Evaluation of Get Out Get Active 2024/2025

Final Report

Wavehill: Social and Economic Research

Our offices

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

Contact details

Tel: 0330 1228658

Email: wavehill@wavehill.com

Twitter: @wavehilltweets

More information

www.wavehill.com

https://twitter.com/wavehilltweets

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Report authors

Eddie Knight, Jakob Abekhon, Oliver Allies

Any questions in relation to this report should be directed in the first instance to Eddie Knight ([Eddie.Knight@Wavehill.com](mailto:Eddie.Knight@Wavehill.com))

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Client details

Helen Derby Strategic Lead - Programmes, Activity Alliance

Email: [helend@activityalliance.org.uk](mailto:helend@activityalliance.org.uk)

Acknowledgements

A group of elderly women in a nursing home

AI-generated content may be incorrect.A person giving a child a high five

AI-generated content may be incorrect.A group of people dancing in a room

AI-generated content may be incorrect.A person wearing boxing gloves in a boxing ring

AI-generated content may be incorrect.A group of people doing yoga

AI-generated content may be incorrect.A group of people around a person in a wheelchair

AI-generated content may be incorrect.We would like to thank all partners who have been involved in this delivery phase of GOGA and gave their time to assist in the evaluation.

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# Background

This report summarises the findings of the evaluation of the 2024/25 Get Out Get Active (GOGA) programme. This is the third phase of GOGA programme with delivery commencing in April 2024 and concluding in March 2025 in the following six localities:

* Amber Valley
* Black Country
* Blackpool
* Nottingham
* South Tyneside
* Wiltshire

The report covers the following themes:

**GOGA Delivery:** Summarises the project’s performance against Key Performance Indicators (KPIs) and key findings from delivery partners’ experience of delivering GOGA.

**GOGA Impact:** Exploring performance against KPIs as well as outcomes for participants, volunteers and delivery organisations.

**Sustainability:** Highlighting how GOGA has sought to facilitate and support sustainable practices being embedded locally.

**Value for Money:** Assessing the value for money of the GOGA programme drawing on the UK Treasury’s WELLBY methodology.

**Conclusions and lessons learned:** A summary of the main lessons learned to inform future iterations of the programme and programmes looking to deliver similar aims.

## Overview of the Project

GOGA aims to support disabled and non-disabled people to be physically active. It seeks to identify innovative and alternative ways to engage with the country’s least active people to get them moving by providing fun and inclusive opportunities to be more active. It is coordinated at a national level by Activity Alliance and delivered through place-based working in six localities.

GOGA is guided at all levels by the Talk to Me Principles of Activity Alliance[[1]](#footnote-2) that seek to widen the delivery of inclusive practice, directly through the programme, and by influencing other organisations to incorporate these practices into their delivery.

The GOGA approach tests whether the effective use of the principles will influence the extent to which people are supported to become more physically active, actively engaged, and sustain that engagement over the longer term. A video explaining GOGA and its delivery approach can be found here: [[**What GOGA is all about**](https://youtu.be/3vKD_qQ8JXQ?t=8).](https://youtu.be/j32tk8S2cFA)

This report covers the third phase of GOGA delivery building on two previous phases:

**Phase 1:** 2016-2020

**Phase 2**: 2020- 2024

### GOGA Aims

Delivery through the GOGA programme sought to:

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

The outcomes highlighted in the programme Theory of Change show that GOGA activities expect to deliver the following outcomes:

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

### Local Delivery

The programme provided financial and non-financial support to local areas to develop innovative and inclusive approaches to reducing inactivity amongst the least active. These approaches were developed locally and responded to needs within each place. The approaches varied across each locality in terms of the models used to identify, engage and support the least active. Table 1.1, below, provides a brief overview of the approach adopted in each local area.

