

Doncaster Local Delivery Pilot Behavioural Insight Work

Phase 2 - Insight Interviews

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BEHAVIOURAL SCIENCE
CONSORTIUM

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1. Executive Summary

This report provides an overview of the methodology, analysis, and findings of Phase 2 of this project that aimed to explore further the barriers and facilitators to physical activity within three Doncaster communities. These communities were selected following the findings from our previous survey which examined engagement in physical activity across eight Doncaster areas. Community Explorers recruited from local organisations in the three different communities were trained to conduct interviews with members of their community. The interview questions were based on the COM-B model and were designed to explore people's Capabilities, Opportunities, and Motivation to participating in physical activity.

In total 76 interviews were conducted, providing over 28 hours of data. The data were analysed using a framework analysis approach, with the COM-B model as the underpinning framework. The findings provide insight into the range of barriers and facilitators faced by active and inactive participants within each of the communities.

The key findings were:

- All participants show good awareness of the benefits of physical activity. Active participants in particular spoke about their own experience of those benefits.
- All participants, regardless of their own activity levels, felt that the physical activity recommendations of 150 minutes a week was achievable.
- All participants referred to existing community assets for physical activity such as parks or sports facilities. However, motivation to use these facilities differed markedly between active and inactive participants.
- All of the COM elements have a bearing on people's engagement in physical activity. It is a combination of these elements that influences physical activity levels.
- There are important differences in perceptions of Capabilities, Opportunities and Motivations for physical activity between people who self-define as physically active and people who self-define as physically inactive. This finding is apparent when evaluating data across the three local communities. There are also key findings that are specific to each local community. This clearly highlights the need to take account of variability in attitudes and perceptions at local community levels.

The following findings are reflected across the three communities:

- Active participants perceive similar capability and opportunity barriers as people who are physically inactive, but active participants tend to be solution-focussed and typically find ways to overcome these barriers. This highlights the potential importance of psychological capability (i.e. determination and ability to plan) and the critical role of motivation as a driver of engagement in physical activity.
- Active participants commonly refer to forms of automatic motivation and use of routine for physical activity. Participants who are physically inactive do not commonly discuss automatic motivation and routine.
- The majority of active participants describe social support as a driver for their initial participation in physical activity. Social support is also a factor in maintaining physical activity. Inactive participants highlight a desire for more support and guidance to help them become more physically active.

The following findings are community specific:

Balby

- There is good access to facilities for engagement in structured forms of sport and exercise and available support from professional staff.
- There is limited understanding about the range of ways that people can be physically active.
- Daily working routines limit opportunities for physical activity.
- Green spaces could be better utilised.

Edlington

- Physical and mental health capabilities can present barriers to engagement in physical activity.
- Widely shared concerns regarding personal safety inhibit use of outdoor public spaces.
- Some existing facilities are perceived as run down or offer limited opportunities.

Intake

- People have a good understanding of what it means to be physically active but less knowledge of how to become physically active.
- There is good social support for physical activity.
- Health capabilities can present barriers to being physically active.
- Lack of money presents a barrier to pursuing opportunities for physical activity.
- There are some concerns about safety in public spaces.

The key recommendations are:

- A strategy for communications¹ should seek to promote a range of activities and avoid focusing solely or mainly on structured sport and exercise. It should be sensitive to the range of actual and perceived capability barriers that inhibit physical activity, and it should be mindful to ensure that messages do not engender feelings of guilt or other negative emotions which can result when people's existing levels of physical activity are low but their knowledge about the benefits of physical activity are high.
- Support and guidance needs to be take account of peoples concerns about any actual or perceived health limitations.
- Promotion of existing opportunities and facilities within communities should help people to tap into existing individual and social assets.
- Offer opportunities for people to try a wide range of different activities within their communities. This should incorporate individual and group-based activities.
- Seek ways to improve safety in public spaces and increase public confidence within the local communities for using these spaces.
- Co-design work within each of the individual communities would allow further exploration of how these communities can use their assets and how they could encourage community members to share their experiences of using the facilities currently available to them.

¹ The findings from the research will support the development of a communications strategy, led by a third party consultant

2. Introduction

Since October 2018 the Behavioural Science Consortium has been working with Doncaster Metropolitan Borough Council (DMBC) to explore levels of physical inactivity within a number of Doncaster communities. This project is part of the Doncaster Local Delivery Pilot (LDP) with Sport England. The aim of the LDP is to explore how low participation in physical activity and high levels of physical inactivity can be addressed in a place-based way with a clear focus on delivering sustainable behaviour change for individuals.

The project between the Behavioural Science Consortium and DMBC consists of three phases:

Phase 1 - Quantitative survey across a range of communities in Doncaster

Phase 2 - Community-led qualitative interview research within targeted communities

Phase 3 - Community based co-design work to develop interventions

Phase 1 of the project involved 1,120 households across eight different Doncaster communities who completed a survey to assess current levels of physical activity. The results showed that levels of inactivity were high within these communities and as people's capabilities, opportunities, and motivations to be active increased, so did a person's physical activity². Barriers and facilitators to physical activity were also found to differ between the eight communities, highlighting the need for further community focused research to understand better the challenges and opportunities faced by specific communities.

Our Approach

Understanding the barriers and facilitators for physical activity requires that we consider the full range of factors within the system that might influence this behaviour. We have utilised the COM-B model (Michie et al., 2011) for this work which proposes that in order for physical activity to occur, a person must have the **Capability** (personal assets including physical skills, knowledge, and psychological resources), **Opportunity** (social and environmental assets), and **Motivation** (beliefs, attitudes and habits) and that to effect change a thorough behavioural analysis must consider barriers and facilitators across these domains. The COM-B model enables an assessment of common barriers and facilitators across different groups, for example whether an individual's capabilities, opportunities and motivations to

² Please visit our website for a full overview of the results of Phase 1 - www.behaviouralscienceconsortium.org.uk

engage in physical activity differ between people with different physical activity levels and between different communities. The COM-B model is utilised throughout this project.

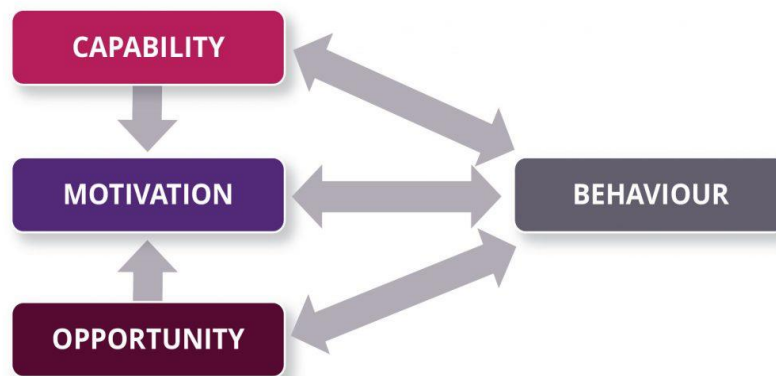


Figure 1. The COM-B Model (Michie et al, 2011)

Aims of Phase 2

The key aims and objectives of the Phase 2 insight work were:

1. To engage and train local Community Explorers to undertake qualitative interviews with members of their own local communities.
2. To understand better the experiences, perceptions and influences that affect people's engagement in, and relationship with, physical activity
3. To understand better how Capabilities, Opportunities and Motivations (COM) influence people's physical activity within the target communities

3. Methodology

Central to Phase 2 was an agreed objective with DMBC to build capacity amongst local communities in order to foster and maintain strong relationships between DMBC and local community organisations, and support work to increase physical activity at local community levels. The Phase 2 methodology was designed to facilitate and further these ambitions. Rather than using members of the professional research team to collect data directly, we recruited and trained local 'Community Explorers'. The Community Explorers assisted in the design of the interviews; they recruited participants and undertook interviews within their own communities. This approach also served to ensure that participants were at ease during the interview, talking to members of their own local community and thereby offering a comfortable space for authentic discussion.

Ethics

Before Phase 2 began and prior to any participants being contacted, full ethical approval for the research was gained from the Sheffield Hallam University Research Ethics Committee.

Recruitment

Target Communities

The results of Phase 1 focused on eight communities in Doncaster, all of which were found to have high levels of inactivity. Based on DMBC's knowledge of the local area and communities, the following areas were chosen for the Phase 2 work:

- Balby
- Edlington
- Intake

Organisations

Voluntary organisations within each of these local areas were suggested by DMBC based upon their existing contacts. Partnering with these voluntary organisations encouraged continuing growth of positive links with DMBC and access to community members who were already engaging with local voluntary organisations. Four community organisations agreed to participate in the project. The organisations were:

- Balby - Exemplar Health Care (<https://www.exemplarhc.com/our-homes/home/quarryfields/>)
- Edlington - Edlington Community Organisation (<https://edlingtoncommunityorganisation.wordpress.com/>)
- Edlington Hilltop Centre (<http://www.hilltopcentre.org.uk/>)
- Intake - People Focused Group (<https://peoplefocused.org.uk/>)

Community Explorers

From within each of these organisations, at least four volunteers agreed to attend the training to become a Community Explorer. Community Explorers were offered a nominal financial incentive for their participation in the training. All Community Explorers opted to have their incentive shared directly with their organisation.

Each Community Explorer was required to attend training sessions on interview techniques and research ethics and asked to conduct at least five interviews with members of their community. No specific eligibility criteria or previous experience was required to become a Community Explorer, just the commitment to attend the training and to conduct the interviews. However, a number of Community Explorers had some previous experience of working in a counselling or other supportive one-to-one environment with members of the local community. Hence, many of our Community Explorers already felt comfortable conducting interviews.

Community Explorers did not have to be physically active themselves or even be interested in physical activity. The main priority was to recruit people that were involved in their local communities and had a vested interest in developing and contributing towards their community.

Training

All Community Explorers from the different organisations jointly attended two 3-hour training sessions held in central Doncaster. The sessions outlined the project, introduced the COM-B framework, provided interviewing practice, and covered the ethical considerations for conducting interviews with community members. The training was facilitated by members of the research team with experience in conducting qualitative interviews as well as knowledge of the COM-B model. Table 1 outlines the topics covered in each of the sessions.

