the local MMEC officer was from the community and already had established links to groups and networks in the area. The findings also highlighted potential risks of dependency on one or two trusted community officers in places, which may lead to an inability to continue working with community members if they are ill, leave their role or if the funding ends. Early planning for continuation of roles is recommended.

Move More has a strength-based approach and key to this is **recognising and building on what communities themselves identify as assets that help them to be more active**. As a result, assets may be places, spaces, facilities, individuals, networks, and groups. Our findings highlighted that at the start of the projects relevant assets were the individuals and organisations that were working with the community as well as local parks and open spaces. Most individuals were not making use of more traditional leisure facilities and / or travelling far to access blue and green spaces. The findings illuminated that people involved in MMEC also appreciated being introduced to something new, by those that they trusted. New opportunities included trips to the Peak District, the Botanical Gardens, the gym, and fun football / footysize sessions. The sessions included building confidence and practical knowhow about how to access these opportunities without the need for support in the longer term. Whilst it is arguably less sustainable to simply deliver sessions, in the right circumstances, these give people who are furthest from physical activity more than just the benefit of the session but make them feel valued and boost their self-esteem. This appears to be an important pre-cursor for people seeking out further opportunities in the future.

MMEC enabled organisations to nurture a community base of interest in physical activity amongst those who are traditionally underserved. This increased demand for activities and opportunities. Concurrently, several national and local nature-based or physical activity organisations are motivated to extend their reach to help tackle inequalities. This has provided reciprocal benefits across many local areas. Prior to MMEC, organisations had tended to go to ‘the usual suspects’, that is those organisations who were well established and had a track record of effective delivery. MMEC broadened that base and opened a wider range of connections from which we have already seen a sustainable legacy. Additionally, MMEC, through the networking and conduit role played by VAS, enabled greater connectivity between VCSE organisations, for example by pairing smaller niche organisations with more established groups which enabled greater reach and a wider range of support to be offered. Partnership working did not always provide the hoped-for benefits, for example when pairing two organisations within proximity of each other, joint sessions were not always successful because the clients from each organisations had different needs. Despite this, there were still benefits recognised in getting to know one another’s services better. Important aspects of **working in partnership** therefore are to encourage facilitated opportunities for sharing learning and good practice between organisations and exploring ways to work together. Support to identify the ‘right’ partners to work with - what is going to work for different people with different needs (for example, choosing local providers who know the local community) and Move More continuing to explore ways to work with partners to potentially offer something different which might engage more participants, or those that are reluctant to be physically active.

The evaluation findings build on wider knowledge that supporting people who are less likely to be active to build physical activity into their lives **takes a person-centred approach.** This is not just about putting on sessions that people have asked for but also about tackling wider needs simultaneously (for example, with childcare), and in some cases, as a precursor (for example with confidence building) to physical activity. Findings show that adopting a person-centred approach takes considerable time and skill, but investment in working in this way shows high returns in engagement and sustained participation. The evaluation approach, which did not stipulate high numbers of participants as a marker of success, freed organisations to work in a way which built quality interactions.

MMEC considered prior lessons that simply delivering activities did not tackle inequalities in physical activity participation. However, those who experience inequalities in physical activity are also highly likely to be living in deprivation and lack access to affordable, safe, and appealing options for physical activity. It is argued, therefore that some element of **provision of opportunities at low to no cost is an important aspect of enabling physical activity**. Our findings highlighted that simply asking people what they want did not necessarily translate into high attendance, as noted above, and a degree of trial and error was necessary to find an appropriate delivery approach. MMEC was designed to be flexible and for local organisations to change their approach as they learnt what did or did not work. Consistently, the delivery of physical activities was enhanced when sufficient time and opportunity was built in for socialising before, during, or after the session.

Stakeholders reported that MMEC complemented and extended knowledge from the TGC and Active Burngreave projects and provided an example of best practice for working with communities. Alongside the reported benefits in participation and wellbeing for people in communities, several lessons have been learnt about how to commission and manage this work. This includes the need to invest in capacity, and to allow for flexibility, learning and adaptation as part of the contract and governance arrangements. MMEC has given confidence to those involved that strategic stakeholders are beginning to better understand how community organisations work and adapt their processes to enable this to flourish. VAS and Sheffield City Council highlight that this has been built into future strategy and has provided a basis for attracting new funding into the city.

There are still challenges and opportunities associated with the following:

1. The adequacy, consistency, and breadth of funding available to the VCSE. If this could be resolved it would provide a more enduring platform to retain and build on the trustful relationships, holistic and flexible support and diversity of offer which seems critical to working with communities.
2. The pooling of resources across the city in an equitable and timely fashion. Stakeholders identified that some opportunities were and are missed by some elements of the MMEC work not being fully joined up with other elements of Move More. Clear lines of responsibility to raise opportunities and resolve issues collectively should be part of the planning associated with future investments.
3. Sharing lessons across VCSE organisations and wider strategic partners in a timely manner and appropriate formats. Investment in community of practice, with support for VCSE officers and volunteers to attend, and a communications strategy, may go some way to alleviating this, as will key stakeholders taking responsibility to advocate and share the learning within their spheres of influence.

# 1. INTRODUCTION

This report is based on an evaluation of the Move More Empowered Communities (MMEC) project in Sheffield which was conducted by researchers at Sheffield Hallam University between 2021 and 2022.

Move More is Sheffield’s whole system approach to increasing physical activity.  It is a city-wide shared ambition to increase physical activity opportunities so that more people can benefit from moving more who do not do so already. MMEC is one strand of the overall Move More project, and this strand is delivered by Voluntary Action Sheffield (VAS), in partnership with a number of voluntary and community sector organisations, NCSEM, and funded by Sport England. Move More has learnt through previous projects that to effectively work with people who are furthest from physical activity, there is a need to invest in capacity in the Voluntary Community and Social Enterprise (VCSE) Sector. The theory is that VSCE colleagues are best placed to engage with local communities as they are local, trusted, knowledgeable about local assets and familiar with the cultures and socio-demographics of the local population.

The MMEC project aimed to support VCSE organisations across Sheffield in communities with the lowest levels of physical activity, working with these communities to understand what works to enable physical activity at a local level, what factors affect this, and to ultimately enable more people to do physical activity where they live.  The project aimed to do this in a strength-based way by identifying and building on existing community assets and empowering communities to deliver the work themselves. The project therefore aimed to:

* Build capacity to inform, develop and deliver sustainable community assets to promote physical activity at neighbourhood level within Sheffield.
* Understand the approaches that are most likely to make this work, what helps, and what does not.
* Deliver research of direct value to those responsible for the funding and implementing of similar programmes nationally.

The global COVID-19 pandemic and periods of lockdown in England in 2020 and 2021 meant that there were some delays to the delivery of the project. This was largely because some VCSE sector organisations were coordinating or supporting the crisis response to COVID-19. Importantly, the experience of VAS, and in particular the VAS coordinator for MMEC during this time, working with various VCSE organisations across the city highlighted gaps in opportunities for investment between established, larger voluntary sector ‘anchor institutions’ compared with smaller VCSE organisations. Traditional modes of funding distribution have to a greater or lesser extent, avoided investment in these smaller, distinctive, but fragile entities because of the perceived risks in allocation of resources (Dayson et al., 2022[[1]](#footnote-1)). The governance model established by Sport England, Move More Programme Manager (hosted at Sheffield Hallam University) and VAS, allowed for an adjustment of the funding allocation to be split between the established, larger voluntary sector institutions and numerous smaller VCSE organisations. All organisations entered an expression of interest for funding and in-kind support, (from Move More and the VAS coordinator). Ideas were led by the organisations and communities themselves, not dictated by Sport England, Move More and VAS and as a result investments varied according to the local organisational and community contexts. Efforts were made to broker relationships between organisations with similar ambitions, opportunities for sharing resources, similar geographic locations and / or working with similar audiences. See appendix 1 for an overview of the organisations, their approach, and the investments made.

# 2. EVALUATION AIMS AND METHODS

The overall aim of this evaluation was to develop the evidence base around what works to develop sustainable community assets for physical activity at neighbourhood level, for whom, under what circumstances, and why. The focus was on adaptive learning for the local stakeholders, to provide real-time feedback and generate learnings to inform development. The research objectives were as follows:

* To develop programme theories which seek to explain how and why community level actions may work, or not, to develop sustainable community assets.
* To test and refine these theories using data collected from the projects and in comparison to established academic theory.

