New ways to promote physical activity and reduce sedentary behaviour

Sharing practice booklet
About us

The BHF National Centre for Physical Activity and Health (BHFNC) was established in 1999 and is funded by the British Heart Foundation. We are also part of the prestigious School of Sport, Exercise and Health Sciences at Loughborough University.

The BHFNC is well recognised across the UK for its leadership in the promotion of physical activity and health. We are committed to developing and translating research evidence to improve and extend the practice of promoting physical activity in the UK.

We do this by supporting professionals across a range of sectors including health care, education, transport, sport and leisure with practical tools to promote physical activity. To find out more about the work we do visit our website www.bhfactive.org.uk
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About this booklet

This booklet includes examples of innovative physical activity projects and programmes, some of which were displayed at the 12th BHFNC annual conference, *Innovate to Activate - new ways to promote physical activity and reduce sedentary behaviour*.

The case studies summarised in this booklet are examples of physical activity interventions, programmes and research studies which directly use:

- new or emerging technologies
- interactive exergaming
- mass or social media
- active assistance or interactive assistance technology
- innovative approaches.

This information sharing booklet contains details of health and wellbeing initiatives and projects developed and or managed by all manner of organisations, companies, firms and individuals (participating parties), in relation to which the British Heart Foundation (BHF) and the BHF National Centre for Physical Activity and Health (BHFNC) have not had any input and do not exercise any control.

Accordingly, the BHF and BHFNC confirm for the avoidance of any doubt that they do not accept any legal liability relating to, or arising from any initiatives and/or projects, that they are not recommending any such initiatives or projects and that they are not endorsing and products or services offered by any of the Participating Parties.
**Case studies**

**ACTIVE - Active Children Through Incentive Vouchers**  
Swansea University

**Aim(s) and objectives**  
The project aims to assess the feasibility of the ACTIVE voucher scheme via focus groups while assessing the effect on participation in exercise and fitness.

**Overview**  
ACTIVE is a mixed method study, funded by the British Medical Association assessing the feasibility of a voucher scheme in increasing physical activity amongst adolescents. Participants included 115 Year 9 pupils, 13-14 years old, from a secondary school in a deprived area of Swansea. Each Year 9 pupil received £25 vouchers per month for six months to spend either on existing activities at leisure centres, to buy sports equipment or to employ new coaches.

Twenty-two activity providers from the local Swansea area agreed to participate in the study allowing a wide range of activities on which the vouchers could be spent ranging from the waterpark to 5-a-side football pitches and climbing walls to sports shops.

All vouchers were filled in by participants on transaction and activity providers invoiced the university at the end of each month for the number of vouchers spent, paid on a 100% reclaim basis and managed by the facilitator. Vouchers were then digitalised forming an electronic database of voucher usage.

**Evaluation/research methodology**  
The intervention ran from January 2012 to July 2012, with three weeks in December 2011 for baseline testing. This included physical activity measures (PAQ-A questionnaires, GENEACTIV accelerometers) and fitness testing (Cooper 12-minute run). Motivation to exercise was measured as a confounding variable in April 2012 and seven focus groups were undertaken throughout to determine thoughts on the project. Physical activity and fitness measures were taken in June 2012 and follow-up measurements are due in December 2012.

A facilitator undertook all testing and distributed vouchers every month during school assembly for six months. They were also available at least once a week for the duration of the project to assist participants with any queries.
Focus groups were carried out pre-intervention, during and after to qualitatively assess the participant’s views of the scheme and how it had impacted on their physical activity levels as well as their opinions on the feasibility of such a scheme.

Results
Early results showed a child-matched significant increase in physical fitness ($p<0.01$). 80% of participants used at least one voucher during the scheme. Boys used 55% of the vouchers and tended to favour activity (58%) over equipment, whereas girls tended to favour equipment (61%).

The majority of vouchers were used for adhoc activities that didn’t require pre-booking. Social activities also proved popular with 41% reportedly using their vouchers with friends.

As everyone in the year group had vouchers there was a belief that everyone was using them, reducing some barriers usually encountered. Overall the qualitative reports all viewed the project positively. Pupils appreciated the flexibility and choice factor promoted and the fact that all their friends could participate.

The teachers also reported the voucher scheme changed children’s perceptions of physical activity and allowed them to build greater relationships within PE lessons.

Tips for other professionals
1. Allow for flexibility and adaptability as adolescents have a very fickle nature. Too rigid an intervention means they are likely to lose interest.
2. Increase awareness of local amenities as sometimes participants just lack awareness of what is available or how to access it.
3. Involve key opinion setter children; getting the right children participating makes the scheme more successful for all and changes the views of activity, encouraging ‘socialising’ with activity.

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Active Together Workplace Challenge
Leicester-Shire & Rutland Sport

Aim(s) and objectives of the project
The Active Together Workplace Challenge aims to encourage behaviour change to increase participation in sport and physical activity. It uses an Activity Log as a motivational tool together with the development of a competition programme of events and business games.

Overview of the project
The Active Together Workplace Challenge is delivered by Leicester-Shire & Rutland Sport (LRS) as part of the Active Together programme, which consists of a range of partners across Leicestershire and Rutland interested in the development of physical activity and sport. It is designed to encourage and support workplaces, of all sizes, across Leicestershire, Leicester and Rutland to promote increased participation in physical activity and sport among all their staff, especially those who do little or no activity.

The project is focused around a web-based tool (www.workplacechallenge.org.uk), linked to the Leicester-Shire & Rutland Sport website. The site allows individuals and organisations to log participation in sport, physical activity and active travel, view leader boards and live statistics, register for inter workplace competitions and find out more about workplace health. In addition to the web-based tool, a programme of inter workplace sports competitions is organised in partnership with National Governing Bodies. An annual Business Games event is also an integral part of the workplace challenge.

Evaluation/research methodology
Participants complete an initial registration questionnaire, log their activity over the course of the challenge and complete an evaluation questionnaire. Assessment of physical activity is included in both the registration and evaluation questionnaires.

Following the workplace challenge activity log (three months) a post challenge evaluation survey is completed. Using participation data and findings from the evaluation survey, Leicester-Shire & Rutland Sport work in partnership with Loughborough University to complete a monitoring report and to produce recommendations for future challenges.

The evaluation survey is used to monitor participation in physical activity and to gain feedback from participants regarding the programme.
In the long term the Workplace Challenge aims to engage more participants and workplaces and to continue to demonstrate an increase in participation through both proxy measures and the Active People Survey.

**Results of the project**

In 2011, 827 participants took part from 67 workplaces. The percentage of participants achieving the recommended 150 minutes of physical activity increased from 34% at registration to 47% in the post challenge evaluation.

