wavehill

Social and economic research

Ymchwil cymdeithasol ac economaidd

wavehill.com

Evaluation of Get Out Get Active Phase 2

Final Report

July 2024

Get Out Get Active

Funded By

SPIRIT 2012

SPORT ENGLAND

LOF

Wavehill: Social and Economic Research

Our offices

- Wales office: 21 Alban Square, Aberaeron, Ceredigion, SA46 0DB (registered office)
- West England office: St Nicholas House, 31-34 High Street, Bristol, BS1 2AW
- North of England office: The Corner, 26 Mosley Street, Newcastle, NE1 1DF
- London office: 2.16 Oxford House, 49 Oxford Road, London, N4 3EY

Contact details

Tel: 0330 1228658

Email: wavehill@wavehill.com

Twitter: @wavehilltweets

More information

www.wavehill.com

https://twitter.com/wavehilltweets

Report authors

Jacob Abekhon, Oliver Allies, Anna Burgess, Paula Gallagher, Eddie Knight, Huw Lloyd-Williams, Simon Tanner, and Sarah Usher

Any questions in relation to this report should be directed in the first instance to Simon Tanner, simon.tanner@wavehill.com

Date of document: Draft

Version: 3

Client details

Helen Derby Strategic Lead - Programmes, Activity Alliance

Email: helend@activityalliance.org.uk

Acknowledgements

We would like to thank the many individuals who gave their time to assist in the evaluation, including Home Nation leads, locality leads and delivery staff in each of the areas delivering GOGA.

Particular thanks are due to Helen Derby, Stacey Johnson, Helen Newberry, and Kat Southwell at the Activity Alliance, and Amy Finch, Ruth Hollis, and Alex Johnston at Spirit of 2012 for their insight and valuable comments on all aspects of the evaluation work.

Most importantly, we acknowledge the participants, volunteers and peer mentors who have shared details of their experiences which have been particularly important in the writing of this report.

This evaluation would not have been possible without all these contributions.

List of abbreviations

DSNI	Disability Sport Northern Ireland
DSW	Disability Sport Wales
GOGA	Get Out Get Active
MI	Management Information
SDS	Scottish Disability Sport
Spirit	Spirit of 2012

Contents

List of tables

List of figures

Executive Summary

Introduction

This report provides a summary of the evaluation findings for the second phase of the Get Out Get Active (GOGA) programme, henceforth referred to as GOGA 2. The primary objective of GOGA was to encourage both disabled and non-disabled individuals to increase their physical activity levels. This was achieved by introducing innovative and alternative engagement methods aimed at some of the UK's least active individuals, providing them with enjoyable and inclusive opportunities to get moving.

GOGA was implemented in two phases:

- Phase 1: May 2016 to March 2020[1]
- Phase 2: April 2020 to December 2023

The main grant funder of GOGA was Spirit of 2012 (Spirit), who invested 20% of their funding commitment (£7.5 million) across both phases of GOGA. In 2020, additional funding for GOGA 2 was secured from the London Marathon Foundation (£1 million) and Sport England (£1 million), extending the reach and impact of GOGA across the UK.

GOGA 2 was successfully delivered in 22 locations throughout the UK.[2] Wavehill was appointed in March 2020 to evaluate GOGA 2 until March 2024.

The evaluation process combined both quantitative and qualitative data collection with the following objectives:

- To assist Activity Alliance in reporting the programme's outputs and outcomes to its funders
- To gain a deeper understanding of effective strategies for encouraging the least active disabled and non-disabled individuals to participate in physical activities together
- To build upon the evidence and learnings from the first phase of GOGA
- To comprehend the collective impact of the GOGA approach
- To generate evidence that can inform future priorities and programmes aimed at engaging the least active individuals
- To understand the operational aspects of GOGA and how it can optimise investment and impact.

Outputs

GOGA 2 has successfully achieved all its primary output targets:

- Surpassed its registered participant target by 1,388, achieving 111% of its goal
- Exceeded its volunteer target by 415 volunteers, reaching 145% of its intended number
- Trained more staff and volunteers (1565) than initially planned, attaining 101% of the target.

[1] More detailed information on the impact of GOGA Phase 1 can be found **here**.

[2] Details of the localities in Phase 2 delivery can be found **here**.

These accomplishments were made despite the onset of lockdown restrictions due to the Covid-19 pandemic. The programme's success, in the evaluators' view, is a direct result of Spirit, the main funder, encouraging experimentation, piloting, and a flexible approach to delivery. This is particularly noteworthy given the disproportionate impact of Covid-19 on disabled people and the measures taken to mitigate its health impacts (ONS 2022).

Impacts

GOGA 2 has also had significant impacts on participants, the workforce, and stakeholders and delivery organisations involved in its implementation. The evaluation reveals that the key areas of impact from GOGA 2 include:

Increased physical activity being sustained

- On average, 4 in 10 (40%) of all participants are physically inactive when joining the programme, indicating that GOGA 2 has continued to be successful in reaching the least active groups.
- GOGA 2 has encouraged 7 in 10 (72%) participants to engage in more physical activity.
- Average weekly activity levels have increased for both disabled and non-disabled participants. After 15 months, participants are, on average, engaging in an additional 31 minutes of activity per week, up from an average of 96 minutes when they joined GOGA 2.
- The evaluation estimates that over 3,050 of the least active participants involved in GOGA 2 have increased their activity level.
- Overall, 58% of participants reported doing more physical activity. Six months after joining, participants who were inactive when starting GOGA 2 are now engaging in an average of 97 minutes of activity per week. Furthermore, 31% of those who were previously active have doubled their activity levels.
- Based on changes in active minutes reported by participants, 77% of participants were sustaining their activity six months after the programme start, surpassing the 40% programme target.

Enhancing participant wellbeing

- Almost 8 in 10 (77%) participants reported improvements in their mental well-being after participating in GOGA 2 activities.
- Using ONS Wellbeing measures, GOGA 2 participants reported greater life satisfaction, a feeling that their life is more worthwhile, lower levels of anxiety, and increased social connectedness following their participation. Reductions in anxiety for all participants were shown to be statistically significant.
- This positive trend in wellbeing is broadly consistent across gender, ethnicity, and activity levels, although there is some variation between groups. The least active group reported a particularly pronounced increase in life satisfaction compared to individuals with higher initial activity levels.

Increased community connection

- Almost 6 in 10 (58%) participants reported feeling more connected within their community due to their GOGA 2 experience. This is related to declines in feelings of loneliness, increased confidence, and participation in community activities.
- Analysis of survey data shows that feelings of loneliness are declining slightly for all participants – for both disabled and non-disabled people. Furthermore, loneliness is declining for all ethnically diverse community groups, women, and individuals categorised as active and fairly active.
- Participants reported that their confidence to participate in community activities is increasing for all groups, including disabled people. This change for all participants is statistically significant.
- The increase in confidence to participate in community activities has translated into an increase in actual participation. Consequently, there are positive trends in community engagement/involvement for both disabled and non-disabled participants.
- There has been a less positive picture around how GOGA 2 has altered the perceptions of disabled people amongst its participants. Survey data shows that the average score of their personal perceptions of disabled people has declined slightly for both disabled and non-disabled participants. Despite this fall, the average rating remains above eight out of ten for most respondents. The same trend is consistent across gender, ethnicity, and activity levels.

Organisational change

- GOGA leads by example with a representative workforce. Almost 3 in 10 (28%) volunteers have a disability.
- Organisational change has also been noted from GOGA 2 delivery, with organisations revising their ways of working to bring inclusive practice more centrally to their delivery of physical activities, delivering more capacity and more holistic support to participants shaped by a better understanding of need, and better links with health and social care sectors.
- Changes have also been seen in the ways stakeholders and delivery organisations through GOGA 2 have been reaching and engaging the least active; providing genuinely inclusive delivery through 'Active Together' approaches; and the recruitment and development of the workforce to deliver physical activity to GOGA 2 participants.
- GOGA 2 has also developed sustainable delivery models built through alignment with local strategic initiatives supporting other place-based delivery and work with the targeted community groups; developed new ways of partnership engagement and management particularly into grassroots organisations, and actively involved participants through consultation and co-creation of activities.

Value for money

- GOGA 2 partners have been able to secure additional funding to date of £2.3 million to continue or extend existing delivery.
- Calculating the return on investment by dividing the social value created by GOGA 2 by the total cost of the investment shows that for every £1 invested, it has delivered £4.60 in social, environmental, and economic value. As a comparison, Sport England (2020) modelling of community sport and physical activity there is a return of £3.91.

Learning

Through its targeted approach and place-based operations, GOGA 2 has underscored the critical need for successful work with the least active or disengaged groups to:

- Gain a deeper understanding of the nuanced barriers and challenges to being active to create a participant-centred approach that considers past experiences, addresses barriers, aligns with preferences, and provides ongoing support to encourage sustained participation in physical activities.
- Ensure sufficient funding, time, and resources for consultation and co-creation of activities with participants to shape delivery approaches and content
- Place a greater emphasis on specialist partners and community representatives to refer and support/lead delivery with targeted groups.

As a result, effective practice for successful delivery should encompass:

- Expanding partnerships into communities and specialist community groups, including exploring routes beyond existing physical activity networks
- Identifying local specialist partners who can assist in consulting with the inactive and support the improvement of delivery
- Engaging in consultation with targeted groups to identify the barriers they face and co-produce solutions with them, and not hesitating to delegate this task to other community organisations
- Avoiding rushing into delivery. Instead, focus on consulting, engaging, and re-consulting to 'fine-tune' a co-produced activity offer
- Selecting staff and volunteers with the skills and competencies to understand and utilise lived experiences, and build 'allyship' with participants to establish trusting relationships that engage and sustain their physical activity.

1. Background

1.1 Introduction

This report summarises the findings of the evaluation of the second phase delivery of the Get Out Get Active (GOGA) programme (hereafter referred to as GOGA 2) that draws on:

- a **summative assessment** of the performance of the GOGA 2 programme from April 2020 to March 2024

- **insight into the key process and practice** of a 'GOGA approach'

- an **updated sustainability report** that highlights how GOGA 2 has
    - facilitated and supported participants to improve their physical activity levels and embed opportunities for them to be active for life
    - enabled inclusive delivery to become a key part of local system delivery and practice
    - ensured the transfer of learning within, and beyond, GOGA programme delivery

- **key insight and learning from GOGA 2** delivery to support the planning, development and delivery of future GOGA Approach delivery.

Reference in the document will be made to impacts demonstrated across both Phase 1 and Phase 2 of delivery but the main focus will be upon data captured on Phase 2 delivery.

More detailed information on the impact of GOGA Phase 1 can be found **here**.

1.1.1 Spirit of 2012

Spirit of 2012 (Spirit) were the main funder of GOGA investing 20% of their funding commitment (£7.5 million) in the two phases of GOGA delivery. In 2020, additional investment for GOGA 2 was secured through the London Marathon Foundation (£1 million) and Sport England (£1 million) to extend the GOGA provision and impact across the UK.

Spirit are the London 2012 legacy charity set up by the National Lottery Community Fund. Spirit funded a range of projects and research that aimed to enable people to participate in a wide variety of activities from physical activity to the arts and volunteering through which that participation those people can be made to feel better and be more connected to their communities. Evaluation has been a central focus of this work to identify why and how taking part brings about these outcomes and what learning can be shared to shape other similar practice/delivery.

1.2 The GOGA programme

GOGA aimed to support disabled and non-disabled people to be physically active. It sought to identify innovative and alternative ways to engage with some of the UK's least active people to get them moving by providing fun and inclusive opportunities for them to be more active.

GOGA operated in two phases of delivery between:

- May 2016 and March 2020 (Phase 1), and
- April 2020 to December 2023 (Phase 2).

GOGA 2 delivery continued to be guided at a local, national and programme level by the Talk to Me principles of Activity Alliance that seek to widen the delivery of inclusive practice, directly through the programme, AND influencing other organisations to incorporate such practice into their own delivery.

The ten Talk to Me principles[3] resulted from Activity Alliance research with disabled people, which explored what helps to make activities more appealing and accessible[4].

The GOGA approach tests whether the effective use of the principles will influence the extent to which people are supported to become more physically active, actively engaged, and sustain that engagement over the longer term.

A video explaining GOGA and its delivery approach can be found here: **What GOGA is all about**

Figure 1.1 overleaf provides an overview of the scale of funding and partners involved

[3] You can watch a video on the Talk to Me principles by clicking on this link **Explaining the Talk to Me Principles**

[4] See http://www.activityalliance.org.uk/how-we-help/research/1878-talk-to-me-october-2014

Figure 1.1: GOGA Programme Overview

The Get Out Get Active (GOGA) programme operated over two phases of delivery between May 2016 and March 2020 (Phase 1), and April 2020 to December 2023 (Phase 2).

Spirit of 2012 invested a total of £7.5 million in GOGA, (£4.5 million Phase 1, and £3 million Phase 2).
Phase 2 delivery was extended by £1 million each from Sport England and the London Marathon Foundation.
Total GOGA funding over 7 years of delivery = £9.5 million.

Aim of programme was "supporting disabled and non-disabled people to be active together, GOGA aims to get some of the UK's least active people moving more through fun and inclusive active recreation."

GOGA delivery has been led by the Activity Alliance supported by the Home Nation Disability Sport Organisations (Disability Sport Northern Ireland (DSNI), Disability Sport Wales (DSW) and Scottish Disability Sport (SDS)) overseeing:

39 Different UK localities delivering GOGA in 7 years

19 UK Localities in Phase 1

22 UK Localities in Phase 2

Source: GOGA Programme Documentation – see the **GOGA Phase 1 Final Report** Appendix 1 for details of the localities included in Phase 1 delivery. Phase 2 localities in Figure 1.2 below.

Figure 1.2 shows the 22 GOGA 2 localities, audience and place based interventions.

