

# GOGA Outcomes



Evaluation evidence shows how GOGA has delivered the following outcomes:

**Tackling Inactivity** Reaching the least active and increasing activity levels

**Wellbeing** Improving wellbeing – physical and mental

**Connection** Reducing isolation, improving community engagement, increasing social capital

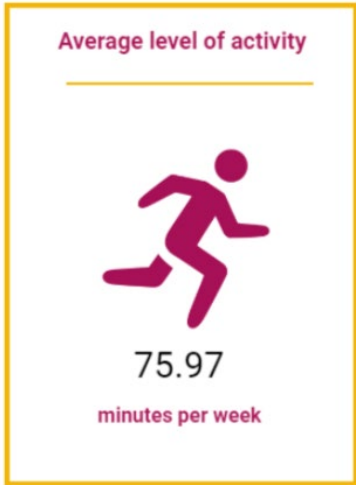
**Disability Perceptions** Changing perceptions of disabled people

**Workforce** Developing the right workforce to support truly inclusive delivery

**Organisation** Organisational change in approach and delivery



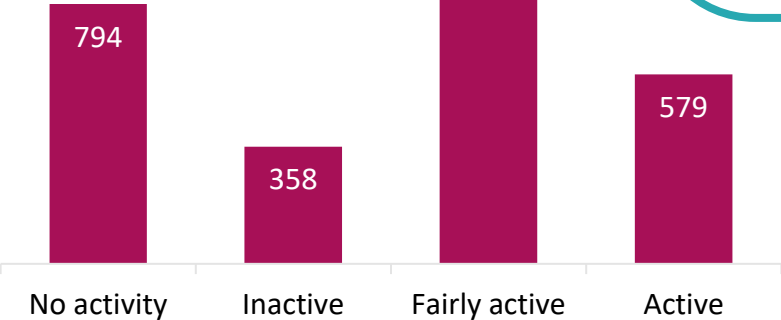
# GOGA reaches the least active, although some mis-report activity levels before they engaged with GOGA



**31% of all registered participants were in the least active group with 21% saying they did no activity in the week before joining GOGA.** It's more pronounced amongst disabled people - 39% are in the least active group and 26% saying they did no activity prior to GOGA. Proportions of the least active are up suggesting localities have got better at reaching these groups as delivery has matured.

but...

**38% of participants said they did less activity 7 days before joining GOGA** when we did a baseline interview with them (Tier 2a) compared to what they recorded when registering with GOGA (Upshot). This pattern is consistent across all demographic groups including disabled people.



This is important because it illustrates the risk that participants can **over report/mis-remember their level of activity on registration forms.** The baseline telephone survey shows that 40% of all participants (51% of the disabled) are in least active groups, up from 31% on registration forms. This illustrates the importance of careful and appropriate questioning about activity levels when setting baselines.

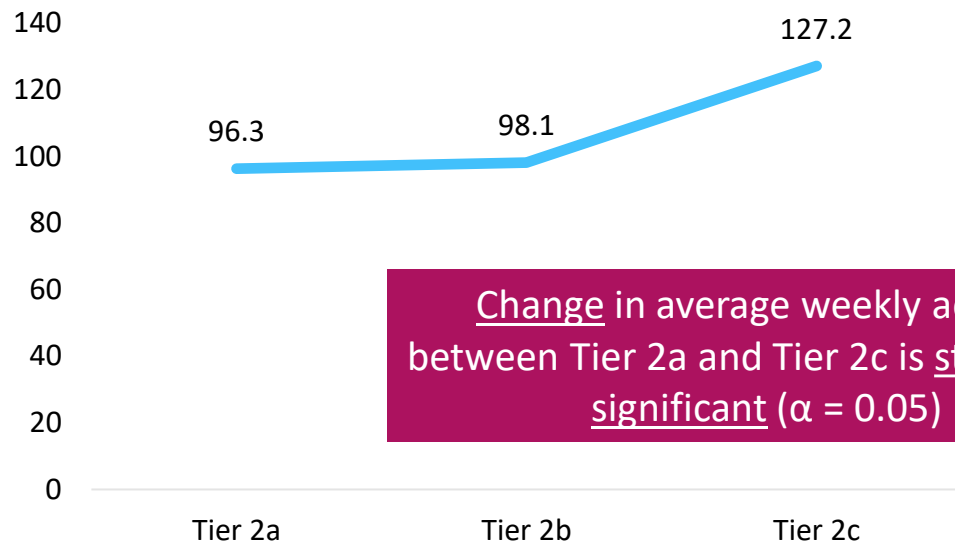
**Activity level definitions:** For their Active Lives survey, Sport England uses the following activity categories based on the Chief Medical Officer's guidelines for adults recommending doing 150 minutes or more of moderate intensity activity per week: **Active** - doing at least 150 minutes a week; **Fairly active** - doing 30-149 minutes a week; **Inactive** - doing fewer than 30 minutes a week. To identify those who are the least active, we have added an additional category where participants stated they had not done any physical activity in last 7 days. Source: [Sport England](#)

# Participants increase their activity levels

**Average weekly activity levels are rising for the disabled and non-disabled.** After 15 months, participants are on average doing 30.8 minutes extra activity a week, up from an average of 96.3 minutes from their Tier 2a interview. Those with a disability are doing an additional 24.3 minutes a week on average, and those without a disability are doing an average additional 43.2 minutes per week.