Table 1. The topics covered in each of the Community Explorer training sessions

Session 1	Session 2
<ul style="list-style-type: none"> • Background information about the Doncaster LDP 	<ul style="list-style-type: none"> • Ethics
<ul style="list-style-type: none"> • Motivations for getting involved in the research 	<ul style="list-style-type: none"> • Researcher safety & well-being
<ul style="list-style-type: none"> • Introduction to qualitative research 	<ul style="list-style-type: none"> • Introducing the interview
<ul style="list-style-type: none"> • Interviewing skills 	<ul style="list-style-type: none"> • The research fieldwork pack
	<ul style="list-style-type: none"> • Practising the topic guide

Community Explorers had the opportunity to conduct practice interviews as well as gain feedback from the team members. All Community Explorers were provided with contact details for the research team members, and were encouraged to seek follow-up guidance if needed. A member of the team also visited each organisation on a weekly basis during the data collection period to collect the recordings of the interviews and to ensure all Community Explorers were happy with the interviewing process. Given the research inexperience of some Community Explorers we anticipated some early interviews might be brief as the Community Explorers developed confidence and skill. To ensure this did not undermine the data corpus, we collected a larger overall corpus of interviews.

Upon completion of the training sessions and after conducting the interviews, all Community Explorers were presented with a certificate to acknowledge their involvement and the training they had received from Sheffield Hallam University.

Interview Guide

To help guide the Community Explorers through the interview and to ensure that similar questions were asked to all participants, an interview guide was developed by the research team. This was developed prior to the training sessions with the Community Explorers. The interview guide centred on asking participants how the different COM factors related to their levels of physical activity. This included each of the sub-themes within the COM factors, meaning that six domains were included for discussion in the interview guide. The six domains were:

- Physical Capabilities – e.g., does a person have the fitness or stamina to be active?
- Psychological Capabilities - e.g., does a person understand the need to be active and have the knowledge of how to be active?
- Social Opportunities - e.g., do they have the support of family and friends to be active?
- Physical Opportunities - e.g., do they have the equipment they need to be active?

- Automatic Motivation - e.g., is being active a habit and part of a person's routine?
- Reflective Motivation - e.g., why are they motivated to be active/inactive (e.g. is it to lose weight)?

The COM-B model was covered in the training with Community Explorers so that they were aware of the different domains and the type of things that related to them. Community Explorers were encouraged to explore these domains within the interviews and to use the questions set out in the interview guide. Community Explorers were encouraged to use the suggested questions as a guide rather than a script, in order to help shape their interview conversations. They were advised that they could deviate from the set questions and probe for more information depending on how the interview was progressing.

Prior to use, members of the DMBC team and Community Explorers were asked for their feedback on the interview guide. This ensured that the language was appropriate and that the questions appeared sensible and relevant for the target communities. The only notable change suggested by the Community Explorers was to remove the term 'government' from the question regarding physical activity guidelines, as they felt this could create a negative feeling if participants felt the work was related to the government. This question was therefore changed to 'research defines...' rather than 'the government defines...'. The full interview guide can be found in [Appendix A](#).

Feedback

Community Explorers were asked for their feedback regarding their experiences of the training and conducting the interviews. It was important to gain this feedback to ensure any challenges faced by Community Explorers could be addressed in the future and to be aware of anything which may have influenced the interviews with the participants. Community Explorers were offered to provide feedback during the debrief session and were also provided with feedback forms following the debrief session as not all Community Explorers attended the debrief session. Generally the feedback was positive, with some suggestions for improvements. Further details of the feedback are provided in [Appendix B](#).

Data Collection

At each community organisation, one person acted as the key contact between the Community Explorers and the research team. The key contact was provided with encrypted Dictaphones and copies of the participant information sheets and participant consent forms. This person ensured that all the data collected from the participants remained confidential and stored in a secure place.

Participant Recruitment

Participants were recruited by the Community Explorers and their organisations. Participants were eligible to take part in the interviews if they were aged 18 years or over and lived within the community where their organisation was based. It did not matter if participants were active or not, as the aim was to capture a representative view of all the different community members. Each Community Explorer was asked to recruit and interview five different community members. They were encouraged to recruit people of different demographics.

Procedure

All interviews were conducted by Community Explorers at their organisation premises. The Community Explorers arranged convenient times with the community members to be interviewed. Participants were recruited by the Community Explorers in each organisation by approaching their existing service users and inviting them to take part. It is possible that some participants, although accessing these local organisations, actually lived outside of the target community, however, based on the local knowledge held by each organisation about their service users, and our analysis of the data, we are confident that the interview data reflects the target communities.

Before the interviews began, participants were provided with an information sheet to read and all participants had the opportunity to discuss their participation in the study and ask any questions. Before completing the interview, all participants were required to sign a consent form.

All interviews were recorded using encrypted Dictaphones to ensure that only the Community Explorers and members of the research team could access the recordings. Once the interviews had been conducted, participants were provided with a debrief sheet and given the opportunity to ask any questions about the interview or the whole project.

Interview recordings were collected on a weekly basis by the research team and the encrypted audio files were securely transferred to an external professional transcription company. All the interviews were transcribed verbatim, however during transcription they were anonymised in order that participants could not be identified. The anonymised transcripts were then securely sent back to the research team for analysis. Upon completion of the transcription all audio files were deleted.

Data Analysis

A COM-B framework analysis was conducted following the seven steps to Framework Analysis set out by Ritchie and Spencer (1994). The seven steps include; transcription, familiarisation with the interviews, coding, developing a

working analytical framework, applying the analytical framework, charting data into the framework matrix, and interpreting the data.

All transcripts were analysed by a team of three qualitative analysts. Each analyst coded a mixture of transcripts from different communities and of active and inactive participants. Coding involved a top-down approach focally concerned with examining how people made sense of their own engagement in, and thoughts about physical activity in terms of their Capabilities, Opportunities and Motivations. Thus, data were coded if the participant explicitly spoke about how the COM factors related to their physical activity, as well as their beliefs and perceptions about how COM factors influenced their physical activity (see the previous 'Interview Guide' section for details of the six domains). Following the independent coding of all transcripts, the team came together to discuss the developing findings and ensure consistency. Once key themes had been developed, these were discussed with other members of the research and with members of DMBC.

To ensure the integrity of the analysis, after the majority of transcripts had been analysed, a debrief session was held with the community organisations and some of the Community Explorers. This provided the research team an early opportunity to present the developing findings to the communities and ensure the findings resonated with the expectations of the Community Explorers based upon their experience during the interviews. The debrief session also afforded an opportunity to maintain engagement with the Community Explorers, allowing further discussion about the project and their role within it.

4. Findings

The findings are presented as follows:

- An overview of the data corpus
- Overarching findings that are reflective of the entire data set. These findings reveal broad differences between participants who self-categorise as being physically active, and participants who self-categorise as being not physically active, regardless of community. This section also reports unexpected or interesting findings that feature across all three communities
- Tailored findings for each of the three target communities. As is typical for qualitative research of this nature, anonymised data extracts are included to illustrate the findings.

Data Corpus

Data corpus & breakdown by area

In total the Community Explorers completed 76 interviews comprising more than 28 hours of audio recording. Interviews ranged in length from 4 to 74 minutes. It is worth noting that, as a qualitative dataset, this is extensive. The size of the overall dataset means that that data corpus for each target community is substantial in its own right. This ensures the data can be analysed collectively, and it can also be meaningfully scrutinised to produce specific findings for each community.

The number of interviews conducted by each organisation and number of Community Explorers is detailed in Table 2.

Table 2. The number of interviews conducted within each community

Community	Voluntary Organisation	No of interviews	Number of Community Explorers
<i>Edlington</i>	Edlington Community Organisation (ECO)	24	6
<i>Edlington</i>	Edlington Hilltop (EHT)	20	4
<i>Balby</i>	Exemplar Healthcare (EHC)	15	4
<i>Intake</i>	People Focussed Group (PFG)	17	4

Overview of the data corpus

At the outset of each interview, participants were asked if they considered themselves to be a physically active person. In response to this question, **42** participants self-categorised as being physically active, and **29** participants self-categorised as not being physically active. It was not possible to establish this information for five participants, either because they were not directly asked by the interviewer, or the participant did not offer a clear response. These participants were therefore not classified as active or inactive. In the following sections quotes are provided to support the findings. Each quote is provided with a reference, so that the reader can distinguish between the community organisations and whether or not the participant self-categorised themselves as being active.

It is important to note that we intentionally asked this question prior to providing participants with the government weekly guidelines for physical activity. This information was provided later in the interview. In this way we were able to capture participants' subjective views regarding their physical activity status in relation to what they understood 'physically active' to be. In keeping with the COM-B framework, we expect that people's perceptions of '*what counts*' as physical activity, and their self-evaluation about their own level of physical activity, will influence their thinking about their own capabilities, opportunities and motivations for physical activity. Although subjective perceptions about their own physical activity levels might already be informed by government guidelines if participants are already familiar with this information, in the absence of any objective knowledge, subjective perceptions will provide a basis for participants self-categorising as being physically active or as not being physically active.

Analysis of the data indicated important differences between those who self-categorised as being physically active, and those who self-categorised as not being physically active. Tables 3, 4, 5, and 6, below are reflective of the entire dataset regardless of differences that might exist at the level of the individual communities. Table 3 presents a composite picture of the *shared tendencies* of participants who self-categorise as being physically active, whilst Table 4 highlights *variations* amongst participants who self-categorise as being physically active. Table 5 presents a composite picture of the *shared tendencies* of participants who self-categorise as being not physically active and Table 6 highlights *variations* amongst participants who self-categorise as being not physically active.