Figure 1.2: GOGA 2 localities and focus

Locality	Locality Lead	Geographical Area	GOGA has:
Amber Valley	Active Derbyshire (Active Partnership)	Heanor	Reached out and engaged the borough's most disadvantaged and inactive population. Using the principles of GOGA, engaged with non-disabled and disabled people with the main focus on lower socio-economic groups.
Bassetlaw	Bassetlaw Action Centre	Bassetlaw wide	Enabled partners in Bassetlaw to introduce active recreation into a voluntary sector led health initiative supporting those with long term illness. GOGA developed an approach which connects those with health conditions into local communities through integrated activity provision.
Black Country	Active Black Country	Wolverhampton	Worked specifically in Wolverhampton, GOGA funding explored the potential of faith-based organisations reaching the most inactive disabled and non-disabled people.
Blackpool	Blackpool Council & Active Blackpool	Bloomfield, Claremont, Grange Park, Highfield Road and Hawes Side.	Targeted five out of the ten most deprived communities in Blackpool, through energetic and proactive engagement with individuals and communities facing extreme disadvantages. Also, responded to existing strategic challenges such as Blackpool having the lowest male life expectancy and highest male suicide rates in England.
Bradford	Bradford Disability Sport and Leisure	Bradford East Barkerend, Bradford Moor, Thornbury and Fagley Bradford South Holmewood, Tyresal and Laisterdyke	Engaged with those from ethnically diverse communities, Women and Girls & Families

Gloucestershire	Active Gloucestershire (Active Partnership)	Yorkley, Sedbury and Lydney	Developed a movement which captures the energy of community networks in engaging key inactive populations. GOGA focused on older people (including those with dementia) as well as carers/supporters. GOGA put in place practical steps to underpin the core aim of "designing back into everyday life of being physically active".
Haringey	Haringey Council	Northumberland Park, White Hart Lane & Tottenham Hale	Enabled the development of inclusive communities in the London Borough of Haringey. GOGA used sport and physical activity to engage disabled and non-disabled young people and adults living in the most deprived areas of the borough. Activities were aimed at those affected by gang culture or violent crime.
Humber	Active Humber (Active Partnership)	North and Northeast Lincolnshire Barton Upon Humber & Northern Lincolnshire Villages	Enabled partners to have a specific focus on 55–75-year-olds. GOGA developed outreach resources to work with the dispersed villages making use of village halls and connecting with the wellbeing hub. GOGA has also supported individuals undertaking caring responsibilities for children focussing on intergenerational and engaging older people within inclusive activity.

Liverpool	Liverpool City Council	Liverpool Wide	Engaged with four distinct communities all of which shared the common challenge of being disproportionately disconnected from the City's offer and active recreation. These communities included young people with caring responsibilities, LGBTQ+, Military Veterans and Universities all of which reported high mental health issues.
Northern Ireland	Live Active Northern Ireland	Mid and East Antrim and Mid Ulster	Tackled inactivity across Northern Ireland by delivering a broad and extensive range of 'Family Fit' themed activities and events.
Nottingham	Nottingham City Council	Citywide, Aspley, Bilborough, Bulwell, St Annes, The Dales & Clifton	Engaged those individuals from ethnically diverse communities across the City and Families.
Scotland	Scottish Disability Sport	Dundee, Perth, Kinross & Angus	Co-ordinated and linked health professionals with existing and new physical activity and sporting opportunities whilst fostering an inclusive community engagement approach.
Sunderland	Foundation of Light		Utilised the power of sport and physical activity alongside the Sunderland brand. GOGA has engaged the hardest to reach inactive participants from the most deprived communities in Sunderland across a bespoke range of targeted interventions and programmes covering physical activity, sport and education.

Wales	Disability Sport Wales	West Wales Pembrokeshire, Ceredigion, Carmarthenshire & Powys South Central Cardiff, Swansea & Newport North Central Conwy, Flintshire & Denbighshire	Delivered three distinct projects that has developed community based 'physical activity for those individuals from ethnically diverse backgrounds, LGBTQ+, home educated children and young people across Wales.
Wiltshire	Wiltshire and Swindon Sport (Active Partnership)	Salisbury, Amesbury, South-West Wiltshire, Southern Wiltshire & Tidworth	Enabled partners to have a unique focus on the interplay between isolated rural communities surrounding Salisbury and the growing military and ex-military population. GOGA has directly addressed the mental health impact of loneliness and social isolation in the locality and focused on social cohesion.

1.3 Aims of GOGA 2

Delivery through the GOGA programme sought to:

- Reach the very least active disabled and non-disabled people in "active recreation" through locality driven:
  - Outreach
  - Engagement
  - Effective marketing.
- Support disabled and non-disabled people to be active together through genuinely inclusive environments
- Focus on engaging people and developing workforce through use of the ten Talk to Me principles[5]
- Deliver three types of sustainability:
  - Individuals active for life
  - Inclusive local system and practice
  - Transferable learning

[5] Details on the Talk to me Principles can be found here: https://www.activityalliance.org.uk/how-we-help/research/ten-principles

Consequently, this would mean that **individual beneficiaries** (very least active) would:

- **move more, more often** reducing any sedentary behaviours through fun, inclusive and appealing activity with participants confident to engage in activity beyond GOGA
- **feel healthier and happier** – interventions will improve physical health and contribute significantly to well-being
- **be more informed about, and better connected to, their community** – programmes bring different people together to challenge and improve perceptions of others, explore the local environment and enable participants to build a greater sense of value of themselves and those they connect with

Furthermore, **delivery organisations** would be enabled to change/refine further their organisational practice around supporting the least active to be more active through delivery of inclusive opportunities and environments.

You can read more about the GOGA approach **here**.

1.4 Evaluation of GOGA 2

Wavehill were appointed to evaluate GOGA 2 in March 2020 through to March 2024. The evaluation aimed to:

- Support Activity Alliance to report on the outputs and outcomes to programme funders
- Better understand what works to get the very least active disabled and non-disabled people, active together
- Build on evidence and learning from GOGA phase 1
- Understand the combined impact of the GOGA approach
- Generate evidence to feed into future priorities and programmes to reach the very least active
- Understand how GOGA operates and how it can maximise investment and impact.

Read more **here** about how GOGA has measured impact.

1.4.1 Approach and Method

The evaluation used a mixed-method approach combining quantitative and qualitative data across a range of data collection methods including the development of a programme wide monitoring system, interviews and surveys with participants and volunteers, locality leads, delivery staff and programme team staff.

Participant interviewing included a tracking approach which interviewed the same individuals at baseline, 6-9 months, 15-18 months, and 24 months after joining GOGA. This enabled the data collection to build a consistent picture of change in the physical activity, health and wellbeing, community involvement, and attitudes to disability amongst participants.

This data collection was aligned with an evaluation framework refined from the Phase 1 evaluation to provide further insight on the learnings from delivery to shape 'inflight' changes to delivery and final outputs and outcomes.

Consequently, the evaluation included formative, process, and summative approaches. The evaluation framework is shown in Figure 1.3 overleaf illustrating how tiers of data collection have been used to provide different breadth (extent of coverage of GOGA delivery) and depth (digging into the detail of delivery and learning) on programme impact.

The evaluation framework was developed to address the data needs identified in the Theory of Change for GOGA shown overleaf in Figure 1.4.

Figure 1.3: GOGA 2 Evaluation Framework

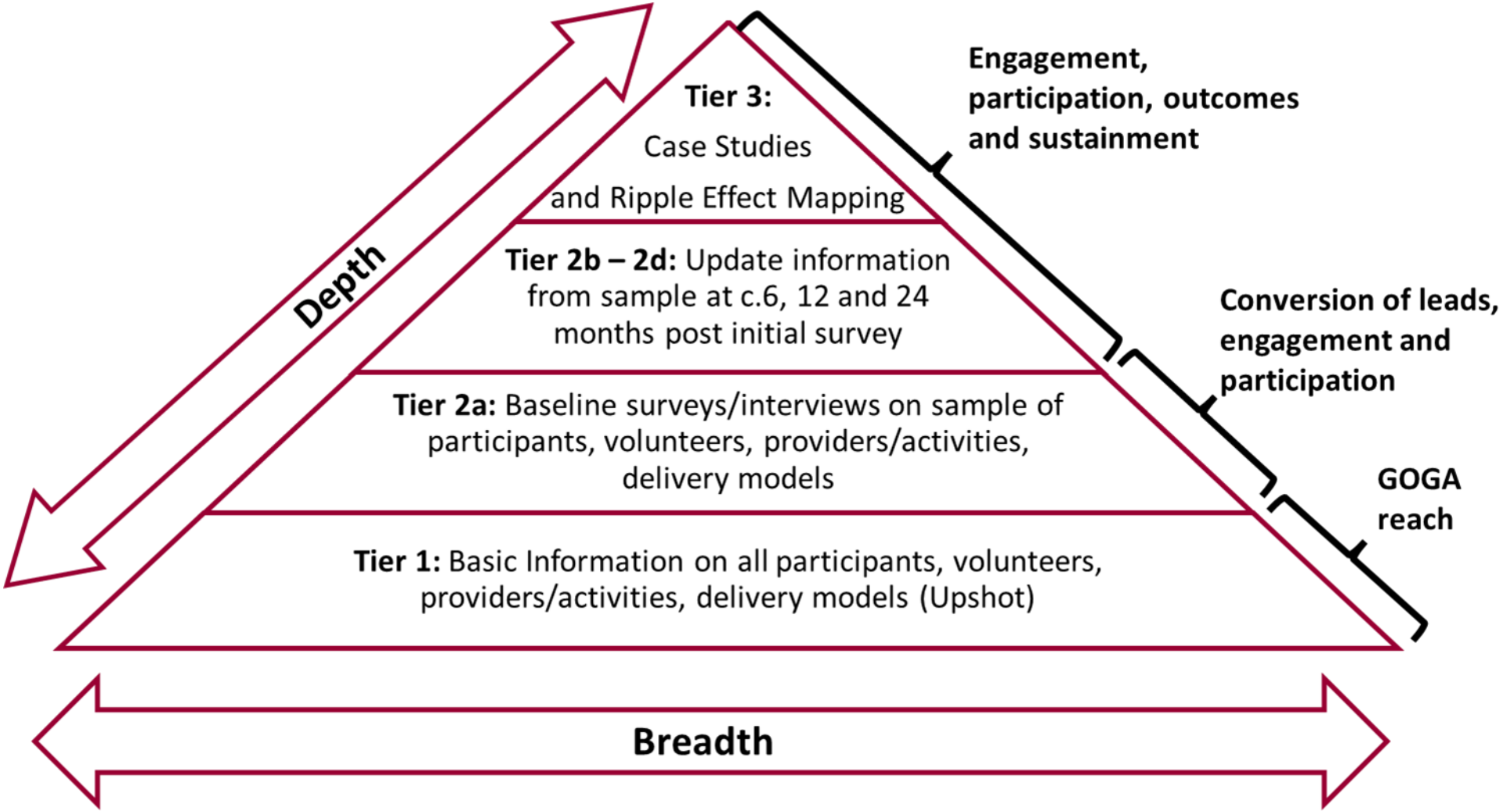


Figure 1.4: GOGA 2 Theory of Change

Prints on A3

Resources:
- £5m (Spirit, Sport England, LMCT)
- Match funding
- Expert local and national expertise to shape delivery

Rationale:
- Lack of participation presents a huge cost to individual health and well-being
- Disabled people are half as likely to be active as non-disabled people
- 2/3rds of disabled people want to take part in activity with non-disabled peers
- Certain groups, of which there is increased prevalence of disability, are more likely than others to be inactive
- People's perceptions of self and others has a huge impact on engagement in activity and connectivity to community

Activities:

Recruitment of locality management and delivery staff

Partnership building/strengthening and influencing

Community consultation and co-production

Resourcing and delivering genuinely inclusive existing or new activities

Outreach /engagement of participants and volunteers

Training of workforce

Implementation of monitoring and evaluation systems

Outputs:
- 20,000 unique participants
- 1,500 volunteers
- 2,400 staff and volunteers trained

Outcomes:
- Reduction of inactivity levels, and Improved:
  - reach to the least active
  - physical and mental wellbeing
  - social connectedness
  - provision and value of genuinely inclusive activity
  - perceptions of disabled people

Assumptions:
- That the 'GOGA' approach is transferable, scalable and sustainable in other localities with specific targeted groups
- That there is demand amongst potential coaches/mentors to undertake training provision that will support their engagement and support of key target, inactive groups
- That localities can identify and recruit participants from key target groups
- That participation in activity leads to:
  - Increases in personal well-being
  - Increased social inclusivity and improved community cohesion
  - Health and wellbeing benefits that improve the lifestyles of participants and enhance their long term 'lived' experience.
  - Reduced burdens on health and support services for disabled people that reduces costs and demand for longer term support.

Long(er) term outcomes (impact):

Individuals & communities:
- Previously inactive individuals remain active
- Individuals evidence improved physical and mental wellbeing
- People feel more engaged in their local community
- Positive change in the perception of disabled people in communities

Localities & organisations:
- Each project area is left with a sustainable legacy from GOGA engagement
- Transferable learning capable of being applied to a wide range of programmes and policy
- The volunteering workforce reflects the make-up of the local community
- Organisations and workforce have applied what they have learned and can show how they engage the very least active, disabled and non-disabled, people in activity together

1.4.2 Data used to produce this report

This report draws on a range of GOGA 2 evidence collected by an independent programme evaluation that includes:

- Findings from annual impact reports x3 produced by the evaluation team.
- Analysis of locality monitoring data showing activities delivered, and participant, volunteer and peer mentor numbers, characteristics, outcomes and impacts from programme start to March 2024.
- Quarterly monitoring and narrative reports provided by localities (18) and National Partners (to quarter 3 in 2023/24 delivery).
- Annual update telephone interviews with all locality leads, partners and national partners.
- Baseline (Tier 2a) telephone surveys with GOGA participants, volunteers, and peer mentors conducted between April 2021 and July 2023 involving 591 completed interviews.
- Follow up telephone interviews (Tier 2b – 2d) with GOGA participants between 6-24 months[6] after they completed a baseline interview to track impacts of participation conducted up until the end of December 2023. 313 interviews were completed at Tier 2b, 108 at Tier 2c and 40 at Tier 2d.
- Four ripple effects mapping reviews over eight workshops were undertaken in the GOGA localities of Active Humber, Nottingham, Tayside, and Northern Ireland. These were chosen to investigate further detail on the extended partnership development work undertaken in each area to support GOGA delivery.

1.4.3 Data limitations

Survey issues

The design and conduct of the evaluation work sought to ensure that all data was collected in the most robust, least burdensome ways (to delivery staff and participants alike) possible. However, it is important to be aware of some limitations in the data the evaluation was able to collect.

When individuals join GOGA their registration data is entered by projects into a system provided by Upshot. This is collated through a short registration form that captured contact details and standard demographics on individuals (age, disability, gender, ethnicity, and religion) and included short questions on physical activity derived from Sport England's Active Lives Survey.

Following guidance from delivery partners and experience in the GOGA Phase 1 evaluation, we ensured the registration process only collected essential information that enabled projects to administer delivery whilst supporting the evaluation to undertake subsequent follow up surveys on a voluntary basis.