In 2012 165 workplaces took part with 1,172 participants. The percentage of participants achieving the recommended 150 minutes of physical activity increased from 32% at registration to 62% in the post Challenge evaluation.

**Tips for other professionals**

1. Find a workplace champion and secure buy in from the management team.
2. Target workplaces from all sectors, in order to engage more workplaces.
3. Clearly communicate physical activity guidelines.

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Does exergaming augment lunchtime physical activity in primary school children? A comparison between the Nintendo Wii and the Gamercize Power Stepper
Coventry University

Aim(s) and objectives of the project
The aim of this study was to examine the potential for active videogaming to contribute to physical activity during school lunch breaks.

The objectives of the study were to assess physical activity levels during active video game play over a six week period using two different active video game systems, the Nintendo Wii and the Gamercize Power Stepper, and compare this to ‘free play’ associated with break time activity in a sample of British primary school children.

Overview of the project
It has been suggested that exergaming may offer an alternative means by which children can be physically active but few studies have examined this issue in ‘real world’ settings. This study sought to assess physical activity (PA) levels during two modes of exergaming and compare this to ‘free play’ associated with lunch break activity in a sample of British primary school children. Fifty-one children (ages 10-11 years) from central England were randomly selected to participate in a six week, lunchbreak based, exergaming intervention. Children participated in twice weekly exergaming sessions (run by community volunteers) using the Nintendo Wii (n=17), Xbox 360 and Gamercize Power Stepper (n = 17) or acted as controls (n=17) engaging in traditional lunchbreak activity only.

Evaluation/research methodology
The study used children from three primary schools in England who were randomly allocated to intervention or control groups.

Two intervention groups each undertook twice weekly active video gaming sessions during school lunch breaks for six weeks. One group engaged in Nintendo Wii based activity and the other engaged in Gamercize Power Stepping activity with an XBOX360. A control group participated in their ‘regular’ lunch break activity.

PA was assessed via pedometry and heart rate monitoring (from which time spent in moderate-to-vigorous PA was determined).
Results of the project

- Children in the Nintendo Wii group participated in significantly less physical activity across the six week period compared to the Gamercize Power Stepper and Control groups ($P = .0001$).

- There were no significant differences in physical activity between Gamercize Power Stepper and control conditions.

- There were also no significant differences in the percentage of time spent in moderate-to-vigorous physical activity across groups or over time.

- Active video game play at lunchbreaks, using the Gamercize power stepper, appears to be similar to physical activity levels during traditional school lunchbreak over a six week period.

- Active gaming using the Nintendo Wii resulted in significantly less physical activity compared to traditional lunchbreak.

Exergaming may therefore provide an alternative means to engage children in physical activity in the school setting but consideration should be given to the gaming platform employed by teachers and practitioners wishing to use videogaming in schools to promote health enhancing PA.

Tips for other professionals

1. The exergaming console used in any intervention plays a key role in the PA responses.
2. In the context of school break times, exergaming technology could offer an alternative opportunity for children to engage in physical activity, particularly for children who are not attracted to other more traditional modes of PA.
3. Exergaming as an intervention mode to enhance PA may not be equally effective in enhancing physical activity in all children and may be better targeted at subgroups of children (eg, obese boys)

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Fidget Project
London Arts in Health Forum

**Aim(s) and objectives of the project**

The Fidget Project aimed to develop a fun, simple and easy communication programme that encouraged public engagement with the benefits of physical activity and reducing sitting time.

**Overview of the project**

Fidget was a health and science communication project designed to promote physical activity. The project brought a fusion of science and entertainment to the public arena, embracing innovative strategies for online and offline communication.

There were four strands of activity embedded within the communication programme.

Strand 1. The Fidget Road Show: an interactive exhibition designed by the imminent public artist Michael Pinsky toured to nine venues around the UK during the summer of 2012. It peaked at approximately 1,000 members of the general public interacting with the installation at Bristol Harbour Festival. The exhibition included a selection of interactive screens that challenged the viewer to embrace active viewing. The installation was staffed by a team of trained communicators from science and performing backgrounds.

Strand 2. Start22: a campaign raising awareness about the benefits of adding 150 minutes of activity to your week (22 minutes per day). The Start22 promotional video received over 3,400 hits in a 12 week campaign. Facebook activity included user generated blogs discussing physical activity, competition entries suggesting activities and a series of Facebook profile tags for people to share.

Strand 3. Printed and radio press campaign: a series of interviews and articles discussing physical activity in national and international press. Highlights include broadsheet coverage in the UK surrounding the tour and air time on both national and local radio, including Radio 4 and World Service’s Health Check.

Strand 4. Youth Council, Youthnet and YMCA Focus groups: these were semi-structured small group sessions introducing the agenda for physical activity and exploring strategies for youth engagement.
Evaluation/research methodology
Evaluation has been defined by reach of the communication campaign with a qualitative review of content. The communication programme focused on creating awareness and discussion. With a fusion of science and entertainment the project’s success was defined in terms of footfall, online reach, review comments and feedback from focus groups.

Results of the project
The Start22 campaign ran for 12 weeks attracting over 30,000 active campaign users with an audience reach of 28 million. The most popular items were exercise polls with 3,757 participants and 1,413,441 viewers. Articles and promotional videos received 2,359 and 52,579 views respectively. Evidence of higher levels of engagement were recorded through completion of personal activity questionnaires (n=798) and blog contributions with 62 user generated blogs including 24 video blogs.

Focus groups discussed campaign quality and 232 people completed a feedback questionnaire, 193 of which were from 15 - 25 year olds. Over 50 percent of the audience strongly agreed that the campaign increased understanding about physical activity and learnt more ways of including moderate activities to their daily routine.

Engagement with the interactive exhibition and its communication team is estimated at 2,500 people over nine venues. This ranged from 70 to 500 people per day depending on venue and weather.

Using Google Analytics for www.fidgetproject.org there were 6,150 unique views with the average time on the site being 1 min 20 sec.

The Fidget project was included in over 80 pieces of journalism with audience reach reported as far flung as India and Singapore.

Critical recognition was achieved with inclusion in the review magazine ‘The Week’ with over 350,000 readers. Radio interviews included Radio 4’s Winifred Robinson on You & Yours and Claudi Hammond’s Health Check on the World Service.

Tips for other professionals
1. Good interpersonal and communication skills within the project team will define success.
2. Recruiting and training staff for public facing roles should ideally involve assessment days. Recruitment for the Fidget communications team was completed in three stages including individual interviews and group assessments.
3. Stakeholder engagement is time consuming and requires patience. Allow lead times of up to three months to accommodate for the transition from initial emails and telephone calls, to face time before expecting collaborative partnerships.