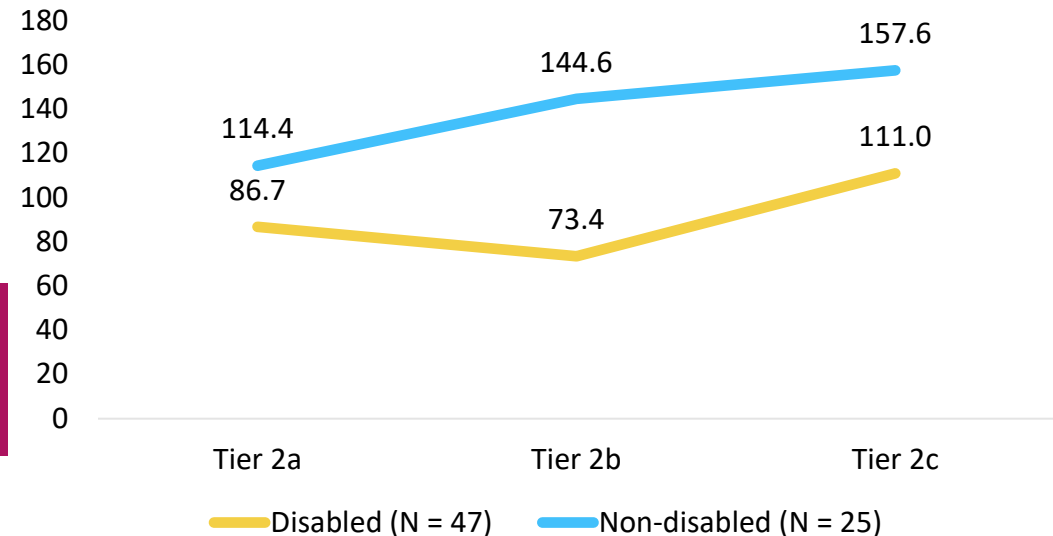
**Small steps in upping activity are key and support some larger increases for overall time being active.** The proportion of participants interviewed at Tier 2a and Tier 2b (n= 265) **who were in the least active group have fallen from 46% to 40%.** It is notable that the shift has been mainly towards them joining the active group. We estimate that over **3,050 of all the least active participants involved in GOGA activities have increased their activity level.**

All respondents (Tracked, N=72)



Change in average weekly activity between Tier 2a and Tier 2c is statistically significant ( $\alpha = 0.05$ )

Disabled and non-Disabled (Tracked)