[6] Tier 2b interviews took place 6-8 months; Tier 2c 12-15 months: and Tier 2d 24-26 months after GOGA registration on the Upshot management information system.

The delays in some data entry by projects meant that the surveys at Tier 2a do not represent a true baseline of participants circumstances on joining the programme. Rather, they represent data collected that asked participants to remember detail of their circumstance and physical activity levels at the time they joined the programme because it was not possible to conduct an interview at that point.

This may mean that there may be some misremembering of those circumstances, so some caution maybe warranted in interpreting the Tier 2a data. We have sought to minimise this by careful questioning by experienced telephone interviewers to collect an accurate as possible data on this. We have also utilised a tracking method where respondents are invited to, voluntarily, participate in follow up surveys so that data collection can longitudinally 'track' their change over a number (up to a maximum of 3) of further interviews.

Our need to collect detailed information on physical activity, wellbeing, isolation, and community involvement (key KPI measures for GOGA) meant that we deliberately focussed these questions on the Tier 2a survey (see Figure 1.2) rather than creating a long and complicated registration form. This was important because we wanted to avoid turning participants away from the programme because of its registration requirements, or not capturing robust data because respondents' mis-interpreted or inadvertently recorded incorrect answers.

Instead by conducting the baseline interviews after registration, telephone interviewers were able to double check that registration data and collect in a more robust and consistent way the additional key data needed to properly monitor the programme delivery and its outcomes and impacts. By conducting these interviews over the telephone using highly experienced interviewers, who built rapport and good relationships with interviewees, we were able to ensure accurate data collection and utilise existing survey questions (Active Lives and Community Lives) in those surveys without overwhelming respondents with challenging questions without opportunity to clarify meaning or application to their lived experience.

We are confident that through the tracking methodology and use of skilled interviewers that the data presented in this report provides a robust and accurate picture of the impacts of the GOGA programme amongst those we have surveyed.

Limitations to social cost modelling

Monetising social impacts of projects and programmes provides useful insights into the levels of social value they create in financial terms, however, there are limitations. The specific limitations we have identified in our approach include:

- **Sample size:** When using survey findings from a sample of participants, we are assuming that the sample is representative of the broader population. In this case, the sample size represents a small proportion of the overall population (circa 4 percent) which reduces confidence levels in the findings and increases the uncertainty that the survey responses reflect the broader population.

- **Self-reported survey data:** Elements of the valuation rely on self-reported, physical activity, wellbeing and loneliness scores. As such, the responses are subject to various elements of bias including within the sampling and responses. A more robust assessment would include the use of a control group to isolate the impacts to the programme.
- **Calculating additionality:** Attributing outcomes that have occurred directly because of the programme is challenging given the complex social environment that the programme is delivered. It is difficult to ascertain the extent to which other factors have influenced outcomes. In attributing values for deadweight, displacement, attribution and drop off rates, we have sought to account for these external influences, however, these values have relied on several assumptions and therefore are just an estimation.

Key learning

For evaluation practice includes:

- **Embedding evaluation practice and approaches** at the earliest stage of implementation and throughout delivery to use learning readily to shape ongoing practice and change by practitioners through regular provision of easily digestible and usable practical insight

- **Flexibility in approach is key** as findings emerge there can be real value in seeking out new methods and data collection approaches. There is real value in the use of collective impact techniques in place-based evaluations.

2. GOGA Impact

2.1 Output and impact measures

In this chapter, we summarise details of the impact of the GOGA 2 programme to provide a final position on performance against KPIs and delivery of its key aims.

This chapter illustrates where the programme has had success and provides context for with a focus on its sustainability and provides learning to support the wider use of the GOGA approach in all forms of physical activity provision across the UK. It should be of particular interest to those involved in similar place-based delivery as undertaken by the GOGA programme.

Further detail on how the progress against these measures has been achieved can be found in the impact report released alongside this report. The impact report can be viewed here . It is intended that this report provides an impact summary of GOGA 2 and detail of the practice that has enabled that. This is so that others can use the learning to implement their own version of the GOGA approach and sustain the GOGA delivery in the 39 localities involved in the programme's delivery.

These outcome and impact measures for GOGA were focussed upon:

- Increasing the physical activity levels of participants
- Reducing inactivity levels amongst participants
- Enabling previously inactive individuals to remain active
- Individuals have improved physical and mental wellbeing
- People feel more engaged in their local community
- Facilitate positive change in the perception of disabled people in communities, and.
- Supporting organisations and workforce to incorporate truly inclusive physical activity delivery into their practice.

2.2 Outputs

GOGA has through its Phase 2 delivery achieved its key performance indicators (KPI), revised post-Covid-19, as shown in Table 2.1. It has:

- Exceeded its registered participant[7] target by 1,388 thus achieving 111% of its target
- Exceeded its volunteer[8] target by 415 volunteers attaining 145% of its target number
- Trained more staff and volunteers (15) than target attaining 101% of target.

Table 2.1: GOGA 2 performance against KPIs to March 2024

KPI	Revised target	Number Achieved	Percentage of revised target
Registered participants	13,128	14,516	111%
Volunteers engaged	924	1,338	145%
Staff and volunteers trained[9]	1,550	1,565	101%

Further breakdowns on the demographics of participants and volunteers can be found in the impact report that accompanies this report. The impact report can be viewed here.

GOGA since it began in 2016, has

- supported over 35,000 registered participants through inclusive place-based physical activity delivery
- utilised over 4,000 volunteers in its delivery, and
- trained over 3,500 staff and volunteers in 39 different localities across the UK.

Table 2.2: GOGA Phase 1 and Phase 2, **combined** performance against KPIs 2016-2024

KPI	Combined targets	Number Achieved	Percentage of revised target
Registered participants	33,128	35,771	108%
Volunteers engaged	3,224	4,118	128%
Staff and volunteers trained	6,050	3,565	58%

Source: GOGA Management Information

[7] This refers to individuals who registered to participate in GOGA 2 activities in each of the 22 localities the programme was delivered in.

[8] This includes people who volunteered in a range of roles to support GOGA delivery. Roles included volunteer coaches or activity leads, those that supported administration of the programme, or supported more informally through providing transport or refreshments at activities.

[9] Paid staff and volunteers trained through GOGA funding.

2.2.1 Impact of Covid-19

GOGA 2 faced significant challenges due to the fact the start of activity delivery coincided with the start of the Covid-19 pandemic in the UK. This severely curtailed the very earliest stages of its delivery of a programme that was encouraging potential participants to Get Out and Get Active when all government messaging at the time was requiring people to 'stay inside'.

Restrictions due to lockdown

On the 23rd of March 2020, the first national lockdown in response to the Covid-19 pandemic was announced by the UK Government. [10] This meant that all UK households were required to remain at home and not mix with individuals outside their household for a period unspecified at the time – a period known as 'lockdown'. It is important to note that the impacts of Covid-19 were more severe, and longer term for disabled people than non-disabled people (Lancet 2021 and ONS 2022) given the focus on disabled and non-disabled people being active together through GOGA.

Subsequently, some easing of these restrictions began to occur from 11th May 2020[11] with further changes taking place from the 1st of June when groups of six could meet outdoors, and 4th July 2020 when non-essential retail and hospitality activities began to resume, and individuals were encouraged to return to their place of work.

The emergence from lockdown across the UK was varied with some areas being required to maintain restrictions longer than other areas due to rising or persistent infection rates. This meant the closure of community facilities and schools and their facilities. This has been compounded by the impact of furlough for Voluntary and Community Sector (VCS) organisations, and in many cases local authority staff being redirected to COVID-19 response.

The impact on sporting activity was also affected by the imposition of sport specific restrictions set out by each national governing body once ratified by the Department of Culture, Media, and Sport (DCMS).

A further complication was local interpretation of lockdown guidance considering local risk assessments for indoor venues (leisure centres, school halls and community centres), such that local authorities and some community organisations felt unable to host activities. This substantially reduced the availability of premises where activities could be hosted.

[10] See https://www.gov.uk/government/speeches/pm-address-to-the-nation-on-coronavirus-23-march-2020 for full details of the announcement.

[11] See https://www.gov.uk/government/speeches/pm-statement-in-the-house-of-commons-11-may-2020 for further details of how restrictions were gradually eased.

As localities identified:

> "I think that [Covid-19] changed the way we ran the project but probably for the better. We had to focus more on partnership and would have duplicated provision if we weren't forced to consult and map what was already out there." (GOGA Bassetlaw)

> "The last 18 months have been extremely hard for a number of community groups and the provision of physical activity across the City and therefore having the resource and flexibility of the GOGA project to support activities to get back on their feet, or address gaps in provision or give capacity to new ideas and opportunities has been extremely invaluable." (GOGA Nottingham)

GOGA delivery continued

The success the programme against this background was, in the evaluators view, a direct result of one of the key principles of funder Spirit that actively encourages experimentation, piloting and a flexible approach to delivery. The fact that the programme has managed to exceed, revised, KPIs was deservedly celebrated, especially given the disproportionate impact on disabled people of Covid-19 and approaches to mitigate its health impacts (ONS 2022).

To achieve this, GOGA localities actively sought out alternative approaches to move forward with programme development and delivery through virtual and 'socially distanced' means. This sought a deliberate focus upon partnership development to build connections with targeted local communities, an emphasis on virtual consultation and activity delivery, and workforce development activities. Some of this activity was to initiate limited forms of delivery, whilst others were undertaken to develop foundations for future activity once restrictions were removed.

> "I think another thing that worked…[during Covid-19]…was the step-by-step approach, getting them ready to engage with us so they become more and more open and comfortable to attend." (GOGA Wales Southwest)

"We've all felt under a bit of pressure, but the flexibility of approach has been vital and should be recognised, there should be learning for everyone. This gives us all time, we should all reflect that we shouldn't just deliver because there is funding, you want to get it right, its quality not quantity. We could have pushed forward but our outcomes would have been limited. I think it would be interesting to see how many GOGA localities do go back to the full delivery model they thought they would have at the beginning, I think activity and delivery won't go back, it will be really interesting to see which parts of the national programme stay the way they are now." (GOGA Forest of Dean)

"I am on my own most of the time… so it's nice to see people. Just chatting to people, because if you are in the house on your own it's nice just getting a little bit of a chat. It doesn't matter if its two minutes or whatever just being able to say hi and there's a friendly face, it's just marvellous, it's so good." (GOGA Scotland participant)

This delivery and preparatory activity included:

- Specific **guidance** being issued by the GOGA programme team to localities on best practice approaches for a return to activity
- 96 different interventions across GOGA localities including GOGA challenges, 1:1 targeted intervention, activity packs and virtual delivery engaging inactive audiences
- Continued new partner connectivity through integration and support for community responses to Covid-19 and resulting locality recovery plans flexibly responding to local needs
- Localities diversifying workforce recruitment from a variety of communities/partners that would otherwise been challenging to engage and the development of peer support networks through faith centres.
- 200+ individuals engaged in training around alternative delivery planning and approaches.
- Additional beneficiary consultation/coproduction activities via virtual and online approaches to shape delivery including community forums in Amber Valley, youth boards in Haringey, and socially isolated communities in Blackpool and Sunderland. Locality progress reports identify this involved 5,000+ contact points made across all GOGA localities.
- Stronger intra-project connectivity with and between localities sharing learning and expertise e.g. GOGA Liverpool working closely with GOGA Wales to identify alternative approaches to address these needs of those from LGBTQ communities
- Additional funding being secured with examples including a Men's 'Walk Talk' group in Bassetlaw and dovetailing of projects in Humber through the Sport England Tackling Inequalities Fund (TIF).

Resource development and activity delivery was still undertaken and included delivery of 1,125 live online sessions and over 20,000 offline resources delivered including:

- Dance and bootcamp sessions (Bradford) e.g. Connxercise (via an RNIB Partnership – pre-recorded videos) (NI), Mums Buggy fit and Active Mums and Dads Fit class, (partnering with Sure Start and delivered live) (NI), MMA, Pilates, yoga (Wales), martial arts/ resilience course for young carers (Liverpool), GOGA Disney Dance (live sessions for families) (NI), Walking Tennis (Bassetlaw)
- YouTube channel developed to reach those with no social media (Nottingham)
- TV.Fit – online fitness platform offered in 6month subscriptions to participants (Humber)
- 7,000+ engagements with online activity resources excluding social media.
- Activity packs/cards for home activity and digital activity options (Wiltshire / Bradford / Blackpool / Nottingham / Amber Valley). In total 1,225 activity packs distributed.
- Weekly activity and cooking packs with activity equipment (jitterbugs yoga, glow stick dancing) ingredients and recipes for families to do (Sunderland)
- 20 Positive Things for 2020 – a downloadable resource (shared only online) (NI)
- Safe and well calls encouraging clients to stay active (Bassetlaw), 1:1 exercise and phone support (FOD), Blackpool to sheltered housing residents (Blackpool).

> "I really enjoy having the phone calls. It makes you realise that people are out there that care and want to help you." (GOGA Blackpool participant)

Key learning

There is a range of learning that can be drawn from this that can support all physical activity delivery in the future such that:

- It was key to **assess the 'risk appetite' of individuals** when planning activity, presenting additional co-production and partnership development challenges to ensure these perspectives are collated, understood, and reflected in delivery. Engaging partners in taking this forward was the best way to do this.
- Post Covid, **participant needs are even more nuanced than before**, so delivery must be too, the importance of person/partner-centred approach is seen as critical by locality staff the evaluation team interview. Consequently, **the need assessment, co-production and partnership development approach is one to always use**, it means it should be a minimum standard for work with the least active.

2.3 Physical Activity impacts

2.3.1 Reaching the inactive

GOGA continues to be successful at reaching the least active[12] [13]. Upshot data recording registrations to the programme shows that **31% of all registered participants were in the least active group with 21% saying they did no activity in the week before joining GOGA**.

This pattern is more pronounced amongst disabled people - with 39% in the least active group and 26% saying they did no activity prior to GOGA.

However, our telephone interviews with participants (Tier 2a) highlight that some misreport activity levels before they engaged with GOGA. Consequently, 38% of participants in telephone interviews said they did less activity 7 days before joining GOGA when we did a baseline interview with them (Tier 2a) compared to what they recorded when registering with GOGA (Upshot). This pattern is consistent across all demographic groups including disabled people.

This is important because it illustrates the risk that participants can over report/mis-remember their level of activity on registration forms. The baseline telephone survey shows that 40% of all participants (58% of disabled people) are in least active groups, up from 22% on registration forms. 48% of disabled people report no physical activity prior to GOGA.

This illustrates the importance of careful and appropriate questioning about activity levels when setting baselines.

