Insight Summary

Within the last four years, we have been pulling together insight and data around our joint work. This insight has helped to indicate some emerging priorities and where we might need to focus more of our resources in the future.

The main areas are:

- People who are less active
- How people are active
- Trying to change behaviour through working with less active communities

activederbyshire.org.uk
activenotts.org.uk

Introduction

This January, Sport England launched 'Uniting the Movement'. It's a 10-year vision to transform lives and communities through sport and physical activity, with a mission to tackle deep-rooted inequalities and unlock the advantage of being active for everyone.

While the pandemic has made it more important than ever to keep being active, it has made it more difficult, too. 1 in 4 people across Derbyshire and Nottinghamshire were inactive, and with the widening inequality driven by COVID-19, we know that number is growing.

Here in Notts and Derbyshire we are getting behind Sport England's vision. We need to work out, together, how we all play our part and set out a local plan that will create lasting change.
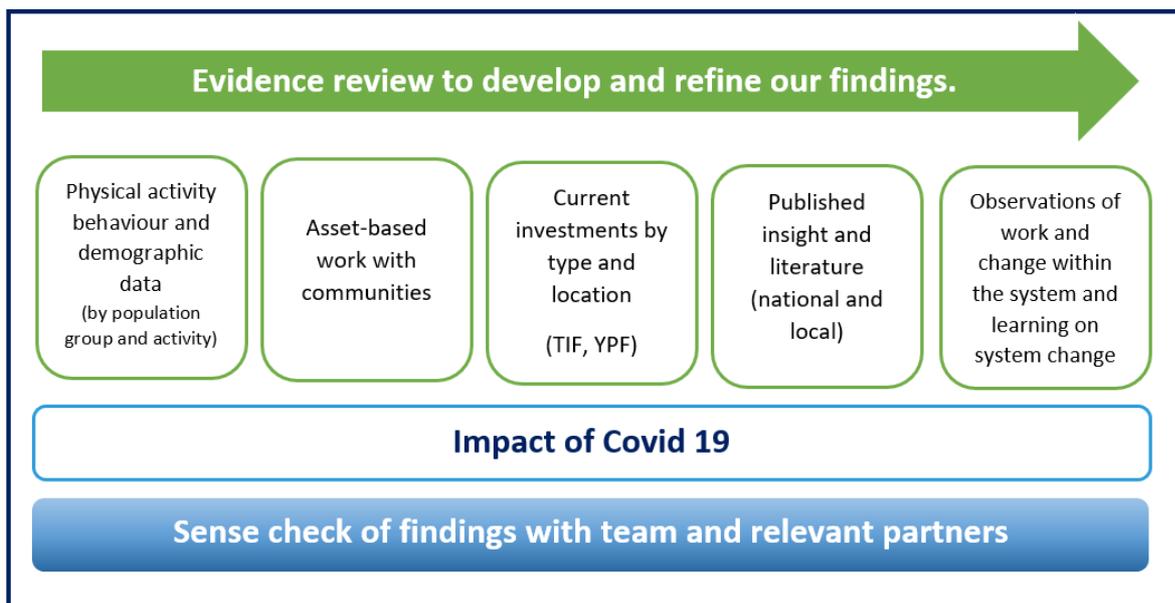
This will be informed by the insight and learning in this review.

It is important to acknowledge upfront that reducing inactivity and inequalities in physical activity behaviour requires a systems-based approach.

"There is not a single solution or intervention. Implementation requires a collective and co-ordinated response across all settings where people live, work and play - by all relevant stakeholders, at all levels to ensure a more active future."

World Health Organisation 2020

The table below articulates the insight process

Evidence review to develop and refine our findings.

| Physical activity behaviour and demographic data (by population group and activity) | Asset-based work with communities | Current investments by type and location (TIF, YPF) | Published insight and literature (national and local) | Observations of work and change within the system and learning on system change |

Impact of Covid 19

Sense check of findings with team and relevant partners

We continue to listen to the voices and perspectives of people in our less active communities. In many cases they are part of the work and have helped shape it and their views and observations are included in the insight. Building an understanding and working with these groups to shape and be part of the work has been at the heart of the asset-based principles we have been working to throughout the previous strategy period.