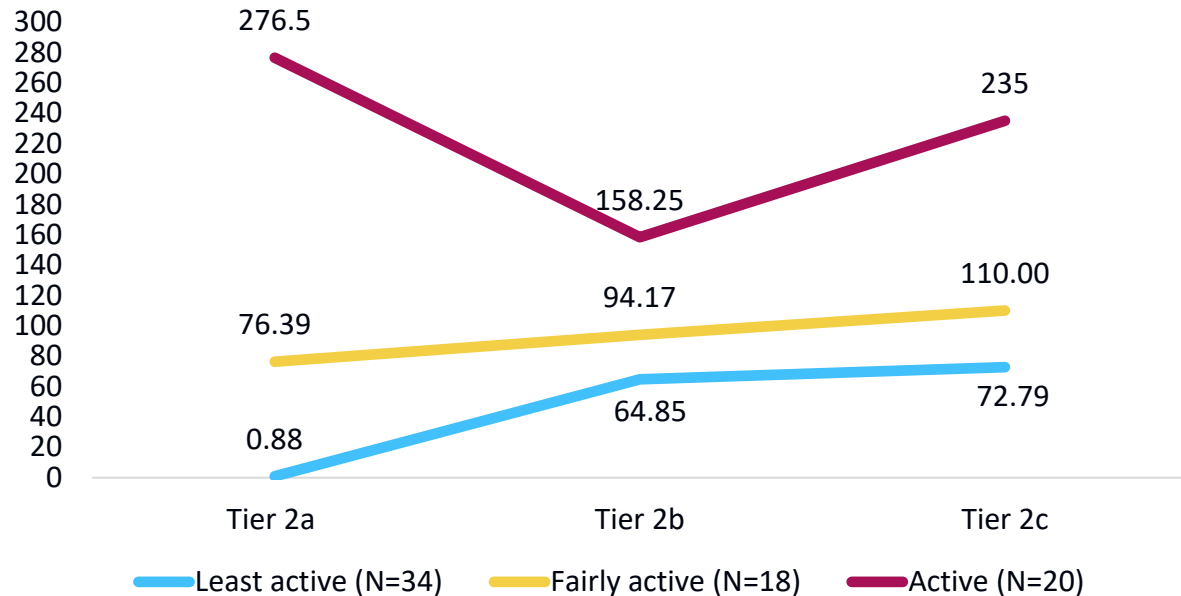


Average minutes of physical activity per week

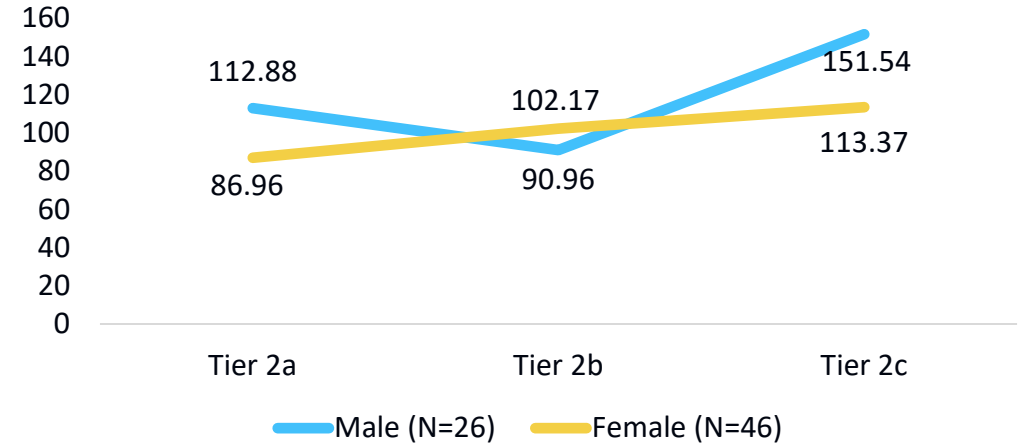
# Participants in all groups increase their activity levels

**Average weekly activity levels increase across almost all demographic groups.** However, there is variation in the scale of the activity changes. For instance, individuals that reported to be in the least active group in their Tier 2a interview saw the greatest increase in activity with 71.91 minutes. After ca. 15 months, men reported 38.17 minutes more weekly activity than women.