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Greenwich Get Active

NHS Greenwich

Aim(s) and objectives of the project
Greenwich Get Active aims to increase the number of local people being physically active within the Borough of Greenwich by 1% year on year through structured and independent activity, including active travel.

Objectives of the project include:
- signing up at least 10,000 individuals to the programme, 50% of sign-ups (5,000) to try out an activity, 70% (3,500) saying they are still active six weeks later
- targeting five priority market segments focusing on those who are inactive and those from lower socio-economic backgrounds
- offering choice from activities that are available locally
- retaining regular participants at six weeks and in the longer term.

Overview of the project
Greenwich Get Active is a four-stage behaviour change physical activity programme aimed at the sedentary population of the Borough of Greenwich. The Project is delivered by NHS Greenwich in conjunction with Charlton Athletic Community Trust and supported in its development by Make Sport Fun and JMP/Social Marketing Gateway. Greenwich Get Active uses the Physical Activity Care Pathway approach of ‘recruit, intervene, active participation and review’. The programme focuses on five priority target segments that national and local research indicates are more likely to have low levels of physical activity.

An initial promotional campaign included face-to-face conversations via an eight-week mobile roadshow prior to and during the Olympic and Paralympic Games. Ongoing outreach work includes attendance at local events, community engagement through local organisations, businesses, schools, primary care, and advertising - both online and offline.

Specially trained Greenwich Get Active advisers undertake brief interventions with individuals using motivational interviewing techniques to encourage sign up to the campaign and take up of activities.

Over 1,000 different types of activity are offered by over 300 local providers including structured sport and exercise, personalised travel planning and independent walking and cycling opportunities. Take up of activities are incentivised through ‘first session free’ offers and prizes for sign up with the programme.
Follow up calls are made at 2-4 weeks, 3, 6 and 12 months to support individuals, whilst website, customer relationship management (CRM) systems and use of iPads by outreach staff support easy and systematic sign up, monitoring and evaluation.

The development phase was October 2011 to June 2012 and launched with mobile roadshow July to September 2012. The project is currently moving into the second phase of community engagement. Preliminary evaluation is due October 2012 with a sustainable model developed from April 2013.

**Evaluation/research methodology**
Both quantitative and qualitative assessments of the process will be used to assess the output and outcomes of the campaign. These will focus on demonstrating increases in physical activity in short, medium and long term will be used to evaluate the effectiveness of the project.

Data will be gathered at sign up by either face-to-face or online questionnaire and by telephone at 2-4 weeks, 3, 6 months and 1 year. A short item physical activity questionnaire will be completed at base line (validated) and at the follow up phase by participants.

Demographic profiling will be used to ensure target markets (age, postcode, and ethnicity) are reached. Programme participants will also be included to gather more qualitative data. Finally, an evaluation of different campaign pathways will be included in the process (mobile bus, on street, events, online).

**Results of the project**
After three months, starting in July 2012, the programme has made over 30,000 brief interventions, handed out over 10,000 promotional items and signed up over 3,000 people. Feedback has been very positive and the programme coinciding with the Olympics and Paralympics has had a positive effect on driving people’s motivation to be more active.

Early indications from demographic information gathered suggest the target audiences are being reached. Fuller results and case studies will be available by the end of October 2012.

**Tips for other professionals**
1. Use the festival effect generated by the Olympic and Paralympic Games, eg, the torch relay offered opportunities to engage with significant numbers of people.
2. Face-to-face promotion on the mobile bus has been very successful offering a comfortable, eye catching, accessible environment with room to undertake one-to-ones there and then.
3. Allow time for contemplation. The range of choices available has been slightly overwhelming for some people. A follow up call at two weeks instead of at four, during the brief intervention, has been introduced to capitalise sooner but allow time for contemplation of the various options.

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Aim(s) and objectives of the project
The desired primary outcome of the project was to record if any change occurred in respondents health behaviour.

Secondary outcomes were to monitor any changes in their physical and mental status and if/how they had overcome barriers to change.

Overview of the project
This project was commissioned to Zest People by NHS West Sussex, as part of the key local delivery element of the West Sussex LAA Health is Your Business (HIYB) project and NHS West Sussex obesity targets. This case study shows the findings when healthCAL was offered to employees (40+ with a focus on recruiting men) at a range of organisations in West Sussex who accessed the HIYB health-screening programme. The level of intervention needed to be low-cost yet effective.

healthCAL was identified as a practical behaviour change tool to deliver this. Participants voluntarily took part in the HIYB health screening. They were offered the option of choosing a healthCAL plan during the nurse’s follow-up consultation.

In total, four local organisations were invited to participate in the programme via an introductory email from the HIYB Project Manager. Three out of the four took part. A workshop was delivered at each workplace to recruit and explain the programme. The breakdown of organisations who agreed to participate was 67% public sector and 33% private sector.

A total of 61 respondents, aged 16-64 years, were recruited for the programme between 19 January and 23 March 2009. It was offered as a 12-week intervention between April-July 2009. Respondents worked largely in administration (62%).

No direct physical activity programmes were delivered as part of the healthCAL project.

healthCAL is a 12 week self-help plan that integrates directly with iCal, Google Calendar and Outlook on smartphones, PCs or Macs. The individual can identify their motivations, specific health goals and set realistic targets by working through a week-by-week plan. healthCAL is a planning, motivational and educational tool, helping people to address one health goal or behaviour change at a time. It is available in three focuses weight management, physical activity and stress management options. Additional mini ‘sticker booklets’ compliment the electronic calendar.
The intervention is built on the evidence-base of behaviour change theories and includes elements of the Transtheoretical Model of Behavior Change, Motivational Interviewing, the Theory of Reasoned Action, the Health Belief Model and Motivational self-efficacy, outcome-expectancies and risk perceptions.

**Evaluation/research methodology**
The purpose of the evaluation was to monitor the effectiveness of a client centred approach to health improvement.

Data collection took place in the form of structured online questionnaires at baseline, mid-point (week 7) and post intervention (week 14). The response rates were 86% at baseline, 49% at mid-point and 44% at post intervention. The online questionnaire gathered information on respondents’ views about general perceptions/outcomes of their health, what areas of the programme worked well and not so well. It is important to note data focuses on respondents that completed the surveys.

**Results of the project**
Overall, a total of 64.5% said they had received positive health benefits compared to the start of the programme with 67.7% reporting to be more in control of their health and wellbeing.

An increase of 111% was seen in respondents’ calorific expenditure in the last seven days compared to the start of the programme (2,738 Kcal pre-intervention vs 5,772 Kcal post-intervention).