Table 1.1: Overview of locality GOGA approaches

|  |  |  |
| --- | --- | --- |
| Locality | Local Lead | GOGA Approach |
| Amber Valley | Amber Valley Borough Council | The GOGA programme in Amber Valley has focused on both workforce development and community engagement to make physical activity more inclusive and accessible. Collaborating with local health stakeholders including Amber Valley Living Well Collaborative, the programme also aimed to integrate physical activity into health and wellbeing services in the area. |
| Black Country | Active Black Country | Across the four Black Country Local Authorities, GOGA focused on strengthening partnerships with faith and inclusion leads to engage diverse communities. The programme supported the co-creation of inclusive physical activity opportunities and upskilled local volunteers to enable community-led delivery. |
| Blackpool | Active Blackpool | The GOGA approach in Blackpool focuses on building strong partnerships across health, social care, and housing to embed physical activity into everyday services and support inclusive, community-based activity sessions tailored to diverse needs. |
| Nottingham | Nottingham City Council | The approach in Nottingham has focused on supporting the development of Nottingham Deliverer’s Network, a platform to bring together physical activity providers across the city. The programme also supported the delivery of inclusive community-based activity that engaged the least active. |
| Sunderland | Foundation of Light | GOGA in South Tyneside has focused on engaging and commissioning trusted community partners to deliver inclusive physical activity without duplicating existing services. The collaborative partnership approach sought to ensure locally relevant and sustainable delivery. |
| Wiltshire | Wiltshire and Swindon Sport | The approach in Wiltshire aimed to expand the relational, community-led approach of GOGA Phase 2 into more priority areas to address inequalities in physical activity, build new collaborations, co-design inclusive activities with local communities, and empower individuals through accessible, tailored opportunities to get active. |

### Funding GOGA 2024/25

Spirit of 2012 (Spirit) were the main funder of GOGA Phase 1 and 2 investing 20% of their funding commitment (£7.5 million) across the two phases. In 2020, additional investment for GOGA 2 was secured through the London Marathon Foundation (£1 million) and Sport England (£1 million) to extend the GOGA provision further across the UK. Spirit was designed as a *spend-out trust* meaning it was always intended to distribute its endowment by 2026. This meant they were unable to fund a further three-year phase of GOGA.

Sport England investment of £450,000 and partnership funding of £64,000 by London Marathon Foundation (underspend from phase 2) covered a further year of delivery. As well as a reduction in the timeframe, this phase worked with only six localities.

### Evaluation Approach

The aims of the evaluation were to:

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

#### Methods

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

All GOGA participants completed a registration form on entry to the programme. The registration form collected basic profile information on all new participants and was uploaded to grant management system, Upshot. The registration form also provided the opportunity for participants to ‘opt in’ to longitudinal tracking system detailed below:

**Baseline (Tier 2a):** Survey of participants to establish baseline in relation to activity levels and wellbeing; and

**Four to Six Month Follow-up (Tier 2b):** Re-survey of participants to understand changes to activity levels and wellbeing.

In previous evaluations where there was a three year delivery period, further follow up interviews were undertaken at 12 (Tier 2c) and 24 (Tier 2d) months. Given the delivery period of this programme was only one year, only six month follow ups were undertaken. This meant that baseline surveys could only be completed until October 2024, to enable enough time to pass to complete a Tier 2b follow up before the end of the programme.

In addition to the baseline and follow up surveying described above, a further group of participants was identified. These were participants that had engaged with either GOGA Phase 1 or Phase 2 and were still engaging as part of Phase 3. These past participants were not eligible to be interviewed as part of the tiered system above, however, were seen to be a valuable source of insight for the evaluation. As such, qualitative interviews were undertaken with this group to explore themes that had contributed to their sustained engagement with the programme and subsequent physical activity and wellbeing outcomes.

The table below provides the total number of interviews completed at each phase of interviewing.

Table 1.2: Completion rates

|  |  |  |  |
| --- | --- | --- | --- |
| Survey | Population | Completed interviews | Completion rate |
| Tier 2a Baseline | 276 | 65 | 24% |
| Tier 2b Follow up | 65 | 26 | 40% |
| Repeat Participant Qualitative Interviews | 63 | 18 | 29% |

Other data and evidence used to produce this report included:

* Analysis of three quarterly monitoring reports produced by localities (produced in September 2024, December 2024 and March 2025);
* Analysis of Monitoring Data collected through Upshot
* Locality Lead interviews undertaken at the outset (April 2024) and end of the programme (March 2025); and
* Two deep dive case studies exploring GOGA delivery in two areas (Amber Valley and Sunderland).

The evaluation approach has remained largely consistent since the first Phase of GOGA which commenced in 2016. Central to the approach is the tracking of the participant journey to understand the medium and long-term impacts of the programme attributed to GOGA. While the core methodology has proven effective, delivery in this phase has highlighted several learning points that will inform and enhance future evaluation approaches. These are summarised in the final section of this report.

# GOGA Delivery

## Performance Against Key Performance Indicators

Table 2.1 below shows how GOGA performed against its KPIs. It shows strong performance in relation to the number of unique participants engaged whilst the total number of volunteers engaged was slightly under target.