Active Participants

Table 3: Common features of people who self-categorise as being physically active

Common features of physically active people
C: Tend not to experience or refer to capability barriers (e.g. don't refer to concerns about their fitness levels)
C: Tend to refer to age as a factor to be considered, but not necessarily a barrier
O: Where opportunity barriers (e.g. time & money) are perceived, physically active people tend to be solution focused
O: Tend to pursue a combination of everyday physical activity (e.g. walking) with focused physical activity (e.g. sporting activity)
M: Appear strongly motivated to engage in physical activity
M: Physical activity is part of everyday life/routines (e.g. walk to work)
M: Tend to link participation in physical activity to positive affect (feeling good)
M: Engagement in physical activity leads to positive self-evaluation
M: Refer to mental/physical benefits of physical activity
M: Enjoy physical activity and want to do it
COM: Tend to demonstrate well integrated COM for physical activity

C: capabilities; **O:** opportunities; **M:** motivations

Most notable in Table 3 are the range of motivations for physical activity. The data reveal both automatic (habit based) motivations and reflective (considered) motivations. It is also notable that where capabilities and opportunities are discussed, these physically active participants tend to offer an asset based evaluation of their capabilities and opportunities for physical activity. In other words, throughout the interviews, these physically active participants focus on what they *can do* rather than discuss barriers indicating that they have high psychological capability to engage in physical activity (i.e. psychological stamina and determination to be active). Throughout the data there are repeated indications that participants who self-categorise as being physically active have developed an integrated model of

their own capabilities, opportunities and motivations for physical activity. As the COM-B model theorises, the distinct COM factors that are known to drive behaviour are interlinked and overlapping, therefore when these factors are all brought into play by participants we would expect this offering the clearest predictor of actual behaviour. The results here are similar to the findings from Phase 1, in that all of the COM factors appeared to interact and explain higher levels of PA.

Table 4: Variation amongst people who self-categorise as being physically active

Differing tendencies of physically active people
<p>C:The level and amount of physical activity undertaken varies</p> <p>[Note: regardless of variation, those who self-define as being active are confident they meet government guidelines]</p>
<p>C: Autonomy / mastery and a sense of personal focus is central to engagement in physical activity for some people</p>
<p>O: Types of physical activity vary from person to person (e.g. walking the dog or going to the gym), this is often related to circumstance</p>
<p>O: Opportunities to try different activities arise through engagement in various groups as well as through peers</p>
<p>M: Undertaking physical activity as a shared endeavour with family members and/or in social contexts is central to physical activity engagement for some people</p>
<p>M: Undertaking physical activity as a solo endeavour is central to physical activity engagement for some people</p>
<p>M: Participants that are able to travel and motivated to be active, would travel outside of their local area to use other green spaces/facilities in Doncaster</p>

C: capabilities; **O:** opportunities; **M:** motivations

We note that demographic variables and individual circumstances (e.g. employment status/ family/ age) did not appear to lead to differing tendencies for physical activity amongst those who self-categorise as being active. Variations amongst this group offer important insight which can assist in the development of interventions designed to increase physical activity. As indicated in Table 4, our data clearly illustrates that there is not a 'one size fits all' solution. The findings in Table 4 offer some indication

regarding what kinds of variation should be factored in when intervention planning. Crucially, our view across the dataset reveals that it is important to develop a broad 'offer' when it comes to physical activity. There is no one physical activity that is universally appealing, and whilst this may be an anticipated finding, it evidences the need to ensure varying forms of physical activity are facilitated. For example, where national or local trends emerge for particular types of physical activity (e.g. Zumba or spinning classes), offering new classes may simultaneously entice people to increase their physical activity and alienate people with other interests. Similarly, where certain activities become dominant in a location (e.g. parkrun), it is important to ensure that visibility and promotion of other forms of physical activity are maintained and valued.

Moreover, our data strongly indicates that attempts to increase physical activity should incorporate opportunities that variously appeal to those with preferences for social and family focused forms of physical activity, as well as catering to those with preferences for individual physical activity. Equally, some people are motivated by physical activities that involve a degree of personal mastery or autonomy. However this is not necessarily the same as a preference for undertaking physical activity alone (e.g. people may attend a climbing wall in a group but still achieve personal mastery of the required skill).

Inactive Participants

Table 5: Common features of people who self-categorise as not being physically active

Common features of people who are not physically active
C: Tend to refer to more perceived capability barriers (e.g. I'm not strong enough to do that)
C: Indicate a greater need for support and/or guidance to help them be active
O: Refer to a lack of social support and/or groups to join in with and be active
M: Belief that being active would be beneficial for physical and mental health.
M: Tend to believe that physical activity leads to positive affect (feeling good)
M: Tend to feel they <i>should</i> do more physical activity, but highlight therefore that <i>not</i> doing feeds a negative self-evaluation (e.g. I am lazy)
M: Tend to have limited intrinsic motivation (e.g. doing it for themselves) and lack routine
M: Desire to engage in physical activity exercise often outweighed by other concerns (e.g. family/money)
M: Tend to view physical activity in terms of 'sport' and uneasy about 'fitting in' (e.g. at the gym)
COM: Age perceived as a major barrier. This is a complex barrier variously connected to capabilities, opportunities and motivations
COM: Tend to see being physically active as something that is out of reach as a result of overlapping COM factors
COM: Perceive an active person as someone that 'loves' activity and wants to be active

C: capabilities; **O:** opportunities; **M:** motivations

Perceived capability barriers are reported, with participants referring to a lack of physical capability (e.g. lack of strength, stamina), as well as limitations around psychological capabilities (e.g. knowledge, confidence). Lack of social support was also reported as a barrier.

Across our participants who self-define as being not physically active, we see a different pattern of motivation for physical activity compared with participants who identify as being active. All participants who self-define as not being physically active report an awareness of the benefits of being active for mental and physical well-being. Moreover, many of the inactive participants reported having personally experienced these benefits. *However*, this does not provide adequate psychological capability and motivation to overcome other COM-related physical activity barriers.

Crucially, inactive participants repeatedly report feeling that they *'should'* be active. This is somewhat different to stating an intrinsic desire to *'want'* to be active which was commonly reported by our active participants. Moreover, for our inactive participants, feeling they ought to be more physically active was often linked to a negative self-evaluation as they recognised that they were not doing what they *'should'*, which then becomes a further barrier.

This feeling of *'should'* be physically active was apparent, regardless of local community area. It suggests that a lack of confidence presents a barrier that is broadly impacting all elements of people's COM to engage in physical activity. To help people address these barriers, it is important to consider how to avail spaces that are psychologically as well as physically appealing for people to begin participating in physical activity.

Table 6: Variation amongst people who self-categorise as being not physically active

Differing tendencies of people who are not physically active people
C: Age-related capability barriers are complex and variable (e.g. for some people age itself is a barrier, for others a lack of age appropriate opportunities are a barrier)
C: Differing levels of knowledge about how to be active and/or how to get involved with activities
C: Reported health related limitations are highly individual and can be related to physical and/or mental health.
C: Reported health limitations can further lead to concerns about injury risks and/or not knowing the <i>'correct'</i> way to be active
O: Time and money barriers often negatively intersect (e.g.. if people reported having time for PA, they didn't have the money, and vice versa)
M: Some participants attributed their inactivity to daily habits (e.g. <i>'jump in the car to work'</i>)

C: capabilities; **O:** opportunities; **M:** motivations

Again, we note that demographic variables and individual circumstances (e.g. employment status/ family/ age) did not appear to lead to COM variations amongst those who self-categorise as not being physically active. Amongst those who self-define as being not physically active, there were varying levels of knowledge regarding *how much* physical activity a person should be doing, *and how* to be active. Lack of appropriate knowledge is a particular concern among those who report health conditions. Whilst these participants might still indicate awareness of the general benefits of physical activity, they have concerns about doing the 'wrong' thing and inadvertently exacerbating health problems. Access to tailored support and guidance on appropriate activity for those with specific health concerns might therefore be warranted.

With regard to opportunity barriers, it was notable that a lack of time and a lack of money were typically reported as distinct issues (e.g. participants report having the money but not the time to undertake physical activity, or vice versa). These barriers are commonly linked to employment status, with money often reported as a major barrier by unemployed participants and, conversely, time reported as a major barrier for employed participants.

Stereotypes as Barriers

One striking difference between those who did and did not self-define as being physically active related to perceptions about what it *means* to be physically active. This is particularly apparent when reviewing participant responses to the following question:

'How would you describe a physically active person?'

Table 7 highlights the ways in which participants that self-categorise as being physically active, and participants who self-categorise as not physically active variously characterise people who are physically active.

Table 7. Active and inactive participant responses to the question 'How do you describe a physically active person?'

Active Participants	Inactive Participants
'They can be any shape or size, doing what they enjoy' (PFG11, active)	'Well, my son is what I call, 'physically active'. He doesn't stop. [...], he goes hiking, he goes cycling, he goes running' (PFG15, inactive)
'Somebody who doesn't sit on their backside all the time, somebody who gets out and about and does stuff' (EHT12, active)	'Nothing like me (laughter) .. Somebody who's healthy, got a healthy lifestyle, makes healthy lifestyle choices' (EHC4, inactive)
	'to me somebody who's physically active does a lot of exercise, be it walking, running, cycling and I don't feel that I do enough to be classed as a physically active person because I might only do three hours a week' (PFG3, inactive)

These comments are reflective of the type of response offered by active and inactive participants. As these examples reveal, our active participants tend to avoid any narrow definition, instead offering a broad response, highlighting that physically active people come in all '*shapes and sizes*', and that physically active people are simply '*getting out doing stuff*'. Whilst this kind of ambiguity might be challenged for a lack of explicit knowledge, we suggest that this is better understood as a desire to resist stereotypes and challenge assumptions about what it means to be a physically active person.

In contrast, our inactive participants draw upon stereotypes that present physically active people as the kind of people who '*don't stop*' and are engaged in multiple forms of exercise and sport such as '*hiking*', '*cycling*' and '*running*'. As one extract highlights, these stereotypes create a daunting ideal of what it means to be physically active - a person who can only be thought of as '*nothing like me*'. Moreover, such ideas lead people to diminish their own achievements to the extent that doing '*3 hours [exercise] a week*' becomes meaningless.

We suggest it is important for future intervention work to be mindful of these differences in perceptions of physically active people, and in particular, to consider ways to counter the unattainable ideal that is broadly shared by people who don't classify themselves as being physically active.

Section Summary

The findings so far highlight a range of issues identified across all three communities that broadly reflect differences between participants who do and do not self-categorise as being physically active.