The average weight loss per person was 11lbs. 68.1% of respondents stated the healthCAL programme contributed to their weight loss and 59% stated they had achieved one or more of their health and wellbeing goals.

**Tips for other professionals**
1. Engage with your target group from the very beginning to empower participants. Assessing readiness to change is an effective way to assist with this.
2. Aim to address the barriers that need to be overcome with a patient/client centred approach.
3. Ensure monitoring and evaluation is built into the planning process before the project commences.

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The use of social media techniques to promote the viral video ‘23½ hours’ to Arabic speaking countries at risk of non-communicable diseases through physical inactivity

Exercise Works!

Aim(s) and objectives of the project
The project aimed to deliver an effective health promotion video in Arabic that is viewed extensively by an at risk population of non-communicable diseases (NCDs).

The project also aimed to:
- monitor the uptake of the video and analyse the uptake via Twitter, Facebook and YouTube views and shares, to inform future social media targets
- compare the success of the original English video with the Arabic version to inform how health messages can be spread in the future to non-English speaking countries effectively
- understand the different viewing patterns of men and women in the English and Arabic speaking countries.

Overview of the project
Exercise Works! approached Dr Mike Evans and Dr Salih AlAnsari to develop an Arabic version of the viral social media success ‘23½ hours’ to promote the importance of regular exercise to Arab countries at high risk of inactivity associated non-communicable diseases (NCDs) such as obesity, diabetes, cancer and heart disease.

The project was targeted specifically at Arabic speaking countries. Specific Twitter #hash tags for each Arabic speaking country, eg, #Qatar, #Saudi were used to promote uptake and dissemination. The viral spread of the translated video is being monitored using standard social media tools available via YouTube.

The project started on 5 June 2012 and is still ongoing.

Evaluation/research methodology
The following questions were used to help evaluate the project:
- Did the translated video reach its target audience?
- How did the message spread, by which countries, and what sex of social media user viewed the video?
- Which social media routes were most effective or used?
- Were there differences in the way the health message was spread by Facebook, YouTube, or Twitter?
Three month post launch data was collected. Standard website viewing and sharing data, both quantitative and qualitative data was collected and reviewed and comments (in Arabic) were assessed. A comparison was made with the English version website statistics to help evaluate the outcomes of the project.

The evaluation was produced by Ann Gates and Mike Heinrich.

Results of the project

- The translated video received 1.6 million views until 11th November 2012. The data analysis covers 1.37 million views (5th June - 22nd August 2012).
- During week two, it reached the global top five of ALL YouTube videos viewed.
- 92% of the total viewing figures covered the CCG region. Of these, 76% were male and 24% female; there were significant viewing differences in sex and age range by country.
- Comparison with figures for the English version of 2.77 million over six months showed the viral spread of the Arabic version was significantly faster.
- The relative audience retention data showed slightly below average for the full 9.21 minutes.
- The release of the Arabic version caused a significant spike in viewing figures for the English version.
- 64% was shared via Facebook compared with 88% for the English version.

The Arabic translation for the video was sponsored by Health Promotion Centre, Riyadh, Saudi Arabia.

Tips for other professionals

1. Think big! This video was promoted heavily using social media over a month long campaign. The next campaign will focus on the spread and uptake of physical activity messages in social media in the Latin America countries and possibly India. These countries all have different access to social media and different approaches to material content.
2. A more specific qualitative study on how behaviours changed as a result of this intervention would be an area of future research. Social media is by its very context, often ‘of the moment’- a different approach would be to use the same social media methods but focus on maintaining audience participation and viral spread over longer time periods.
3. Don’t be daunted by trying to achieve a successful health promotion campaign in any country! Just do it!

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Aim(s) and objectives of the project
Living Streets aimed to increase the number of primary and secondary school children who walk to school, and thereby contribute to the Department for Transport’s aims (for the Local Sustainable Transport Fund) which include lowering carbon, growing the economy, improving health and increasing physical activity.

The objectives of the pilot project were to:
- increase active modes and reduce car travel
- increase children’s awareness of benefits of walking to school
- identify and address local walking barriers
- create a programme which schools can continue on their own
- test which resources are most effective.

Overview of the project
Living Streets ran a successful pilot of the Walk to School project in Hertfordshire in partnership with Hertfordshire County Council which involved 12 school communities.

The project is now being rolled out across 12 areas of England, targeted at school children in primary and secondary schools.

The pilot project trialled the use of an interactive monitoring tool for children and schools. This is a Flash-based website that schools access on their own whiteboard technology and is used by pupils to record their method of travel to school. Use of the interactive whiteboard tool will be expanded across primary schools in all areas of the new project, as part of the Walk once a Week (WoW) scheme.

Activities involved in the project included existing walk to school schemes Walk Once a Week, and secondary school initiatives Free your Feet and Campaign in a Box’, as well as school assemblies, events, and street audits. The activities encouraged walking through using incentives such as badges for children who walk to school.

The pilot project was funded between September 2011 and March 2012. The larger scale project received funding in May 2012, began in September 2012, and will run until March 2015.

Evaluation/research methodology
Within the pilot project in Hertfordshire, Living Streets developed an innovative Flash-based website that operated on existing school whiteboard technology. Children simply touch on
their name and record how they got to school each day, providing a fun, interactive and educational monitoring tool. This is easily integrated into the school day and provides immediate access to monitoring data for the school, the local council and Living Streets.

The Hertfordshire pilot was complimented by an external mixed methods evaluation that comprised surveys and focus groups of children, parents and teachers. The evaluation framework of the new project is still being finalised.

Results of the project
- The proportion of children walking to school increased from 46% to 53%.
- The proportion of children using Park and Stride (a lift part-way, then walk the rest) increased from 8% to 18%.
- The proportion of children driven to school decreased from 36% to 19%.
- A broad range of findings from focus groups, eg, barriers to walking to school and how they may be overcome.

Living Streets expect the following results when the project is rolled out on a larger scale:
- improved economic performance in the target areas
- a thousand tonnes of CO₂ saved
- 4.2 million journeys to school converted from car to walking and 2.8m converted to park and stride
- a safer environment and reduced congestion around participating schools
- improved health for participating children and their families, as well as a contribution to reduced childhood obesity, resulting from increased active travel
- improved local air quality.

Tips for other professionals
1. Work in partnership with the local authority where you plan to deliver the project.
2. Ensure there is a school coordinator who can help identify and solve problems and promote walking as an option for getting to school.
3. Create a sustainable programme that schools can continue after year one of the programme through providing toolkits and resources.