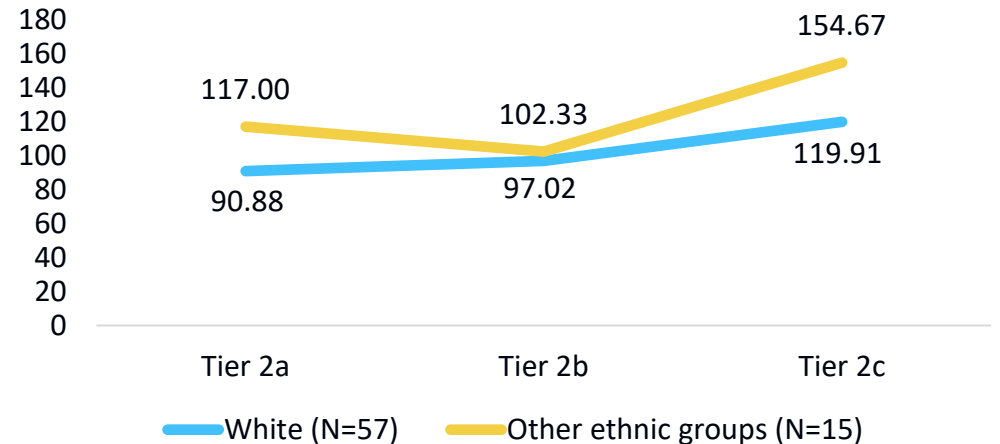
## Activity groups



## Male and Female



## Ethnic groups

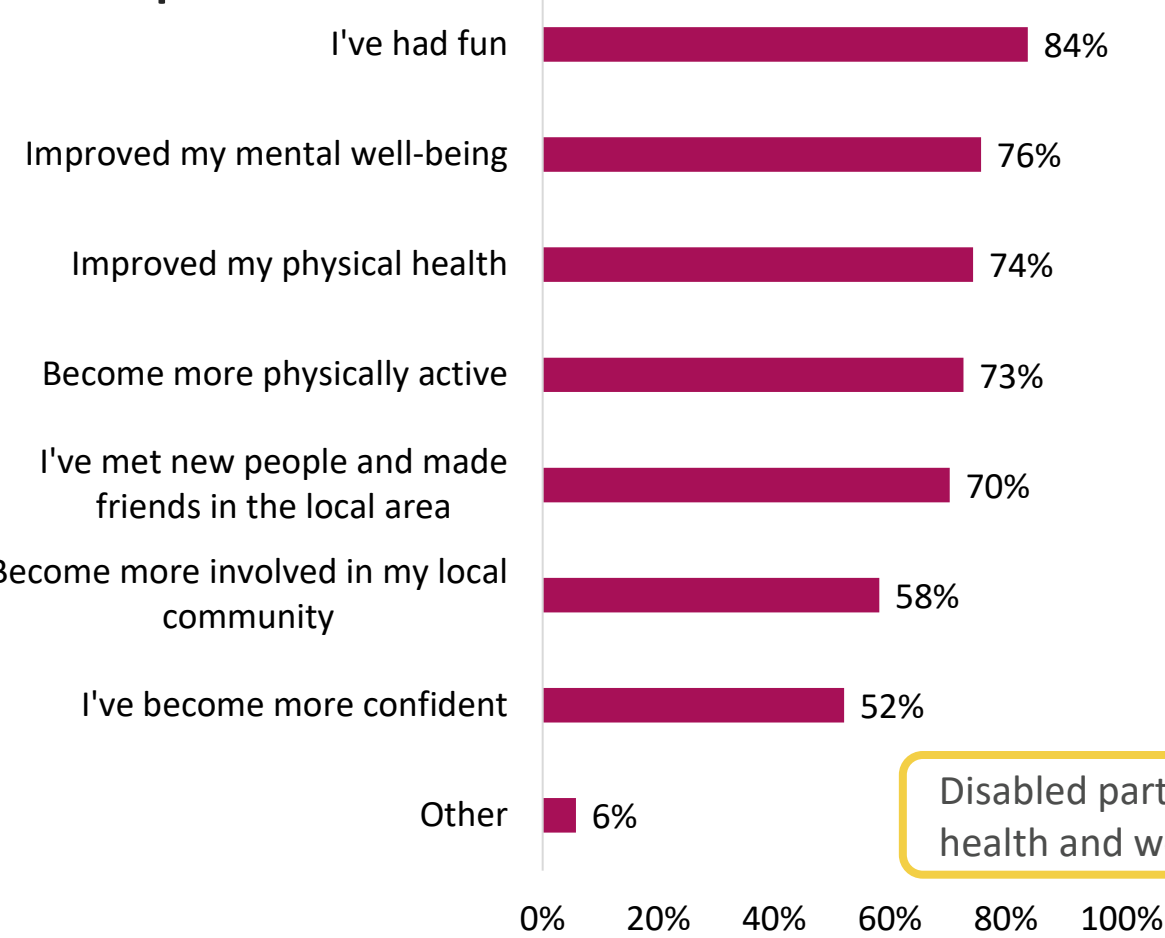


Average minutes of physical activity per week

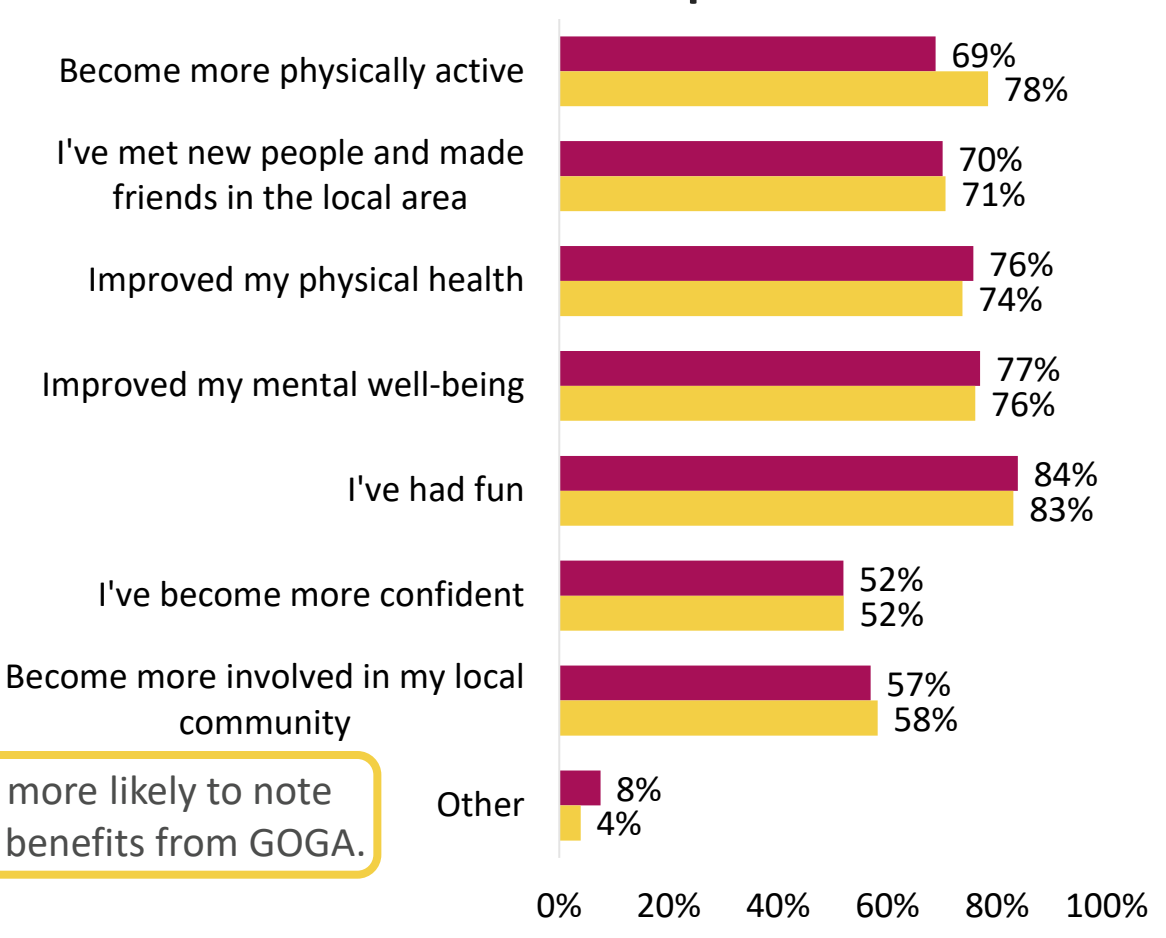
# Proportion of GOGA participants reporting positive outcomes after 6 months+...