Before moving to discuss community specific findings, it is also useful to highlight that there was an almost universal positive response to the government targets for physical activity, regardless of community or self-categorisation of physical activity level. Participants were in almost complete agreement that the weekly target of 150 minutes physical activity was reasonable and achievable. Some participants were already aware of this target, although many were not. Indeed participants who self-categorised as being not physically active were often surprised by this target, having anticipated that it would be higher. On learning about this some inactive participants re-evaluated just how active they currently are, deciding that they were perhaps more active than they initially thought. However, it was less clear if participants were fully aware of the need to be slightly out of breath when completing the activity for it to count against these targets. This is particularly an issue in relation to whether or not spending time walking should be counted as physical activity.

It is also important to acknowledge that physical activity does not necessarily involve structured exercise classes or sport and that a number of participants reported that they were meeting physical activity guidelines through daily incidental activity (e.g. walking to the shops, housework). Small bouts of physical activity (at least 10 minutes) can contribute towards weekly physical activity guidelines, and research has begun to show the benefits of light-intensity activity and reducing a sedentary lifestyle (Chastin et al, 2018). Therefore promotion of these everyday tasks to increase physical activity could lead to potential improvements in physical activity levels. Encouraging these tasks could also promote the COM factors as a person would feel they have the capabilities to do the task (e.g. if it's a task they do every day), have the opportunity (e.g. walk to work every day), and be motivated to do the activity (e.g. have to get to work to be paid). These COM factors are different depending upon whether the focus is upon moderate-intensity or light-intensity activity.

Key points

- All COM factors need to be taken into consideration when looking to increase physical activity levels.
- Active participants are more solution-focused when overcoming barriers to do physical activity. This may reflect higher levels of motivation and/or high psychological capability to problem-solve and plan.

- A number of inactive participants reported a lack of physical capability to be active due to existing health issues, meaning that more tailored guidance and support could be provided to ensure this group can gain the benefits of being active.
- Active participants had typically been active for the majority of their life or had gotten into certain activities through having support and opportunities to try different activities. This highlights the need for people to have the opportunity to try different activities and the need for social support and encouragement.
- Sports facilities and green spaces were not reported to be a major barrier to a person being active, with the majority of participants reporting some form of facility within Doncaster.
- Physically active people tend to create habits or routines which facilitate activity. Numerous activities are automatic or routine (e.g. walk the dog).

Community Focused Findings

The following section presents findings for the three target communities: Edlington, Balby, and Intake. Having already reported that, when looking across the entire data corpus, important and interesting differences between participants who did and did not self-categorise as being physically active, our community focused findings remain sensitive to those self-categorisations. Where we report key findings, we highlight if those findings are reflective of the community regardless of differences in physical activity self-categorisation, or if a given finding appears related to a particular physical activity group.

Balby

In total 15 interviews were completed by the Community Explorers in Balby. The interviews were conducted by volunteers and residents of the Exemplar Health Care home in Balby. The specialist home provides care for adults with learning disabilities, autism and mental-ill health, supporting and encouraging people to be happy, independent and fulfilled. Of the 15 participants, 10 self-identified as being active, 4 self-identified as inactive, for 1 participant this categorisation could not be discerned from the interview.

Capabilities

Perceived Capabilities - overall the majority of participants reported few physical capability barriers to them being active. A number of inactive participants even reported that they had the capabilities to be more active:

'Interviewer: Would you say you're physically able to be more physically active?'

Participant: Yes - definitely'

(EHC3, inactive)

Some participants did highlight their perceived lack of capability to participate in different activities such as swimming and running. Typically inactive participants reported these capability barriers, based on previous experiences in life:

'Run. I can't run. I've never been able to run.'

(EHC3, inactive)

Typically these reported lack of capabilities were typically centred around more structured sports and exercise (e.g. swimming), and it seems that these inactive participants see being physical active as participating in structured sport and

exercise sessions. Although some participants may not have the capability to do certain activities, physical activity can be done through a range of different activities, not just structured sport and exercise. Increasing awareness about the range of activities that involve physical activity, which may include everyday activities, could helpfully influence capability beliefs. Messages need to address existing misconceptions regarding 'what counts' as physical activity.

Knowledge of Physical Activity - the majority of participants reported being aware of the potential benefits to being active, regardless of whether they self-defined as being active or inactive:

*'Q: What do you understand by the term physical activity?
F: Keeping fit, healthy living, maintaining a good balance.'*

(EHC14, inactive)

This highlights that participants have the knowledge about physical activity and know that they should be active. However it was highlighted by an inactive participant that they felt they didn't know enough about being active due to changing guidance/advice on what constitutes being active:

*'Q: Do you think you know enough about being physically active?
F: They bring out lots of new things, they're always trying to tell you different.'*

(EHC14, inactive)

This means that although participants are aware that they need to be active, it needs to be clearer as to how to be active and for how long. If there is the perception that advice is changing or that guidelines are unclear, then guidance should be given from one reputable source. Ever changing advice may also disengage a person with this information as they will potentially discredit and therefore disregard it.

Opportunities

Facilities - within the local communities participants spoke of how there was green space and areas that were particularly suitable for dog walking:

'There are a lot of fields. You can- there are good walks for your dogs.'

(EHC4, inactive)

Nevertheless participants questioned the safety of these areas, as well as mentioning that they could only be used for dog walking rather than other activities:

'Not very many places where I live. It's- You wouldn't go running around the streets or on the field or anything like that. The only thing you can do a lot where we live is dog walking because we live on the top of an old pit so it's quite a lot of open field. Again, it probably wouldn't be safe.'

(EHC3, inactive)

Active participants reported that they have access to different facilities to be active, including swimming pools. Whilst inactive participants talked about being aware of these facilities, they also mentioned the cost of these facilities as being a barrier to being active:

'I know that DMBC do a lot of- they have all the gyms and memberships and all that—don't they?—and all- you can join the gym and have free swimming and everything like that but it's, again, still, you're talking £35 a month. It's a lot of money.'

(EHC3, inactive)

It is apparent from the data that there are facilities available for people within Balby to be active, yet these facilities are focused on being used for more structured sport and exercise (e.g. swimming). There are also other green areas within the communities which could be used for activity, yet may not be fit for purpose. As previously mentioned, active participants seem to be solution-focused compared to inactive participants i.e. they find ways to be active even if the facilities are not the most appropriate. Advice and promotion of how to be active, particularly in regards to how to use the green spaces available, may lead to inactive participants feeling that they have more opportunities to be active within their local communities, but considerations of safety would also need to be considered and addressed.

Support - linked to facilities available within these communities is the support available to people from trainers at the venues. The support of the trainers at these venues was mentioned by a number of active participants, praising their support to encourage them to be active:

'Well, we're lucky because we have very, very good personal trainers and instructors. The two lady instructors, [name]and [name], have been very, very good since 2014. And [name] currently is very, very good indeed. I'll tell you. (Laughter) She's taken a lot of interest in- I've had an enormous amount of coaching from her – on a regular basis.'

(EHC2, active)

Having this support from trainers clearly has encouraged participants to be active and as well potentially given them the confidence to try/do different activities and maintain their activity levels over a sustained period.

Work - within Balby, work is both a barrier and facilitator to people being active. A number of participants spoke of how work provided them with an opportunity to be active through the role that they had:

*'Interviewer: Would you say that you are a physically active person?
Participant: Yes – when I'm at work.'*

(EHC4, inactive)

Active participants also talked about how being in employment gave them more opportunities to be active due to the fact they could afford to do activities. However,

being employed and able to afford to do activities did mean that this limited the amount of time that participants had to be active. The hours that some participants worked did make it particularly difficult to be able to attend facilities in the local area due to the opening hours of the venue:

'I think if the gyms were open a little bit later in the evenings because the ones that are local to me shut at 9 o'clock.'

(EHC7, inactive)

Overall work appears to be a barrier and facilitator to being active as it can provide opportunities, but limit time to be active. This leads to the suggestion that future work could look to further the opportunities that people have to be active during work time, or as part of their travel to and from work.

Motivation

Enjoyment - there is a contrast in the enjoyment that participants had from being active. Self-classified active participants reported both physical and mental benefits of being active:

'It makes me feel energetic, it helps clear the stresses of the day away and feeling relaxed and happy.'

(EHC11, active)

Whereas, inactive participants reported a lack of enjoyment from being active:

'Interviewer: How does physical activity make you feel?'

Participant: Tired. (Laughter) Embarrassed, actually, sometimes, because I don't enjoy it.'

(EHC3, inactive)

This contrast in enjoyment appears to impact upon a person's activity levels and therefore their motivation to be active. Although as previously mentioned in the Capabilities section, inactive participants appear aware of the benefits of activity, it seems that if a person has experienced these benefits (e.g. feeling energised) then they would be more likely to continue participating in physical activity.

Routine - employed participants that also identified as being active mentioned that their physical activity occurred as part of their routine, that is, it became a 'habitual behaviour'. These habitual behaviours mean that participants do not need to plan their activity too much:

No, I don't really need to think carefully, I do it in my daily routine so it's not something I have to think about, it's just something that I do naturally.

(EHC11, active)

Being active due to habits and unconsciously, leads to activity being maintained and integrates it as part of daily life.

Recommendations for Balby

Based on the data from Balby the following recommendations can be made:

- The messages used to promote physical activity should be carefully considered and ensure that they do not focus on just structured sport and exercise. Consideration and promotion of activities which can be categorised as physical activity need to be acknowledged when promoting physical activity.
- Although participants were aware of the benefits of physical activity, further guidance is needed to clearly highlight how much activity and the types of activity a person could be doing. Promotion of the physical opportunities (e.g. swimming pools, greenspaces) that community members have in which to be active also needs to be promoted. Advocacy of using these spaces to be active and the types of activity that could be done may be effective if promoted by local community members as participants also reported appreciating the support of others to be active.
- The workplace provides an opportunity to be active and for habits and routines to be formed which lead to physical activity. However some participants felt work was a barrier to activity, meaning that more could be done to encourage the opportunities that are available during the working day to be active.