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Electronic Play Equipment Makes Fitness Fun

Playdale Playgrounds Ltd

Aim(s) and objectives of the project
The project aimed to design an innovative piece of playground equipment to help combat the growing problems of childhood obesity by producing an electronic play unit that made physical activity exciting and fun. In essence engaging the ‘Playstation generation’ back into outdoor activity.

The product had to be suitable for outdoor playgrounds, vandal resistant, DDA compliant and environmentally friendly.

Overview of the project
In 2007 Playdale revolutionised children’s outdoor play with the creation of i.play, combining cutting edge technology and an environmentally friendly design.

The concept focuses around the current issues of childhood obesity, attempting to change the mind-set of the ‘modern child’ by incorporating electronic play into physical activity. i.play provides a whole body aerobic workout, improving fitness, agility, coordination, stamina and reaction time.

The unit boasts nine games designed to target specific muscle groups. Strategically positioned switches command users to lunge, bend, twist, reach and run their way to the highest score.

The dedicated website adds a further dimension for users, promoting social communications on the subject of health. Participants can log their scores and compete against others, with a picture gallery and comments section.

i.play was produced following an extensive research and development process, conducted by Dr Phil Hodgkins, Research and Design Engineer of Progressive Sports Technologies Ltd. Children were involved in all areas of the research and development, including market research and questionnaires, mind mapping sessions, statistical analysis, prototype testing and important physiological testing sessions to provide evidence based results.
It is unique in its ability to provide purchasers with evidence based feedback, through integrated GPRS technology. Purchasers can measure and record the number of games played, health data, including the total calories burned and environmental data that measures the carbon and CO2 savings.

Over 60 units are currently installed in the UK and three overseas. The i.play concept won the Academic Challenge Award 2006 - Winner of the Best in Health category. Run by the Technical University of Munich, the awards recognise innovative design concepts with real world application.

**Evaluation/research methodology**
The prototype testing was an essential stage in the process which tested the validity of the initial concept. Dr Hodgkins conducted portable gas analysis testing on participants which allowed their energy expenditure to be analysed while playing on the i.play. To test children’s perceptions and performance their heart rate, game data and user questionnaires were analysed, followed by an in depth analysis and interpretation of statistical correlations.

**Results of the project**
A total of 43 children were involved in testing.
- The perceived enjoyment levels of the children were scored as 9 out of 10, while the level of tiredness felt after playing a game was 8 out of 10.
- 185 metres were covered per child in an average game of i.play.
- On average a child’s heart rate reached 80% of their theoretical maximum during a game of i.play.
- 86% of children thought i.play was ‘definitely better’ than existing playground equipment.
- 72% of children said that if i.play was in their local park then it would definitely encourage them to play there more often.
- A child weighing 45kg will expend approximately 30 Kcals during a single game on i.play.
- Playing on i.play for five minutes will burn off more calories (43kcal) than playing football for five minutes (41kcal) or swimming front crawl for five minutes(28kcal).

**Tips for other professionals**
1. Extensive and thorough prototype and testing need to be undertaken to prove the concept.
2. Record all of the findings, have them ratified and published to build credibility.
3. Have the infrastructure ready for launch to support the project’s continuing development.

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Aim(s) and objectives of the project
The Activ8 Road 2 London project aims to:

- promote the Chief Medical Officer’s recommendations with regards to healthy eating and physical activity
- increase participation in sport/physical activity and the development of physical literacy from an early age to ensure lifelong involvement in sport and physical activity
- educate children about the benefits of healthy eating and physical activity
- encourage children to participate in 60 minutes of physical activity every day
- increase knowledge of and enthusiasm for the Olympic and Paralympic Games
- create a legacy of the London 2012 Olympic and Paralympic Games by encouraging participants to make positive life changes. All Activ8 programmes were granted the London 2012 Inspire Mark.

Overview of the project
Activ8 is a participation campaign developed by Sport Northern Ireland to encourage children and young people to do 60 minutes of physical activity every day. The programme serves to support the drive to increase participation in sport and physical activity particularly among children and young people. The Activ8 Road 2 London Challenge was a pilot gamification project designed to educate children of primary school age about the benefits of healthy eating and physical activity, and to encourage children to complete at least 60 minutes of physical activity every day by linking their own physical activity to the Olympic torch relay. Gamification is the use of game design techniques, game thinking and game mechanics to enhance non-game contexts. The online Activ8 Road 2 London Challenge started on the 23 April 2012 and finished on the 27 July 2012 - the day of the Opening Ceremony of the London 2012 Olympic Games.

All 854 primary schools in Northern Ireland were invited to register online for the Activ8 Programme, which would allow them to access teaching resources and to participate in the Activ8 Road 2 London Challenge. Over 200 schools registered and 19 primary schools took part. All registered schools will be kept informed of future teaching resources and gamification challenges.

Pupils were encouraged to register online at www.activ8ni.net and support their school. Every ten minutes of physical activity they undertook could be logged online to gain points. Through a weighted scoring system these points were converted into miles which helped the individual, and the school they were supporting, progress along the virtual Olympic torch relay to London.
All schools who completed the Activ8 Road 2 London Challenge received an Activ8 Multi Sports Pack. Individuals who completed the Challenge were able to download a personalised Certificate of Achievement.

**Evaluation/research methodology**
As the challenge was based completely online, the evaluation also took place online. The registration process provided demographic data and the challenge itself provided data about the behavioural habits of the sample.

The user manager component of the application captured data about the participants and their activity. The frequency with which an individual took part in physical activity, the amount of activity they did each day and their preferred type of activity could be recorded.

**Results of the project**
- 740 individuals took part in the Activ8 Road 2 London Challenge. This included young people, their families, teachers and friends.
- 80 individuals completed the individual Challenge.
- Ten schools across Northern Ireland completed the school Challenge. Each ‘finisher’ received an Activ8 Multi Sports Pack.
- The top three ‘finishers’ also received a visit from the Activ8 Wildcats mascots and the Olympic Torch.

**Tips for other professionals**
1. It is essential to have good ICT back-up and training to manage the online game component.
2. In the original registration it would be advisable to obtain parental approval for participation in the challenge and parent contact details. This will ensure that parents are aware of their children’s online activity, as well as involving them in the challenge. You will also have a list of contact details that can be used to promote further challenges.
3. Develop challenges as part of a continuous gamification strategy. Try to ensure a continuous stream of challenges, instead of stopping and then trying to rebuild interest and momentum from scratch.

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‘Active Health’ Physical Activity Referral Programme - Online Referral Tool
Wiltshire Council

**Aim(s) and objectives of the project**

The Active Health project aims to:

- provide one standardised physical activity on referral scheme across Wiltshire that will enable individuals with specified medical conditions to access and benefit from a range of physical activity opportunities that will improve health and reduce inequalities
- reduce the risk of coronary heart disease, stroke, cancer, depression and other associated conditions by encouraging increased levels of physical activity in those with a higher level of risk.
- provide participants with individually tailored programmes of activity with a varied choice of activities, locations and times under the guidance of suitably qualified ‘Active Health’ referral instructors.