**Underpinning evaluation philosophy**

This evaluation was informed by realist, developmental and participatory evaluation methodologies.  The aim was to be complexity sensitive and to generate plausible, evidence based, explanations for changes that may or may not occur during this project.  By complexity sensitive, we mean that it appreciates that there are many parts (for example, processes, practices, resources, individuals, groups) which interact in multiple and non-predictable ways to produce changes.  Some key assumptions are:

* The world is complex and constantly adapting and is not completely knowable.
* Understanding of the world can be gained by identifying causal mechanisms and processes and the conditions under which they produce outcomes.
* The behaviour of individuals is influenced by wider cultural and structural factors as well as their personal motivation and capabilities.
* Health outcomes and levels of physical activity emerge from interactions across the whole system, not just from the actions of individuals.

**Mixed methods approach**

Over the course of the project, we have used mixed methods to support the collection of data which helps to confirm, disconfirm, or refine our theories and provide evidence of change. This included:

* Analysis of the approaches taken, and lessons learnt, from all VCSE organisations / projects involved in delivering MMEC, to build an overarching programme theory. This was based on the review of reflection submissions from the organisations themselves, along with reflections from VAS in their regular meetings with the organisations.
* Two collective events attended by ‘delivery’ organisations to celebrate, share lessons and challenges.
* Paper based survey with ten system stakeholders identifying their perspectives of impacts and challenges arising from the MMEC work.
* Deep dives / in-depth research with a sample of five organisations (including two organisations working together for delivery), with the aim to test and refine the programme theory. This included:
  + Bimonthly evaluation meetings with the project lead / delivery staff at each of the organisations, to reflect on progress, approach, lessons learnt.
  + Analysis of monthly reflection submissions (reflective notes from project leads).
  + Participant observation of sessions at two organisations.
  + Interviews with participants at two organisations.
  + Review of case studies developed by the organisations.

The organisations selected for a deep dive were chosen based on their initial project plans with the aim to cover a variety of different approaches, different target groups, and also to include organisations of different sizes and scales, and with a mixture of different levels of previous experience in delivering physical activity initiatives. Table 1 below provides details of the organisations selected for a deep dive, and their approach to the delivery of MMEC.

|  |  |  |
| --- | --- | --- |
| **Organisation** | **Target community** | **Approach** |
| **Ben’s Centre and Target Housing** (working together for some aspects of delivery)  (Smaller organisations) | People with drug or alcohol problems, usually homeless | Peer led, staff supported physical activity sessions at day centre. Empowering clients. Harnessing the day centre as an asset. |
| **ISRAAC**  (Smaller organisation) | Mostly Somali communities, but including other minority ethnic groups | Capacity to connect assets across area, spot development opportunities for volunteers and leaders, harness social assets (conversations cafe etc) to support Somali women to be more active by resourcing a mix of sessional instructor time (for chairobics) and in house capacity for other delivery and coordination. |
| **Darnall Wellbeing (DWB)**  (Larger organisation) | Darnall and Tinsley Ward | Increased delivery of PA, connect up assets locally, volunteer development, codesign new provision - resources through PA worker. |
| **Manor and Castle Development Trust (MCDT)**  (Larger organisation) | Manor and Arbourthorne Ward | Using increased community development capacity to take up more opportunities to connect to partners, work with specific group (e.g. isolated men), and develop more volunteers. |

*Table 1: Community organisations involved in deep dives*

By July 2021 all organisations had begun their delivery of MMEC following delays brought by the COVID- 19 pandemic, however some planned delivery of activities needed to be adapted according to local restrictions.

# 3. PROGRAMME THEORY

From July to November 2021, we spent time with the five organisations to understand how the sites planned to develop the project with their local communities. We also spent time reviewing project plans and reflections from the other organisations delivering the project. Whilst each context is different and the ideas have been executed in different ways, it was possible to see the common assumptions that underpinned their ideas. These also resembled and built on evidence-based theories that were developed through the City’s This Girl Can Campaign (report available on request from authors). In short, the emergent ideas concerned the following:

* Building capacity in the VCSE to understand the needs of the target communities (insight).
* Harnessing assets (use of facilities, green and blue spaces, networks).
* Working with partners.
* Developing a supported and person-centred approach.
* Building capacity to deliver activities.

These ideas have been developed into a high-level logic model (programme theory) shown in Figure 1 below.



*Figure 1. High Level Programme Theories – assumptions underpinning Move More Empowered Communities*

The reality is that these ideas feed into one another (as illustrated in the blue dashed arrows) and intersect but for clarity of reporting we have separated them analytically. This report focuses primarily on the assumptions underpinning the project, as depicted in the ‘inputs (MMEC)’ column in the figure above. The assumption is that, if these conditions are created, the following outcomes and impacts will result. In the following sections, we take each of these inputs in turn, explain the theory around for each of these, and the subsequent discussion is built around demonstrating the progress, learning and explanation of change in line with each of these programme theories.

In addition, there was a wide range of feedback and testimonials gathered by participants in MMEC sessions across the organisations. These demonstrate the impacts of their involvement in the project, and a sample of these are captured in appendix 2.

# 4. BUILDING CAPACITY

Each section begins with our working assumptions (programme theory), which we were testing through this work.

|  |
| --- |
| **PROGRAMME THEORY**   * **If we build capacity in local organisations, then they will be able to connect up local (and external) assets. Assets may be people, places, spaces, networks, organisations etc.** * **This will create more opportunities for physical activity and lead to efficiency and coordination in the area to support more people to be active.** * **Staff members working directly with local people will allow them to better understand what local people’s needs and wants regarding keeping active. This will lead to a more refined and effective ways of supporting people over time.** * **This will raise the profile of physical activity with the wider workforce and volunteers leading to embedding physical activity in all areas of community development work.** * **This will also support the areas’ ability to attract funding as the organisation has the network and knowledge about the target audience which will encourage funders to invest.** |

*Figure 2. Programme theory for building capacity*

Senior staff members in the VCSE organisations identified the benefits of having a dedicated staff worker for physical activity. The funding has allowed the local VCSE organisations to build capacity through either ring fencing some time for existing staff, or to hire new staff members to prioritise physical activity.

There were differences in the benefits of the two approaches to building capacity. Where existing staff were given time to focus on physical activity, this had benefits in that the staff had prior knowledge of the local area, were knowledgeable about local assets and familiar with the cultures and socio-demographics of the local population. In addition, existing staff had existing relationships with individuals in the local community, through contact with them for existing services.

At MCDT, three existing community development workers were engaged in delivering MMEC. They were all experienced community development workers and were well connected in the local community. Two of these had been engaged with delivering the This Girl Can project in the local area, and through this work had built up a strong network of local women, engaged through a Facebook forum and WhatsApp groups. All three staff members delivered existing physical activity sessions, and the funding allowed them to expand their provision, based on their existing knowledge of the wants and needs of their clients. The benefits of using these existing staff members were that:

* They could hit the ground running – having already got contacts in the local area, having strong relationships with the communities, they were able to build on existing networks and relationships, to identify client needs and point them to further opportunities. There was no need to take time to build relationships and develop insight but instead they could focus on the expansion of their existing offer. As such, they were able to introduce new sessions and activities quickly in comparison to some of the other organisations that needed to take time to gather insight.
* The staff work across different ad hoc projects such as Healthy Holidays and other initiatives in the local community to support individuals. This means that they are able to support other work and connect with other projects that are not physical activity based, to help integrate physical activity into other projects, and signpost people to other activities. The downside of this is that sometimes the staff get pulled into other areas of delivery, for example covering other activities that are not physical activity based.
* The delivery of physical activity sessions was not separated by project – the funding for the staff time came through different pots of funding supporting a range of different activities.

Similarly, at ISRAAC, one member of staff was an existing staff member, who had developed relationships over time with females in the local community.

Graphical user interface, text, application, Word

Description automatically generated*‘The main thing is trust. They know me, they trust me, and I have taken time to build their trust. For quite a few, I have known them for some time, they came to sessions with me at the women’s group at ISRAAC before the pandemic, we have built a relationship over a long period of time. So they are comfortable with me and trust me.’*

*Figure 3: News item on ISRAAC website June 2022*

At Target, the identified lead for MMEC was not experienced in the delivery of physical activity, but did have a longstanding relationship with the clients, which was important for trust was already built with individuals and she was familiar with the needs of the clients. Thus, she had some understanding of what type of approach might suit individuals the best and was able to have conversations with people about their wants and needs.