Table 2.1: Programme performance against KPIs

|  |  |  |  |
| --- | --- | --- | --- |
| Key Performance Indicators | Target | Number Achieved | Percentage of Target |
| Total Number of Unique Participants | 1500 | 1,686 | 112% |
| Formal Volunteers Engaged | 450 | 215 | 83% |
| Informal Volunteers Engaged | 157 |
| Staff and volunteers trained | 450 | 408 | 91% |

Source: GOGA Monitoring Data

A breakdown of performance by locality area is provided in Table 2.2 This shows performance being particularly strong in South Tyneside and Wiltshire whilst Blackpool and Black Country fell slightly short of their unique participant target. According to localities, the main factors driving strong performance were having an established delivery model and being able to hit the ground running at the outset of the project. Where there was underperformance, localities indicated that challenging timescales for delivery and issues related to staffing were contributing factors.

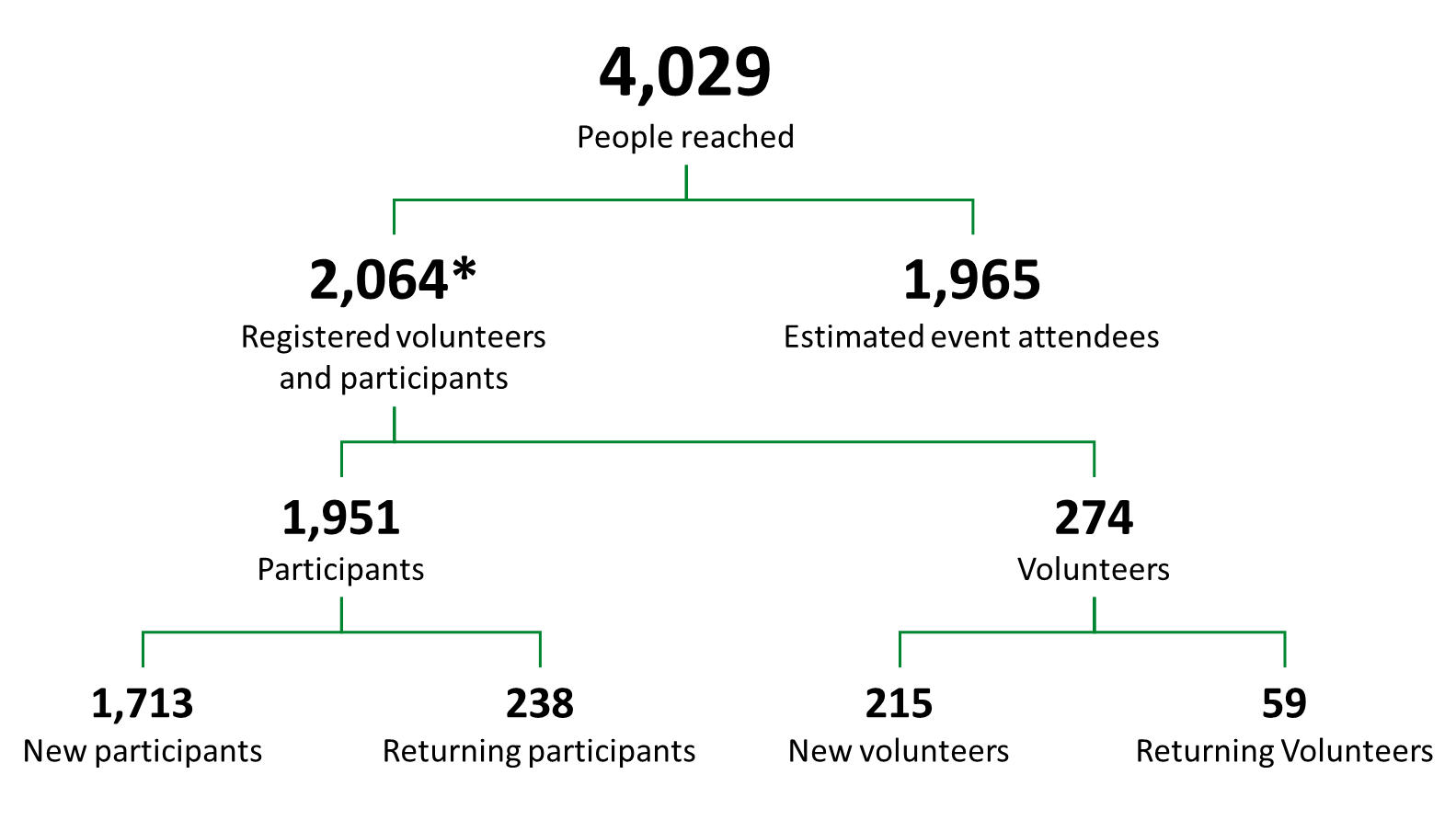
A notable trend observed across several localities was the return of participants from previous GOGA phases. While these returning participants are not included in Table 2.2, they represented a considerable share of overall engagement in GOGA activities (up to 24% in some areas). Their continued involvement highlights the programme’s success in fostering sustained participation. However, this also presents challenges for interpreting KPIs and will be explored further in the future.