Objectives specific to the online tool include:

- developing an online referral tool to increase the likelihood of patient participation, closing the gap between health care and leisure professionals
- enabling the collection of data to monitor progress from point of entry and up to 18 months post referral
- standardising the referral paperwork, consultation and pricing across the county.
- quality assuring the referral programme.

**Overview of the project**

Wiltshire is a large rural area, which had three different exercise referral schemes operating, creating inequality of provision and confusion. As a result of this, Wiltshire Council was commissioned by NHS Wiltshire to address and improve this situation. Active Health, a physical activity referral programme, was developed and launched in February 2012. It incorporates traditional GP referral for conditions such as depression or being overweight, with the addition of more specialist elements such as falls prevention, cardiac rehab and exercise after stroke.

Active Health took an innovative approach in addressing the main problems with existing exercise referral schemes. The main problems identified were:

- patients not attending after being referred
- limited communication between the healthcare and leisure professionals
- difficulty monitoring how many patients had been referred
- difficulty monitoring how many patients had attended and completed their 12-week programme.
In partnership with NHS Wiltshire IT Department, an online referral tool was developed. Referring practitioners sign up to the tool and are able to make an instant referral, via an online form, which is immediately received by one of three Active Health Hub Co-ordinators. The Hub Co-ordinator contacts the patient and books them in for an appointment. The Hub Co-ordinators are specialist Level 4 instructors and, as they are the one point of contact for GPs in their area, they have been able to build an excellent, two-way relationship. To date 98% of GP surgeries in Wiltshire and a significant number of health care professionals are signed up to use the online tool.

Behind the tool is an extensive database which monitors patient progress, feedback to referring practitioners and data collection.

**Evaluation/research methodology**
An initial consultation was carried out including baseline assessment of blood pressure, resting heart rate, height, weight, waist and hip measurements and goal setting. This is carried out again at 12 weeks and the results are compared. There is also a six week review with the client in person and weekly contact via telephone, text, email or in person.

Data collected includes baseline assessment and re-assessment, reason for referral, age, gender, referring practitioners, referring centres, number of referrals and retention, types of referral and follow up at 6, 12 and 18 months to see if still active.

**Results of the project**
The online tool has provided a wealth of data collection which was not possible previously. Quarterly reports are produced which demonstrates patient progress and identifies trends in referrals, eg, to date 48% of all referrals are for overweight/obesity, so a CPD instructor has been organised to look at this condition. The new system has also engaged GPs to make more suitable referrals with over 650 online referrals made in seven months, a 68% increase from the same period last year.

**Tips for other professionals**
1. Meet with all existing groups who deliver exercise referral and find out what works and what doesn’t. Involve GPs, practice nurses and other healthcare professionals in the initial discussions and steering groups.
2. Carry out a pilot project with a proactive surgery so that they can work with you during the development of the project, and help to resolve any issue that might be highlighted by GPs, practice staff and yourselves.
3. Establish one or two key points of contact on both sides, eg, a representative from NHS Wiltshire and Active Health Hub Co-ordinator. They are then in a position to disseminate information to relevant people so all parties know where to come if there are any problems or issues that arise.

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Aim(s) and objectives of the project
The aim of Be Active was to deliver a community based, intervention to promote and encourage behaviour change at an individual and family level.

Key objectives also included:
- Increasing physical activity in overweight adults (BMI of 25-29.9) and their families in nine of the most deprived areas of Barnsley
- co-ordinating and providing a programme of free physical activity provision
- distributing an interactive behaviour change DVD to households across the nine target areas to support increased physical activity and positive lifestyle behaviour change
- recruiting 200 adults to take up one-to-one client-centred lifestyle assessment sessions
- delivering ‘Small Changes’ weight management courses in the nine target areas to Be Active members.

Overview of the project
Overweight adults (BMI 25-29.9) and their families in nine of the most deprived areas of Barnsley were eligible to take part. 7,206 members registered for the Be Active programme. Be Active provided a programme of free physical activity provision (46 activities including free swimming) across communities, in local settings if the nine target areas. Public and local stakeholder consultation was carried out to determine the range and provision of activities. Online, postal and telephone membership registration options were provided.

A regionally tailored, interactive behaviour change DVD was distributed to 5,000 members to support increased physical activity and positive lifestyle behaviour change. Interactive behaviour change tools addressed motivation and readiness for change. One-to-one client-centred lifestyle assessment sessions were included to measure and feedback on health indicators relating to obesity and CVD risk. Sessions were delivered by University and local community health development workers.

Delivery of ‘Small Changes’ 12-week weight management courses were also made available in the nine target areas delivered by a local provider.

Crucially the success of Be Active was dependent upon partnership working with NHS Barnsley, GP surgeries, local Health champions, Barnsley FC Sports and Education Trust, Active Barnsley, Barnsley Premier Leisure, Barnsley Metropolitan borough council, local charitable groups and voluntary organisations.

Mass marketing of the programme included the development of a Be Active ‘brand’, mass household leaflet drops (65,000), a Be Active website, social media, word of mouth, stakeholder ownership of the programme and a dedicated community development worker.

Evaluation/research methodology
Programme effectiveness was determined by collecting health indices data from a sample of 124 individuals at baseline and six month follow up. Statistical analyses measured changes in weight, BMI, physical activity (GPPAQ questionnaire based), quality of life (SF-12 health survey) waist circumference, blood pressure and cholesterol and blood glucose profile. Physical activity attendance was recorded from April 2010 to November 2011 by activity service providers via manual and computerised systems dependent upon activity session. The DVD was evaluated by a bespoke, brief self-report questionnaire measuring the DVD’s ability to influence physical activity behaviour and motivation.

Results of the project
- Be Active recruited 7,206 members from 4,815 households (72% female and 28% male)
- 70% had a BMI of 25-29.9
- 43% had a BMI of 30-39.9 and were included in the programme after discussion with the NHS and council
- 25-34 year olds engaged most in physical activity
- 30% of the memberships were family members
- significant changes in weight, waist circumference and blood pressure were observed.

GPPAQ revealed a non-significant increase in physical activity. Based on a sample of 294 users, 92% watched the DVD, 96% reported they were more motivated to become active and 93% reported making changes to their lifestyle in favour of physical activity. Positive trends in improved quality of life were seen. A cost-effectiveness evaluation is currently being undertaken.