Taking time to help people to access physical activity and find the right approach for them was an important part of the investment in staff time for Target. For some clients, this was a lengthy process of months of repeated work with clients. Through conversations with the clients, it was identified that some individuals were interested in trying going to the gym. The funding was used to provide gym membership to 34 people at various gyms across Sheffield. For all of these clients, this was something new and most had not been to a gym before, and they lacked in confidence to go alone. The MMEC lead went with each individual for their first visit, to show them where to go, to get a membership card, see how to use the equipment, have a tour around the facilities, and this was said to help to build their confidence to be able to go to the gym alone on the next visit. Visiting the gym with each of these clients took a considerable amount of staff time, however, this was seen as an important investment for they may have been unlikely to have gone alone.

*‘They need this hand holding initially – it wouldn’t work if I just signed them up and let them get on with it, they might feel too daunted to go on their own. But having someone with them that first time, they then are more likely to have the confidence to return. They know how to get in, where things are, what to do.’*

For those organisations that recruited new members of staff to deliver the project, more time was needed to build up the trust and relationships with people. At ISRAAC, a new member of staff spent time shadowing other staff and getting to know the clients.

*‘Getting to know the men, building connections, this is where it starts. Need to build relationships so that you can understand people’s needs and wants. It’s not just about asking them what they want to do, it’s about understanding what support they will need with that.’*

*‘A lot of my time initially was engagement work. I understood the barriers to being active because I work in community health elsewhere, so I knew the barriers for people that were inactive or isolated. But I didn’t know the people involved. And I didn’t know their abilities either. It helps if you are from the community that they are from, and I am from the same cultural background, so I have an understanding of that side, but it isn’t just about that. It is about building their trust, getting to know them, building relationships. This takes time, you have to be patient, you can’t come in overnight and put on some sessions, trust is a process, and I am still building this now.’*

Likewise, DWB brought in a new member of staff to concentrate on MMEC, and a considerable amount of her time was initially spent *‘planting the seed’* – what she described as getting to know people, building up trust, starting to have conversations about physical activity, and building up an understanding of what might work for them. As well as building these relationships with the community, she also spent time relationship building with other organisations and partners with the aim to develop new partnerships and links.

*‘Really important to get this right. Lots of delivery has been taking place, but it’s been more about building connections so we can work out what to do next, and this takes time. So far it’s been about quantity – building links with lots of people – but now needs to be about the quality of those relationships – making the most of these relationships, building good relationships and working together.’*

Being from a similar socio-demographic background was described as important for some organisations in developing relationships with some communities. At ISRAAC, the provision was split with the female delivery lead having responsibility for engaging females in the community, and the male delivery lead being responsible for engaging male community members. Insight on the needs of the communities had identified that both men and women in these communities did not want to exercise with members of the opposite sex. ISRAAC clients are predominantly from a Somali community but also include other minority ethnic groups. For some of the women engaged in led walks at ISRAAC, they had very little confidence in leaving the house, and building trust with the lead was very important. For some, they spoke little English, and it was described that the lead being of the same ethnic background as many of the women, as well as being able to speak three different languages, was important in building relationships and gaining their confidence.

As an example of how important it was felt to be of a similar background as the communities, when discussing our research plans with the team at ISRAAC, it was felt that the communities would find it difficult to engage with our research team (two females of a white British background) were we to attend sessions and interview them on their experiences. This was partly due to language barriers, but also due to a perception that we may not understand, due to our not being from the same social background. Instead, we provided questions for the ISRAAC delivery team to ask the participants themselves.

This was similar for some other organisations too. Our Mel and Mulembas D’Africa delivered an eight-week workshop for black women, focusing on delivering body positivity workshops, which included dance, meditation and breathing exercises. The organiser commented on the need for black women to be together in a space and pointed to the importance of this in achieving any health behaviour change. *‘Black women being together is important because it creates a space where there is a shared cultural outlook.’*

At DWB, the delivery lead was not from the local area, and did not have the same ethnic background as some of the participants. She acknowledged that, for her, it had taken more time to build relationships with people than it might have done if she had a shared background with the community.

*‘Because I’m new to Darnall, it took so much longer than it might if I had that same cultural background, but they are feeling more relaxed around me now, it took a while. It took a while to build up trust with people but now that I have been here a while, I’ve seen a shift in the relationships with people, you can see they are more relaxed with me, the conversations flow, the humour comes into the conversations.’*

This model does provide some challenges. Firstly, relating to the bottleneck that can be observed when things become successful, if coordination is through one individual. When someone is off sick, diverted elsewhere, or leaves the organisation, this creates a gap in the provision, unless physical activity is embedded into other areas of the provision and into the culture of the organisation.

At organisations where the clients have complex needs, for example at Ben’s Centre, it was recognised that there was a need to have more staff on hand to support with sessions.

*‘It has taken more staff time than expected. It needs more staff just to be there to support, in case things go wrong, in case anyone is overwhelmed.’*

The main challenge to this model is that the temporary and uncertain nature of the funding meant that staff delivering on physical activity were rarely on permanent contracts, and whilst there were discussions in some of the organisations about these roles being longer term beyond the initial investment, this was unconfirmed for some organisations, and there was some uncertainty as to whether sessions would continue.

At MCDT, toward the end of the funding period, two of the three community development workers gained employment elsewhere, and reduced their hours at MCDT. For one of these, her new employment was within the sport and physical activity sector and this was described as a result of the experience, skills and knowledge working at MCDT including on MMEC and This Girl Can. She had also been motivated to apply for Gym Instructor and Personal Training courses to further her personal development. Whilst very happy about her new job, there was also some apprehension to be leaving MCDT, as there was an uncertainty about how the provision would continue.

*‘When you’ve got these relationships with people, I mean, I’ve got some people saying to me ‘your sessions have changed my life’ and knowing that there is an uncertainty there on how long they can continue for and that I might not be here, that is really hard.’*

Important contexts to ensure that the increased capacity, regardless of approach, leads to communities engaging with physical activity include:

* The officer / lead / deliverer themselves having a personal interest (passion) for physical activity which will drive them to persevere under challenging circumstances and potential set-backs.
* Experience and / or understanding of community development and / or person-centred working.
* Organisational and / or wider context supporting the prioritisation of physical activity (for example, in the context of COVID-19, at points, there has been a diversion in staff time to support crisis response).

# 5. HARNESSING ASSETS

**PROGRAMME THEORY**

* **The first step to this is identifying what people see as ‘assets’ (assets can be facilities, spaces, organisations, people) – working out what is important to people in the community**
* **If we use and build on existing community assets, communities are more likely to engage, as they are familiar and comfortable with the facilities, spaces, organisations etc.**
* **By integrating physical activity into existing assets, it becomes more cost-effective and sustainable.**

*Figure 4. Programme theory for harnessing assets*

There was a focus in MMEC around identifying and building on existing community assets. This may include existing staff or existing experience, as discussed in the previous section, or the use of existing community facilities and building on existing work in the communities. Some work needed to be done at the outset to identify what assets the organisations or communities did have which could be built on to support the project.

For some, this was an assessment of the spaces that could be used to deliver sessions. For some organisations where they had existing spaces that were used for the communities to engage in other sessions, these spaces might feel safe or familiar, particularly for some individuals with complex needs or who struggle with being in public spaces. If there is a physical venue that they are comfortable with then hosting physical activity in this space might be more appropriate. For example, Sheffield Women’s Aid used existing space that was known, and felt safe and trusted, to run yoga, HIIT, and boxercise sessions. In addition, encouraging providers to bring their activities to the refuge, as opposed to women attending sessions elsewhere, was important. Sheffield Women’s FA had delivered sessions at the refuge. It was assumed that women would not have attended football sessions initially if they had had to go elsewhere for them. However, having built their confidence at the onsite sessions, Sheffield Women’s FA were then gradually introducing women to sessions at their local park off site. Sheffield Women’s FA also reported that they were pleased with this approach as it ensured that their resources reached the people who needed them most.

Target Housing and Ben’s Centre joined in some aspects of delivery in order for Target to be able to utilise Ben’s Centre facilities. The two organisations are located in close proximity, on the same road, however Target has no space in their facilities to host group sessions. Ben’s Centre has a large room available for group sessions, plus an outdoor space. It was decided that the two organisations would combine for some elements of their provision, with physical activity sessions being held in the Ben’s Centre facilities being open to clients from both organisations. For Ben’s Centre clients, they were already comfortable with the facilities and already attended drop-in sessions there. There was some cross-over of clients across the two organisations, with some referrals being made across the organisations. However, for most Target clients, they were not familiar with the facilities at Ben’s, and also did not regularly attend the Target facilities either, for there was no group meeting space at all and no need for them to visit the offices regularly. At the initial stages of the project, Ben’s Centre hosted some visits for both Target staff and service users to have a look round the facilities and become familiar with the location and setting. This was described as important for increasing their confidence in attending somewhere different.