[12] Analysis of these groups for the evaluation focuses upon: Very least active – no physical activity, or only up to 10 mins of physical activity (involving walking for at least 10 mins; gardening, cycling, sport, or dance) per day in the four weeks prior to GOGA participation; Least active – over 11 minutes and up to 20 mins per day on average; Active – 30 mins per day on average.

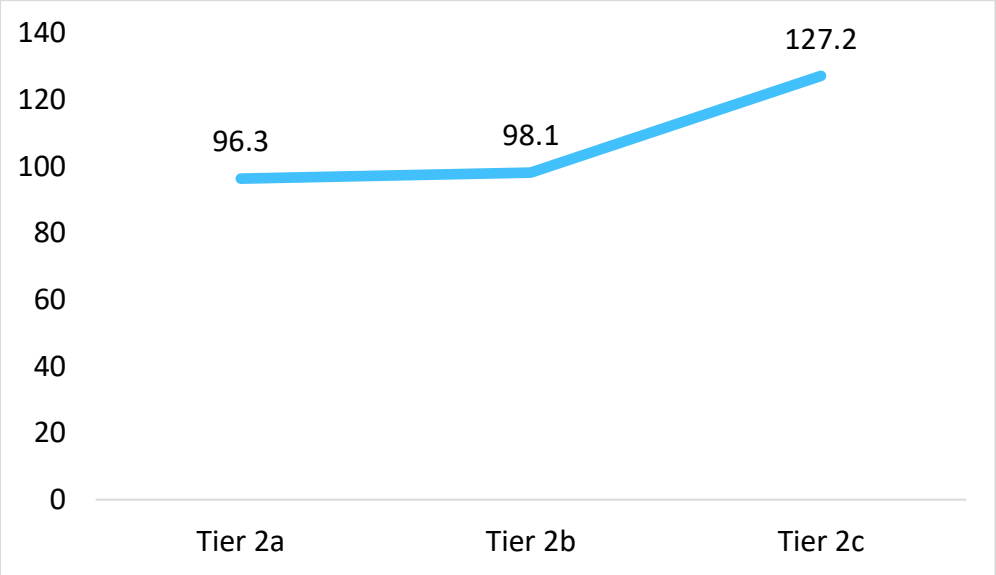
[13] **Sport England** have a slightly different definition that capture the least active in an inactive group. In this the inactive group covers those doing 0 – 29 minutes of moderate intensity activity per week.

2.3.2 Increasing physical activity levels

Using participant survey data shows that GOGA 2 participants have increased their physical activity levels and that these have been sustained.

Figures 2.1 and 2.2 shows these patterns for all participants and those from disabled and non-disabled groups.

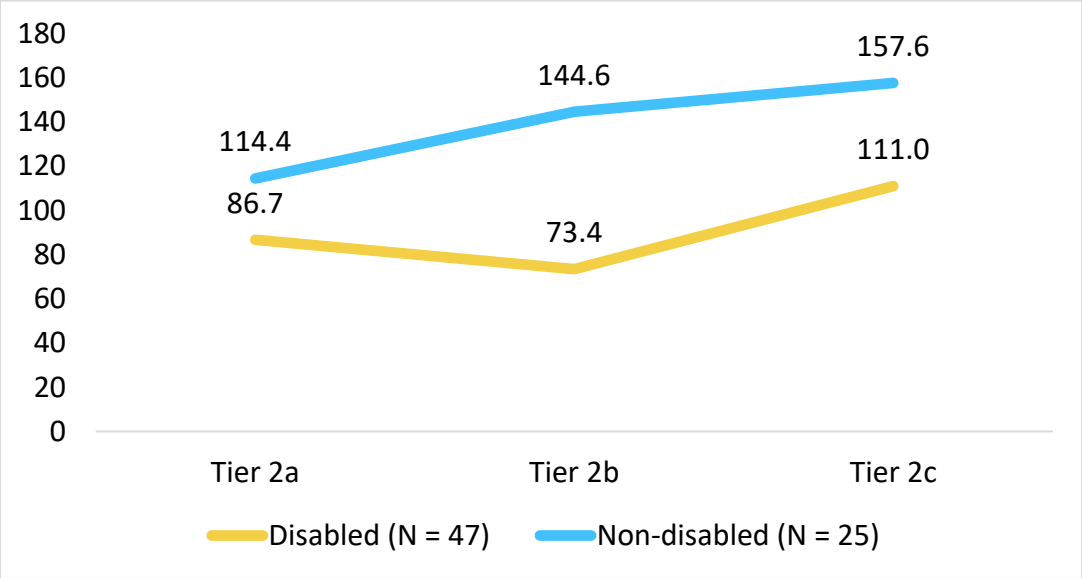
Figure 2.1: GOGA 2 average weekly activity levels in minutes by interview tier



Source: GOGA Tier 2a – 2c survey data

Analysis of the data shows that the change in average weekly activity between Tier 2a and Tier 2c was statistically significant for GOGA 2 participants.

Figure 2.2: GOGA 2 average weekly activity levels in minutes by interview tier by disability



Source: GOGA Tier 2a – 2c survey data

Average weekly activity levels rose for disabled and non-disabled. After 15 months (Tier 2c), participants are on average doing 31 minutes extra activity a week, up from an average of 96 minutes from their Tier 2a interview for GOGA 2 participants.[14]

Those with a disability show slightly lower increases in activity doing an additional 24.3 minutes a week on average, and those without a disability are doing an average additional 43.2 minutes per week.

Average weekly activity levels increase across almost all demographic groups. However, there is variation in the scale of the activity changes. For instance, individuals that reported to be in the least active group in their Tier 2a interview saw the greatest increase in activity with 72 minutes. After c.15 months, men reported 38 minutes more weekly activity than women.

Analysis of the physical activity data supports delivery that encourages small steps in upping activity which then support some larger increases for overall time being active. The proportion of participants interviewed at Tier 2a and Tier 2b (n= 265) who were in the least active group have fallen from 46% to 40%.

It is notable that the shift has been mainly towards them joining the active group. We estimate that over 3,050 of all the least active participants involved in GOGA activities have increased their activity level.

2.3.3 Sustained physical activity increases

Overall, 58% of participants reported doing more physical activity. 6 months after joining participants who did no activity when starting GOGA are doing on average 97 minutes of activity and 31% of those who did prior exercise doubled their activity.

Based on changes in active minutes reported by participants in Tier 2a and Tier 2b interviews 77% of participants were sustaining their activity 6 months after programme start - above the 40% programme target.

[14] Compared to GOGA Phase 1 outcomes, participants report smaller increases, however some of this difference may be due to methodological changes between GOGA Phase 1 and 2.

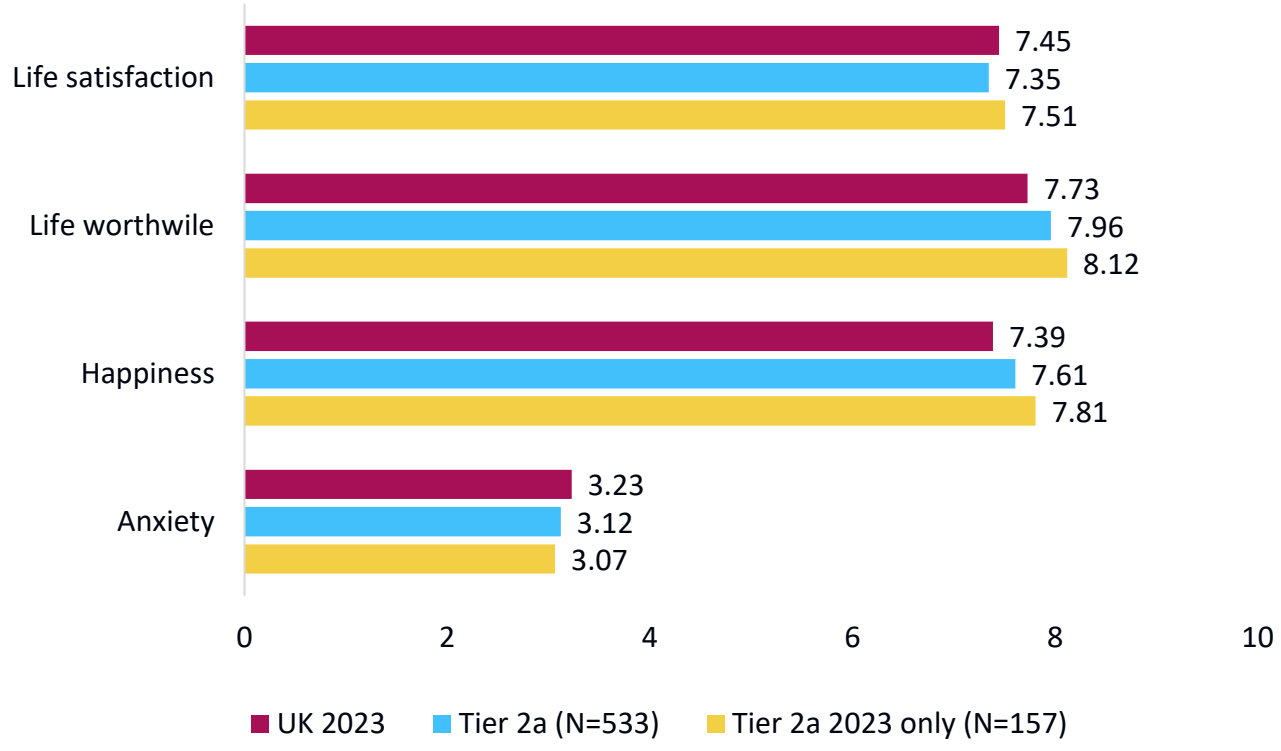
2.4 Physical and mental wellbeing

Surveys of GOGA participants show that physical and mental wellbeing has been improved by the experience and engagement with the programme.

It is notable that the recorded levels of life satisfaction across all Wellbeing measures (life satisfaction, life worthwhile, happiness and anxiety) are at a more positive position for GOGA participants than the average scores amongst the wider UK population – see Figure 2.3. Consequently, GOGA 2 participants when joining the programme report higher levels of life satisfaction, sense that life is worthwhile, and happiness, and lower levels of anxiety than the UK population.

Analysis by the ONS (2023) shows that self-reported health and disability are key drivers of life satisfaction with higher levels of reported health issues influencing lower life satisfaction ratings. The evaluation team identify that the higher levels reported by GOGA 2 participants reflects the early positive experiences of GOGA through its fun and welcoming approach that consequently enables individuals to feel a more positive level of life satisfaction because of that positive lived experience whilst also feeling part of something that creates a sense of a wider community involvement. A feature that continues to build throughout their GOGA engagement.

Figure 2.3: Personal wellbeing scores, UK average and GOGA Tier 2a baseline



Source: GOGA Tier 2a Survey & UK Government Data

Consequently, despite higher levels of Wellbeing at the outset GOGA 2 participants show further positive Wellbeing changes arising from that engagement with the programme.

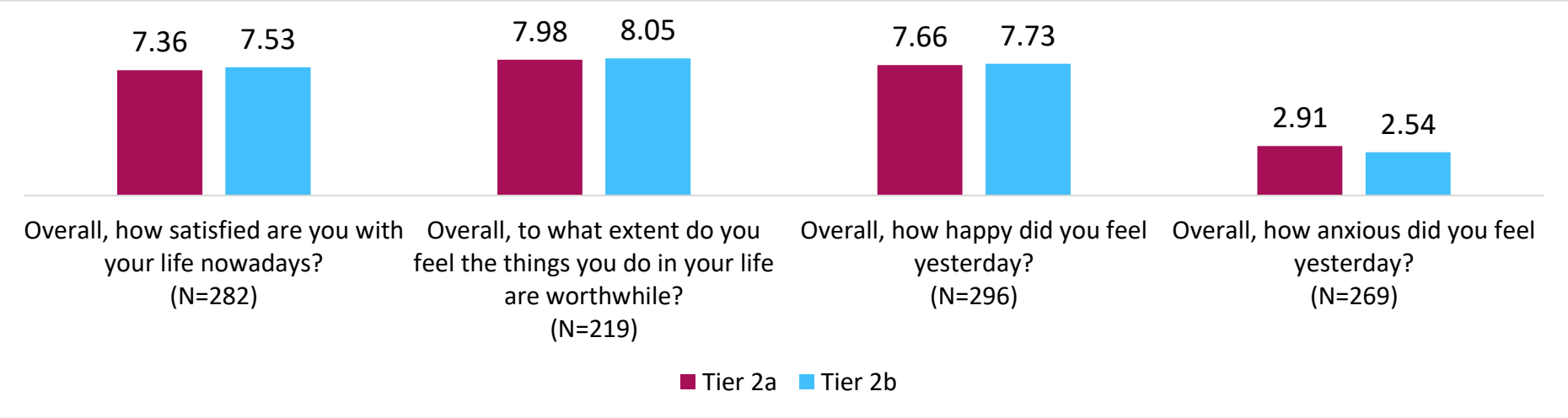
2.4.1 Wellbeing

Consequently, as Figure 2.4 shows they report greater life satisfaction, feel their life is more worthwhile, have lower levels of anxiety and report increased social connectedness following their GOGA 2 participation as captured by the change in mean rating between Tier2a and Tier 2b surveys. Across all participants the fall in anxiety levels is shown to be a statistically significant meaning this report is confident that for that group these changes have occurred by chance or coincidence.

This is a positive pattern that is repeated for disabled people who see clear improvements across all wellbeing categories. Non-disabled people report decreased anxiety, but lower levels of wellbeing across the other categories. (Figures 2.5a-d)

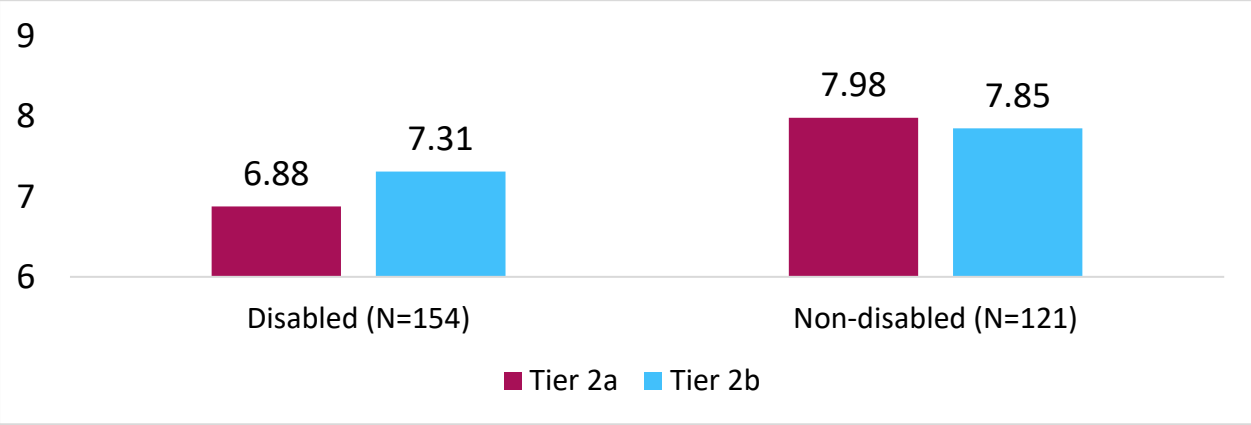
Nonetheless, the positive trend in wellbeing broadly holds across gender, ethnicity and activity levels (although with variation between groups). The least active group reports particularly pronounced increase in life satisfaction compared to individuals with higher initial activity levels.