Tips for other professionals
1. Establish one agenda between service providers and stakeholders. Partnership working and ‘ownership’ of Be Active by local service partners were critical to the success of the programme. Create working relationships between commissioners and service deliverers that focus on working towards a shared and common goal (rather than discrete priorities).
2. Widen or indeed remove the BMI parameters for inclusion in referral programmes. While there are dangers in funding an existing active population through such an approach, this project encountered difficulties in recruiting due to the targeted approach based on BMI.
3. A clear social marketing message is crucial to increasing engagement. Your health promotion message needs to be reinforced at every available point of leverage across the targeted community. A key challenge is to get numerous professionals and volunteers to invest in your ideas. Once they are on board ‘word of mouth’ becomes an effective marketing strategy.

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Aim(s) and objectives of the project
The aim of the Cornwall Beach Games project has been to highlight the benefits of physical activity and to give a positive experience to employees within businesses in Cornwall.

An additional aim of the project is to provide support to businesses in completing the NHS Workplace Awards scheme.

Overview of the project
Cornwall Sports Partnership, Cornwall College and the Cornwall & Isles of Scilly NHS worked in partnership to create a beach-based workplace activity day.

Over 20 businesses from across Cornwall provided teams from their workplaces to attend the second annual Beach Games held on Tolcarne Beach in Newquay. The day consisted of various activities including volleyball, handball, beach soccer, a surf rescue challenge, tug of war and sandcastle building.

This one day initiative targeted individuals within the businesses that wouldn’t classify themselves as ‘sporty’. Beach Games used easy, non-competitive games to provide a great day out for businesses and highlight physical activity opportunities with a view to getting people to think about ways they could increase their own physical activity levels.

The project utilised the Workplace Health Co-ordinator from the NHS Cornwall & Isles of Scilly to reach out to businesses across Cornwall that have been working towards their Healthy Workplace Award. The day itself was delivered through the County Sports Partnership and Cornwall College staff and coaching networks, with support from the NHS Cornwall & Isles of Scilly’s’ Sun Safe team and Health Trainers.

Evaluation/research methodology
The evaluation of the Beach Games was through an online questionnaire that went out to all participants as well as discussions between the Cornwall Sports Partnership, Cornwall College and Cornwall & Isles of Scilly NHS.

Results of the project
The questionnaire results showed that:
- 48.6% of responses were male and 51.4% were female, with the most popular age category of the respondents being 25-34 years old (56.8% of all responses)
• 67.5% of the participants took part in less than 5x30 minutes (150 minutes) of physical activity per week
• 100% of the participants would be interested in taking part in additional workplace sports events or competitions
• 94.6% of those would be interested in a Beach Games type event.

**Tips for other professionals**

1. Partnership working, work with others that have similar aims.
2. Add a cost to the programme as businesses will see that there is value and also the cost acts as a commitment, especially when the project could be weather dependant (Beach Games/outdoor event).
3. Ask the end users what they will be interested in, as they will be experiencing the service. Don’t just rely on the products/services that you can offer as this can expand your partnership base as well.

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Aim(s) and objectives of the project
The challenge aims to create awareness of individuals’ current physical activity levels and ways of increasing them.

The challenge also aims to work with partners, including National Governing Bodies, local sports team, physical activity providers and groups to create a non-prescriptive approach to their activity challenge.

Overview of the project
The Get Active Challenge is a bespoke part of the Get Active Cornwall website www.getactivecornwall.co.uk/challenges. It provides a team-based six week challenge to exercise around the coastline of Cornwall utilising any form of activity the participant chooses. For each minute of activity the participant logs, it will be converted using an algorithm into miles walked. The activity itself doesn’t necessarily have to be walking, as it can be anything from working out in the gym, swimming, cycling to playing team sports.

The website helps with continued engagement by promoting weekly activity offers through local providers, as well as highlighting a variety of low cost/no cost initiatives that the participant can take part in. This linked with peer support (the challenge is made of teams of three people) provides on-going support through the six weeks of the challenge.

Evaluation/research methodology
Participants take part in a pre and post intervention questionnaire, the International Physical Activity Questionnaire. This information as well as individuals’ self-reporting of their daily or weekly participation is all logged electronically on the Challenge website.

Results of the project
The results from the previous Get Active Challenge showed that the average distance a team travelled was 280.94 miles around Cornwall’s coast. This included more than 600 people from Cornwall Council.

Popular activities reported included walking, swimming and working out at the gym.

Individuals also commented on the supportive nature of the team, as they didn’t want to let the rest of their group down and it encouraged them to take part in collective activities as well as by themselves.
**Tips for other professionals**

1. Allow plenty of time for the creation of the website and also including ample time for testing and making sure the end user’s experience is as simple as possible.
2. Create clear user guides and a list of frequently asked questions to minimise the additional support required around the use of the website.
3. Be clear with your brief to the web designers, otherwise additional content can rapidly increase the costs if a bespoke site is being used.

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GPS Orienteering - Put Yourself in the Computer Game
Complete Kidz CiC

**Aim(s) and objectives of the project**
The GPS Orienteering project aims to:
- increase physical activity participation rates in families identified as inactive
- increase participation rates among BME groups
- encourage families to exercise in a fun, non-invasive way
- measure the role exergaming plays in improving physical activity.

**Overview of the project**
Complete Kidz was commissioned by Birmingham PCT and Be Active to deliver a GPS Orienteering Project to identified local residents in the Heart of Birmingham PCT trust area.

The target group for the project was families (both children and parents) living in Birmingham who were identified as inactive or non-active.

Four target locations were identified: Stockland Green School, Kingsbury School, Nechells Leisure Centre and Hodge Hill Girls School.

A one hour session per venue was organised each week for 12 weeks between March 2012 and July 2012. GPS orienteering was promoted as exergaming ‘putting yourself in the computer game’. Computers, Google Earth, GPS units and radios were used to direct family members around a pre-determined orienteering course to virtual way points. In order to move to the next virtual waypoint a multiple choice question related to health had to be answered.

Families worked as groups against each other to play the GPS Orienteering Game. Half of the group worked at the computer as control agents whilst other half worked in the field as field agents.
Field agents wore a GPS unit that identifies their location on the computer. Control agents used a Google Earth map to direct their avatar around the course to the virtual waypoint. Once the virtual waypoint is reached a question pops up on screen related to health that must be answered in order to progress to the next virtual waypoint.

A 40 minute session split into two halves enables both groups to work inside and out. The distances covered were predetermined by the course set and can be anything from 1km upwards. Participants were allowed to walk, jog or run.
Evaluation/research methodology
In order to measure the impact of the study pre, medium and post project questionnaires were carried out. Adults and children were interviewed at the beginning and end of the project.