It was found, however, that the provision of a shared physical space, and offering physical activity sessions within this space, promoting this as open to Target clients, did not necessarily engage a large number of Target clients, partly because they had to make a special trip to Ben’s Centre, in order to attend sessions, and partly as there was a perception that this was not suitable for them due to their different needs in comparison to the clients from Ben’s Centre.

*‘Because their clients’ needs are different from a lot of ours. The clients at Ben’s Centre are slightly higher need than ours, they typically have drug and alcohol problems, but not all of ours do. So, for our clients they might not want to join in with activities with the Ben’s Centre clients.’*

*‘It will be difficult to get their clients involved as they do have different needs, they don’t have a facility for their clients to come along to, so they will need to voluntarily come along to our sessions, and getting people to turn up is difficult.’*

In reality, there was mixed success in the engagement in these sessions amongst both Target and Ben’s Centre clients. It was found that those that attended, might visit for a few weeks but sustaining their participation longer term was a problem. Ben’s Centre introduced some woodland confidence building courses, for which they visited another location and took people on a minibus. This was successful for the people that attended.

*‘They will engage with this because it is a change of scenery, it is something different, and it gets them out of the centre, a trip out somewhere makes them feel valued. We will describe as a trip somewhere new, something fun, and something different.’*

Taking people somewhere different, away from the physical location of the organisation / centre, was valuable for several other organisations too. People in the communities were described as often not being confident to visit areas of Sheffield or the Peak District that they were not familiar with, and some of the activities run by the organisations, in particular led walks, enabled people to visit other green spaces with a group, building confidence and showing people what was out there that they might be able to access alone. Showing people how to get to different parts of the city or Peak District was also important, for example, where to get on and off the bus, and what different walking routes they could take.

*‘But they need the support to get there, so having the bus fare, going as a group, it’s introducing something they wouldn’t have done otherwise. And that is the hope that they will see something different and then go back. And one of them was saying ‘I’ve never been to the Botanical Gardens before, is this free, could I bring my children here?’ And that’s what it is all about. It’s opening people’s world up a bit.’*

*‘Showing them there is all of this out there, it is accessible to them, they just need some hand-holding, build their confidence, that they can go to these places too for a walk, it’s free, it’s open to everyone.’*

Taking people to other venues to access sport and physical activity was important for some organisations. DWB had taken clients to different taster sessions held at the English Institute of Sport. These had been successful and take-up of these sessions was high. For some individuals, being able to do an activity at such a prestigious venue made them feel important and valued. There was a challenge raised, however, in terms of getting people to other locations. Ben’s Centre, for example, had acquired additional funding from elsewhere in order to hire a minibus to take people to the woodland confidence building course. This was not sustainable long-term however, and they were now looking at building people’s confidence to be able to travel to sessions themselves using public transport.

Important contexts to ensure that the use of assets leads to communities engaging with physical activity include:

* Identification of what is going to work for different people with different needs (for example, use of existing familiar spaces, or visiting somewhere new).
* Ensuring that people can identify with other users of the space (or including team building, confidence, and / or familiarity training to overcome perceived differences).
* Recognising what people see as assets as the assets to build on, not just what is available and visible to professionals.

# 6. WORKING WITH PARTNERS

**PROGRAMME THEORY**

* **If we work with a range of partners, we will be able to connect both local and external assets. This will create more opportunities for physical activity and lead to efficiency and coordination in the area to support more people to be active.**
* **If we attract professional coaches and external deliverers to work with us, then we will be able to build capacity to deliver more activities.**
* **Working with partners will raise the profile of physical activity and the profile of the work that we are doing, leading to embedding physical activity in all areas of community development work.**

*Figure 5. Programme theory for working with partners*

Additionality was said to be brought about through the connection and coordination of partners.

Some of the organisations were linking in with other VCSE programmes and offers. As previously mentioned, Ben’s Centre and Target Housing were working together to use shared facilities, and to engage clients from both organisations in some shared delivery. This had some advantages, although this approach did not work for all clients, due to their differing needs, and it was recognised that it is important to ensure that people can identify with other users of the space.

Ben’s Centre was also working with MCDT to engage some clients in a woodland confidence building course. This course was held at Manor Park and led by a staff member from MCDT. The sessions were designed to improve self-esteem and strengthen a connection to nature, including making fires, shelters, working with tools, mindful practices and enjoying being in the fresh air. The course was open to clients from both Ben’s Centre and MCDT and had involved some from both organisations. By working together to deliver the course, this enabled Ben’s Centre to offer something new and different to clients. Being based in a location close to the city centre, they did not have the green space to be able to provide such a course so using the facilities of another VCSE organisation enabled them to offer more flexibility in their provision. As mentioned in the previous section, it was found that some clients appreciated being taken on a trip elsewhere, as it made them feel valued. It was also said to have provided an opportunity for individuals to make friendships outside of their usual acquaintance group, establishing more positive social connections for those vulnerable clients from Ben’s Centre.

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*Figure 6. Ben’s Centre website promoting the physical activity and woodland sessions.*

Sharing practice between the VCSE organisations was also important, and this was in particular facilitated by VAS who, through their regular conversations with the organisations, were able to identify similar approaches, areas where lessons could be learnt and shared, and there were examples of where VAS had linked different organisations to enable them to have their own conversations about either opportunities to work together, or areas where they might be able to share learning.

An unexpected but positive development was that the organisations had regularly been approached by local clubs and sports organisations. This was described as a mutually beneficial relationship because the sports organisations aim to increase their ‘reach’ into communities, and the VCSE organisations are able to offer high quality activities with qualified and experienced coaches to people who would not otherwise be able to afford them.

For the organisations, this gave them an opportunity to select partners to work with, based on the needs and interests of their communities. For example, for DWB, the decision was made to work more closely with partners that were based in the local area, because local organisations would be more likely to have insight into the local communities.

***‘****I’ve spoken to providers who do some really great work in other areas of the city, but made a choice to go with local providers as much as possible, who already have links and contacts in the area, and trust developed, might be people that individuals in the community have already met in the past. For example, looking at providers of football, but we already have football providers working in Darnall who know the community.’*

There was also a move by some of the organisations to work with partners that were not sport or physical activity based to deliver sessions. For example, DWB had connected with the Canal and River Trust to provide some local history and nature sessions. By combining these sessions with a walk (led by DWB) this engaged people in some physical activity at the same time as learning about the local area (led by Canal and River Trust). These sessions worked well by allowing DWB to offer something different to people, as well as getting people active and moving, without this being the focus, which was particularly beneficial for people who did not enjoy physical activity.

African Voices Platform had been creating new links with other bigger existing organisations and looking at ways to share assets, including Ignite imaginations, SOAR, Bloom, Heeley City Farm, SAGE. With Bloom, a community-based outdoor gardening project, there was a programme of activities that people could join in with, and Bloom staff had met with some of the women at African Voices Platform via Zoom to allow them to familiarise themselves with the organisation and the activities. Whilst these were not physical activity-based sessions, there had been an interest amongst women in doing such activities, and this was felt to be important for socialisation and increasing confidence and feelings of self-worth – all of which could be important first steps for building the confidence for subsequent physical activity.

Finally, the organisations were exploring new training opportunities, both in-house (upskilling, sharing knowledge and insight), and externally, through using funding to support staff to take training courses offered by external providers. These included courses in physical activity delivery, for example walk leader training, Zumba training and other coaching qualifications, but also included wider training which was felt to enable people to better support the communities they were working with. This included GP referral, counselling courses, and mindfulness courses.

Important aspects of working with partners to ensure that this leads to communities engaging with physical activity include:

* Sharing learning and good practice between organisations and exploring ways to work together.
* Identification of the ‘right’ partners to work with - what is going to work for different people with different needs (for example, choosing local providers who know the local community).
* Exploring ways to work with partners to potentially offer something different which might engage more participants, or those that are reluctant to be physically active.

# 7. DEVELOPING A PERSON-CENTRED APPROACH

**PROGRAMME THEORY**

* **By developing an approach that takes into account the needs and wants of individuals, we can offer more appropriate physical activity opportunities, increasing engagement and the likelihood of sustainability of participation.**
* **Having a better understanding of the barriers to physical activity for the communities and individuals involved will enable staff to be able to develop more effective relationships with people.**
* **People may become more active because they feel more socially supported.**

*Figure 7. Programme theory for developing a person-centred approach*

Developing an individualised and person-centred approach was a key aspect for all organisations involved in delivering MMEC. There are many examples of how this worked in practice, and the case study examples and quotations from interviews that are provided appendix 2 to this report demonstrate how important the support from the deliverers was in enabling people to participate in activities.