Table 2.2: Locality breakdown

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Locality | Total number of unique (new) participants | | | |
|  | **Actual** | **Target** | **%** |
| Amber Valley | 303 | 300 | 101% |
| Black Country | 224 | 300 | 75% |
| Blackpool | 294 | 300 | 98% |
| Sunderland | 497 | 300 | 166% |
| Wiltshire | 354 | 300 | 118% |

## Reach and participant profile

Figure 2.1: GOGA Reach



Base: Upshot data as of 8th April 2025 & other monitoring information. \*Please note that the sum of Participants and Volunteers is greater than the number of registered individuals, due to some individuals belonging to both groups. Returning Participants refers to those that had participated in previous GOGA phases.

Figure 2.3: New participant profile

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Group success with solid fill | **1,713 new participants** | |  |
| Wheelchair with solid fill | Run with solid fill | Gender with solid fill | Home with solid fill | Man with cane with solid fill |
| **54%**  with a disability or long-term health condition | **25%**  in the least active group on registration (47% at Tier 2a) | **68%** female  **32%** male | **49%**  from 25% most deprived areas | **30%**  aged 65 or older (compared to 19% aged 65+ across England and Wales, [Census 2021](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/profileoftheolderpopulationlivinginenglandandwalesin2021andchangessince2011/2023-04-03#:~:text=Census%202021%20results%20show%20the,from%2016.4%25%20to%2018.6%25.)) |

Base: Upshot records as of 7th April 2025.

The profile of new participants engaged by GOGA in 2024/2025 is broadly in line with engagement in previous years. A majority of registered participants (54%) reported a disability or long-term health condition, marginally lower than that achieved in Phase 2 of GOGA (58%). As before, women also made up a larger proportion of participants, with over two thirds (68%) of participants being female.

Older adults made up a disproportionately large share of GOGA participants, with 30% aged 65 and over. This is significantly higher than the 19% of people aged 65 and over across England and Wales, and up from 22% during GOGA Phase 2. This may be partly due to the targeted groups that localities focused on, with no localities specifically focusing on younger demographics in contrast to Phase 2 localities.

Nearly half (49%) of participants were based in the 25% most deprived areas in the UK. This suggests that localities effectively targeted areas with the greatest need for free and accessible provision of organised physical activity. This is important, as the latest data from the [Sport England’s Active Lives Survey](https://www.sportengland.org/news-and-inspiration/long-term-increase-activity-levels-positive-further-action-needed-tackle) showed that, whilst activity levels are increasing, inequalities remain with those from lower socio-economic backgrounds continue to face barriers and are disproportionately inactive.

Upon registering, 25% of participants were in the least active group (less than 30 minutes of activity per week) with 18% reporting no activity in the week before joining GOGA. This is slightly more pronounced among participants with disabilities, with 26% in the least active group.

Participants were categorised into activity groups based on the Sport England definitions of activity outlined in Table 2.4 below.

Table 2.4: Activity levels

|  |  |  |
| --- | --- | --- |
| Sport England Activity levels | | Minutes of physical activity that raises breathing rate |
| Least active | No activity | 0 |
| Inactive | <30 |
|  | Fairly active | 30 -149 |
|  | Active | >150 |

At the Tier 2a baseline survey, 47% of participants were classified as least active. This is an important finding and is consistent with findings from GOGA Phase 2 that highlighted the over-reporting or misremembering physical activity levels during registration. Typically, participants over-estimate their weekly activity when completing registration forms. When completing the tier 2a baseline telephone survey with a researcher, more thorough questions around physical activity are asked and we believe a more accurate picture of participants activity levels achieved. This should be considered when interpreting registration data of participants starting points.

## Engagement & Experience

GOGA localities have had success in attracting participants by using a wide range of channels illustrated by Figure 2.3 on the following page. The most common path into GOGA is through word-of-mouth referral from friends or family, reflecting participant’s positive experiences with the programme and the importance of this as a promotional tool. This is further highlighted by the fact that more than a quarter (26%, 17/65) of those surveyed at Tier 2a reported usually taking part in GOGA activities alongside their family.

“We spread the gospel whenever we're about. It's getting bigger and bigger, soon we'll need a bigger hall.” - **Repeat Participant**

Survey data also shows that social media tends to reach younger age groups (average age 30) who identified social media as the mechanism through which they became aware of GOGA. Conversely, flyers or posters particularly reach older people (average age 61).