## All respondents



## Disabled and non-disabled respondents



Disabled participants more likely to note health and wellbeing benefits from GOGA.

Source: GOGA Tier 2b survey data

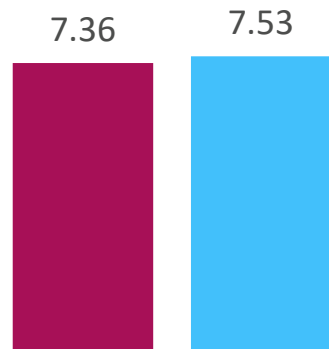
■ Disabled (N=160) ■ Non-disabled (N=129)



# Improving wellbeing – physical and mental

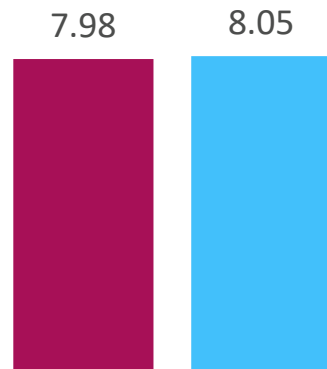
GOGA is having a positive impact on wellbeing, across all measures, whilst national wellbeing indicators have worsened (eg declining happiness and rising anxiety levels) between 21/22 and 22/23.

Life satisfaction - **UP**



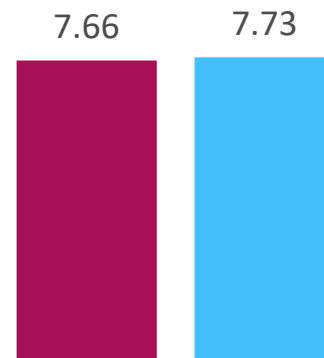
Overall, how satisfied are you with your life nowadays?  
(N=282)

Life worthwhile - **UP**



Overall, to what extent do you feel the things you do in your life are worthwhile?  
(N=219)

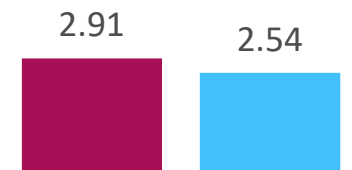
Happiness - **UP**



Overall, how happy did you feel yesterday?  
(N=296)

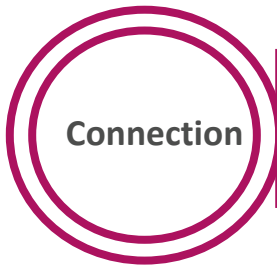
Anxiety - **DOWN**

Change in anxiety scores between Tier 2a and Tier 2b is statistically significant ( $\alpha = 0.05$ )



Overall, how anxious did you feel yesterday?  
(N=269)