This area links to the enabler of ‘building capacity’, and the discussions in that section around the importance of staff building relationships with the communities in order to develop their trust. Working with individuals to understand their wants and needs and tailoring programmes to the individuals involved, was found to increase people’s confidence to engage, and made people feel valued. This also links to the enabler of ‘delivery of activities’ highlighted in the next section, for it was found that a person-centred approach which focuses on what people want to do, and are able to do, and supporting them to do this, was much more likely to result in participation than just putting on a range of activities and promoting them widely.

This approach requires staff that are able to understand the needs of the clients, and also the external pressures and barriers to physical activity, which might affect their participation. To enable their staff to be able to do this more effectively, African Voices Platform had explored learning and development opportunities for their volunteers, including counselling training which was felt would enable them to improve their ability to have better conversations with people, including about health, which then might result in more opportunities to talk about being active. Similarly, other organisations were exploring 'Walk and Talk’ therapy training which was felt to be useful for individuals on led walks to enable leaders to better support clients and have more appropriate conversations and be able to tailor the sessions to their client’s needs.

Developing a person-centred approach for many Ben’s Centre clients included understanding their competing priorities, and for many clients accepting and understanding that physical activity was not something that was on their radar.

*‘They have such low self-worth that they don’t believe that physical activity will have any benefits for them. There is no point us trying to educate them on the health benefits etc, because they are so far away from that being a motivator for them. There is no point telling them ‘this will be good for your health, this will get you active’. Instead, it is just about us trying to get their confidence just to come along and try something, to get them to make the decision to come along and do something that isn’t drinking or scoring, that is a huge step. And we need to find things that they like, that they want to engage in, to get them coming back. We haven’t found something which suits everyone, so it has been really difficult to keep that interest, to maintain it.’*

This was an important learning for Ben’s Centre, and they had tried a number of different activities within their day centre provision, as well as the woodland confidence building courses previously mentioned, to try and find activities that interested their clients, with a key approach being not to advertise as ‘physical activity’ or ‘sport’, as this was off-putting.

Taking time to build relationships before introducing physical activity was key for many of the organisations. SACMHA set up a Black men’s social club, which included elements of counselling and physical activity. The hope was that this would create a social group and a community feel, which can then be harnessed to add physical activity in.

At DWB, the lead had spent time getting to know local people through a range of different methods, including attending coffee mornings at the local school, and having conversations with local mothers, getting to know them, building relationships with them, and initiating discussions about what they would like to get involved in.

*‘I wouldn’t get to know what was needed if just sat in an office. Getting out there and speaking to people – getting to know the area – what is already going on in the area, what are people already doing, and what do people want?’*

Understanding barriers and working with individuals to break down these barriers was important. The DWB discussions with mothers explored ways in which they could best support mothers to become engaged with physical activity and its values, and then pass these on to their children. This included making practical considerations, such as the most appropriate timings for sessions, as people with children often wanted to do physical activity sessions which fitted in with school hours, but those that did not have children sometimes had more flexibility on timings. Likewise, at MCDT, Mums with children had been encouraged and supported to attend sessions and bring their children along to sessions with them, providing an opportunity to exercise which was not otherwise available for those without childcare support. One local Mum described the support she had been provided from the MCDT staff to enable her to be able to participate as being invaluable.

*‘I said ‘Oh I’d love to do that but I’ve got no childcare’, because that was my barrier. I would not be able to do anything. And she said ‘well bring her’, ‘just bring her in the car seat’. And I was like ‘really? That’s amazing.’ So I used to come all the time, and it just lifts you, I honestly felt like I was sinking into a pit where I’m going to have to go and see the doctor, it’s so hard to find something for yourself when they are little. And this is for me, I can bring her but it is for me. This is literally all I can do because we can’t do anything in the evenings or anything like that so this is my time, and when I come out I feel like my head is in a better place. And if I feel better about myself mentally, I’m going to be a better mum. So it was brilliant with my other baby and same with this one. Otherwise, I would be at home. A lot of places wouldn’t let me bring my baby with me to do an exercise class, this has saved my mental health definitely. It’s having that support as well because I don’t feel uncomfortable being here with my baby, I feel like I’m really welcome here.’*

Important considerations when building a person-centred approach, to ensure that this leads to communities engaging with physical activity include:

* Considering investment in staff training in counselling or other skills to enable people to be able to have conversations with people about health, physical activity, and their needs.
* Taking time to understand people’s wants, needs and barriers – understanding that this can be a time-consuming approach, to build trust and to understand what is going to be the best approach to engage people and sustain their participation.

# 8. DELIVERY OF ACTIVITIES

**PROGRAMME THEORY**

* **If we provide opportunities for people to take part in organised activities, then they will be more active.**
* **This idea may not standalone and may be dependent on other inputs (e.g. building capacity for coordination and insight to maximise uptake through community connectivity, encouragement, relevance and resonance of the activity).**
* **If we attract more staff and professional coaches to work with us, then we will be able to build capacity to deliver more activities.**

*Figure 8. Programme theory for delivery of activities*

The delivery of activities was affected considerably by the COVID-19 pandemic and some of the areas were unable to deliver the full range of activities that had originally been planned. Even where lockdown restrictions were eased, it was found in some areas that an uncertainty and lack of confidence about being in indoor spaces meant that some people were reluctant to return to or to start exercise, and as a result adaptations needed to be made, including running outdoor or online sessions.

An important aspect to the approach was identifying what people in the local area would like to do, in order to tailor activities. Linked to the previous section, this has been about building relationships with people, talking to them, and identifying their wants and needs. It was identified that the approach cannot be as simple as just putting on some activities, but the person-centred approach adopted focuses on establishing what people want to do, and are able to do, and supporting them to do this. At ISRAAC, one of the delivery leads quickly found that some of the activities he had thought he might be able to deliver, were not going to be appropriate for the clients.

*‘I have delivered things like walking football, walking volleyball and badminton in the past and initially I thought this could be some activities that I delivered here. But once I got speaking to people, I realised that this wasn’t something they wanted to do, or would be capable of. If I had come in and introduced all these sports it would have really put them off. I had to come in, speak to them, get to know them, and explore what they might like to do, what things would they like to try? You can’t prescribe things for them, you need to work with them and explore the things they want to do.’*

For some organisations, there was an agreement that there was an element of ‘trial and error’ in the activities that were delivered. For example, at ISRAAC, there were several women that had said they would like to go swimming. However, for cultural reasons, the women preferred a private, women-only session, and there were difficulties in finding a swimming pool in which this was an option. One pool offered sessions which needed to be booked online, but many of the women were not IT literate, and there were too many challenges to organise this, and it was felt there were several women that wanted to participate but would have been excluded. In the end, this was deemed not to be a viable option, and the focus turned to led walks, as this was another activity that women had said they were interested in.

At Ben’s Centre, there is a day centre drop-in session each day, which was part of the existing delivery, and within this more physical activity has been added. Then there is a more structured physical activity session every Wednesday after the drop-in finishes – funded by MMEC and delivered by coaches recruited for this purpose. Clients sign up to come to the sessions, and this therefore requires some commitment for them to come. Whilst this was popular initially, the numbers for the structured session declined, and it was found that people did not sustain this long term and were not coming back.

*‘We thought that we would put these sessions on, lots of new activities, they would all come along and try it and keep coming back, but we have faced real hurdles in terms of keeping people interested and coming back after three weeks.’*

*‘We’ve been changing the approach, restructuring it, trying new things, mixing it up a bit, trying to vary the activities. The problem is that our clients have not only never done physical activity, but they don’t see the value in physical activity, and particularly they don’t see the value in it for them.’*

As a result, although Ben’s Centre have continued with the drop-in sessions, the more structured sessions were changed to a three-week programme, including the woodland confidence building courses that were mentioned previously in this report. It was thought that offering a shorter-term programme might be more realistic than expecting an ongoing weekly commitment, plus, as mentioned in the previous section, not advertising the sessions as ‘physical activity’ but instead as something fun, and different to try,

*‘We won’t describe it as confidence building, as physical activity, even if we believe it will do these things, because they won’t be motivated by that.’*

Some other organisations also refrained from specifically advertising sessions as ‘sport’ ‘exercise’ or ‘physical activity’, and sometimes built some small bits of movement into other activities, for example, at DWB, they have been working with external organisations that are not physical activity based, for example the Canal and River Trust, to offer local history and nature sessions, which also include some walking as part of the session.