An explanation of a few terms used in the document	
System	We've used the word system in line with the following definition: *"Systems are composed of multiple components of different types, both tangible and intangible. They include, for example, people, resources and services, as well as relationships, values, and perceptions. Systems exist in an environment, have boundaries, exhibit behaviours, and are made up of both interdependent and connected parts, causes and effects"*[1]
Neighbourhoods	We've used the word neighbourhoods as it more accurately reflects our work in specific, smaller geographic areas and

[1] Systems Change: A guide to what it is and how to do it, Abercrombie et al, June 2015, Lankelly Chase/NPC

	because 'community' can have a broader meaning that includes communities of interest.

Being physically active can bring enormous benefits for our health, wellbeing and happiness. And it doesn't just make a difference on a personal level, either. Creating active communities can help us to bring people together and make local decisions that build a better economic, environmental, and social future for us all.

And yet across Derbyshire and Nottinghamshire, one in four adults and one in three children and young people are inactive[2].

Low levels of physical activity are a major public health challenge and a complex social problem to solve – and not just because inactivity is often stems from many other inter-related and complex problems. The drivers can be structural or personal, national or local, immediate or long standing policy decisions.

Making lasting change on a problem like inactivity takes more than just one organisation. It requires collective effort and collaboration between organisations playing different roles across a wide range of sectors, with the courage to see past their own organisations. It's about being: less certain about answers and more inquisitive, keeping purpose in mind, but being flexible in approach. System change is about working together to shift the factors that keep inactivity in place.

Much of our evidence is taken from before the pandemic struck. At that time, our patterns of inactivity were stubbornly set, although we had seen female inactivity levels reducing and coming close to that of males.
Many of us have found it difficult to keep active during the pandemic and it will be some time before we can truly see what lasting impact this experience has had on us all.

The aim of this work is to show where the greatest need currently lies. We'll identify which groups of adults and children experience lower levels of activity; identify the ways in which we are active; and look at our joint experience of working in local neighbourhoods to try to understand and support change in inactive behaviour.

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[2] Inactive: adults (aged 16+) doing less than 30 mins of moderate intensity physical activity per week.   Children and young people doing less than an average of 30 mins of moderate activity a day

When it comes to being active, we don't all have an equal experience.

Our experiences are shaped by many different aspects of our life and our environment.

When we experience inequality in wealth, health, education or employment we usually see this mirrored in our experience of physical activity.

So, inactivity and inequality are related.

People who are less active

Adults

Around **1 in 4 adults** across Derbyshire and Nottinghamshire are **inactive** (24.9%) which is broadly in line with national averages. But inactivity levels vary hugely across the two counties from as low as 15% in parts of Rushcliffe, Nottinghamshire, to as high as 34% in parts of Derby City. We see a pattern of higher rates of inactivity in our more urban areas and those recovering from an industrial past.

One of the largest inequalities we see is experienced by people living in our deprived neighbourhoods.

Adults living in our most deprived neighbourhoods are 75% more likely to be inactive than those living in our least deprived neighbourhoods[3].

Deprivation (a measure of a place that experiences disadvantage through the absence of certain services or benefits, such as in housing and jobs), has an impact on inactivity regardless of socio-economic status (based on occupation, education, income). This shared experience of living with deprivation appears to influence activity levels.

Inactivity levels also vary hugely between different groups in our population.

When we look at socio-economic status, we consistently see that people in lower socio-economic groups are far less active than their wealthier counterparts. This is a lot of

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[3] This is based on comparing inactivity levels for adults living in our most deprived neighbourhoods (IMD decile 1) to inactivity levels of adults living in our least deprived neighbourhoods (IMD decile 10)

people - more than half a million across Derbyshire and Nottinghamshire - and cannot really be considered as one group.