Figure 2.4: Changes in Wellbeing measures between baseline and six months after GOGA 2 participation



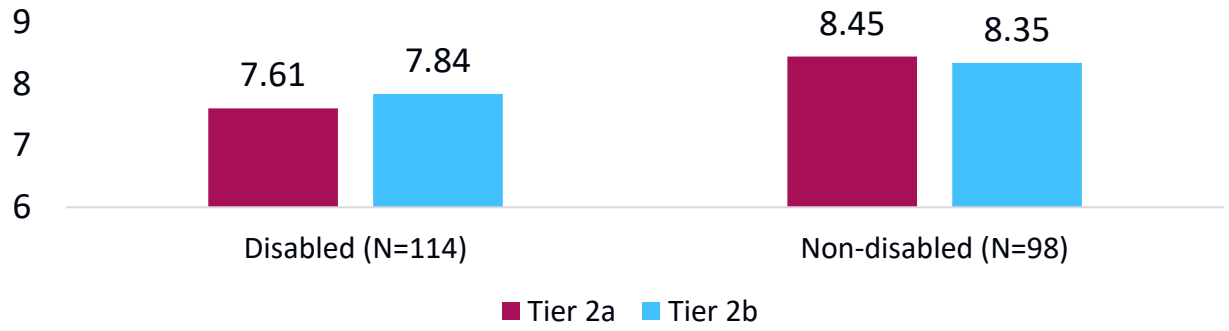
Source: GOGA Tier 2a – 2b survey data

Figure 2.5a: Change in life satisfaction between baseline and six months after GOGA 2 participation by disability



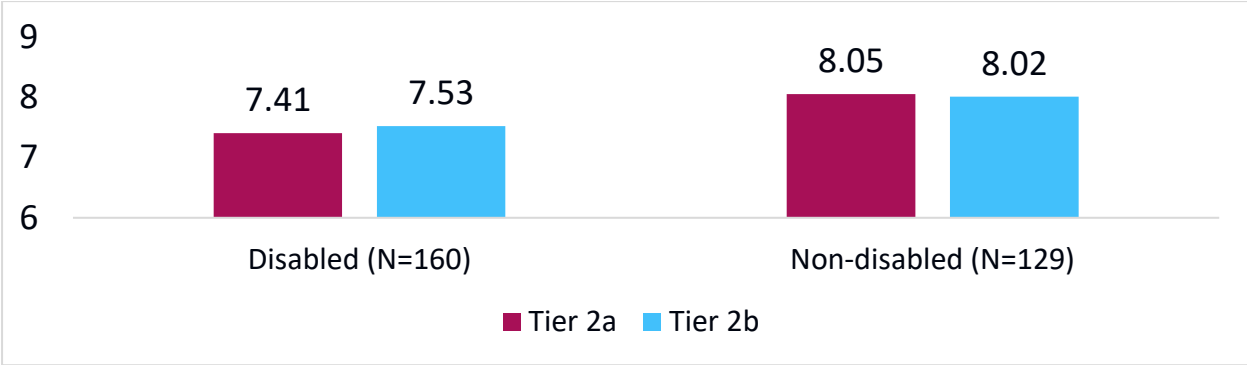
Source: GOGA Tier 2a – 2b survey data

Figure 2.5b: Change in sense life is worthwhile between baseline and six months after GOGA 2 participation by disability



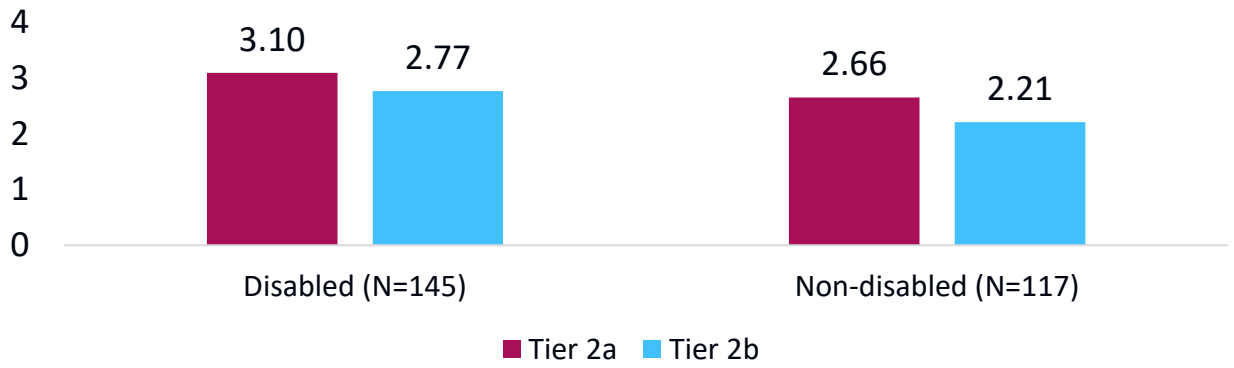
Source: GOGA Tier 2a – 2b survey data

Figure 2.5c: Change in happiness between baseline and six months after GOGA 2 participation by disability



Source: GOGA Tier 2a – 2b survey data

Figure 2.5d: Changes in anxiety levels between baseline and six months after GOGA 2 participation by disability



Source: GOGA Tier 2a – 2b survey data

2.4.2 Social connectedness

GOGA participants report that their social connectedness is improving through their GOGA participation. Analysis of survey data (Tier 2a to Tier 2b) shows that the sense of loneliness is declining a little for all – for both disabled and non-disabled people (Figure 2.6).

Furthermore, loneliness declines for all ethnically diverse communities, women, and individuals categorised as active and fairly active in Tier 2a interviews.

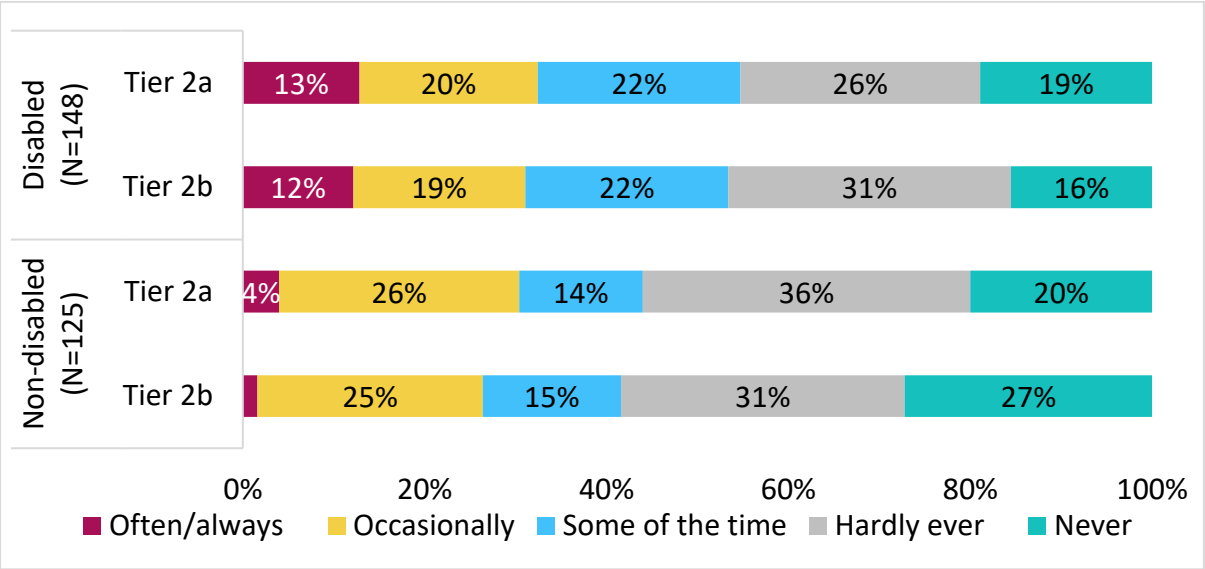
For the least active group changes are minor, whilst men report a slight increase in loneliness. This may also indicate that there could be a time lag in feeling impact in this area as ongoing engagement with other participants through the 'active together' approach builds to tackle the sense of loneliness overtime. For further evidence on this see this **example of a GOGA Men's group in Nottinghamshire**.

A range of evidence (Luhmann et al 2022[15], What Works Wellbeing 2019 and 2024 highlights that this is to be expected given the complex interactions between values and norms, family and social lives, technology and digitalization, and living conditions and availability of individual resources that impinge on an individual's sense of loneliness. This happens in GOGA because it actively seeks to enable deeper personal connections to flourish between participants and delivery staff as a cornerstone of its delivery approach.

This is important because socialising and consultation is a key engagement method and mechanism for retaining participants because of the enhanced sense of social connection it brings to them such that others in GOGA become 'friends' rather than just acquaintances. Furthermore, cocreation work to shape delivery also helps to build connection because GOGA delivery has to be founded on really understanding barriers and needs so they can be addressed. This is a feature of real importance for post-Covid GOGA 2 delivery and shows projects may need to focus on ensuring continued engagement support (for example through peer mentors, volunteers supporting attendance or travel to other activities) for some groups. However, as the next section will show GOGA supported participants do become more involved in their local communities.

[15] Luhmann, M., Buecker, S. & Rüsberg, M. Loneliness across time and space. Nat Rev Psychol 2, 9–23 (2023). Available at: https://www.nature.com/articles/s44159-022-00124-1

Figure 2.6: How often GOGA 2 participants feel lonely by disability group before and after taking part



Source: GOGA Tier 2a – 2b survey data

2.5 Community involvement

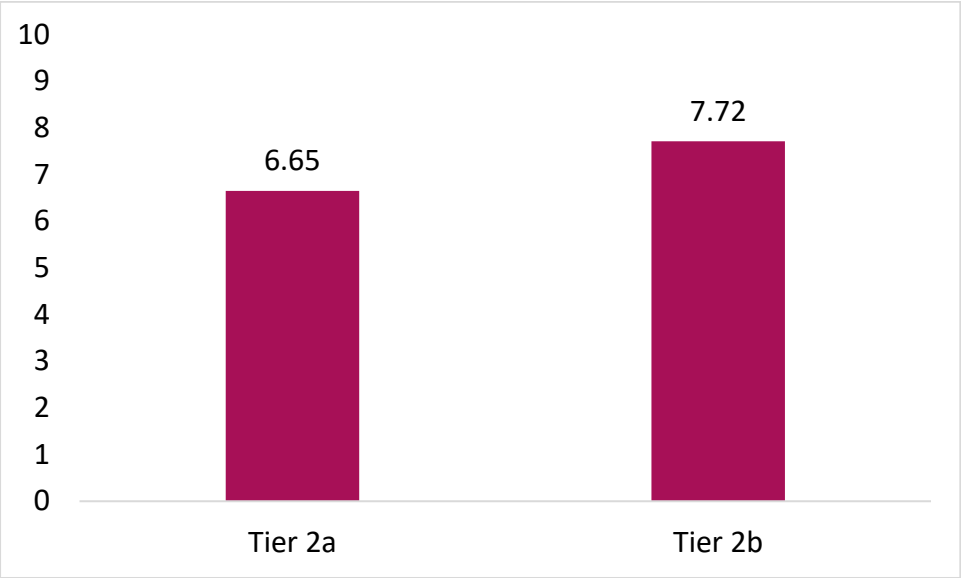
Our survey work sought insight into the impact of GOGA on the confidence of participants to participate in activities in their community and then sought to identify if this had resulted in increased engagement. The results show that both have occurred for those involved in GOGA.

2.5.1 Confidence to participate

Participants identify that their rating of their confidence to participate in community activities is rising (Figure 2.7) for all groups including disabled people (Figure 2.8). This change for all participants is statistically significant ($\alpha = 0.01$).

The trend of increased confidence to participate in community activities holds across all demographic groups. This is further reflected in responses around individuals from all demographic groups taking part in more community activities.

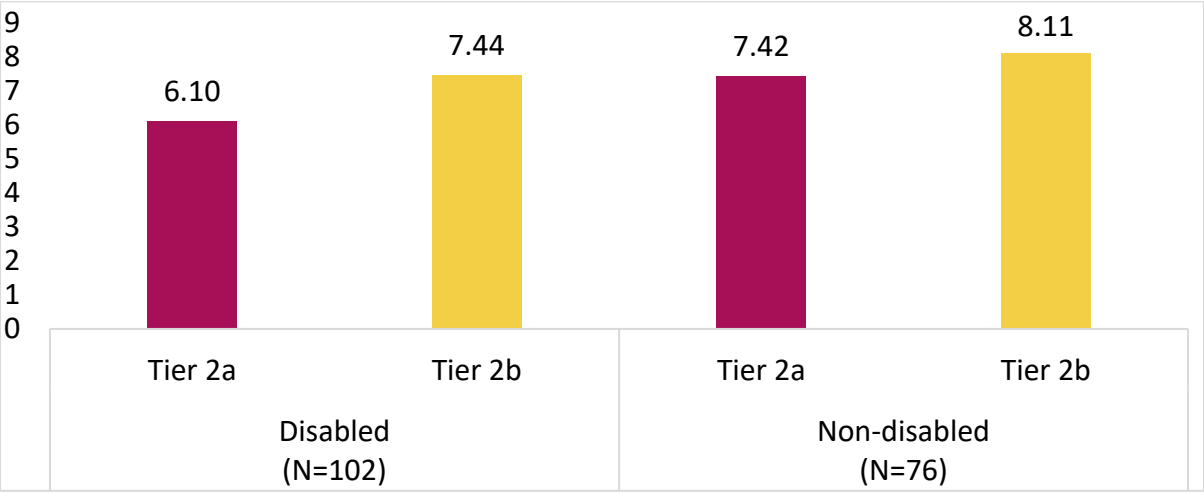
Figure 2.7: All GOGA 2 participants rating of their confidence to participate in community activities



Source: GOGA Tier 2a – 2b survey data. N=178.