At ISRAAC, a men’s social café was a drop-in session, mostly attended by older retired men that were inactive. Most of them lived alone and were quite isolated. The session allowed social time to have a chat between the men, and with the delivery lead, and he offered time for one-to-one conversations with him about health and fitness, diet, wellbeing, but also anything else for which they might need support and for which he might be able to signpost them to other services. In addition, there was a chair aerobics session available. Some men only attended for the social café, and some attended for both. It was also found that some attended the social café for some time, and once their confidence had been built, they started to try the chair aerobics.

In other areas, the approach taken was to offer a broad variety of activities. This was particularly the case for those organisations that did already offer some physical activity, and the funding allowed them to broaden their offer, including by linking in partners and bringing in additional expertise and resources. For example, SAPAG described that their physical activity offer was quite predictable and involved the same activities each year. They were able to provide new activities that gave people a variety of choice, including seasonal activities such as bird watching and nature walks, as well as more physically intensive activities too. They also used challenges such as Beat the Streets, to encourage at-home independent activity.

At MCDT, there was a weekly timetable with different activities each day of the week to cater for a range of abilities and interests, including health walks, and boxercise, kettlebells and Zumba classes. Many participants attended a variety of different sessions throughout the week, and it had become part of their routine.

*‘I’ve tried classes I never thought I would do – boxercise, kettlebells, if you had told me years ago I would be lifting these weights, I never would have believed it. These sessions keep me going and if I miss it I hate it. I know what I’m doing each week. I do boxercise, kettles, health walks, every time they do a longer walk I’ve tried to do that too, I’ve tried most of the things they put on.’*

*‘I absolutely love it. I’ve tried the footycise, boxercise, kettlebells, and then I do rebound as well.’*

Providing activities to cater for different levels of ability was important. The health walks offered by DWB included a shorter walk and a longer walk option, for those who wished to do more. All participants met at the same meeting place in the park, and then after the walks met up again at a café, for a drink and some social time. Thus, the walks catered for all participants, but no-one missed out on the social side of the sessions. It was also equally important not to discount things on behalf of potential participants. One activity hosted by DWB which has continued beyond the end of the funding is the ‘fun football’ session. Initially, the officer leading the session was dubious as to whether it could work, but they have been pleasantly surprised at the level of enthusiasm shown by attendees. The key has been a focus on fun and social interaction.

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*Figure 9: DWB website advertising fun football sessions for women, captured November 2022*

Indeed, the social side of participating in activities run by MCDT was also deemed as extremely important. This included offering opportunities for people to socialise as part of the activity, through having time for a chat afterwards, and also having opportunities for communication outside of sessions, for example through WhatsApp, to engage with other participants and trainers.

*‘And we’ve got our WhatsApp group as well, so that adds to the social side, it’s not just coming to the class on a Tuesday, its sending messages, geeing each other up, different things, and we’ll have our chit chat. It’s so much more than the class, everything else what we all get from it.’*

*‘It has given women ‘me time’, others company and companionship. It has grown to be more than just an exercise class. Mums bring babies and children, women exchange ideas, skills, cooking, shopping, and inform each other of other events going on in Sheffield. It has created a feeling of connection to our community and surroundings. We have a sense of purpose and feeling valued. It makes you feel good about yourself, allowing us to function well as individuals and we have all created some real friendships who support, advise, and help each other.’*

Important considerations in the delivery of activities, to ensure that communities become active include:

* Gathering insight on what people want to do.
* Catering for different abilities and levels.
* Accepting that there might be some elements of trial and error before the most appropriate delivery approach is found.
* Consideration of the social side of participation (for example, offering opportunities for conversation before or after sessions, or through WhatsApp or other social media).

# 9. STAKEHOLDER LEARNING AND IMPACT

Move More is a whole system approach which centres communities in its strategy. It was therefore important for the evaluation to also capture the sense to which MMEC had impact and influence beyond organisations and communities themselves, to the wider network of stakeholders. A short paper-based survey was completed between July and September 2022 by ten stakeholders across eight returns. These included the development managers at the Active Partnership (Yorkshire Sport Foundation), VCSE partners, Sport, Leisure and Health team at Sheffield City Council, Sport England, the Move More Programme Manager, and strategic lead in VAS.

All participants highlighted that they had learnt something from MMEC. Learning is critical in a complex adaptive system such as a Move More whole system approach to reducing inactivity. It is difficult to be certain about intervention effects because of the range of influences affecting outcomes, but it is possible to build understanding of how and where to intervene to try to nudge conditions to be more supportive of the outcomes we want. Stakeholders, including the voluntary sector organisations themselves, highlighted the following key positive lessons which reinforced existing beliefs and added new layers of understanding:

* Community anchor organisations can enable physical activity promotion and delivery that is appropriate to audiences in place.
* Niche / smaller anchor organisations can enable physical activity promotion and delivery to specific underrepresented audiences.
* The support of the VAS coordinator to build relationships with niche organisations was essential to:
* Build their capacity through coaching and practical problem solving (in real time).
* Develop insight about and advocacy for smaller organisations across the wider system.
* The process of developing project proposals and distributing money enabled a real redistribution of investment to organisations that have the power to unlock some entrenched health inequalities.
* The iterative and flexible nature of the project produced logistical challenges and drew up a significant amount of time for the accountable body (Sheffield Hallam University) and VAS but was deemed essential to work with community groups in an authentic way.
* A relational and non-competitive approach enables those assets to connect and share resources / opportunities.
* It takes time to build trust and continually nurture relationships with communities. Building capacity within existing organisations has impact because these groups know their communities the best.
* VCSE organisations refocusing on provision of activities for small groups for larger impacts, rather than trying to focus on high numbers with small impacts.
* Evaluation that is close to and works with local community organisations to test and refine their assumptions, as opposed to hold them accountable to targets, helps to shape / direct project activities as well as generate transferable lessons.

Stakeholders also highlighted enduring challenges which may suggest recommendations for future action by Move More Stakeholders:

* Some lack of strategy regarding the communication between grant funding / disseminating organisations in the city (Sheffield City Council, VAS, Active Partnerships) which meant that some opportunities for sharing learning and opportunities across projects (i.e. beyond MMEC itself) were missed.
* Despite many examples of organisational changes that those receiving grants reported, there remained a call for deepening and broadening understanding of how to make physical activity part of standard offers in VCSE organisations, regardless of whether they receive specific grants to deliver this.
* The need for more extensive joining of opportunities and resources, not just between VCSE organisations but also between VCSE and Sheffield City Council, local sports clubs, universities and leisure facilities.
* There is a desire for more extensive networking and celebration between VCSE organisations but this is limited by the capacity that VCSE workers and volunteers have for activities which do not seem to be core to local delivery. Building in capacity and ringfencing time for these activities, in funded opportunities, seems key.
* A desire for more detail on projects / bits of projects that may not have worked, the conditions that were not conducive to change.
* A desire for the work to be shared more widely, in different forums and formats, both to other VCSE organisations via existing networks, and also to those with more strategic agenda such as the Director of Public Health and Integrated Care Commissioners.
* Syncopated and unequal timelines across different institutions. Generally local VCSE organisations are working at pace, with rapid turnaround, turnover and transience with relationships, personnel, and interactions with communities. This compares to longer timeframes in public sector organisations and major funders due to policy, political and funding cycles. This disparity creates challenges where VCSE organisations need a level of responsivity, reassurance and longer-term security from wider stakeholders that seems difficult to provide.

Finally, the system stakeholders highlighted a range of changes (impacts) which MMEC contributed to. These were both tangible and less tangible.

Tangible changes for system stakeholders include changes to strategy, including the forthcoming strategy for Sheffield City Council (SCC) ‘*The MMEC approach and learning is something we are able to refer to and incorporate in the new Sheffield City Council Sport and Leisure Strategy being developed and will help shape some of the actions we develop under the Strategy commitments.’*

Furthermore, this has helped SCC officers to communicate methods for engaging with underrepresented communities in physical activity with wider departments and senior officers within the council. It helped shape some of the targeted consultation carried out as part of the Sport and Leisure Strategy development enabling them to reach local people and ensure their voices were heard in developing future investments in facilities and future services.

MMEC also provides an example and model of good practice relating to the Move More strategy which stresses the need to direct more attention and resource to enable local people to support health and wellbeing and be physically active.

*‘This has been instrumental in driving conversations about moving away from traditional commissioning approaches.’*

This example has helped to garner new investments and direct grant opportunities appropriately via Move More and VAS.