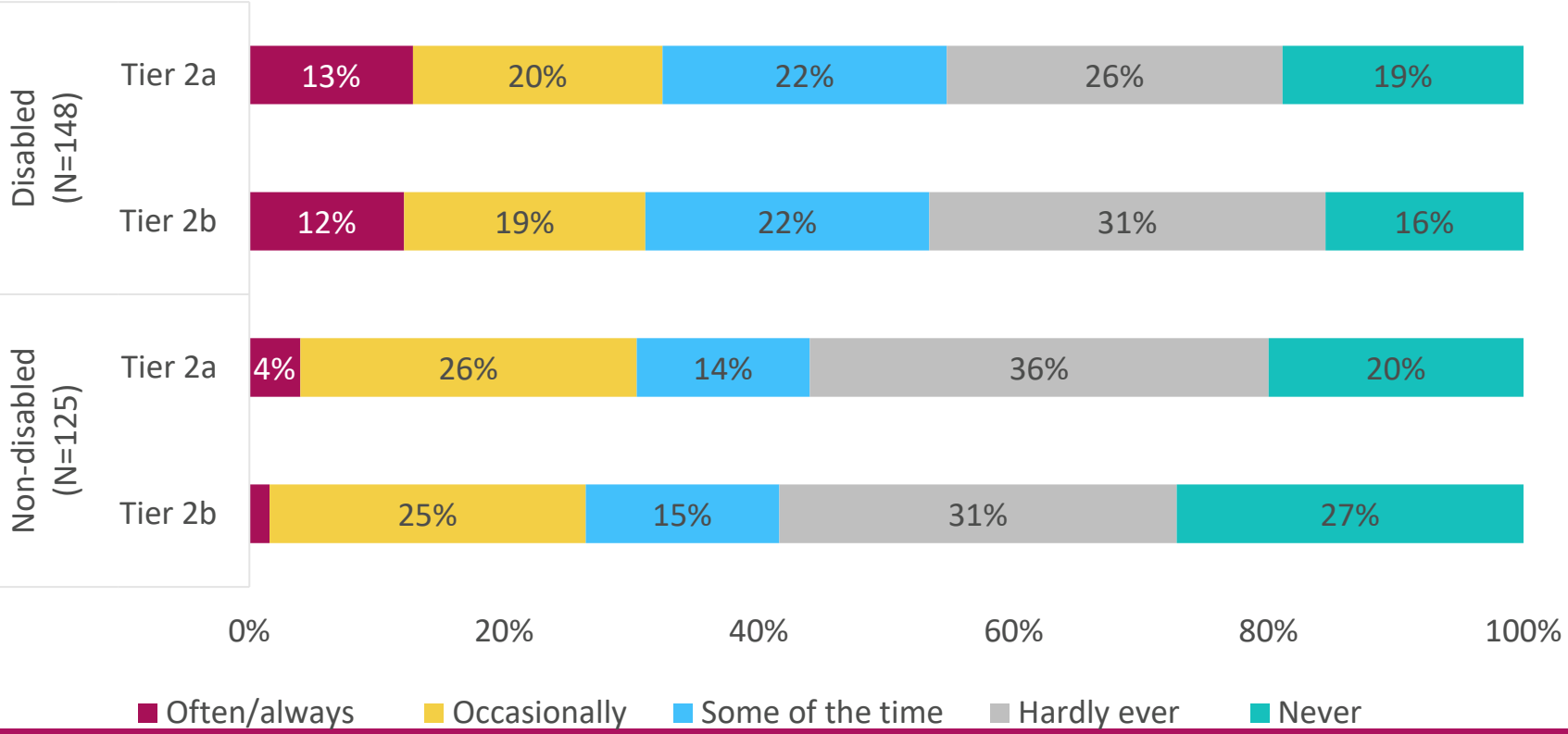
■ Tier 2a ■ Tier 2b



# Reducing isolation and improving community engagement

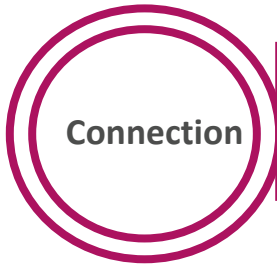
**Loneliness declines for all ethnic groups, women, and individuals categorised as active and fairly active in Tier 2a interviews.** For the least active group changes are minor. Men report a slight increase in loneliness.

Sense of loneliness is declining a little for all – for both disabled and non-disabled people



This is important because **socialising is a key engagement method and mechanism for retaining participants.** A feature of real importance post-Covid and shows projects may need to focus continued engagement support for some groups.

Thinking more generally, how often do you feel lonely? Split by Disability / LTCH