Measurements of participation and attendance data were recorded. Data was collected by the session deliverer and anecdotal evidence was recorded.

Results of the project
The program encouraged family cohesion and participation in an activity that was considered to not be like sport. It therefore worked well in engaging members of the community who use computers and computer gaming in their leisure time.

Parents and children stated that the element of them being involved in the computer game and part of a timed competition encouraged them to work harder.

By week 12 many adults and children were running between virtual waypoints rather than walking between them as they had done at week one. The distance covered for the 20 minute games was also increased throughout the 12 weeks.

Many adults and children indicated that they perceived that their health had improved and they felt fitter, as well as gaining invaluable knowledge of health and fitness through the questions asked at each waypoint.

Tips for other professionals
1. When working with BME groups ensure sessions do not clash with mosque time or religious festivals.
2. When working with families ensure that parents share the physical activity part of the program and not just work on PC.
3. Ensure venue is suitable for both ICT and practical components of the project.

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Aim(s) and objectives of the project
The aim of the project is to encourage those living with long term conditions, with a focus on inactive women over 45 and over 65s of both genders, to become involved in walking to reduce sedentary time, improve their health and better manage their condition.

Secondary objectives include increasing:
- awareness of the benefits of walking among ALLIANCE members
- support for the development of opportunities that will enable ALLIANCE members to become involved in walking
- understanding among the target group of how to become more active without adversely affecting their condition
- activity levels among those participating in the project.

Overview of the project
Walking Towards Better Health (WTBH) is a three year partnership project between the Health and Social Care Alliance Scotland (the ALLIANCE) and Paths for All, which began in October 2011.

The first year of the project focused on consultation activities to ascertain the main barriers and enablers to increasing activity levels as experienced by those living with long term conditions. The project used a range of consultation tools to engage with the target groups and the organisations that support them. Methods used included phone interviews, online surveys, questionnaires and workshops.

Parallel to this consultation work, complementary activities took place to enhance the information being gathered. These activities were:
- A scoping activity to map what resources already existed in Scotland to support increased activity and how the target group uses and responds to them.
- Accessible training for volunteers living with long term conditions to enable them to run health walks for groups they were affiliated with.
- Distribution of small pots of funding to support 12 ALLIANCE member organisations to establish a range of accessible walking activities.

The learning from year one activities will be outlined in a series of project resources including an interim report, a parliamentary reception and a set of key recommendations for increasing activity among the target groups. These resources will be distributed widely across the
voluntary, health and social care sectors across Scotland and used to shape the direction and focus of work during years two and three.

**Evaluation/research methodology**
As part of the project information was collected from a range of sources including:
- individuals living with a long term condition
- interactive workshops at already established support groups
- telephone interviews, an online survey and questionnaires.

In addition members of the ALLIANCE provided information through an online survey and attending Walking Towards Better Health events. Those members who were funded to establish walking activities provided regular feedback, quotes and learning through an online blog.

**Results of the project**
Initial findings from the project show:
- engagement with approximately 400 people who are living with a long term condition
- at least 115 people who are living with a long term condition are now engaging in regular walking activities through the support and funding provided to ALLIANCE members to establish walking activities
- improvements in physical, mental and social health by those who have engaged in the walking activities
- increased volunteering opportunities
- increased capacity of ALLIANCE members to provide sustainable peer support to people living with long term conditions.

**Tips for other professionals**
1. People living with a long term condition are the experts about their condition, using a person centred approach will ensure that the activities are appropriate to meet the needs of those they are supporting.
2. Approaching support groups that are already established to discuss physical activity and walking facilitates engagement with those who are inactive and who would have otherwise not have considered physical activity.
3. Investing in volunteers not only supports the development of sustainable services can have a huge range of benefits to the volunteer themselves.

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Wii Fit Programme
NHS Pennine Care-Active Adults Programme

Aim(s) and objectives of the project
The Wii Fit Programme aimed to design a programme that could reach out to the older population of Oldham, helping them to improve their physical activity levels.

Overview of the project
The popular exergaming software Wii Fit is currently being utilised to encourage and motivate residents in supported housing across the borough of Oldham, Greater Manchester, to increase levels of physical activity. With NHS statistics showing that 30% of adults over 65 will experience at least one fall a year, the use of Wii Fit is perfectly suited to help members of the elderly population to improve their fitness, balance and co-ordination. Guinness Northern Counties Housing Association (GNCHA) is fully supportive in encouraging their residents to take part in the initiative.

The project is led by the Physical Activity Team of Pennine Care NHS Foundation Trust. In the autumn of 2010 members of this team liaised with management of the GNCHA in order to ascertain a level of interest. As a result of these meetings, the first (pilot) programme was up and running in the November 2010, with the second set up the following April. Further discussions with GNCHA have led to four additional residences joining the programme.

The sessions are delivered once weekly by Pennine Care sessional workers. Each session involves the use of Wii Sport and Wii Fit software, with activities including bowling, tennis and exercises which test and develop balance and co-ordination.

Evaluation/research methodology
Monitoring reports are in the form of a standardised score sheet, completed for every session the participant attends. With activities carried out on the Wii Fit balance board, an improvement in score can be taken as an improvement in balance and co-ordination. Analysis of scores achieved on a weekly basis is an effective way of monitoring an individual’s progress.

Results of the project
The key impact the programme has had on the elderly community involved is the change in their physical activity levels. Positive outcomes are promoted by supporting participants to regularly attend sessions and in future, by expanding the number of projects available to the elderly community of Oldham. The programme has also had a marked influence on the social health by involving individuals that may not have been part of a social group. This in turn has impacted on the self-confidence of residents. Numbers continue to grow as more people are becoming aware of the programme, and how much fun physical activity can be.
In addition to the physical improvements being recorded, there is also anecdotal evidence that the programme is providing aspects of the social health model too. Participants are forming new social groups as a result, and there is evidence of improved confidence and self-esteem in participants.

**Tips for other professionals**

1. Having a strong idea of the aspects of the evidence base you want to translate will help to focus the outcomes of your project which in turn will increase the chances of a successful programme.

2. Gain support at a senior level from the partner agency, and make SMART goals together. Going to the area manager directly helped to reduce time spent contacting individual residences. By taking this route we had internal support and this worked well in promoting the service, which subsequently led to local residence managers signing up to the programme.

3. Ensure (particularly when working with the older generation) that a physical activity readiness questionnaire is completed prior to taking part. The Wii-Fit is designed for all ages and abilities, but this particular client group may have a medical history that requires GP clearance before commencement. Regular feedback to participants on their progress also proved beneficial. From here, changes can be made to provide a variety of activities in order to prevent the programme going stale.

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Making physical activity a priority