Tangible changes for the VCSE organisations include new connections with other voluntary sector organisations, new connections with other organisations, for example Sheffield United Football Club, new established provision of physical activity promotion and delivery as part of standard practice within the organisation, a greater knowledge base for engaging with their communities, different ideas to get people moving more and plentiful examples of people taking up more active lifestyles with reported benefits to their health and wellbeing.

*‘We are now offering small groups opportunities to ‘have a go’ and try new activities without too much formality as opposed to high numbers of which many show interest but then do not engage. On successful sessions all clients have experienced massive boosts to mood and feelings of community, this has meant they have been willing to try new things more often.’*

Less tangible but important changes for the VCSE organisations include increased perceptions of their influence in Move More and across the city more generally.

*‘I assume you have taken back what we say and passed this on to the powers that be… Our influence has increased, people are wanting to work with us more. We are more aware because of Move More too. MMEC has contributed to people’s understanding of how community orgs work and how we have community trust and our ability to get people moving…* *we are now given chance to build on it. It feels empowering to us. There has been a real development of trust from real listening to us.’*

*‘The funding itself and the way it has been provided has been a refreshing change from typical outputs over outcomes model. It has meant that we can trial different approaches to find a good fit for our clients, a community that is forever changing and transient in needs.’*

# APPENDIX 1 – OVERVIEW OF ORGANISATIONS AND INVESTMENTS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organisation** | **Community working with...** | **Working together on...** | **Theories** | **Invested** |
| MCDT | Manor/Arbourhtorne ward | Using increased community development capacity to to take up more opps to connect to partners, work with specific group (e.g. isolated men), and develop more vols | Nurture + Connect? (higher level, e.g. to funders/SCC) | 25,200 |
| DWB | Darnall and Tinsley ward | Increased delivery of PA, connect up assets locally, volunteer development, codesign new provision - resources through PA worker | Connect + Nurture + Local leaders | 25,200 |
| Sheffield Women’s Aid | Women/children who are homeless due to domestic abuse and living in temporary (refuge) accommodation | Harnessing assets - Taster sessions of activity within refuge, aiming to build delivery capacity in house | Harness – opp to connect too | 3,000 |
| SACHMA | African Caribbean men | Harnessing assets - Establishing black men's social group based on connection org has to community, physical activity will be added to group | Harness | 1,000 |
| Firvale Community Hub | Roma | Physical activity worker, to support Roma community to access mainstream activity - TBC | Harness + Nurture (local Leaders) | 23,000 |
| Bens Centre and Target Housing | People with drug or alcohol problems, usually homeless | Peer led, staff supported physical activity sessions at day centre. Empowering clients. Harnessing the day centre as an asset. | Harness (connected to local social housing provider too) | 22,800 |
| ISRAAC | Somali, but others too | Capacity to connect assets across area, spot development opps for vols and leaders, harness social assets (conversations cafe etc) to support Somali women to be more active by resourcing a mix of sessional instructor time (for chairobics) and in house capacity for other delivery and coordination. Further plans to upskill in house too. | Connect + Harness | 21,000 |
| Fresh Start | Women in recovery | Potential to connect existing funded provision (e.g football projects with money to deliver sessions, professionals delivering talks, workshops or courses etc.) to the fresh start service/clients. Some other bits too - e.g. sessional activity, harnessing assets. | Harness + Connect | 2,000 |
| Aspiring Communities Together | Women from different black, or minority ethnic communities | Upskilling volunteers/outreach workers - supporting with funding for training | Nurture + Local leaders | 3,000 |
| African Voices Platform | African women | Connecting assets - supporting connection to allotments, small fund to help with expenses etc, and aiming to connect to health walks - nurturing an established social group (90% non english speaking) to connect up to grow what they do | Nurture + Connect | 2,000 |
| Thalassemia South Yorkshire | South Asian Women | Harnessing and nurturing - VAS dev team supporting org to become more structurally sound. MM supporting to harness a couple of social groups that are interested in zumba sessions (sessional initially). Had grander ambitions, but cant proceed just yet. | Nurture | 0 |
| Roshni | Bangladeshi Women and men | Harnessing social groups to build in health and wellbeing/PA opps, also connecting assets by supporting  capacity for known workers to connect people to provision (mainstream or VCS) | Harness + Connect | 16,800 |
| Saalik Youth Project/Burngreave Training Hub | Pakistani community - young people and families | Nurturing the engagement programme delivered by Saalik, resourced with money to continue and expand sessions. Built in mentoring/spotting leaders/nurturing enthusiasm with some informal and formal courses. Connecting assets too through supporting a local training ‘hub’ which builds skills/capabilities/capacity locally in know and trusted instructors. | Nurture | 6,000 |
| Chocolate Box | Female sex workers | Nurturing assets through a small 2 staff org who provide health walks. Supporting by resourcing additional staff time to protect time for walks. | Nurture | 3,600 |
| Reach Up | Somali women | Leader development/empowerment workshops alongside ISRAAC | Nurture + Connect | 330 |
| Shipshape | Range of BAME communities | Codesigned prog of activity. Lead by local communities who have lived experience. Pool of community partners to support. - TBC | Nurture | 16,800 |
| SAPAG | Autistic | Harnessing autistic social groups to support connection to other provision | Harness + Nurture | 2,500 |

# APPENDIX 2 – EXAMPLES OF PARTICIPANT FEEDBACK AND CASE STUDIES

**Ben’s Centre: Woodland Confidence: 4-week pilot – Impact Report**

*The issue of poor mental health in our clients*

Our clients spend copious amounts of time either in the busy city centre or indoors and do little to escape their usual daily routines centred around addiction. All clients suffer with various combinations of longstanding addictions and mental health issues, struggle with the normal demands of life and are unable at present to independently take part in activities to improve their sense of wellbeing.

We recognise the benefit of taking part and have taken clients on outdoor day trips and shorter planned walks previously, for which the feedback showed clear demand for activities that utilise green spaces around the city and further afield in the countryside.

Ideally, we would like clients to have a better understanding of how they can positively enhance their own wellbeing and help them to make use of the facilities available to all. Feelings of low self-worth and judgement can be intensified when meeting new people, especially outside of their accustomed substance user community and at present our client group do not feel entitled to use green spaces, join groups or use resources that would bring them closer to feeling part of the wider community.

*Clients took part in a pilot of the woodland confidence course*

We teamed with manor and castle development trust to offer a version of their woodland confidence course that we tailored to individuals that may lead more chaotic lives. We planned a pilot of four sessions which included learning skills such as fire building/lighting, knot tying, tarps shelter and cooking on a fire. It also provided an opportunity for individuals to share conversation and social time with others away from their usual acquaintance group. Sessions were two hours long, held in manor park outdoor classroom space which four clients and two members of staff travelled to using a private hire minibus, an additional two clients attended through MCDT and one of their staff members lead the course. Flexible involvement was a priority to create a relaxed atmosphere where individuals did what they felt comfortable doing, consequently driving involvement concerning new skills and experiences as participants felt under no pressure and safe to do so.

*Achievements and impacts*

We have increased client awareness of how green spaces and nature can have a positive effect on mood and that these spaces are within reach, which draws people away from the detrimental social groups/areas they usually associate with. Promoted exploration of possible new interests, which gives a focus aside from the addictions that our clients find themselves stuck in.

Provided an opportunity for chaotic and vulnerable individuals to make friendships outside of their usual acquaintance group, establishing more positive social connections.

Demonstrated that anxiety and mental health issues do not have to be a barrier to wellbeing, by introducing tools that promote calm and decrease stress, enabling individuals struggling with substance misuse to make positive changes to their lives.

*Evidence of these achievements*

Following the final session, participants were asked feedback questions, from which we can report the following: All clients refrained from using substances for the duration of the sessions and travelling times.

All had anxieties about attending prior to the first session as it was something new. One client had been feeling suicidal and was fixated on this in the run-up the first session.

“Getting out in the fresh air”, “doing something” and “relaxing in a group” were the things that stood out as enjoyable. The only less enjoyable aspects were that “the sessions weren’t long enough” and the weather was wet for one session. Two clients said there were no negatives at all for them.

Immediately after the session two clients with depression, anxiety and substance misuse issues said: they felt “Good, relaxed and happy, it was the group that made me feel this way” and that “It wasn’t as nerve wracking as I thought it would be, I felt happy.”