The proportion of participants referred to GOGA activity by another organisation that was supporting them is 19% among disabled participants and 9% among non-disabled participants. This highlights the value of developing links with other health and social care organisations for engaging participants with disabilities or long-term health conditions. One example of this approach in action is Amber Valley’s wellbeing drop-ins where a range of community organisations come together to engage and support individuals locally.

Figure 2.3: How did you become aware of the GOGA activity?

Base: Tier 2a survey (N=65)

When surveying participants on their motivations for joining (Figure 2.4), the most common answer was that GOGA sessions looked fun. This suggests that localities have successfully identified activities that are attractive and likely to engage target audiences. This is likely a result of the high levels of co-design and inclusion of community voice that localities have adopted as part of the GOGA approach. Beyond fun, a key motivation for joining GOGA is to improve physical health and become more active.

Social motivations are less pronounced and show greater variation between disabled and non-disabled participants. Meeting new people and making friends in the local area is a much stronger motivator for disabled participants. On the other hand, almost a third (32%) of non-disabled participants joined GOGA in part because friends and family were already involved, (compared to 7% of disabled people). The fact that a high proportion of non-disabled joined due to friends and family being involved appears to support the need for physical activity interventions such as GOGA which prioritises truly inclusive models with disabled and non-disabled people being ‘active together’. This is a key ingredient of the GOGA model.

Figure 2.4: What made you want to participate in the activity?

Base: Tier 2a survey

Interestingly, six months after their baseline interviews, participants’ perceptions of GOGA sessions shifted from an initial emphasis on physical health benefits to a greater appreciation for the mental health benefits and social connections gained through participation (Figure 2.5). Many GOGA projects seek to maximise the opportunities for social connection, e.g., by offering tea and cake or building in time to socialise when booking venues for the activities. While physical activity may draw people in, it’s the sense of community and improvements in mental wellbeing that encourages them to stay.

Figure 2.5: What do you like best about the activity you are taking part in?

Base: Tier 2b survey (N=26)

Survey data also demonstrates the continued effectiveness of the GOGA approach for delivering inclusive physical activity. All surveyed participants found the sessions fun, welcoming, reassuring and inclusive for disabled and non-disabled people to take part together.

“I really enjoyed the class, I was a bit nervous in my first one, but they were so welcoming. It's hard when you're a single mum, and don't get out of the house much but I take my little boy as well and he loves it.” - **Non-disabled** **Participant**

One important contributing factor to this was that all participants felt listened to. Several participants noted how their support needs were acknowledged at the start of their involvement with GOGA, with session being tailored accordingly on an individual basis. While the majority of participants felt their individual needs were supported, a few survey respondents noted that some GOGA activities were less suited to individuals with specific challenges. One participant mentioned that the group size was too large for someone with ADHD and autism. Others felt that activities could be more physically challenging, but there was appreciation that the intensity was intentionally set to ensure that everyone could take part.

“When we first start we do a questionnaire to raise any health issues, we are then prompted throughout the class that if our blood pressure is high 'don't do this', or if your if back aches, 'stand by the wall' etc. “- **Disabled** **Participant**

“I was impressed with our instructor, she in particular because of my limitations, looks out for me all the time, she makes sure my individual needs are met, can't praise her enough.” **- Disabled Participant**

One survey respondent and several repeat participants also noted how participants were actively involved in shaping their sessions, exemplifying GOGA emphasis on having voices of participants heard.

“At the end of the session, the young lad that was doing it asked what we thought of it, and if they should add any other activities and everyone agreed to that. I thought it was a good idea to have a variety of things to do.” **- Non-disabled Participant**

Instructors and session leaders play a crucial role in bringing the GOGA approach to life, with their ability to adapt to both the group and individual needs being key to creating inclusive sessions. Furthermore, locality stakeholders noted how instructors that understand the GOGA approach and can meaningfully connect with participants are an important factor for keeping participants engaged. In some cases, the connections instructors make can amplify the impacts of the GOGA sessions, as illustrated by the quote below.

“The guy that runs the walking football also runs pickleball, and because of that, I've also joined pickle ball sessions too with my wife.” **- Non-disabled** **Participant**

Key Learning

|  |
| --- |
| * Effective engagement approaches rely on trusted voices and tailoring promotional activities and channels to the preferences of target audiences. * Designing activities that are fun and promote social interaction is important for engaging with the least active groups, with social interaction and activities that provide opportunities to meet new people and make friends being particularly important for engaging disabled people. * Co-designing sessions and actively listening to participant feedback helps ensure activities are inclusive, responsive, and better suited to individual needs. * Deliverers who embody GOGA’s inclusive values and adapt to participant needs are vital to creating welcoming environments and sustaining engagement. |

# GOGA Impact

This section summarises the main outputs and outcomes of GOGA delivery across 2024/25 to provide a summative assessment of the programme’s impacts. It draws on the available data to illustrate the main impacts alongside the practice that enabled the outcomes to be achieved.