Question: On a scale of 0-10 where 0 is not at all and 10 is completely, how confident are you to participate in community activities?

Figure 2.8: Rating of the confidence of GOGA 2 participants to be involved in community activities by disability before and after taking part



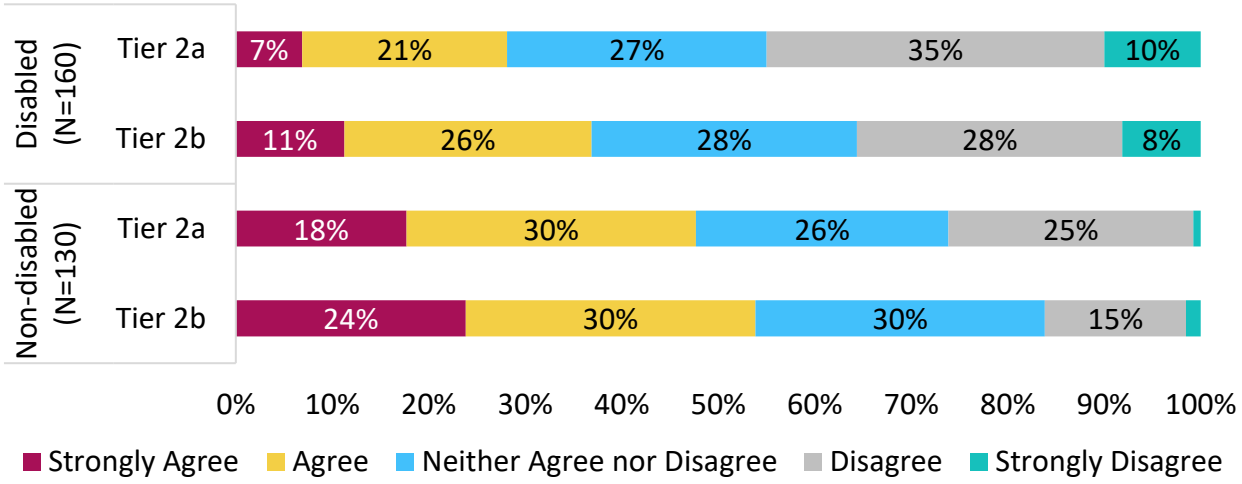
Source: GOGA Tier 2a – 2b survey data.

This is important because it illustrates the wider role GOGA 2 played in linking participants to others in their community and the confidence it gives them to take step towards other activities in their community – See this example in Wolverhampton. A feature that applies to disabled and non-disabled people involved in GOGA 2.

2.5.2 Community participation

The increase in confidence to participate in community activities is translated into an increase in actual participation. Consequently, there are positive trends in community engagement/involvement for the disabled and non-disabled (Figure 2.9). The same trend is consistent across gender, ethnicity and activity levels.

Figure 2.9: Extent to which GOGA 2 participants agree that they take part in a lot of things in their community by disability



Source: GOGA Tier 2a – 2b survey data.

2.6 Perceptions of disabled people

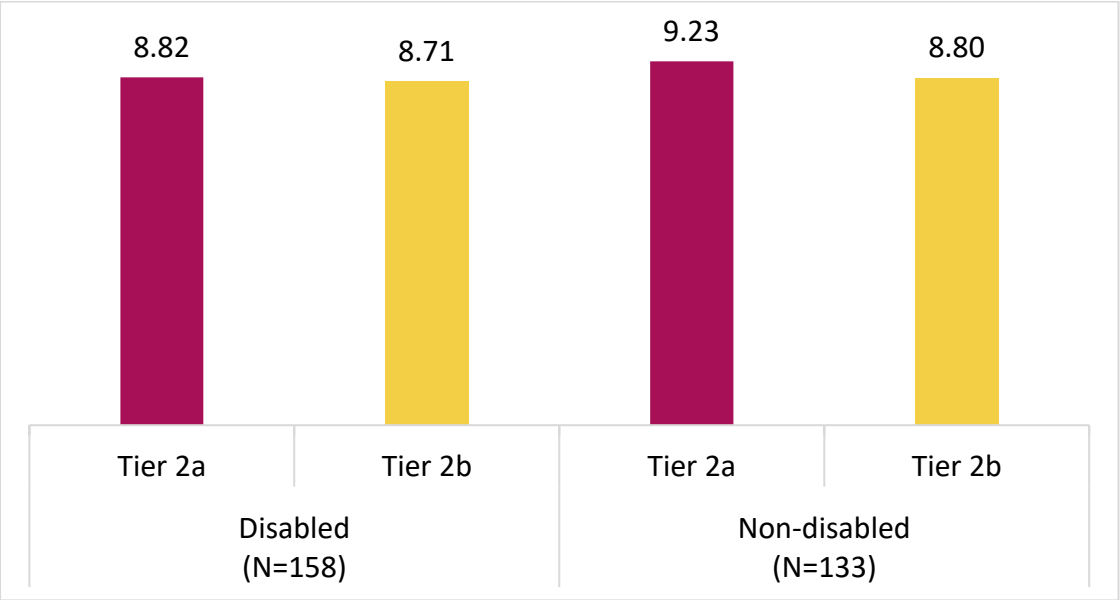
There has been a less positive picture around how GOGA has altered the perceptions of disabled people amongst its participants. Survey data shows that the average score of their personal perceptions of disabled people have declined slightly for both disabled and non-disabled participants (Figure 2.10). Despite this fall the average rating remain above eight out of ten for most respondents.

These changes are not backed up by comments by respondents who although reporting a slight fall in the average score of their perception do not make negative comments about disabled people. Rather it appears that there is a significant minority of participants whose perception has not yet been changed by their GOGA experience, whilst over 60% say they have seen some impact (Table 2.1).

"I think doing the Walking Netball, you become aware of people's abilities, what they can and can't do, and you sort of react around them, sometimes you don't come across them in normal day activities, but I've learnt how to support them better by doing the Walking Netball."

(GOGA Participant, Female)

Figure 2.10: Rating of perceptions of disabled people by disability by GOGA 2 participants



Source: GOGA Tier 2a – 2b survey data.

Question: On a scale of 0-10 where 0 is not at all and 10 is completely, how positive is your perception of disabled people?

Table 2.3: Extent to which participants think GOGA 2 has had an impact on their perceptions of disabled people by disability

	Disabled (N=160)	Non-disabled (N=130)
To a great extent	28%	22%
To some extent	34%	38%
Not at all	38%	39%

Source: GOGA Tier 2b survey data.

Whilst impacts have been extensive on GOGA participants, the evidence collected by the evaluation shows that there have been a range of significant benefits for the organisations involved in GOGA 2 delivery in each of the localities.

In the following section, we review the workforce development supported through the programme before reviewing the wider organisational change GOGA has also facilitated.

2.7 Organisational development and change

2.7.1 Workforce development

Data collected through progress reports shows that GOGA 2 just exceeded its formal training delivery by providing training to 1,565 staff and volunteers. Training examples included:

- Violence against Women and Girls awareness
- Mental health first aid
- Dementia awareness
- Make someone welcome
- Seated activity instructor training
- Walk leader training
- Disability inclusion training
- Autism awareness
- Nordic walking
- Working with the LGBT+ community.

In addition, the progress reports identify that a further 346 staff and volunteers received informal or on the job training to support their GOGA delivery including:

- GOGA physical activity workshop
- Programme induction
- Health and wellbeing talk,
- Mental health breath work
- Autism in sport advice
- Disability inclusion advice for schools
- Talk to Me principles
- Activity inductions

These have brought real benefits to the workforce involved in GOGA 2, whilst also creating a legacy for the programme through the new skills held by these members of the workforce. Primarily these impacts were identified by localities in two main areas:

- **Upskilling investment**: GOGA 2 investment has supported the upskilling of many deliverers improving the quality of delivery, confidence levels and provision of inclusive opportunities. Inclusive practice training has been especially important for front of house staff to support participants to sustain their engagement.
- **Community and Partnership Development**: skills have also been developed enabling better connection and collaborative working with community groups and other agents such as social prescribers and other public health contacts.

"the workforce's approaches and knowledge working within communities has developed significantly and they can support individuals to be more active effectively, removing barriers and encouraging small changes that go a long way to improving an individual's health and wellbeing." (Progress Report, Blackpool)

"A lot of training - funding spent on qualified instructors at first so training other staff in other ways that already worked in the organisation who could then continue delivery, without relying on the instructor. We sought to upskill existing staff rather than employing external staff" (Staff interview, GOGA Sunderland).

"Legacy programme delivered inclusive training to each of the 11 Local Authorites in NI. The fact that the councils built the principes and practice into their delivery approaches they are thinking much more about inclusive delivery. (Lead, GOGA Northern Ireland)

2.7.2 Organisational change

Interviews with locality staff and the Ripple Effects Mapping workshops identified that there had been significant impacts on those organisations and their partners in GOGA 2 around their approach to the delivery of physical activity.

Ripple Effect Mapping (REM) is a participatory evaluation method that is particularly effective for understanding the wide range of impacts that may have occurred because of an intervention like GOGA 2. REM involved bringing partners together for a series of workshops to explore the intended, and unintended, changes that have happened from GOGA 2 delivery. Through the workshops, partners were supported to develop a visual representation of the changes with significant events or developments being plotted along a timeline.

This process enabled GOGA 2 partners to identify where key intended and unintended impacts occurred and enables them to reflect on key factors and actors involved in them as change blockers or enablers. It was particularly useful for understanding impacts within the complex local delivery systems (Active Humber, Bassetlaw, Nottingham, Tayside, and Northern Ireland) selected for workshops. The method generated particular insight in outcomes that were not clearly defined at the outset, differed between partners and that impacts, or (ripples) that emerged over time during GOGA 2 workshops.

The GOGA 2 REM workshops clarified the wider impacts occurring and any organisational learning that took place, partnerships formed, new ways of working, subsequent changes to policies or regulations all of which were important to capture to illustrate the system change demonstrated by GOGA 2.

The evidence collected highlighted three main areas where change had occurred that demonstrate a key approach that will provide a sustainable legacy from GOGA that will support further revisions in the delivery of truly inclusive practice in future.

> "Our increased focus on inclusivity has had a profound impact on the development of knowledge and expertise within our service. This involved training programs, workshops, and initiatives aimed at creating more inclusive environments. This has led to our service influencing internal policies, practices, and attitudes, fostering a wider workplace culture that values diversity and promotes inclusiveness. We were able to share best practices internally, fostering a collaborative culture, and allowed us to influence colleagues work from our learning." (Progress Report, Haringey)

The three areas included:

- **Organisations revising ways of working**, and connections they have made, with partners to work with them differently (e.g. partner or volunteer led) to access target groups.
- **Influencing wider working practices** within many of the locality organisations hosting GOGA activities. GOGA delivery has supported change in other parts of those organisations bringing inclusive practice more centrally to other delivery.

> "Working with faith groups is now an essential part of the ABC Strategic Lead of Communities role. Likewise, our People Plan references the importance of viewing workforce outside of the traditional sport and leisure sphere. there is no possibility of us changing this approach in the foreseeable future." (Progress Report, Active Black Country)

- Development of GOGA 2 alongside other programmes has allowed for **more capacity and greater diversity of, or more holistic, support**. This has been fostered by the adoption of alternative working approaches influenced by public health or social prescribing models of delivery enabling more community, rather than sport, development practice.

"GOGA has enabled us to make connections across the physical activity and wellbeing system, which may not have been fully realised without it. The learning from couch to 5X is leading and influencing our community model of health referral development in Amber Valley" (Progress Report, Amber Valley)

Furthermore GOGA 2 has also brought about change in organisational approaches to delivery of three critical components of the GOGA approach – reaching and engaging the least active; genuinely inclusive delivery through 'Active Together' approaches; and recruitment and development of the workforce.

Reaching and engaging the least active

Success in delivery of this key element of GOGA delivery has been founded on:

- **Partner outreach**: Working with organisations that have direct reach to target groups has been key, especially those that don't usually offer physical activity opportunities – faith centres, housing associations, social care organisations. There are often many other organisations who 'know best'.
- **Expert links**: Charities or other condition specific groups/settings, social prescribing link workers, discharge and rehabilitation staff are good referral options and insight on gaps in delivery or support need gaps.
- **Building connection**: Developing 'personal' relationships with potential participants and partners is key to facilitate needs assessment and co-production work.
- **Understanding need through depth consultation and coproduction:** to create the right offer: dedicate time and resource to properly understand needs, barriers/solutions. Delivery leads with lived experience/passion for the cause can offer key support.
- **Delivery of tailored active recreation:** A range of options for delivery (small steps to being active) provide taster opportunities to aid co-production work so participants shape next steps.

Key learning to include in your own practice

Look wide, engage wider: The need to broaden engagement approaches through partners (schools, non-sport community organisations, targeted community groups, social prescribers) is critical.

Be prepared to share/cede control: Meaningful collaborative partnership working is key – especially with grassroots organisations that are embedded in the targeted communities. There may be occasions where deliverers need to give control to other organisations.

Activity should be secondary: Sharing more information on the benefits that can come from even low levels of activity – whilst avoiding reference to activity thresholds. The greatest emphasis should be on socialisation and tackling isolation – using an 'activity by stealth' approach can bring real benefits and better engagement with least active groups.

Invest time in needs assessment to dig deep: Be more proactive in understanding needs through new approaches like appreciative inquiry, and informal consultation approaches (over tea and cake!) to facilitate non-judgmental conversations about current activity levels and barriers. Many of the least active have often had poor previous experiences in activity settings and won't want them to be repeated.

Genuinely inclusive delivery through 'Active Together' approaches

Success in this critical area has been founded on:

Finding those who know areas best: working with organisations in targeted communities, supported with training in delivering truly inclusive activity that engages disabled and non-disabled people.

Social prescribing links and approaches through public health: useful as they may be able to supply intelligence about gaps that GOGA could fill to bring disabled and non-disabled people together.

Inclusive advertising: this markets activities as mixed ability, showing inclusivity through marketing activities specifically as 'open to all' backed up by accessible facilities. Marketing through other partners, if possible, can help to develop extensive 'word of mouth' referrals.