Lower socio-economic status also appears to be a driver of inactivity across age, gender, disability, ethnicity, and work status. However, there are four characteristics, which, when combined with lower socio-economic status, appear to create the highest levels of inactivity. They are:

- Identifying with an **ethnically diverse community**
- Experiencing **deprivation**
- Experiencing a **limiting illness or disability**
- **Not working** (this is people who are out of the labour market rather than people who are unemployed)

Individually each of these characteristics increases the risk of inactivity, but many people will experience more than one of these characteristics, thereby further increasing that risk.

People with these characteristics are far more likely than average to live in our most deprived areas.

Covid-19 has widened inequality gaps

These same groups have been disproportionately hit by the impact of the pandemic.

It is well evidenced that infections and mortality rates have been more prevalent among disadvantaged groups, particularly among ethnically diverse communities.

Jobs, hours, and pay are most likely to have been lost as jobs in hospitality, non-food retail and leisure have been worse hit and the low paid are concentrated in these sectors.

Shielding requirements have adversely affected people with limiting illness or disability and many people have been cut off from their care support and say their physical and mental health has declined as a result.

In terms of physical activity behaviour, at a national level, we have seen larger drops in activity levels among those who already had the lowest activity levels. As such, **the existing inequalities have widened.**

Children and young people (CYP)

One in three of our children and young people are not active enough for it to benefit their healthy development.

We see similar patterns of inequality within our CYP's physical activity behaviour, with children from **low affluence families**, children **needing extra support** and children from **Asian and Black ethnic origin** experiencing lower levels of physical activity. We've also seen some unusual differences between age groups, with our seven- to nine-year-olds (school years 3 & 4) appearing to have particularly low levels of activity.

Because our ethnically diverse communities have a larger proportion of CYP, our children and young people population profile is very different to that of our adults (which is also changing rapidly). This is especially true in our two cities where we have the highest concentration of people from ethnically diverse communities and a much higher proportion of children and young people from Asian and Black ethnic origins.

Of course, the pandemic has impacted on physical activity levels of our children because of organised activities provided through schools, colleges and community provision, all of which has been cancelled during our periods of lockdown. Even after lockdown, the additional safety needs mean that experiences are not quite the same as before.

With fewer organised activities, children have been dependent on parents and carers not only to homeschool them, but to help them to leave the house. For many parents, but particularly those facing the problems we have already mentioned, this has been a huge challenge.

We know that there's a link between positive attitudes towards activity and being active. And so, while the pandemic has undoubtedly had a wide-ranging impact, including on the mental health of our children, we do have an opportunity to build back fairer - so that more children and young people can enjoy positive experiences of being active, and begin to build lasting habits that will see them into adulthood.

Emerging priorities

We see many similarities between adults and CYP, with the same communities missing out on opportunities to be active. Living in poverty is one of the main drivers of inactivity and is affecting our families with young children the most. Does this give us an opportunity

to take a family-wide approach to our work to help prevent patterns of inactivity being repeated through the generations?

Overarching priorities

- To redesign systems to make it easy for adults and CYP from our **lower socio-economic groups**, particularly those living in our **deprived areas**, to build physical activity into their daily lives. The intensity and scale of our effort must match the level of inequality experienced by many within this group, particularly people from our **ethnically diverse communities** and people with a **limiting illness or disability**, including **children needing extra support**.

- Address the impact that the pandemic has had on all our CYP's physical activity behaviour. And at the same time, there is a need to redress the unequal impact of the pandemic in our less active communities.

- Collectively, there's a need to continue to find ways to deepen our understanding of the lived experience of our less active communities, and bring this into all aspects of our work and decision-making.

Children and young people

- To **develop physical literacy** for all CYP. The earlier these strong attitudes are developed and maintained, the earlier these skills are learnt and the more likely they will become a habit or become part of their lifestyle. We suggest that children in years 3 & 4 (our least active school year groups) are prioritised both inside and outside of school.