The outcome and impact areas of interest discussed in this section include:

* Increasing the physical activity levels of participants
* Reducing inactivity levels amongst participants
* Enabling previously inactive individuals to remain active
* Improved physical and mental wellbeing of participants
* People feel more engaged in their local community
* Supporting organisations and workforce to incorporate truly inclusive physical activity delivery into their practice.

## Physical Activity Impacts

### Increasing Physical Activity Levels

When asked about what participants had achieved as a result of taking part in the GOGA activity, four in five (81%) reported to have become more physically active and 85% said they had improved their physical health. Within both outcome categories non-disabled participants had a higher proportion of positive outcomes compared to disabled participants (89% vs 76% and 89% vs 82%, respectively). This is consistent with data from GOGA Phase 2.

Nonetheless, reported increase in physical activity is supported by the analysis of matched survey data. It shows that participants increased their activity levels by more than 25 minutes per week. Figure 3.1 highlights that both disabled and non-disabled participants see this increase.

Figure 3.1: Change in physical activity levels

Base: Tier 2a and Tier 2b matched surveys.

In addition to increasing overall activity levels, both disabled and non-disabled participants see a marked reduction of people in the least active group. For all matched survey respondents, the proportion of those in the least active group fell from 46% to 19% (47% to 18% for disabled people, 44% to 22% for non-disabled people).

Where participants did not report higher activity levels this was often due to illness or other temporary medical issues at the time of the Tier 2b interview.

### Sustained Physical Activity

Half of those surveyed four to six months after the Tier 2a baseline (13/26) were still involved with GOGA for an average of over 60 minutes per week.

The most common reasons cited for their continued engagement with the programme were the observed improvements to physical health and the social connections formed thanks to GOGA’s emphasis on the social elements of exercise.

“Good camaraderie, good for my heart rate, good exercise.” **- Non-disabled Participant**

While the physical activity levels of those still involved with GOGA has remained stable at a relatively high level of around 135 minutes of activity per week, those no longer involved have seen a marked increase from 70 minutes at Tier 2a to 136 minutes at Tier 2b. This is consistent with findings from previous GOGA evaluations which suggests that involvement in GOGA can act as a catalyst for more physical activity even outside of the programme itself.

Feedback from repeat participants who had been involved in GOGA up to three years ago until rejoining GOGA in 2024/25 provides further insights on the long-term impact of GOGA. Several repeat participants noted how they felt more positive about exercising, with some developing a passion for the activities that were offered, as illustrated by the quote below.

“I've discovered an absolute love of tennis and yoga, I miss it when I can't go.” **Repeat Participant**

## Wellbeing

Beyond increased physical activity levels, survey data shows that engagement with the GOGA programme has benefitted participants’ wellbeing. More than three quarters (77%) of surveyed participants reported feeling better about their life as a result of the GOGA activity (19% feeling a lot better).

Qualitative feedback indicates that GOGA’s impact on physical health, mental wellbeing and social connection are the key driver behind these improvements. The following subsections will explore contributors to wellbeing in more detail.

Figure 3.2: GOGA impact on wellbeing

### Mental Wellbeing

More than nine in ten (92%, 24/26) survey respondents reported that their involvement in GOGA improved their mental wellbeing. The fact that more people reported improvements to the mental wellbeing than to their physical health and activity levels, suggests that GOGA’s inclusive and people-centred approach can have an impact even where physical health outcomes are more challenging to achieve. One underlying driver of this is GOGA’s impact on participants’ confidence, with more than half (54%) of participants reporting a boost to their confidence. This effect is even more pronounced among participants with disabilities, with 59% reporting increased confidence compared to 44% of non-disabled participants, highlighting the impact of a truly inclusive activity offer.

Pre- and post-measures of wellbeing shown in Figure 3.3 are less conclusive, with no statistically significant changes observed. Nonetheless, the observed improvements in life satisfaction, happiness and anxiety are in line with findings from previous GOGA evaluations. Across all wellbeing indicators, participants surveyed at Tier 2b reported higher scores than the UK average. Notably, this builds on an already strong baseline - particularly in happiness, feeling that life is worthwhile, and low anxiety.