Always offer taster sessions or free try outs: these have been useful to show participant activities are inclusive and try them out, it helped to build their confidence before attending actual sessions

A focus on Intergenerational activity: this is an effective way of creating multi-need groups including those with caring responsibilities to bring 'Active Together' approaches centre stage. Delivering family and friends sessions or caring respite groups can readily build least active disabled and non-disabled groups.

Key learning to include in your own practice

Reshape commissioning/procurement practice: embedding 'Active Together' principles in commissioning specifications helps makes clear to potential providers expectations on content of delivery and makes it central to future delivery.

> "It really is about bringing people together on a regular basis to share practice to help support the cultural shift that needs to happen around this. To show them what is needed if they are to be commissioned in future which is a good way of demonstrating to the community this is how we want physical activity to be delivered and embed training from the local providers to use the local experts to help support that training and development and use them and let them shine. Almost like an unofficial or benchmark of the way in which they deliver their activities and encouraging them to share it." (Staff interview, GOGA Haringey)

Link to other external campaigns: Thinking about other health and wellbeing initiatives/campaigns to get involved in that don't necessarily have an existing physical activity dimension. For instance, supporting charities or condition specific groups to extend or develop an active recreation module in their existing campaigns. Adding a GOGA influenced form of delivery to the roster for 'active' weeks/months could help embed the programme in local offers and ensure Active Together becomes a cornerstone of delivery.

Use inclusive approaches to advertising: making videos so people can see what the sessions are like and how 'Active Together' is delivered. Also rebranding session names from e.g. Swimclusive to Swim for health, using targeted inclusive marketing with images relevant to those targeted

Recruitment and development of the workforce

Success in this underpinning component has been founded on:

Changing recruitment practice through community links: working through community organisations helped identify the right inclusive coaches/delivery staff and volunteers but careful targeting was required. Using their existing volunteers to support delivery has proved to be particularly helpful. GOGA projects supported this by offering inclusivity training free to volunteers improving long term sustainability of delivery.

Changed skills and competency focus: A key focus in recruitment decisions has been focusing on competencies in allyship and making connection with participants. Thus, identifying potential staff who have the strongest alignment with, understanding, and application, of the ethos of the GOGA approach. Such abilities are less common amongst most 'traditional' sports coaches.

Widened support availability: working through health partners has helped to identify individuals to provide additional staff resource or support for delivery engagement with participants. This can also provide more 'wrap around' support for participants.

Key learning to include in your own practice

Lived experience a valuable skill: Community group volunteers with lived experience of the challenges faced by target groups are especially valuable for delivery. Project participants have been a valuable source too, providing a staff resource with a deep understanding of needs and ways of overcoming barriers to engagement and participation.

Supportive roles as important as delivery roles: gatekeeper and ambassador roles are key to support participant onboarding and retention. Designating staff to perform these roles is important to sustain participation and encourage participants to bring others to sessions.

Training is key: particularly around use of the Talk to Me principles and components of the GOGA approach. It may also be valuable to identify support to be able to articulate these messages to a health partner audience. Widening delivery of inclusivity training to all staff in community settings/ delivery venues helps to ensure engagement, consistency of experience, and sustained participation by targeted groups.

3. Sustainability

A key focus at the outset of GOGA delivery was upon ensuring the sustainment of the activity and practice that the programme was seeking to implement – this builds on examples that were highlighted in **practice from GOGA 1 delivery**.

GOGA 2 delivery was focussed on developing sustainability in the following ways:

- Supporting individuals to remain active post intervention
- Influencing organisations and partners to embed new ways of inclusive working
- Providing good quality transferable learning on how to reach the least active disabled and non-disabled people to support them to be active together

From reviewing progress reports, interview notes from localities and national partners there are three main ways where sustainability of the GOGA approach has been taken forward through GOGA 2 delivery.

3.1 New partnership links

Through these approaches, this has identified new ways of partnership engagement and management including:

- **New models of approach** have been developed that have engaged with partners outside the sport/physical activity arena.
- **Grassroots engagement has increased** through faith centres, housing associations, community centres which do not normally have a physical activity focus to reach the least active.
- Relationships have allowed localities in some cases to **switch from a primary deliverer role to a facilitator one** with community partners leading delivery.

This has been facilitated by identification of refined approaches to funding and provision of additional support:

- **Collaborative partnership working** enabled identification of other support available with partners able to provide support to engage participants but also support other needs they may have.
- Consequently, **over £2.3 million of additional/continuation funding** has been secured by projects to date.

"Distributing funding externally to organisations in Sunderland has been successful, allowing investment in community organisations who had strong connections within their community. Rather than the partners receiving the funding upfront, we divided the funding up against achieving targets which the partners themselves established This model allowed us to offer a wide range of activities and working with a range of organisations with different skill sets from archery to yoga to music with puppets which we may not have been able to deliver otherwise (Progress Report, Sunderland)

"By having honest, open conversations with deliverers and partners throughout the project about funding being focused on sustainability from the outset, rather than a one-off grant for an isolated twelve-week programme that has no ongoing legacy, we have been able to grow a number of sustainable sessions that have taken ownership on creating inclusive provision" (Locality interview, Nottingham)

3.2 External stakeholders and local strategies

These have been built through alignment with local strategic initiatives supporting other place-based delivery and work with the targeted community groups which have:

- Helped to create shared agendas and targets with other partners particularly in NHS and Public Health arenas to open funding or new partnerships. Rehabilitation and social prescribing links can be useful.
- Embedded GOGA practice and principles in local strategies (Physical Activity or wider healthy living) helping to shape future delivery.

"The learning of GOGA is being used to shape the new Active Amber Valley strategy which will define the focus of physical activity across Amber Valley for the next five years." (Progress Report, Amber Valley)

One of the most powerful approaches has been working and delivery practices that have sought to embed inclusive delivery across service provision such that it has:

- Shaped all practice in host localities beyond GOGA delivery.
- Proved especially powerful when included in commissioning models shaping specifications for future commissioned delivery of recreation and physical activity.

> "we can push on the commissioning side and set out a checklist that says these are the things that we expect of you…because it's like, we will not commission you, unless we've got evidence that these happen. But equally, there's the other side to it, which is we'd like you to do these things, we can support you with some of the training and stuff around that. But ultimately, we trust you to then try and do those things because you know, your local communities and your volunteers best." (Locality interview, Haringey)

- Been supported by training all setting staff, including those not directly involved in delivery (e.g. front of house staff) ensuring that a consistent GOGA experience can be delivered.

3.3 Actively involved group participants

Through this approach localities have sought to build sustainable delivery by:

- Using groups/participants to support sustainability through:
    - Training volunteers to take delivery lead.
    - Using the group ethos to enable the group to maintain its operation by encouraging them to meet outside GOGA.
    - Supporting participants to identify their own funding options or agreeing charging for sessions.

> "It takes trust and trusted relationships to engage with the LGBTQ+ community. This needs to be conducted in a positive, genuine and person-centred way. We need to find out what different people want to do and how and where they want to do it…but the offer needs to be right and promoted in the right way. Visible allyship and the right people signposting to trusted organisations makes a difference." (Locality interview, GOGA Wales)

- Actively supporting participants to sustain their participation by:
    - Recruiting delivery leads with lived experience like supported groups to aid consultation and target delivery at barriers faced.
    - Encouraging participants/volunteers to fulfil peer mentor roles or support informally by providing transport or refreshments or acting as project ambassadors.

"90% of all activities have continued and are self-sustainable. We put this down to the flexibility with funding timescales and being able to provide longer term funding to groups which creates that ability to develop something longer term. In some cases, groups have been successful with their own funding to continue and develop sessions." (Locality interview, Active Humber)

---

4. Cost saving modelling

In recent years, there has been an increase in the quality of research relating to the social impacts that are generated through participation in physical activity. Physical activity can reduce the risk of a wide range of physical and mental health problems, improve pro-social behaviour and promote bonding or social capital.

This chapter explores the social value that has been created by the GOGA programme during its second phase of delivery.

It supplements the GOGA programme evaluation and aims to:

- Identify the range of benefits that can be accrued through participation in physical activity programme such as GOGA
- Quantify the social benefits that have been generated through GOGA
- Understand which impacts have generated the greatest social value
- Support the advocacy of the GOGA approach in the delivery of similar future programmes

4.1 Model development

4.1.1 The 2021 Cost Saving Model

In 2021, Wavehill developed a Cost Saving Model[16] based on the impacts of the first phase of GOGA delivery. This model was informed by carrying out scoping workshops, review of current literature, additional analysis of GOGA monitoring and evaluation (M&E) data, telephone interviews with GOGA team members and participant interviewing.

The model utilised a focussed and simplified cost benefit approach that linked the strongest evidence base on GOGA outcomes to the key focus of increasing physical activity levels. At the time, this was considered the most effective approach given it would provide the most:

- objective, evidence-based model
- easily communicable model
- appropriate response to commissioners' needs and requirements.

The 2021 report made several recommendations which informed data collection approaches for the second phase of GOGA that would improve the dataset to draw on for the social impact modelling of the second phase. For example, the second phase of GOGA included a question that captured self-reported data on loneliness enabling this to form part of the new model.

[16] Wavehill (2021) Get Out Get Active Cost Saving Modelling

4.1.2 The 2023 Cost Saving Approach

The additional datapoints developed in the GOGA evaluation together with advances in the evidence base around valuing the social impacts of physical activity have enabled us to develop the modelling approach for phase 2. Whilst it draws on the principles of Social Return on Investment (SROI), the model does not constitute a full SROI given the 6 stages of an SROI were not systematically followed. The main reason for this was down to the fact that Wavehill have been evaluating GOGA since 2016 and have an in depth understanding of the programme, its key stakeholders and the material outcomes it seeks to achieve.

Principles of Social Return on Investment

Principle 1: Involve Stakeholders	Principle 5: Do Not Overclaim
Principle 2: Understand What Changes	Principle 6: Be Transparent
Principle 3: Value the Things That Matter	Principle 7: Verify the Result
Principle 4: Only Include What Is Material	Principle 8: Be Responsive

4.1.3 Approach

The approach used to develop the model involved the following steps:

- **Review of literature:** Building on the 2021 research, a review of the latest literature was carried out to enable the model to utilise the latest research in relation to social value accrued by participation in physical activity and physical activity volunteering.
- **Mapping outcomes:** This stage involved developing a long list of outcomes that, according to the literature, generate social value. The long list was the refined to include only those outcomes that were material to the GOGA programme[17] and that could be evidenced with quantitative data the programme collects.
- **Evidencing outcomes and giving them a value:** Analysis was conducted on the GOGA M&E data to understand the extent to which the outcomes had been achieved. The outcomes generated amongst the survey sample were scaled up to reflect the whole GOGA population and then financial proxies were used to value the impact.
- **Establishing the impact:** This stage involved establishing the proportion of impacts that can be solely attributed to the GOGA programme when considering deadweight, displacements, attribution and drop off.

[17] Note: As detailed in the programme Theory of Change in Figure 1.4.

- **Calculating return on investment:** Once the total impacts had been calculated, this was compared to the overall inputs, including programme spend and volunteer time. Sensitivity testing was carried out on the following elements[18]:
    - Deadweight values
    - Attribution values
    - Volunteer numbers
    - Duration of outcomes
- **Reporting:** The findings were verified and have been communicated as part of this standalone output. A summary is included within the main GOGA evaluation report.

4.1.4 Outcomes from GOGA delivery

The literature review found that there are many positive outcomes that can be produced through participation in physical activity. These range from improved personal development and educational attainment to reductions in crime and antisocial behaviour.

However, to form part of this assessment, it was important that there was strong empirical evidence relating to the outcomes and the clear link to physical activity or sport participation. It was also essential that the outcomes were closely related to the aims of GOGA and the outcomes detailed in the programme's Theory of Change (ToC). Finally, where reliable quantitative data relating to an outcome was not available through the GOGA M&E data, these outcomes were eliminated.

The model does not include any social impacts relating to individual development. Within the literature, there is evidence showing that participation can lead to improvements in educational outcomes and higher salaries. Whilst workforce development is an integral aspect of the GOGA model and has led to individuals gaining new qualifications and advancing their careers, there is insufficient data to be able to model these impacts as part of the valuation.

Participation in physical activity and sport is also shown to lead to impacts around Community Development including pro-social behaviour, reduction in criminal incidents amongst young people enhanced social capital. The enhanced social capital element was assessed to be a central aspect of GOGA and sufficient data is collected to be able to accurately estimate social value. We calculated that the social value that may have been generated because of enhanced social capital could be as much as £3.5m. However, this has been omitted from the overall total social value as it was judged that there was too much overlap between the improved wellbeing/reduced loneliness outcomes and enhanced social capital.

The 2024 model is comprised of impacts across two domains: physical and mental health and subjective wellbeing. The outcomes that have been included within each domain are shown in table 2, along with the financial proxy associated with each outcome and its source (Table 4.1).

[18] See Figure 4.1 below for a definition of these

Table 4.1: Model Outcome Valuations

Domain	Outcome	Indicator data	Valuation[19]	Valuation Source
Physical and Mental Health	**Reduced risk of CHD / stroke**	GOGA M&E Data	£7,059	Davies, L. et al. (2019) Social Return on Investment of Sport and Physical Activity in England
	Reduced risk of breast cancer	GOGA M&E Data	£4,013	
	Reduced risk of colon cancer	GOGA M&E Data	£53,141	
	Reduced risk of Type 2 diabetes	GOGA M&E Data	£53,141	
	Reduced risk of dementia	GOGA M&E Data	£37,401	
	Reduced risk of depression	GOGA M&E Data	£305	
	Reduced risk of hip fracture	GOGA M&E Data	£37,962	
	Reduced risk of back pain	GOGA M&E Data	£268	
	Increased self-reported good health leading to reduced GP visits	GOGA M&E Data	£15	
	Increased self-reported good health leading to: Reduced use of psychotherapy services	GOGA M&E Data	£20	
	Increased risk of getting a sports-related injury	GOGA M&E Data	-£5442	
Subjective Wellbeing	**Improved wellbeing of participants:** Physical activity participation can impact subjective wellbeing	GOGA M&E Data	£1678	Fujiwara, D. et al. (2014a). Quantifying and valuing the wellbeing impacts of culture and sport. DCMS
	Reduced loneliness: A reduction in loneliness is associated with higher levels of subjective wellbeing	GOGA M&E Data	**Severe to moderate:** £12,082 **Moderate to mild:** £9878 **Mild to not:** £7,786	Simetrica (2020) Loneliness Monetisation Report: Analysis for the Department for DCMS
	Improved wellbeing of volunteers: Increase in general wellbeing, improved mental health and reduction in NHS costs because of volunteering	GOGA M&E Data	£3917	Join in. (2014). Hidden diamonds: Uncovering the true value of sport volunteers.