Edlington

A total of 44 interviews were completed by community explorers across two community organisations in Edlington; Edlington Hilltop and Edlington Community Organisation. Edlington Hilltop Centre is a sustainable project in the heart of the community which delivers a wide range of educational, training and skills development for all members of the community. Edlington Community Organisation is a community charity working to improve and regenerate Edlington and its surrounding areas to make it a better place to live for all generations. The charity is based on community involvement and partnership, working alongside various local organisations.

In response to being asked if they considered themselves to be physically active, 25 participants self-categorised as being physically active, 15 participants self-categorised as being not physically active, a further four participants offered no clear response to this question. For example, one participant responded "it depends". Another participant responded "yes and no".

Capabilities

Skills - The extracts below highlight that for some participants there are specific skills-based requirements which can present barriers to engaging in some types of physical activity:

Participant: I can't swim; I've never been. I've never been able to swim. I nearly drowned at 7 years old

(EHT 13, inactive)

Interviewer: Are there any skills like riding a bike, swimming that you're not confident in?

Participant: Yes – because I can't swim.

(EHT 8, inactive)

Across the Edlington data, we identify a small number of participants who reflect that a lack of skill presents a clear capability barrier to engagement in certain types of physical activity. However, there is also evidence that mastery of a required skill (i.e. being able to swim), strongly links to people's engagement in physical activity:

Participant: Sundays we go swimming together, so we do that as a family, both mother and son.

Interviewer: Yes, yes.

Participant: We both do swimming or cycling every Sunday. Either one or the other we choose.

(EHT 6, active)

Participant: My husband he's seventy two year old and he is a body builder [...] He used to do it back in eighties and he used to compete in body building and he's just got back into it and he's now turned my front living room into a home gym.

Interviewer: Wow, so he's really active.

Participant: Very active, yes, yes. I think for somebody at seventy two year old he is the peak of activity at his age.

(ECO 14, active)

Interestingly, when participants discuss capabilities to participate in physical activity where a particular skill is required, a lack of the required skill is not the only capability barrier which is highlighted. As the extracts below indicate, a change or decline in general physical capabilities can create barriers regardless of skill:

I can't go swimming now because if I fall over or slip I could hurt my hip and I got a bad hip as well so it frightens me to go swimming in case I get knocked over, you know with kids running around

(ECO 24, inactive)

I used to bike all over. My and my husband biked all over the place. But when my knee got bad and I can't push the pedal, that's the bit I'm not confident in now. I cannot push and I can't afford an electric bike.

(ECO 10, inactive)

My physical strength in my mind is absolutely up there but in body unless I get the support to do the exercises that my body requires that lets me down because I do have a back problem so exercise for me on land is extremely difficult

(ECO 5, active)

Analysis of the Edlington data suggests that, whilst specific skills such as being able to swim or to ride a bicycle might be *necessary* capability requirements to participate in the given physical activity, skills alone are not always *sufficient*. This is an important point to consider when thinking about initiatives to increase physical activity. For example, whilst increasing opportunities in the community for people to learn skills for physical activity might be one solution, it is also important to consider how differing types of physical activity can be re-worked to enable people to continue to participate. For example forms of water-based physical activity such as yoga, and outside activities such as walking football might offer people an opportunity to continue with activities they have already mastered at a pace more suited to changing capabilities.

Age - These extracts highlight how Edlington participants draw age into view when discussing capabilities for physical activity. The first three comments are offered by participants who self-categorise as being physically active:

Interviewer: How would you describe your physical strength or your stamina to be active?

Participant: Very good for my age

(EHT 17, active)

"I do get out of breath fairly easy but I'm quite strong for my age I believe"

(EHT 19, active)

"I can't be as active as probably as I was, well, six or seven years ago [...] It doesn't worry me because I think, well, I have done it in the past and it's just a fact of as your body gets older and a little bit weaker in them parts then you've just got to get on with it and keep doing it."

(ECO 9, active)

Each of the comments above highlight that age is a factor participants take into account when assessing their own physical activity capabilities. For these participants, factoring age into their self-assessment appears to lead to a positive evaluation of capability. This kind of positive age-related assessment reflects a belief that it is reasonable to judge capability as age dependent.

The extracts below are offered by participants who self-categorise as being physically inactive:

"I am a little bit older so my joints don't let me. I am not as active as I used to be"

(EHT 1, inactive)

"Interviewer: So how would you describe your physical strength or stamina?"

Participant: Crap compared to what they used to be. Admittedly I'm a lot older now than what I was."

(EHT 13, inactive)

In these comments, age is again highlighted as a capability limitation. However, these comments lack the level of positive self-assessment that was evident in the earlier comments. Whilst the differences are subtle, they are further reflection of differences between those participants who self-categorise as physically active and those who do not. Overall analysis across the Edlington data indicates that age can present a capability issue for physical activity. However, age does not present the same barrier for everyone. For those who self-categorise as being physically active, age is an issue that requires adjustments to physical activity expectations, whereas for participants who do not categorise as being physically active, age is presented as a barrier without any sense of there being a workaround.

Health - In response to questions around capabilities for physical activity, participants referred to both physical and mental health as relevant concerns with the potential to create barriers to capability:

Participant: I used to do swimming, running.

Interviewer: And why don't you do that no more?

Participant: Because I can't run anymore. My knees, my knees have gone.

(ECO 18, active)

"Due to ill health I'm limited with the types of activity I can do"

(EHT 18, active)

"I can't do a lot of stuff because I have got fibromyalgia"

(ECO 6, inactive)

Interviewer: Would you say that you're a physically active person?

Participant: At this moment in time, no.

Interviewer: Why do you feel that way?

Participant: Partly because my medical disabilities. I'm on tablets, painkillers et cetera.

(EHT 13, inactive)

All of the above comments highlight that medical conditions, or changes in general physical health, present potential barriers to engagement in physical activity. These comments are seen across all participants regardless of physical activity self-categorisations. Additional comments below also indicate that poor mental health is also considered to present a capability barrier to engagement in physical activity:

"People who are physically disabled would find it less easier to exercise just because they may not be able to walk to places, they may not be able to do certain sports, they would find it tough at times. And those with mental disabilities as well probably not get the exercise that they need to"

(EHT 19, active)

"My stamina is not very good. And it depends with my mental health whether that allows and how I feel on them days"

(EHT 8, inactive)

Explicit reference to mental health is less common in the data, but, again, these comments indicate these views are shared by participants regardless of their own physical activity self-categorisations.

In sum, analysis of the Edlington data revealed three primary domains that are perceived to impact on individual capability for physical activity namely: health, age

and skills. Participants highlight that in order to engage in physical activity, there is a need for good physical and mental health. Where people experience either a general decline in health, or a specific medical condition which affects either mental or physical health, this is anticipated to present barriers to physical activity engagement. However, as outlined, there are some important distinctions between participants who self-categorise as being physically active and those who do not, particularly with regard to age. Furthermore, whilst mastery of skills to undertake certain forms of physical activity is deemed necessary, mastery of the skill alone is not necessarily considered sufficient for engagement in physical activity. There are intersections between skills mastery, and other capability factors including age and health.

Opportunities

Safe spaces - One aspect explored during the interviews related to the physical spaces in the local area. Responses in Edlington highlighted some repeated concerns with feeling safe in public spaces. Notably, these concerns were reflected across all participants, regardless of their physical activity self-categorisations. We suggest that such shared reflections across participants whose physical activity self-categorisations differ are particularly indicative of 'red flag' issues.

The following extracts highlight the impact that concerns about safety have on people's judgements about their opportunities for physical activity in public green spaces:

Interviewer: Are there any other facilities in your area other than the swimming baths?

Participant: No. Not that I can think of. There is an open air gym type machinery down at [local lake].

Interviewer: Is there any reason why you wouldn't use that?

Participant: I wouldn't use that, it's outdoor metal equipment. It's rusty, it's cold, it's just been put in but it's not a nice environment to go and work out in if I am being honest.

Interviewer: Is that due to anything specific?

Participant: It's just where it is [...] It's down in the troubled area of the village I would say. Every village has got its troubles but you know.

Interviewer: So it's not necessarily an environment you would feel safe exercising?

Participant: No not at all.

(EHT 3, active)

Interviewer: Do you feel like there are other things in your area like green spaces and parks?

Participant: A couple of parks but a lot of it is took over by young children and a lot of areas in the bigger parks where you are going round and don't feel safe or other people want to feel safe so we don't participate.

(EHT 4, active)

Interviewer: Is there any activities that you don't feel that you're able to do?

Participant: Being in Edlington, walking, there's not many great areas to walk to that you would necessarily feel safe walking with your family so when we do go walking we tend to go nicer places like [rural village] and things like that.

(EHT 16, inactive)

There is a nice park but you don't always feel safe walking round there especially as it would be on my own now, my husband's not as active.

(EHT 1, inactive)

Well there's a park opposite the house and there's what they call a multi games area. Which gets used for drug use, drug dealing. They use these bomb bottles, so it doesn't get used for the children, it gets used for the youths of the area

(ECO 13, inactive)

It is important to note that not all Edlington participants highlighted concerns with safety in green spaces. Indeed other comments indicated an appreciation of the natural environment, and some participants talked about their active use of the open spaces. For example participants offered the following comments:

"There is a big country park within walking distance. There are local playing fields. As long as there is somewhere to be able to walk you can go out and walk, hills, climbs, anything"

(EHT 5, active)

"We'll go and find different places to walk. We'll go out and feed the ducks, walk round the lakes, go to parks and things like that."

(EHT 16, inactive)

On balance however, our analysis indicates that concerns about safety in parks and green spaces are a repeated feature of the Edlington data. Moreover, it is distinctive in Edlington as compared to data from the other two local areas. We recommend that seeking ways to explore and address specific safety concerns are taken into account when considering plans to increase opportunities for physical activity in the local area.

Facilities - Another aspect of opportunities for physical activity that we directly explored during the interviews concerned facilities. In response to questions asking about local services and facilities, participants in Edlington discuss facilities in their local area. A first point of note here is that, broadly speaking, participants were

aware that some facilities do exist in their local area. In other words they have knowledge of facilities. However, numerous comments about those facilities indicate that participants do not necessarily consider them fit for purpose and/or perceive the opportunities afforded by the facilities as limited due to restrictive opening times. Data extracts below evidence people's thoughts about the opportunities for physical activity in relation to existing facilities:

Interviewer: And do they [grandchildren] enjoy being active and do they enjoy the thrill of running around?