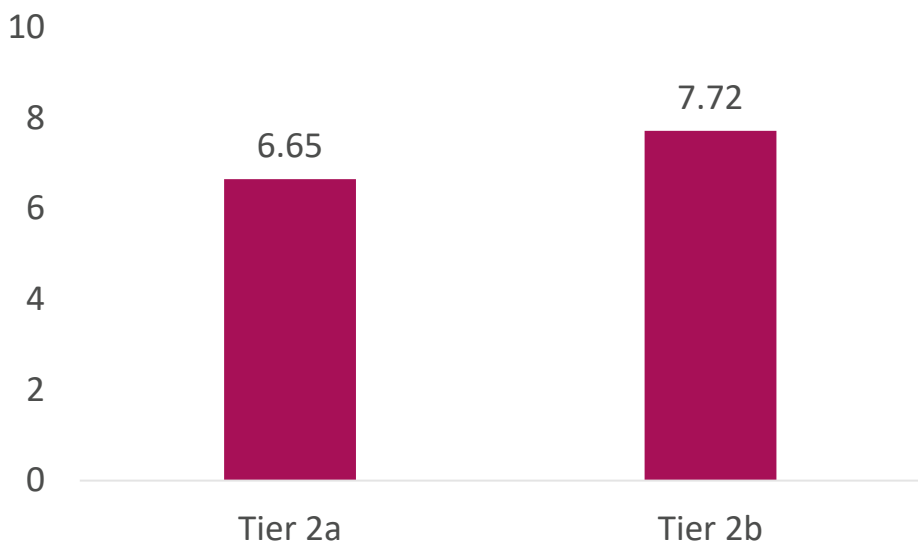


# Reducing isolation and improving community engagement

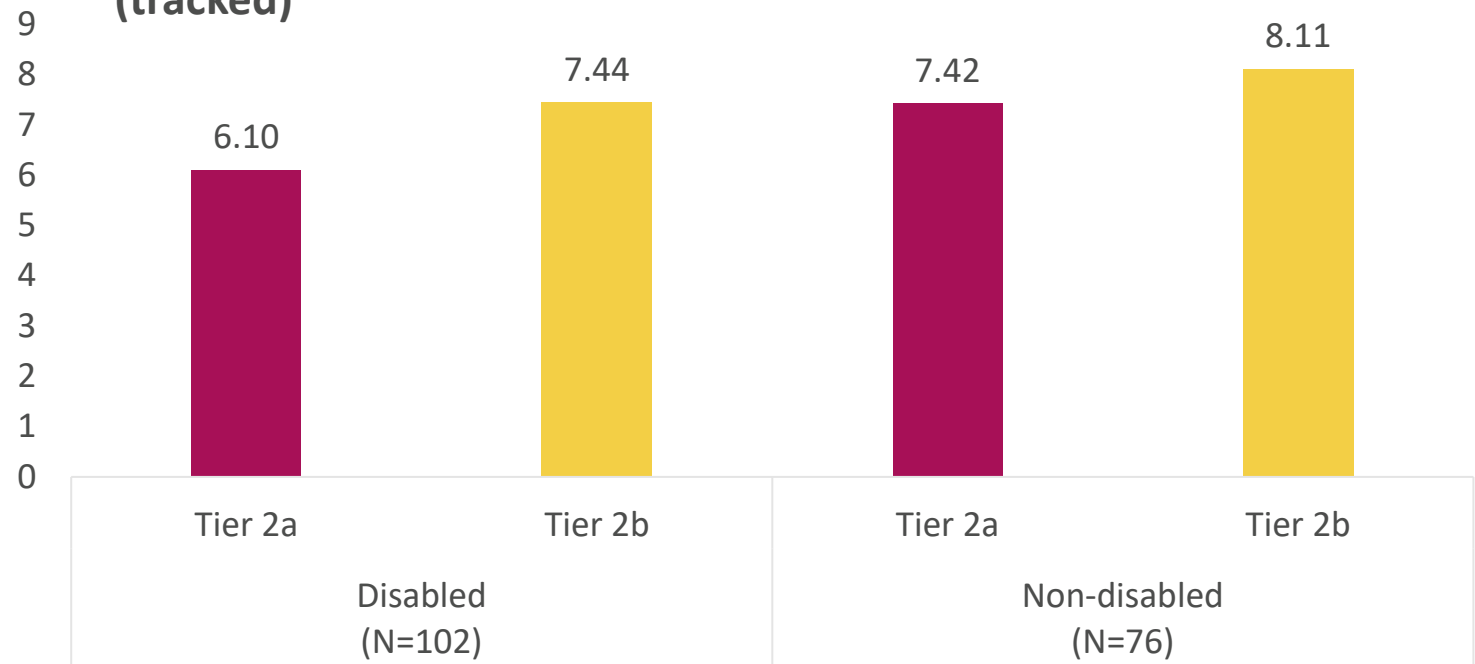
Participants rating of their **confidence to participate in community activities is rising for all groups including disabled people.** This change is statistically significant ( $\alpha = 0.01$ ).

This is important because it illustrates the wider role **GOGA can play in linking participants to others in their community** and the confidence it gives them to take step towards other activities in their community. A feature that applies to disabled and non-disabled people. There may though be a time lag in seeing impacts on levels of loneliness noted by participants.

All respondent's confidence (tracked, N=178)

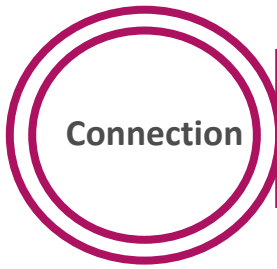


Confidence to participate for disabled and non-disabled people (tracked)