How people are active

Where we live, learn, work and play impacts on our physical activity behaviour. It can mean the difference between reaching for our car keys, a bus pass, a cycle helmet, or some comfy shoes for walking when we head out the door. And, sometimes our surroundings mean we don't want to head out the door at all.

Derbyshire and Nottinghamshire have large rural spaces but 80% of us live in an urban setting. This means that more activity takes place in urban settings than it does in rural ones, because we know that most of us prefer to be active nearer to home. **80% of all our active time takes place outdoors**. Walking overshadows all other types of activity - **half our active time is spent walking** - and it counts. 75% of the time we spend walking is at an intensity[4] we need to benefit our health.
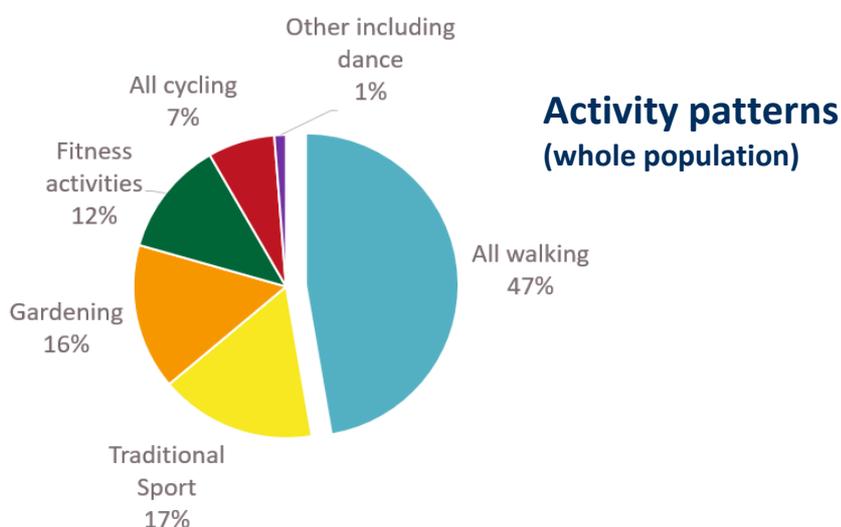

Figure 1: Proportion of minutes of activity Active Nottinghamshire and Active Derbyshire

Walking is the one activity that people from lower socio-economic groups do more of, compared to other socio-economic groups - particularly walking for travel. It's an easy activity to do and it's generally accessible, especially for people who may be inactive. The reasons why we walk change as we age. When we're young we're much more likely to walk for travel but as we get older, we're more likely to switch to walking for leisure.

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[4] Intensity: physical activity must be of at least moderate intensity (where you raise your breathing rate)

Our CYP's activity patterns are very different to those of our adults. Walking still plays a keyrole, especially among those from lower affluence families, but is secondary to sporting activities and active play.

Emerging priorities

We need to do everything we can to make it easier to be active in our local environments, right from our doorsteps. By revitalising our places and spaces, particularly in areas of higher deprivation, we can target some of the most challenging issues we face as a society. These include addressing inequalities, combatting climate change, improving health and wellbeing, improving air quality, and tackling congestion on our roads.

Create more 'walkable' neighbourhoods
- Adopt a systems-based approach to create connected neighbourhoods that support people's daily needs and support walkability, public transport, and active travel. The approach needs to focus on the neighbourhood environment and its residents, and may need exploring and testing using different models and approaches.

Continue to build a deeper understanding of the **impact of the local environment** on the physical activity behaviour of our more inactive groups
- Gain a better understanding of perspectives on walking and access to green space in local environments, from people who are less active. While we're starting to hear from some of these communities, we need to expand this to ensure we understand the different cultural perspectives at play, and those experiencing health conditions.

Trying to change behaviour through working with less active communities

Over the past four years, we've worked hard to build our understanding of communities where inactivity is likely to be more common. We've aimed to take a systems-based approach, working collaboratively with partners across a wide variety of sectors, building on strengths, and being led by insight. This kind of approach is needed and recommended for complex problems such as inactivity. But while there are many theories about this way of working, everyday experiences of doing this are in short supply. We've had to learn as we go, and so, each piece of work has had its own rhythm and pace, and each neighbourhood has had its own unique context.