Participant: Yes, yes, they do, which it's a shame there aren't more facilities in the village that would be, you know, like parks and, even activities – school activities.
(EHT 12, inactive)

Participant: I wouldn't get in that water. I'd go swimming at somewhere cleaner but I won't do any of the exercise classes up there because I think it's not very clean.
(ECO 11, inactive)

It's a mental thing at the end of the day. But I will say this much: at the end of the day, the amount of facilities that are provided, that are free, are very, very limited.
(EHT 13, inactive)

Whilst many comments regarding lack of facilities are somewhat sparse in detail, with participants simply referring to "a lack of facilities", there are also numerous comments which indicate that concerns about safety and concerns about facilities are interlinking issues:

Interviewer: In an ideal world what changes would you like to make happen in your community that would make it more likely for yourself and your family to be more active and maintain your current level of activity? Services or support or facilities?

Participant: Facilities would be good like a playing field or some sort of area that might, you know be lit up at night so that you would feel a bit safer. That would be good.
(EHT 5, active)

It's harder to be physically active when you've got, when you have to find something to do. Like we don't walk in the village. We go to other villages to walk in. There is no duck pond that is a pleasant place to be, like I said where [local lake] it's not a nice place to go with kids. The leisure facilities we have are restricted and it's not really a nice place to walk around at night time, you know after work and stuff with the kids.
(EHT 3, active)

There are also comments which suggest that, for some participants, concerns about feeling safe undermine otherwise positive thoughts about the facilities available in their local area:

The facilities are good and the activities and things; it's just that there are some children or adults that spoil it by their antisocial behaviour.

(ECO 3, inactive)

With regards to addressing some of the issues highlighted here, it is possible to explore physical activity facilities in Edlington as an 'opportunities' issue in its own right. There may indeed be scope to respond to concerns about limited facilities and/or improve the offer of existing facilities on a case by case basis. However, our findings highlight that, amongst the local Edlington community, perceptions about local physical activity facilities are quite closely bound up with concerns about 'feeling safe' in green, and other shared spaces. We therefore recommend an integrative approach is taken to these issues. This may mean bringing together differing stakeholders in the local authority with responsibilities for parks and estates as well as physical activity service providers. We further recommend that any plans to introduce or re-invigorate outdoor equipment and/or outdoor multi-purpose activity facilities give particular thought to long term maintenance and supervision of those facilities. To further build capacity within communities we recommend exploring ways to forge partnerships between the local authority and existing local organisations which might enable communities to become joint custodians of their local facilities, and ambassadors of their green spaces.

Motivation

Looking across data from Edlington participants who self-categorise as being physically active and those who self-categorise as not being physically active, it is apparent that motivation is key for both groups. However, there are important differences in how motivation operates between these groups.

Enjoyment - the following extracts are offered in response to being asked how physical activity makes our participants feel:

I like being physically active. I like the rush. I also like the competitiveness

(EHT 3, active)

When I'm active, I love it. I just like it. I just like being outside.

(ECO 9, active)

I just feel drained, but not in a tired way just I don't feel happy with myself you know

(ECO 13, inactive)

Half the time I'm bored. Some physical activity, as far as I'm concerned, is boring.
(EHT 13, inactive)

These comments reflect a stark difference between the enjoyment derived from physical activity referred to by participants who self-categorise as being physically active and negative feelings associated with physical activity engagement by those who are not physically active. Whilst this contrast initially appears to be straightforward, further comments offered by participants who do not self-categorise as being physically active reflect a more complex picture:

Interviewer: What are the benefits of being physically active for you or for someone generally?

Participant: A feeling of achievement.

(EHT 8, inactive)

Interviewer: And how- Being physically active: how does it make you feel?

Participant: It makes you feel better when you do it."

(EHT 7, inactive)

The comments above highlight a relatively common picture across the Edlington data, whereby many participants refer to positive emotional and affective benefits of physical activity. Thus, not being currently physically active does imply a lack of knowledge about the positive benefits of physical activity. The comments highlight a pattern in which participants know that engaging in physical activity 'makes you feel better' and that physical activity is something people 'should' do. However, this knowledge, when combined with not undertaking physical activity can result in "cognitive dissonance", an unpleasant psychological state which arises when a person's actions are not aligned with their knowledge or attitudes. This unpleasant state of mind is then a potential barrier to motivation.

Health - The extracts below reflect that some participants are motivated specifically by concerns about health and, in particular, weight:

Not being active can result in a lot of health problems. It can result in overweight problems; it can result in depression.

(EHT 6, active)

The harm of not being physically active is all health related. I'm pushing forty so I need to make sure that I take care of my heart, my belly, my lungs, the whole, you know I don't want, I mean I'm putting a bit of weight on so I work on that.

(EHT 3, active)

Better for your health,, better for your weight. I have gained weight. We used to, like if I was obviously more active I am sure that would help with the weight.

(EHT 1, inactive)

Interviewer: How happy are you with the amount of physical activity that you do?

Participant: I'm not. I'm not happy whatsoever. I know I should be doing more [...] I used to do more and I know I used to do more and getting more physical will help lose weight, which, at the moment, I need to do drastically.

(ECO 10, inactive)

Again, these comments indicate that whilst participants are concerned about their health, this knowledge is not necessarily sufficient to drive engagement in physical activity behaviours. However not acting on this knowledge can lead people to feel negative about their inactivity.

Routine - The comments below are offered by participants who self-categorise as being physically active:

It's a routine for me. I sometimes enjoy and sometimes not. I don't think about it really I just do it.

(ECO 4 active)

It is just part of my daily routine, you get that used to doing it, it's nothing out of the ordinary

(ECO 20 active)

Whilst routine can be important, the comments below from participants who self-categorise as being physically active also refer to more conscious forms of motivation, including self-monitoring their levels of physical activity:

You've got to monitor it to a certain extent whereas you have to diary it so it actually, you can actually fit it in, in the timescale and unless you do that it's not going to work.

(ECO 5, active)

I like to think so. I have got a fit bit so my daily goal is hitting 10,000 steps a day which I think we smash most days

(ECO 20, active)

It is useful to note here that analysis of the entire data corpus reveals motivation as potentially the most important aspect of COM-B when it comes to what drives physical activity behaviours. As one participant quite simply put it "*It all depends on the person themselves, at the end of the day*". An exploration of motivation amongst the Edlington participants, and in particular the differences between active and inactive participants, highlights that *developing*, *having*, and *maintaining* motivation for physical activity is often driven by *doing* physical activity. This creates a paradox

whereby it is important to think about ways to encourage people into the doing of physical activity *before* they can develop a strong motivation for future physical activity behaviours.

Recommendations for Edlington

Based on the data from Edlington the following recommendations can be made:

- Providing opportunities for people to be active within the community are important, particularly to ensure that all community members can engage with them. Engaging in different activities will lead to the perception of mastering skills and potentially reduce the capability barriers raised by participants. Different opportunities would also provide support for those that are unsure as to how best to be active if struggling with a particular health condition.
- The safety of parks and greenspaces in Edlington was consistently raised as a concern by participants. Forging partnerships between the community organisations/members and the local authority could help to reduce these safety concerns and to tackle the problem together. This could lead to ambassadors for their community and the greenspaces available in which a person can be active.
- Being active, motivates a person to be more active, therefore opportunities and encouragement to be active within local communities is needed for people to initiate these behaviours.

Intake

In total 17 interviews were completed by volunteers at People Focused Group (PFG) in Intake. PFG is about peer support – people helping people – making everyone’s life better. PFG work with members of the community that have health issues, particularly mental health issues. Of the 17 participants, seven self-identified as being active, 10 self-identified as inactive.

Capabilities

Health - due to PFG primarily working with members of the community that experience mental health issues, this was reported as a capability barrier for both active and inactive participants. In particular their health may stop them from being active on certain days:

'My own mental health is a barrier because sometimes at the weekend I can just shut down and sleep all weekend. When I've been at work, that's what I do, sometimes, because I don't do anything at weekends at all'

(PFG2, active)

Although their health would stop a person being active, active participants also spoke about how their health was a consideration when being/planning to be active. It did not stop them being active, but they would make adjustments and take their health into consideration when choosing activities:

'I have to pace myself with my fibromyalgia. If I did too much physical exercise it would just wear me out and I would be in a right mess because of the pain.'

(PFG1, inactive)

Those participants reporting health issues also reported that they were aware of the benefits of being active to help with their health. Active participants were more likely to report having experienced these benefits, whereas inactive participants would report being aware of them:

'I think sometimes they seem to be more balanced in a way because exercise does help with mental health. Not only that they just seem to get on with life slightly better, when stuff happens, they're able to deal with it in an easier way than those who are not as active.'

(PFG10, active)

A number of participants also spoke of how anyone could be active, regardless of any capability limitations they were facing. Being active was specific to each individual and that although it is generally perceived that an active person goes to

the gym and is slim, other people have their own ways to be active and can still be classed as active:

'It depends on the individual. You could be obese and still be active; you can be stick-thin. You don't have to run marathons. It's just somebody who tries to do something different every day. It can be a ten-minute walk.'

(PFG6, active)

This highlights that there is awareness within the community that being active takes different forms and that there is knowledge of what can constitute as activity. A person needs an understanding of their own limitations and what 'being active' means to them, so that they understand their capabilities to be active.

Knowledge - although participants report having the awareness as to what constitutes being active, some inactive participants talked about a lack of knowledge as to how to be active. This lack of knowledge was in relation to being unaware of what opportunities were available and was primarily reported by inactive participants who felt limited by their health issues. These participants reported wanting to know more about activity and specifically how to be active in relation to their health condition:

'No not really. I don't think there is enough information really out there. People go on about going to gyms and joining this club and joining that club but they don't actually tell you the ins and outs of it.'

(PFG1, inactive)

'Because there are not a lot of details out there. Any advice for people.'

(PFG4, inactive)

'It's skills, really, where you haven't got the skills. So you need that support for physical activity, for skills, and equipment.'