The client that felt they no longer wanted to live said “I feel absolutely beautiful, myself again” “I’m supposed to be tough, but I liked looking at nature and plants”

Three out of four clients said that they would not usually spend any time in green spaces and one client said they would spend up to three hrs a week at a specific park but used to enjoy much longer walks in the peak district.

All four said they would attend the sessions or similar again and there was a definite buzz created back at Bens Centre, with other clients requesting to take part if the sessions run again in the future.

*What we learnt from the pilot and how are we improving*

As a high percentage of our clients lack the ability to follow through with commitments, there were some vacant spaces each session and one session did not take place due to all clients registered for the pilot being absent.

This is an issue we encounter with planned activities, regardless of how much client interest, willingness or enthusiasm is shown prior to the activity as addiction-based choices, actions, behaviours and related consequences directly decrease involvement. Participation numbers could be increased if our Centre resources included our own minibus, enabling staff to provide quicker response to client interest and enthusiasm surrounding activities. It would give us the power of flexibility allowing co production throughout planning and delivery and open opportunities for more frequent and diverse excursions.

There was a need to find common ground quickly between the two client groups to generate a sense of normality and feelings of worth which on this occasion was fulfilled by participants all being smokers. From this we developed greater understanding of tools for engagement and were reminded that, in our client group these tools may be seemingly small or diverse.

**MCDT: Interview with class participant**

It is really good for my mental health, this is why I do it. It’s got me out of my house, it’s helped me with my anxiety, stress levels, mental health, it’s been wonderful for me. Plus it’s a good set of people, we’ve got a good group, they are amazing, they’ve been wonderful for people such as me that suffers with mental health. I’m so glad that I’ve got this, it’s given me the confidence to come out and meet people again. Doing things like this, doing this interview with you, I would have never done this, never had the confidence to talk to someone I didn’t know about my experiences. So this is an achievement for me, being able to talk with you. Another step. I’m blessed that we’ve got this.

It’s the trainers. They make it so welcoming. It’s the ladies that are here. It’s not just the training session, it’s also getting together, everyone has got to know each other, I consider these people my friends now. If I was to go to a gym, pay a membership for one of the big gyms, I don’t know what they cost but I couldn’t afford it, I know that! And just the thought of going into a big building like that, to work out, to go to classes with all these people that probably know what they are doing and have been exercising for years. I would never have the confidence for that, and I wouldn’t want to do it. When something like this is just down the road, free, and it’s such an informal atmosphere, everybody is in the same boat here, I’m not saying everyone’s got the same issues but everyone is so supportive, they might have been in bad places, or had confidence issues, or just not done anything like this before. But we all get together and it’s amazing. I wouldn’t know where I would be now without this group to be honest. I feel blessed.

**MCDT: Interview with class participant**

I do boxercise, I started with Kelly Anne’s evening classes about 5 years ago, and since she started doing the morning classes I started doing these as well. I absolutely love it. I do Saturday mornings as well.

It’s the release. Do you know what I mean? Whilst I’m boxing I’m not thinking about anything, any problems in life, it’s a release, particularly on a Saturday morning, I’m an electrician, and the stresses of the week, if I’ve had a busy week, you can let it all out on a Saturday morning and it just sets you up for the weekend.

But ultimately, Kelly saved my life, I was coming to classes and I couldn’t do sit ups, it was really hurting, all of a sudden. And she said ‘go to the doctors’. I said ‘ok, I’ll go to the doctors’ and the next week ‘have you been to the doctors?’ ‘No’. So she said ‘right, if you don’t go to the doctors this week, you can’t come to my classes anymore’ So I went, they examined me and they said ‘you’ve got a hernia’, so they sent me for an ultrasound for the hernia. The ultrasound came back – ‘you’ve got a double hernia’, so I said ‘what do we do with that?’ and they said ‘nothing – if it bursts, we will operate’ So that was that. Three days after that I had a phone call from the hospital saying we’ve looked back at your scan and noticed an abnormality in your left testicle, so we need to get you in’. So I went in, they said they needed to remove it, so within 14 days of going to the hospital first, I was in the operating theatre, they removed my left testicle and it was stage 1 cancer. And they found that completely by accident.

It was thanks to her for forcing me to go to the doctors. She saved my life. I’m three years clear now. So that’s what the classes have done for me. The support that she has given me, then, and since, you wouldn’t get that anywhere else.

**Roshni Sheffield Asian Women’s Resource Centre: Move More case studies June 2022**

1. The client who is Bangladeshi, has been attending the Move More exercise classes and enjoys it very much. She enjoys meeting with the group. The client is 42 years old and has three children and she has been living in the UK for 26 years. The client has been suffering with back pains for a long time. She has had physiotherapy for it also and was told she needs to do exercise, she told them she attends the Move More exercise class and showed them the workout/exercise she does as part of the Move More exercise group and she said she was told that this is the type of exercise she needs to do to help with her back pains and she should carry on doing this type of exercise. The client said the exercise class has helped her a lot. Attending the group sessions is something the client looks forward to. She has also attended the walks and the taster exercise sessions at the EIS Sheffield and enjoyed them very much, she has enjoyed trying the different exercises.

1. Client has been attending the Move More exercise classes and she has been enjoying the sessions very much and feels more active since doing the classes. The client, who is from the Bangla community in Darnall. She is 52 years old, she has three children, and she has been living in the UK for 25 years. The client has health issues such as High BP, Diabetes, Cholesterol and arthritis and feels these exercise sessions we do helps her a lot and the type of exercise at the class is something she can manage to do with her health conditions. The client has been told to be more active and do more exercise. She has also attended the walks and taster sessions at the EIS Sheffield and enjoyed the different taster exercise session’s which she has not done before and has really enjoyed trying them out. She has also enjoyed meeting with the group and walking together and doing the exercise together and looks forward to the group sessions.

**DWB: Interview with walk participant**

It was initially driven by the GPs and having higher blood pressure than they thought was good for me, and higher blood sugars. So instead of increasing medication, it gave me that impetus to try a bit harder with my diet and exercise. And it was the right decision for me.

The motivation was partly meeting other people, although initially I thought most of them were 10 or 15 years older than me, but after talking to them I realised they are not. Some of them are younger than me. But walking with others, it helps to get me out of my chair in the morning. If you’ve got a time to be there and people to go with. It helps that things like this are organised, it gives some direction. If people can point me in the right places, I will give it a go.

**DWB: Interview with walk participant**

I wanted to do something, I felt like I needed to get out of the house, I need to do something to get fitter. But I need to do something affordable, it has to be free, and something close by. I don’t drive, I need to get there, so something I can walk to, or if I need to get the bus a little way that’s OK. But local ideally. And there’s not much that you can do, or if there is I don’t know where to find the information. But I found out about this and thought I would give it a try.

Walking on my own I just wouldn’t do, I might do it once but then give up, and it’s the social part too, having a cup of tea after. I think lots of us here have that need to get out and meet people, and that social time is really important.

**ISRAAC: Impact report**

**Please share a story of a time where you successfully supported someone to be more active and you felt proud because of it?**

I supported a 58 year old woman who was from Sri-Lanka. Her daughter had seen it on our website and our walking group and phoned me to enquire. She told me, “My mum came to this country last year; she left her country due to domestic abuse by my dad. She is really stressed and can’t speak English. I work full time, and since she arrived, she is getting more depressed as she is unable to go out. But I know my mum loved to walk when she was back home”.

I suggested to her that she brought her mum with her for the first session. I also told her that we have some other women in the group who can’t speak English, but they are very friendly and they are from various backgrounds and ethnicities. She agreed and brought her mum.

Her mum was very nervous for the first session and hardly spoke to others, but after the walk she felt really good and said that she will come again next week. She came again and again and again; now she has opened up and has started to speak some English. She made some very good friends within the group. She started to get better and better every week with her English. I see her smiling and as a very happy person within weeks.

She asked me that she wants to learn English and would like to do some work. I gave her details for some courses. She has enrolled in some courses and has started taking sessions. Within 6 months she has significantly improved her English speaking and understanding, which has amazed us all.

She walks every single day and comes regularly to our walking group. Recently she completed a food hygiene course and started volunteering as a cook in a community project. Everyone loved her Siri Lankan dishes that they have offered her a paid job. It was unbelievable.

She said it all started with my walking group, which reduced my stress, helped me to socialize with others and build my confidence. She is still a regular member of our walking group.

1. Dayson, C., Bennett, E., Damm, C., Rees, J., JARVIS, C. J., Patmore, B., ... & Turner, K. (2022). The distinctiveness of smaller voluntary organisations providing welfare services. *Journal of Social Policy*, 1-21. [↑](#footnote-ref-1)