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

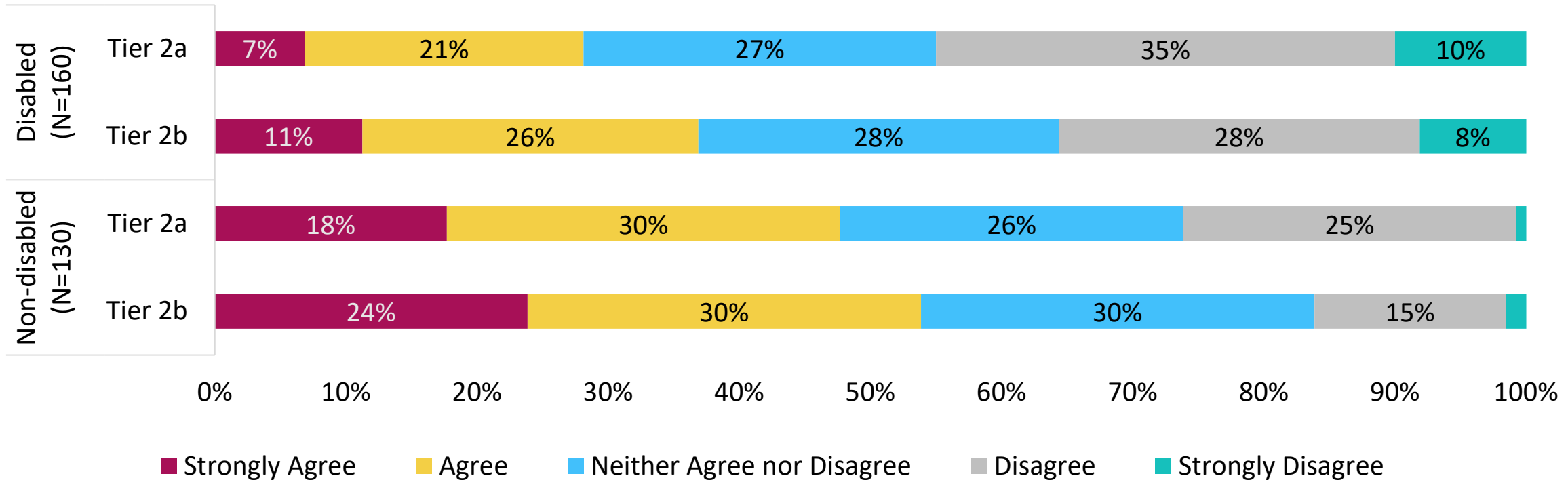




# Reducing isolation and improving community engagement

Community impacts are noted and there are **positive trends already in community engagement/involvement for the disabled and non-disabled**. The same trend is consistent across gender, ethnicity and activity levels.

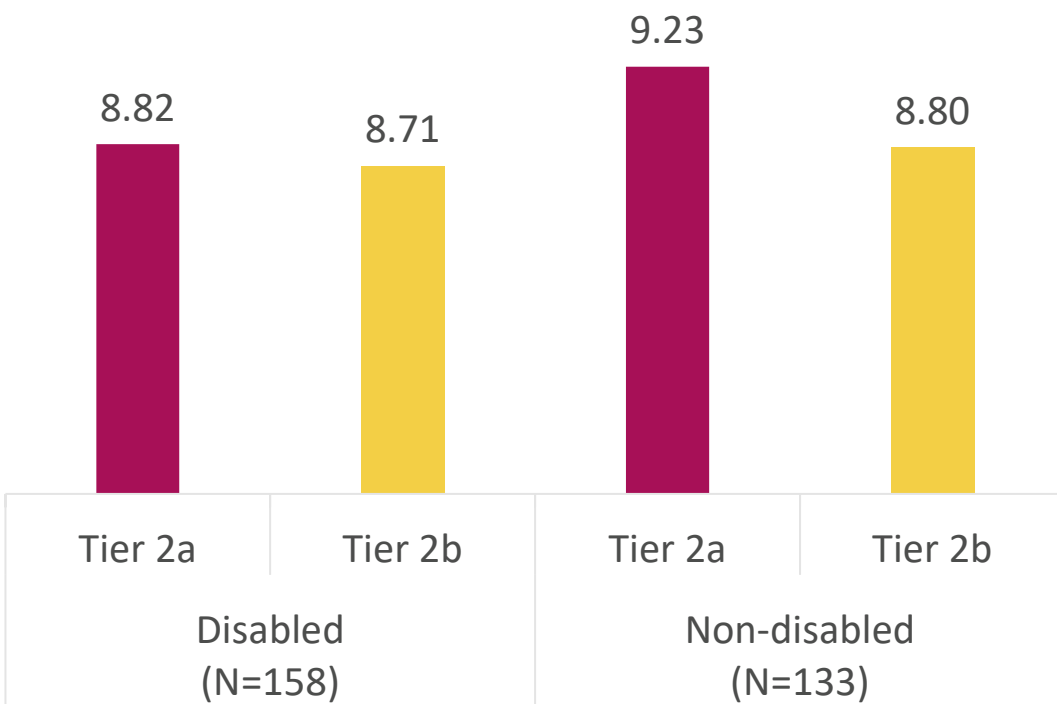
### I take part in a lot of things in my community



## Changing perceptions of disabled people

**Personal perceptions of disabled people have declined slightly for both disabled and non-disabled participants.** These changes are not backed up by comments by respondents who although reporting a slight fall in their perception do not make negative comments about disabled people. Rather it appears that there is a significant minority of participants whose perception has not yet been changed by their GOGA experience, whilst over 60% see some impact.

### Participant perceptions of disabled people



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

To what extent do you think GOGA has had an impact on your perceptions of disabled people by Disability / LTTC

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

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



# Developing the right workforce to support truly inclusive delivery

**948** Staff and volunteers supported through formal training delivery



**Training examples:**

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

**346** Staff and Volunteers provided informal/on the job training

**Training examples:**

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

**Training impacts**

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

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

## Organisational change in approach and delivery

### Examples of impacts:

- Organisations have **revised some of the ways they work with, and connections they have made with partners** to work with them differently (e.g. partner or volunteer led) to access target groups.
- A key influence has been upon **wider working practices** within many of the locality organisations hosting GOGA activities. GOGA delivery has supported change in other parts of those organisations bringing inclusive practice more centrally to other delivery/commissioning.
- **Development of GOGA alongside other programmes** allowed for more capacity and greater diversity of, or more holistic, support. This has been fostered by the **adoption of alternative working approaches influenced by public health or social prescribing models** of delivery enabling more community, rather than sport, development.

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

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

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