Figure 3.3: Personal wellbeing scores

Base: Matched Tier 2a and Tier 2b survey (N=26), ONS seasonally adjusted quarterly wellbeing scores. The UK-wide wellbeing scores are averages from Q2 and Q3 of 2024. The data has been rounded, which is why more detailed decimal values are not available for some scores.

However, life satisfaction data also reflects persistent and statistically significant discrepancies between disabled and non-disabled participants (Figure 3.4), with a more than 1 point difference in baseline life satisfaction scores (6.81 disabled vs. 8.18 non-disabled).

While both disabled and non-disabled participants report increased life satisfaction, the improvement among disabled participants is smaller, further widening the wellbeing gap. These findings are consistent with broader research showing consistently lower wellbeing among disabled people[[2]](#footnote-3), and highlights the continued importance of targeted interventions like GOGA.

Figure 3.4: Life satisfaction baseline scores by disability

Base: Tier 2a survey.

### Social Connectedness

As mentioned in Section 2.3 above, the social and people-centred approach to exercise is a major strength of GOGA delivery. This approach improved participants’ wellbeing by enhancing their sense of social connection. Almost all surveyed participants met new people and made friends in the local area as a result of GOGA, giving them social interactions to look forward to on a regular basis.

“Getting out and meeting people helps, I do GOGA for the social side of it more than anything.” **GOGA Participant**

“I feel less isolated, look forward to seeing those people on Monday evening.” **GOGA Participant**

While matched data in Figure 3.4 below shows no reduction in loneliness, qualitative feedback shows that participation in GOGA activities had a positive effect on feelings of loneliness or social connection for the majority of respondents (65%, 17/26). As such, the results in Figure 3.4 should be interpreted with caution due to the small sample size. Taking all evidence into account, any increase in loneliness may more likely reflect external factors unrelated to participation in GOGA.

Figure 3.4: How often do you feel lonely?:

Base: Matched Tier 2a and Tier 2b survey. (N=26)

### Community Involvement

By offering genuinely inclusive sessions, GOGA is offering opportunities to get involved in the local community to a wider range of people. As a result, GOGA participants reported feeling more confident about participating in community events. It is notable that non-disabled participant’s baseline confidence was considerably higher and increased by a larger amount than that of disabled participants (Figure 3.5).

In addition, more than three quarters (78%) of non-disabled and nearly two thirds (65%) of disabled participants became more involved in their local community because of GOGA. We should point out this directly contradicts the findings above from the matched loneliness data which seemed to suggest no impacts in relation to loneliness. The positive findings in relation to the role of GOGA in supporting people to feel more confident and engage more with the local community are consistent with findings from previous GOGA evaluations. This further highlights the positive impact of the programme with supporting participants, and particularly disabled participants, to feel more confident to attend community events.

Figure 3.5: How confident do you feel about participating in community events today?

Base: Matched Tier 2a and Tier 2b survey.

One contributing factor could be the fact that non-disabled people felt a greater sense of belonging in their local community as illustrated by Figure 3.6. GOGA has also had a meaningful impact on disabled people’s sense of community. For instance, at the Tier 2b survey all respondents felt that they belonged in their community, at least to some extent.

Figure 3.6: How strongly do you feel that you belong in your local community?

Furthermore, the proportion of those who agreed that they were taking part in a lot of things in their community increased from 35% to 50%. And the proportion of people who said that people from the area they lived in were important to them increased from 64% to 84%.

## Organisational Development and Change

In addition to its focus on direct delivery, GOGA plays an important role in driving organisational change by building capacity across local physical activity systems. This involves embedding inclusive principles into practice, upskilling staff and volunteers, and working innovatively and collaboratively to reach the least active. This section describes some of the changes that have been implemented within the localities’ own organisations drawing on insight from the locality lead interviews and quarterly monitoring reports. We have paid particular attention to changes observed within the three core components of the GOGA approach:

* Reaching and engaging the least active
* Genuinely inclusive ‘Active Together’ approaches
* Recruitment and development of the workforce

### Adopting the ‘GOGA Approach’

Perhaps the most common theme emerging from analysis of both monitoring reports and locality lead interviews is how delivery organisations have continued to adopt and embed the "GOGA approach". This characterised by collaboration, inclusivity and community-led planning and co-design with participants to engage with the least active. There is evidence that GOGA is shaping not only GOGA-specific activity but broader organisational approaches around inclusion, community engagement and co-design.

For example, in Amber Valley, the inclusive ethos of GOGA has helped to inform and underpin the development of the borough council’s physical activity planning and strategic approach. It was noted that the GOGA approach has been embedded into the upcoming *Move More Amber Valley* strategy, shaping not only delivery but how sessions are co-designed from the outset. This includes practical steps like involving participants in setup and delivery roles, which helps create a deeper sense of ownership amongst participants and ensures activities are developed with target audiences.