(PFG4, inactive)

Overall, health issues appear to be a capability barrier for a number of participants living in Intake. Nevertheless there are still a number of participants that are active and want to be active, meaning that these health issues do not necessarily have to stop a person being active. People need to be provided with the relevant information to ensure they can be active, and know how to be active if they have a particular health concern.

Opportunities

Cost - within this community the cost of facilities and equipment was reported as a barrier to being active. For some, although they wanted to be active, financial

constraints meant they had to make decisions between paying to do activities or paying bills:

'Yes money is an issue for me but also yes my budget is very tight so to be able to do more exercise and physical activities would not be in my budget unfortunately at the minute. I would need extra something to be able to'

(PFG1, inactive)

The majority of participants in this community did report money to be a barrier, which in part is due to a number of participants reporting to be unemployed or on long-term sick leave from their job. Regardless of money, a number of participants reported that they did not need to pay for facilities or equipment to be active, and that there were plenty of opportunities for them to be active that did not require money:

'Interviewer: would you say that you need masses, you need a good deal of finances to be able to be physically active?'

'Participant: No, there are other ways you can be physically active if you're not of the mind-set that people are looking at you. You can run on a road or on [local playing fields].'

(PFG16, inactive)

Facilities - following on from there being opportunities to be active that do not cost money, a number of participants mentioned parks and green spaces within the local area where they could be active:

'I mean we've got some sort of, greenspaces and we're not that far from Townfield which is a lovely big greenspace. You could actually get to there by bus and go for a walk. But also, I think we could utilise indoor spaces like the library, PFG do some fantastic courses on fitness. And, I know my son was super excited and he loved joining in with that.'

(PFG16, inactive)

Although these facilities are available locally, there were also some concerns about the safety of these areas, which would be a barrier to them using them:

'Interviewer: So, that's again, another barrier for you accessing physical activity, because of drug paraphernalia and drug abuse?'

'Participant: Yes. Then, you've got another park that sort of like, around the corner from the wellness centre. Yes, there's lights, but a busy road, and I don't like to take my kids because there's nothing... the kids don't like that park, it's too boring. But, there's always too many kids and youths there, which that's when my safety kicks in because of the way the kids are.'

(PFG12, inactive)

These concerns about the safety of the area were also raised by the Community Explorers at PFG in both the debrief session and on the feedback form.

Social Support - a key enabler of activity within Intake was related to the support that participants reported having from groups and peers within their community.

Participants that reported only having become active recently, rather than those that had been active their whole lives, spoke of how the groups in their area provided opportunities for them to get into activities. Maintenance of activity was also reported to be related to being part of a group and having the social support to encourage them to attend activities:

'If there were a group of us going and I've used to go on my own and I didn't enjoy it. Yes. So I would need to go in a group.'

(PFG2, active)

PFG provide a number of these opportunities for community members to participate in groups, therefore this maybe why this was frequently spoken about by participants within this community. Apart from PFG, participants did talk about there being a lack of opportunities for adults, with groups or facilities being more applicable for children, or some groups were being run during working hours making them less accessible:

'Thinking about my local community, there's not really a lot goes off in my local community. The sports field is used for children for their football. There are tennis courts but they're only open in the summer. There's not really a lot in the local community to do. And then any activity at a leisure centre has that cost implication.'

(PFG5, inactive)

'I think a lot of the activities in the village are done during the week when people are at work as well. I do know there's, like, a walking group that goes off. There just doesn't seem to be anything for adults.'

(PFG2, active)

As mentioned in previous sections, opportunities are available, but community members may feel these opportunities are not appropriate for everyone, especially adults in employment.

For some people living in Intake, financial constraints are a barrier to physical activity. However it is clear that it does not stop everyone from being active. This highlights that there are opportunities for all people to be active and that a person's motivation or capability may factor into whether or not they take advantage of the opportunities that they have. Similarly there appear to be facilities and green spaces available for people to be active within Intake, although changes could be made to make those facilities more accessible and encourage people to engage with the opportunities currently available.

Motivation

Enjoyment - active participants spoke about how they participate in activities due to enjoyment and this has maintained their motivation to be active. Initial motivation to participate in activities was also attributed to it being enjoyable:

'I started this out just for a bit of a laugh and it's turned out into something like a position of responsibility. And that makes me feel good about myself as well.'

(PFG6, active)

'It gives me a sense of belonging. It gives me enjoyment. Something I've always wanted to do is, like, play football, and I've even bought my own football boots now.'

(PFG2, active)

As well as enjoying the activities, participants also reported that they would feel better after being active and that being active could lead to improvements in their health:

'I always feel better after going for a cycle ride or even going for a long walk, I always feel a little bit better.'

(PFG10, active)

'I feel good. I know it releases endorphins and so forth and so that helps. I feel good about myself. I've been interactive with people and gone out of the flat. I feel on top of the world sometimes.'

(PFG6, active)

Some participants did report that they did not enjoy physical activity, particularly sports and exercise, which meant they did not participate in being active:

'I don't like exercise I've got to admit, I never did like games or sport from school age ... PE at school was an absolute nightmare, I hated it. I dreaded Tuesday afternoons which was double sport in my shorts, going out in the cold and oh, I was [wuss] I hated it, I absolutely hated it.'

(PFG5, inactive)

Nevertheless some of these participants were still active, but it was more structured sports that they did not enjoy. Therefore it is a person's understanding of what counts as physical activity that leads to whether or not they participate and their motivation to be active.

Priorities - motivation to be active has also been raised as an important factor for increasing physical activity, over other factors. As mentioned earlier a person can be active anywhere, meaning they are not necessarily limited by opportunity barriers, and that they must need the motivation to be active to take advantage of the opportunities they have to be active:

'Motivation, really. Because you can do walking without any specialist equipment. You do ex-care- homecare exercises with stuff that you've got in the house. So you don't- It's not necessarily that you've got to have equipment to be able to be active – physically active.'

(PFG2, active)

Although participants reported having the motivation to be active, some participants reported prioritising other tasks and activities over physical activity:

'Yes. Heating and food and paying bills is more important.'

(PFG6, active)

So although people are motivated to be active, consideration needs to be given for the other commitments and pressures that they are facing in their lives as motivation alone will not lead to a person being active. This highlights how the different COM factors are interconnected and influencing behaviours.

Routines - active participants spoke about how they try to create routines and habits to be active, as a way to maintain their activity:

'I try and do something every day that gives me fresh air, a bit of exercise.'

(PFG3, active)

Inactive participants also spoke of how their current routines limited their activity due to them habitually doing inactive behaviours:

'You just jump in your car and off you go don't you'

(PFG5, inactive)

Clearly routines and habitual behaviours play a key role in participants' physical activity levels, with habitual behaviours leading to the maintenance of activities or restricting opportunities for a person to be active (e.g. automatically getting in the car instead of walking).

Enjoyment appears to be a key motivator to a person being active and for them to maintain being active, therefore the challenge may be how to encourage people to first try different physical activities and to find an activity in which they enjoy. As mentioned previously, conflicting priorities such as work appear often to out-weigh motives to be active, therefore encouraging activities which can be undertaken flexibly alongside other priorities should be explored. For example, encouraging active commuting to integrate physical activity into the working day, would lead to increases in activity levels. These behaviours could potentially lead to the formation of physical activity habits and routines, which would lead to activity being done more automatically.

Recommendations for Intake

Based on the data from Intake the following recommendations can be made:

- Health can be a limiting factor, or at least perceived as a limiting factor for participants, nevertheless a number of participants spoke of ways that they

found to be active regardless of their health conditions. As participants found that they were able to be active, regardless of their health, further guidance is required to promote ways in which people can be active within their own capability limitations.

- Enjoyment seemed to be a motivator for being active and participants reported having the opportunities to try different activities. Providing communities with the opportunities to try different activities, which could be sports or other physical activities, could lead to a person finding an activity that they enjoy and are therefore motivated to maintain being active.
- Providing different opportunities as part of a group could also promote physical activity, as a number of participants spoke of how social support led to them being active and trying activities. Encouraging activities as part of a group could increase enjoyment, as well as reducing anxieties around doing activities which could worsen their health condition, and concerns that were raised about the safety of spaces in Intake.

5. Summary

Overview

The findings demonstrate that numerous factors influence whether or not a person is physically active. Similar to the findings from Phase 1, all of the COM factors can be used to explain physical activity and inactivity. It is also clear that not one of the COM factors clearly explains behaviour and that all of the COM factors need to be taken into consideration to understand physical activity levels.

The current analysis further highlights that the COM factors for physical activity are interconnected. Our findings suggest that motivation might be a key factor, however, psychological capability in terms of determination and problem-solving may also be important and physical capability and opportunity for physical activity cannot be put aside. Many participants reported having capabilities and opportunities to be active. This indicates the existence of both individual and social assets that can support people's engagement in physical activity. However work is needed to engage inactive people better in the opportunities that are currently available.

It is apparent and encouraging that community members are aware of the benefits of physical activity and many people are aware of how to be active. This highlights that public health messages promoting the benefits of physical activity are reaching their audience. However, the key challenges are around supporting people who are currently not physically active to help them into activity and to reduce anxiety around participation. It is also important to encourage people to try different activities and to help people maintain participation in physical activities. This includes ensuring people are aware of the range of activities that are categorised as physical activity. Motivation is needed to encourage inactive participants to be active, and for them to experience the benefits of being active, leading to maintenance of behaviour. Currently the fact that inactive people are not active is potentially reinforcing negative stereotypes that they already have of them.

Interestingly, all participants regardless of physical activity levels felt that the physical activity guidelines of 150 minutes per week could be achieved by anyone. This is positive as it could be used to encourage participants to be active if the guidelines are achievable. However, it was clear that the majority of participants were not aware of these recommendations, with some participants making reference to other activity guidelines (e.g. 10,000 steps a day) or specifically relating it to sport and exercise. Therefore further work could be done to promote the physical activity guidelines to community members and to ensure everyone is clear on what they are and what activities can be done to achieve these guidelines. However as the Chief Medical Officer is set to release new physical activity recommendations before the end of

2019, it would be recommended that any work done around this is conducted after the new recommendations are released to prevent confusion.