[19] Note: All financial values are represented in 2023 prices using the Bank of England Inflation Calculator

Outcomes were calculated by scaling up the percentage of the survey sample that were supported from inactivity to be either active (40 or 32%) or fairly active (30 or 24%).

Based on 3,941 GOGA participants over 16 that were estimated to be inactive at baseline, the programme supported 1,276 into an active group and 947 into the fairly active group.

The prevalence rate of each condition and the percentage reduction of risk were used to calculate the number of cases that had been reduced because of participants moving into the fairly active, or active group.

The GOGA participant survey was then used to calculate the percentage of the sample that had reported improved wellbeing and reduced loneliness. These findings were scaled up to the GOGA population of adults 16+.

To avoid double counting, where participants reported both improved wellbeing and reduced loneliness, only one outcome was included in the valuation.

The number of regular volunteers was calculated using GOGA Upshot data and Locality Lead's estimates of the proportion of registered volunteers that volunteered regularly.

This enabled the calculation of the total value of the gross impact of GOGA (Table 4.2).

4.2 Establishing the Impact

To establish the additionality of GOGA, i.e. the proportion of impacts that have been solely generated because of the programme, it is necessary to apply the conditions outlined in Figure 4.1.

Figure 4.1: Definition for each aspect of additionality

Terminology[20]	
Deadweight	Deadweight is a measure of the amount of outcome that would have happened even if the activity had not taken place. It is calculated as a percentage.
Attribution	Attribution is an assessment of how much of the outcome was caused by the contribution of other organisations or people.
Displacement	Displacement is another component of impact and is an assessment of how much of the outcome displaced other outcomes.
Drop-off	In future years, the amount of outcome is likely to be less or, if the same, will be more likely to be influenced by other factors, so attribution to your organisation is lower. Drop-off is used to account for this and is only calculated for outcomes that last more than one year.

[20] The SROI Network (2012) A guide to Social Return on Investment

Table 4.2: Proxy values applied for reductions in loneliness[21]

Outcome	No. of participants from sample (adjusted with weightings)	Percentage of sample	No. of participants (scaled up)	Value	Gross Impact
Improved wellbeing because of participating in physical activity	65[22]	25%	2,064	£1,482	£3,059,118
Reduced loneliness: Severe to not lonely	0	0%	0	£14,873	£0.00
Reduced loneliness: Severe to mildly lonely	0	0%	0	£10,980	£0.00
Reduced loneliness: Severe to moderately lonely	10.6	4%	366	£6,040	£4,419,958
Reduced loneliness: Moderate to not lonely	5.8	2%	200	£8,832	£3,537,024
Reduced loneliness: Moderate to mildly lonely	17.7	7%	611	£4,939	£6,040,612
Reduced loneliness: Mild to not lonely	15.6	6%	538	£3,892	£4,188,064
Improved wellbeing because of volunteering	561	72%	385	£3,917	£1,507,962
Total					**£22,752,740**

[21] Peytrignet, S *et al.* (2020) Loneliness Monetisation Report Analysis for the Department for Digital, Culture, Media & Sport

[22] Note: This total has been reduced by 10 to account for the participants that reported improved wellbeing and reduced loneliness.

4.2.1 Net Additional Impacts

The table below shows the total impacts generated by GOGA following the reductions for deadweight, displacement, attribution and drop off. It shows that the total social value generated to date is over £11.5 million growing to over £22.5 million over the next two years. This is derived by £2.5 million in relation to physical and mental health and over £20 million in relation to wellbeing.

Table 4.2: Overview of net additional impacts

Domain	Gross impact to date	Deadweight	Displacement	Attribution	Drop off rate	Net Impact to date	Future impacts (First year)	Future impacts (Second year)	Total Impact
Physical and Mental Health Impacts	£3,263,684	15%	11%	0%	0%	£2,468,977	£0	£0	£2,468,977
Subjective Wellbeing Impact	£22,752,740	15%	11%	38[23]%	30%	£9,224,449	£6,457,114	£4,519,980	£20,201,545
								TOTAL	**£22,670,522**

[23] Note: Attribution rates were calculated for each outcome and this figure is an average across all outcomes in the subjective wellbeing domain.

4.3 Calculating the return on investment

Calculating the return in investment is done by dividing the social value created by the total cost of the investment. This is expressed as a ratio of the value generated to the cost of the investment:

$$\textbf{Return on Investment} = \frac{\textbf{Social Value Created}}{\textbf{Total Cost of Investment}}$$

The subsequent return on investment for GOGA 2 is driven by:

- Improvements in physical and mental health arising from increased physical activity
- Improved wellbeing of participants from participating in physical activity: Physical activity participation can impact subjective wellbeing
- Reduced loneliness
- Improved wellbeing of volunteers

For GOGA, the estimated return on investment is 1 : 4.60:

$$\textbf{Return on Investment} = \frac{\pounds \mathbf{22,670,522}}{\pounds \mathbf{4,935,724}}$$

This means that for every £1 invested, GOGA 2 has delivered £4.60 in social value.

As a comparison, Sport England (2020) modelling of community sport and physical activity there is a return of £3.91

5. Conclusions and Insight

Figure 5.1 identifies our main conclusions from the evaluation work that shows the resilience of the logic and rationale for the GOGA approach that continues to engage the least active effectively. Further evidence supporting these conclusions can be seen **here**.

Figure 5.1: Key evaluation conclusions

- ✓ **The GOGA approach increases physical activity levels, improves wellbeing, tackles isolation, and increases community involvement. It maintains broadly positive perceptions of disabled people. It demonstrates good value for money generating £4.60 benefit per £1 of programme investment.**
- ✓ **The GOGA brand remains strong and continues to support engagement of partners and funding application success. Ongoing messaging on GOGA success and engagement should continue. GOGA Phase 2 has attracted in excess of £2.3million in additional/continuation funding.**
- ✓ **GOGA can act as a vehicle for organisational change supporting sustained outcomes both within GOGA partners and their external stakeholders, widening inclusive activity delivery.**
- ✓ **A focus on genuinely inclusive, person-centred 'active together' recreation remains critical for engagement of the least active. Socialisation to tackle isolation and peer support can be key.**

5.1 Implementing GOGA learning in future practice

In applying GOGA learning, Figure 5.2 shows key planning considerations that will support successful targeting in place-based delivery such as that delivered through the programme.

Figure 5.2: Criteria for Success in Targeted Place-Based Working

Targeting of more specific groups

=

Need to understand more nuance of barriers / challenges to being active

=

Additional funded time/resource to be spent on consultation and co-production

=

Greater emphasis on specialist partners / 'community' reps to refer and deliver.

To understand nuance further it is therefore important that to implement the GOGA approach successfully adequate time and resource should be allocated to identifying from targeted groups or communities the following:

- **Past Experiences:** It's important to understand the participants' previous experiences with physical activities, both positive and negative. This can provide insights into their motivations and reservations.
- **Barriers and Needs:** Detailed information on the obstacles that participants face in participating in physical activities is crucial. This includes understanding their specific needs to overcome these barriers.
- **Delivery Preferences:** Participants may have preferences for how and where the activities are delivered. This includes the location, setting, and environment. A comprehensive assessment of the accessibility and inclusivity of the proposed delivery is essential.
- **Engagement Approaches:** Participants may have specific preferences for how they are marketed to, referred, engaged with, and registered. Understanding these preferences can help tailor the approach to increase participation.
- **Support for Sustained Participation:** Identifying support arrangements and progression opportunities can help maintain long-term participation. This includes understanding what motivates participants to continue participating and what additional support they might need.

In essence, the goal is to create a participant-centred approach that considers past experiences, addresses barriers, aligns with preferences, and provides ongoing support to encourage sustained participation in physical activities.

Further insight can be found **here** which show how GOGA breaks down the barriers surrounding activity and inclusivity. It illustrates that by showing activity in a different light this can help to reach people who thought activity wasn't available to them and identifies ways that close the gap between disabled and non-disabled people's participation.

Case studies also provide learning related to particular groups identified through GOGA 2 delivery:

- LGBTQ+- Wales
- Veterans- Wiltshire
- Women- Tayside
- Over 50's- Northern Ireland.

Figure 5.3 identifies how this learning and answers to the questions above should underpin project development and implementation to deliver successful work with least active or other disengaged groups.

Figure 5.3: Effective practice for delivery success

Figure 5.4 provides detail of implementation models to support delivery partners delivering their own GOGA approach.

Figure 5.5 highlights practice through which practitioners can deliver the 'right' participant experience using learning from GOGA.

Thus by implementing these as ‘model’ delivery approaches, GOGA learning can be readily replicated and ‘scaled’ to the needs of a particular place and/or funding arrangement with this practice central to that delivery.

Figure 5.4: GOGA Approach Delivery Model

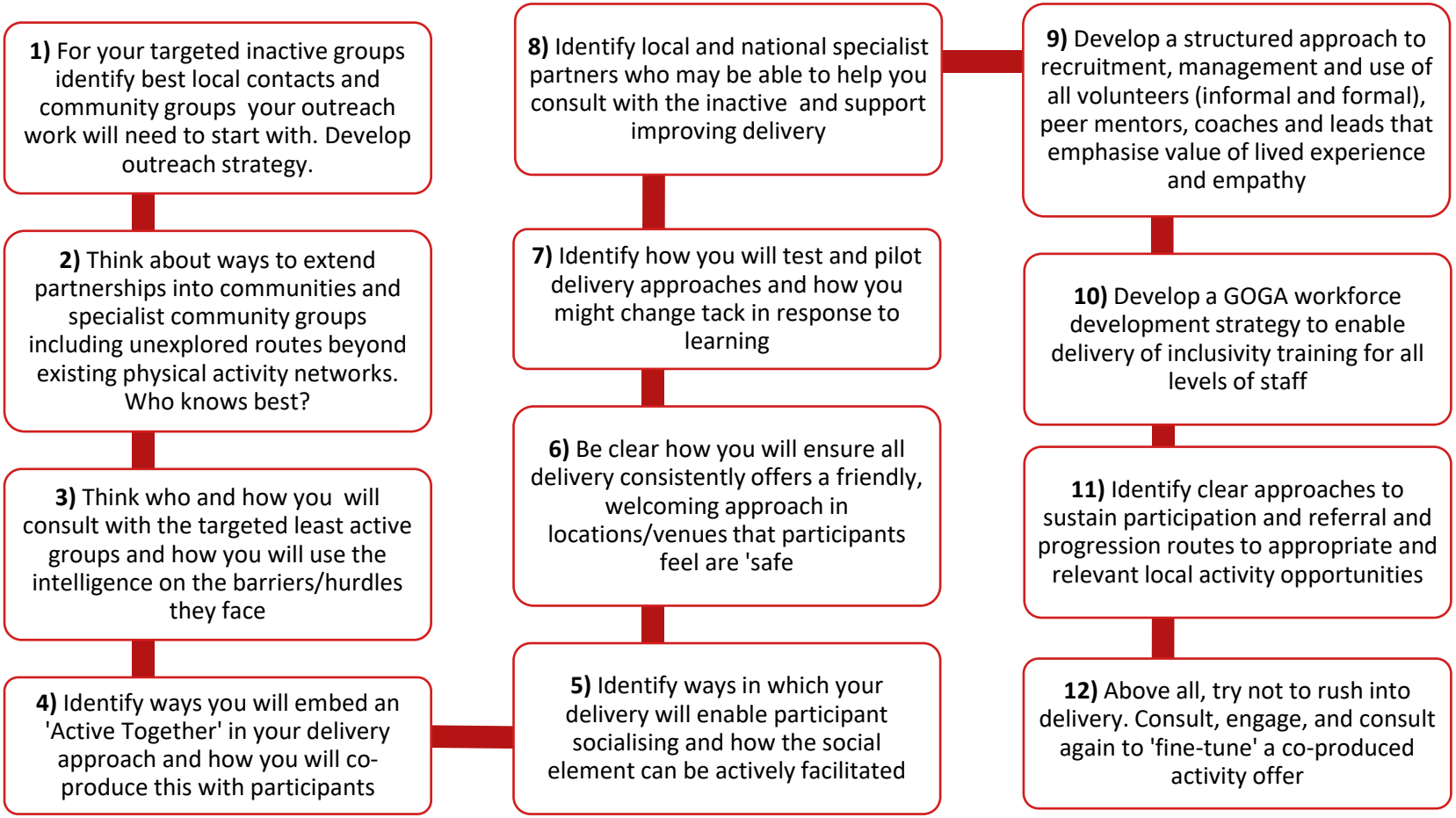


Figure 5.5: Approaches for delivering the right participant experience

1) Focused on having FUN and encouraging participants to build on, and create new, social connections with others

Talk to Me Principles in Action: Talk to as many of my values as possible; Reassure me I'm going to fit in; Ensure my first experience is good.

2) Delivered in a 'safe', familiar 'local' setting not always associated with physical activity

Talk to Me Principles in Action: See me as an individual, Stay local to me; Talk to as many of my values as possible; Make it easy for me to tell you my needs.

3) Always offering a friendly and welcoming approach every time they attend, and actively encourages them and others to attend. Engage first, activity second.

Talk to Me Principles in Action: Talk to as many of my values as possible; Ensure my first experience is good, Reassure me I'm going to fit in.

4) Consulting regularly about activity offer, but actively reassure around any participation or ability worries. Scaleable options always available!

Talk to Me Principles in Action: See me as an individuals, Talk to as many of my values as possible, Continue to fulfill my values in new ways; Reassure me I'm going to fit in.

5) Truly inclusive to enable disabled people and non-disabled to be active together.

Talk to Me Principles in Action: Make me feel I can do it; Reassure me I'm going to fit in; Encourage me via existing advocates.

6) Always offer the chance to participate with friends/family/carer if desired. Access for all a key message.

Talk to Me Principles in Action: Make me feel I can do it, Make it easy for me to tell you my needs.

7) Supported by peers or trusted 'enablers' to support participants to overcome existing and emerging barriers to participation. Lived experience desirable.

Talk to Me Principles in Action: Talk to as many of my values as possible; Make me feel I can do it; Encourage me via existing advocates.

8) Ensuring participants feel listened to, have control over activity options, and the speed at which they engage and progress. Celebrate success.

Talk to Me Principles in Action: Make it easy for me to tell you my needs; Encourage me via existing advocates.

Contact us

0330 122 8658

wavehill@wavehill.com

wavehill.com

Follow us on our social

@wavehilltweets

wavehill