There's still lots more to learn, but at the same time we've already learnt a lot. Our work in communities is helping us to build a better understanding of:
- The lived experience of residents
- The strengths (assets) of the local communities, and how to use them
- What's 'at play' in these communities that is making inactivity more common.
- The experience of working in a way that enables a strengths-led, systems-based approach to creating change

While all unique, these neighbourhoods share some common threads. They all have high inactivity levels, high levels of deprivation, high proportions of residents from lower socio-economic groups and lower levels of healthy life expectancy. The neighbourhoods are mainly urban, typically populated by people from white British ethnic origins (although there are two exceptions to this) and are likely to have slightly higher levels of limiting illness or disability for their population profile.

From listening to residents and people that work in these neighbourhoods, we can see patterns emerging. These help us think about what might need to change, what strengths there are to build on and what work might be needed across the system to support residents to be active. mindset

Emerging themes

Theme	Impact on physical activity behaviour
Poor neighbourhood environments inhibit physical activity	- Walking perceived as dangerous - Uninviting to be out - Decrease in everyday movement

- Run down and neglected areas dominated by traffic	
Feeling unsafe in the neighbourhood - Anti-social behaviours very visible and intimidating	▪ Need to adjust behaviour to stay safe – impacts on Capability, Opportunity, Motivation to be active ▪ Won't go out at night ▪ Won't go to certain places (e.g. parks) even during the day ▪ Won't let children play out
Managing complex lives - Triple 'whammy' of poverty, poor health, and caring responsibilities	▪ Don't have the time to even think about being active ▪ Too tired to think about or do physical activity ▪ No free time to fit in physical activity – it's not a priority ▪ Can't afford activities, transport and other associated costs ▪ More reliant on walking to get around
Limited infrastructure directly in the neighbourhoods - Under-utilised or non-existent places and spaces, and no organised efforts to make things happen	▪ Perception of nowhere suitable to be physically active ▪ Nothing for people like me ▪ Places not designed to enable activity ▪ Lack of capacity to make things happen
Limited local opportunities to be active - Nothing to do, or nothing 'for me'	▪ Nothing to do ▪ Not motivated to take part ▪ Struggle to maintain habits with opportunities that come and go
Poor health is perceived to get in the way of being active - High proportions of residents living with health conditions	▪ Perception that cannot be active due to health condition ▪ Too embarrassed to take children with behavioural conditions to activities ▪ Don't leave the house

	▪ But… some motivated to try to be active to help manage health conditions and to help others ▪ Major health diagnosis can be an opportunity for change, given the right advice ▪ Won't let children play out
Different and diverse communities of people within neighbourhoods - Separate community identities evident, although often a will to build a united community spirit	▪ Not part of networks to find out about physical activity ▪ Don't feel confident to go out and do physical activity ▪ Don't have people to go with ▪ Social norms are reinforced e.g. no one around here is active
It's hard to break social norms - Aspirations are limited by life experiences and lack of 'different' role models	▪ Not motivated to do physical activity but…might be interested in social interaction ▪ Could be willing to help organise groups for 'people like me' that could include physical activity ▪ Social norms are reinforced e.g. no one around here is active
Narrow social connections - Unaware of opportunities available, lack of connectedness	▪ Unable to access opportunities as not aware they are there or that they are suitable ▪ No one to go with

How does this knowledge help us to make a difference?
Building a picture of our shared learning is still very much a work in progress. But there are some early signs of change in these neighbourhoods, which have come about because of our work:

▪ Investment streams have been influenced and targeted towards these neighbourhoods.
▪ More opportunities to be active have been created by both residents themselves and by connecting providers.

- There's greater collaboration between partners and ways of working are changing to reflect a greater understanding of need in these neighbourhoods.
- At a more strategic level, policies are being influenced to cement this way of working and to plan neighbourhoods that help more people to be active.