Consistent with Phase 1, there are differences between the communities that have participated in the work. This further highlights the need for future work to focus on exploring each community individually, rather than assuming that the findings would be the same across communities. Due to the assets that have been discussed by some participants to encourage physical activity, it would seem beneficial to involve community members in future research into physical activity.

Key recommendations

The way in which physical activity is promoted is important. Messages used to promote physical activity should include a range of activities that are categorised as physical activity, rather than focusing solely on structured sport and exercise. Although many people are aware of the benefits of physical activity, we now need to consider new ways in which we can promote different types and frequency of physical activity.

Although health can be an actual or perceived limiting factor, many people have the psychological capability to find ways in which they can be active regardless of existing health conditions. We need to ensure that physical activity guidance can promote ways in which people can be active within their own physical limitations. One way to do this is to ensure that people have the opportunity to try different activities within their communities. This could increase and foster enjoyment in physical activity, as well as reduce any anxieties about perceived or actual health limitations. Encouraging people to engage in different activities can also help increase people's confidence and skills in their ability to be physically active. In addition to providing opportunities for individual-focused activities, it is also important to ensure there are opportunities to engage in physical activity as part of a group. For many people, social support is an important source of encouragement and enjoyment in physical activity. Importantly, community support can also foster confidence in people's ability to engage with new activities. Initiatives to support people with existing healthcare conditions might also look to embed support and guidance about physical activity in routine discussions between clients and their healthcare professionals.

The majority of participants reported that their communities have physical opportunities to be active (e.g. swimming pools, greenspaces), yet these are used to varying degrees. Promotion of the assets that community members have to be active needs to be promoted. Although some people report concerns about the safety of parks and greenspaces, forging partnerships between community organisations and its members with the local authority could help reduce these safety concerns and find ways to address the problem together. One solution is to establish ambassadors

for the community and greenspaces who could advocate these spaces for physical activity; this could reduce safety concerns as well as increase a sense of social and community support for activity.

The habitual nature of physical activity and routines followed by active participants was key to a person being active as opposed to inactive. Encouragement of short, but regular periods of physical activity as part of a routine could lead to the development of physical activity habits. If physical activity can be accrued in small periods of time, this can help a person to meet the physical activity guidelines as well as potentially fostering self-efficacy to try other activities. Participants spoke of daily opportunities to be active, which future work could look to promote to encourage further activity.

In summary, all COM factors need to be taken into consideration when looking to increase physical activity levels. Taking active steps to better engage people with the opportunities that are currently available and tap into existing individual and social assets may help increase people's capabilities and motivation to be physically active.

Next Steps

Co-design activities in each of the three communities will provide the important next step in this project. A co-design approach enables a range of community stakeholders to come together and explore the individual and shared assets with their community and arrive at recommendations designed to foster greater levels of participation in physical activity. The findings from Phase 2 reported here will help to shape the trajectory of the co-design work, ensuring that the focus of the co-design and the recommendations are founded on a solid COM-B evidence base for each of the three local communities.

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Appendix A

Interview Guide

Before we start I just want to make it clear that there are no right or wrong answers to the questions I'm asking today and I am making no judgments about the answers that you provide to me. I just want to understand your experiences and to understand how things work in your community. Are you still willing for me to record this interview?

[Turn on Dictaphone]

When you start the recorder make sure you state your own name and the interview number before you begin the interview. E.g. This (your name) completing interview no. 1

Background Information

1. Could you tell me a little about you and your family?

[Make sure that this covers or ask additional questions to find out:]

- *whereabouts do you live? (not full address)*
- *who lives with you?*
- *are you employed/studying?*
- *what is your usual routine? At home with children? Work?*
- *how different are week days compared to weekends?*

Their Physical Activity

2. What do you understand by the term 'physical activity'?

[What kinds of things would be examples of physical activity?]

3. How would you describe a 'physically active' person (someone you know perhaps, or someone you can think of)?
 - *what are they like?*
 - *what do they do?*
 - *what don't they do?*
 - *why do you think they are so active?*
 - *what do they need to be physically active (skills, equipment, support)?*

4. Would you say that you are a physically active person?
 - *can you tell me a bit more about why you feel that way?*
 - *what do you do/not do?*

5. How active are the other people in your family/household?
 - *why do you think that is?*
 - *can you give me some examples of what they do/don't do?*

Active Travel

6. **[For people who are in employment]** How do you travel to work?
 - *why?*
 - *[if relevant, i.e. they use car or bus for a short journey] What would need to change for you to be able to travel to work in a more active way? (walking/cycling)?*

7. **[For people with children]** How do your children travel to school?
 - *why?*
 - *[if relevant, i.e. they use car or bus for a short journey] what would need to change for them to be able to travel to work in a more active way? (walking/cycling)?*

8. **[For families with children]** What activities do your children do outside of school?
 - *do you do any activities as a family? what? where?*
 - *do your children enjoy being active / want to be active?*

Physical Activity Guidelines

9. Research defines someone as being physical active if they do **2½ hours of activity each week** that causes them to feel slightly out of breath or 1 hour each day for children. What do you think about that definition?

- *is it realistic for you and your family [children]?*
- *what about for other members of community? how realistic is this for yourself / others in your community to achieve?*
- *how Do the guidelines change your view about whether or not you are physically active? If so, how?*

10. Thinking back to last week, could you describe all the times when you were physically active?

- *what were you doing?*
- *where?*
- *with whom?*
- *was it enjoyable?*

COM-B

11. Would you say you are physically able to be more physically active?

[Make sure that this covers or ask additional questions to find out:]

- *how would you describe your physical strength / your stamina to be active?*
- *do you know enough about being physically active?*
- *can you tell me about any activities that you don't feel able to do?*
- *are there any skills like riding a bike / swimming that you are not confident in?*

12. How happy are you with the amount of physical activity that you do?

[Make sure that this covers or ask additional questions to find out:]

- *can you tell me a bit more about why you feel this way?*
- *how does physical activity make you feel?*
- *how easy or difficult is it to be physically active?*

- *what are the benefits of being physically active? for you? for people generally?*
- *what are the harms of not being physically active? for you? for people generally?*

13. Do you think carefully about how much physical activity you do?

[Make sure that this covers or ask additional questions to find out:]

- *can you tell me about plans or routines you follow? do you monitor your activity? how?*
- *what difference do you notice in yourself when you are active or not?*

14. Can you tell me about the things in your community or your environment that affect how physically active you are able to be?

[Make sure that this covers or ask additional questions to find out:]

- *where could you be active in your community?*
- *what facilities for physical activity in your community are you aware of? - sports, gym, parks, green spaces, etc.*
- *is there transport to get to places you would like to go to be physically active?*
- *do you have the equipment that you need to be active? - bike, running shoes, etc.*
- *do you have the money that you need to be active?*
- *do you have the time that you need to be active?*

15. Can you tell me about people &/or services around you and in your community that make it easier or harder for you and your family to be physically active?

[Make sure that this covers or ask additional questions to find out:]

- *how active are your friends, family and/or people in your community?*
- *do you do physical activities with friends and family?*
- *how do your friends, family or people in your community support you to be active?*
- *what clubs or activities are there for you to be active with other people in your community?*

16. In an ideal world what changes would you like to happen in your community that would make it more likely that you and your family would become more active/maintain your current activity levels?

- *What one thing would you change? Facilities / services / support*

Closing Questions

17. Given everything we have discussed, before we finish up, can I just check if there is anything we haven't talked about that you think affects your own personal levels of physical activity or that of your family?

18. Is there anything we haven't covered that you feel is important/relevant?

Thank you very much for giving up your time to do this interview. Your views are really important and they will feed into the next steps of the process where we will develop ideas about how we could best support people in your community to be active

[Turn off Dictaphone]

Appendix B

Community Explorer Feedback

A unique feature to this phase of the project has been the development of the Community Explorers and their involvement in conducting the interviews within their communities. This approach is rarely used within research, with researchers typically opting to conduct the interviews themselves, due to the added workload and potential risk of the data that cannot be used being collected. However, we have found this approach to have been successful and something that has greatly benefited the project and added to the data that we have collected from the communities in Doncaster.

From the outset the Community Explorers have been thoroughly engaged with the project, potentially due to their desire to improve their communities and see changes for the better. Although they were not all necessarily champions of physical activity, they appreciate the benefits of it and the need to increase physical activity within their communities. Their desire to improve their communities meant that they fully engaged with all of the training workshops, helping them run smoothly and be of benefit to all attendees. If a similar approach was to be used again, it is important that the Community Explorers recruited are there of their own volition and willing to participate in the project.

The feedback that we received from the Community Explorers during the data collection, at the debrief session, and from the feedback forms was on whole positive. Community Explorers recognised the importance of the research as well as saw the potential benefits for them to be involved and to learn new skills. The majority of Community Explorers and organisations are eager to be involved in the rest of the project being conducted in Doncaster by the Behavioural Science Consortium, highlighting further that they are aware of the benefits of such projects. Some Community Explorers did feedback that they felt the training sessions were too long and were not needed, as well as acknowledging that they at times did not feel comfortable with the interview guide because they were not familiar with it. It is important to get the length of the training right to ensure all Community Explorers engage with it, but it is also clear that further training may have been needed to provide Community Explorers with the opportunities to practice with the interview guide and research team further. This lack of opportunity to practice working with the interview could explain why there were some very short interviews conducted by Community Explorers. This in turn would lead to the Community Explorers feeling more confident and comfortable when conducting the interviews, potentially leading to richer data from the participants. Future work will need to work with the Community Explorers to ensure that the sessions are not too time intensive, but to also ensure that they understand the need for a significant amount of time to ensure

the training is comprehensive enough. Conducting more, but shorter workshops over a longer period of time may be a way to solve this problem.

As mentioned the Community Explorers and organisations are keen to be involved in further work with DMBC to further improve their communities. This may be the most beneficial outcome of this phase of the research project, as having community members to drive change in the communities is invaluable. The Community Explorers appear to be a great asset for Doncaster and their communities, and hopefully that relationship can be maintained and lead to improvements in their communities, not just in relation to physical activity.

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Doncaster local delivery pilot behavioural insight work phase 2: insights from community explorer research

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