It is very early days, and these changes are not by any means universal, but they're a sign of what's possible.

What have we learnt from working in this way?

Understanding what it means to 'take a systems approach' to our work, and in particular, the language used, has been a challenge. We've all found it difficult to express what this means and to know what it might look and feel like.

Existing organisational cultures, practices, processes, and agendas have sometimes got in the way and have made true collaboration - for example making decisions and taking action together to create change - difficult. It's been hard to switch from 'doing' to 'learning and doing'.

We're beginning to identify some favourable conditions that can help us take a systems approach. While these will change depending on the circumstances, they should create a solid foundation for working in this way. First and foremost is a collaborative mindset. Then a set of shared principles based on a vision for the work that understands the context of the place. Leadership can come from anyone and anywhere and there should be capacity for the work to connect everyone from small local charities to local authorities to large national organisations and beyond. Finding and including these different perspectives and creating layers of connectivity are key to creating change.

For us to use a systems approach more widely, we need to think about the following factors:
- *Keep building on the strengths* of residents, partners and networks to continually understand lived experience and bring resident participation into the work.
- Ensure everyone involved can see how *getting people physically active contributes to their aspirations or goals* - whether around mental, physical or economic wellbeing.
- *Establish and nurture collaborative spaces* that support residents to learn and work together, while helping us collaborate with organisations for better planning, co-ordination and decision-making.
- Connect people in communities with services and organisations that make a difference to them, *building strong relationships* between people in different parts of the system.

- *Invest in developing the capabilities and behaviours* needed to change our collective way of working, for the better.
- *Establish a culture of learning* based on our observations and experiences, with ways to measure impact and show the changes our work has made.
- Find and take opportunities to *cut through bureaucracy with quick wins*. Make things happen to build confidence and trust in our work, while learning from what we do.
- For the work to really take off - *it needs senior commitment*, starting with the local public sector. This hasn't always been the case, but when it's worked, it helps set the scene for our work across all organisations involved.

> *"Partnerships seem strong but are they characterised more by relationships than action? Many spoke of the strength of partnership working in the city but, when challenged as to what this meant, it was about the incredible asset that arose from good relationships and trust rather than from delivering outcomes together (although there were notable exceptions.)"*
> Behaving like a system? The preconditions for place based systems change. Collaborate CIC. Nov 2015

Emerging priorities

The work we do changes to suit different needs and communities. There's no one-size-fits-all solution. There is no off the shelf solution, and we cannot just deliver an intervention. We need to spend time understanding and learning about our neighbourhoods and communities before we can plan our work together with residents and partners.

At the same time, we need to pay attention to the cultures, mindsets and conditions that prevent change, so we can challenge them with our work - all while being aware that any changes we make could have unexpected consequences..

We often find ourselves in unpredictable and changing environments, meaning we need to keep experimenting, learning and adapting while staying open minded about how we will achieve our priorities with likeminded organisations, to help everyone experience the benefits of being active.

Explore and identify potential opportunities for continuing to develop system-based approaches that create change around physical activity
- There's both drive and opportunity for continuing to develop this way of working in different parts of our two counties. This should be explored with partners alongside these findings and other evidence, and should take different approaches to the

work into account, as well as greater representation of our ethnically diverse communities.

Continue to give residents a voice and work with them to get more people active
- At the heart of changing behaviour of individual people and creating system change is understanding the lived experience of our inactive residents. There's a need to continue to build the culture, practice and processes around this to inform decisions and actions

Create more consistent practices and processes to understand the changes we need to make in the way we work, so more people can be active
- Across partners involved in taking a systems-based approach, there's a need to strengthen the way we capture our observations around the work involved and the change it creates.

Gaps in existing insight

Our focus with this insight has been on:
- building a better understanding from the data and our evidence of people that are less active
- how people are active
- our experience of working in some of our less active communities.

We recognise that the insight doesn't cover all the evidence – like the economic benefits or climate benefits of people being active – but we will continue to build on our work and learning to understand these areas more in future and the contribution they can make.