Similarly, Wiltshire reported that GOGA has informed how they identify priority communities and engage with partners. Their emphasis is on embedding inclusive practice from the very beginning of programme development, rather than treating it as an add-on. The team reported actively working with partners to ensure this becomes a shared standard, not just a GOGA-specific expectation.

*“*We now try to embed that [GOGA] approach with all partners starting with co-production and really listening to people’s experiences from the outset*.” -* **Locality Lead**

**“**Three four years ago, we didn't have an inclusive offer. GOGA has really enabled us to. Inclusivity is core**.” - Locality Lead**

At Active Blackpool, co-production is now considered a foundational method across their work, and a co-production workshop was delivered for the entire team to embed this practice. The workshop incorporated various elements central to the GOGA approach including how to build on people’s existing capabilities, utilising the skills of those accessing the support in designing it and working with peer and personal support networks.

Learning from GOGA also influenced how Active Blackpool engage other sectors and services, for example Adult Social Care, through training sessions to build confidence of social workers to have positive conversations about physical activity with service users and the development of a physical activity pathway.

“We’ve taken the approach into Adult Social Care too. Training’s helped build confidence in talking about activity, and we’re working together on pathways now.” **Locality Lead**

The approach has also encouraged delivery organisations to reassess where and how they operate. In South Tyneside, the Foundation of Light has started to incorporate some of the approaches developed and refined through GOGA, in particular, their inclusive commissioning approach, and applied it to other areas of the organisation. The partnership model is now used as part of their work supporting mental health and suicide prevention. This has included working with partners, greater consideration of venue accessibility and flexible activity formats to suit the range of participants’ needs.

“There’s more of a mindset shift now—it’s not just about GOGA, it’s about how we work full stop.” – **Locality Lead**

In these ways, the “GOGA Approach” has become more than a delivery model. It is increasingly shaping how organisations define good practice and how they operate when working with the least active. This points to a meaningful and sustained shift in the way activity is being developed and delivered, with a legacy that will continue to impact on organisations beyond the life of individual GOGA projects.

### Reaching and engaging the least active

One of the most common shifts reported by locality lead organisations has been a change in how they identify and engage the least active. This change represents a move away from direct delivery models towards more partnership-led, asset-based approaches.

Rather than relying solely on delivering programmes to attract participants directly, localities have focused on building relationships with ‘gatekeeper’ organisations, trusted community organisations, services and networks that already support individuals likely to be inactive. These organisations often have established connections, credibility and insights into the barriers faced by specific groups.

This relational approach recognises the value of local knowledge in engaging inactive groups and has led to better targeting and inclusive delivery models. Examples include:

* **Blackpool:** The GOGA team has partnered with carers and local social care services to identify and support people with complex needs who would not typically access mainstream physical activity provision.
* **South Tyneside:** Delivery partners have developed relationships with community-based organisations to break down barriers faced by new mothers in being active enabling access to physical activity and building peer support networks.
* **Black Country:** Collaborations with local faith centres have opened new pathways to engage communities who face cultural or social barriers to participation, particularly among women and older adults; and
* **Amber Valley:** Local wellbeing drop-in sessions that bring together local support services such as housing support, police, and health workers in order to offer holistic support to residents are being used to gather direct feedback from residents on activities they would like to see and promote upcoming activities.

“Within our health work and primary care network, they can refer patients to our GOGA sessions because they are the types of sessions their patients really need. It is a big step going from nothing to going to a sports class in a leisure centre.” – **Locality Lead**

“We are proud of the number of faith and community groups that we have engaged with and the number of these that have been new to us. There has been so much activity been delivered as a result of this and many are seeking to deliver physical activity in the future either through volunteers or their own staff” – **Locality Lead**

Engaging with and utilising local networks and partners has helped to improve GOGA’s reach and attract participants that otherwise may not have engaged. It also helps to ensure that activities are designed and shaped using insight on the barriers individuals face to being active. This supports the idea that to create sustainable change it is important to develop ongoing collaboration, trust and shared purpose with local partners and supporters.

### Workforce and volunteer development

One of the more subtle but important shifts reported by locality leads has been in how organisations think about and support their workforce, including staff and volunteers. GOGA has contributed to a broader understanding of the kinds of skills and qualities needed to engage the least active, and in some cases has influenced how organisations train and develop their people.

Across several areas, it was highlighted that deliverers having the right qualifications only forms part of the picture and increased value is being placed on softer, interpersonal skills. This reflected an appreciation that inclusive delivery often relies more on creating welcoming, safe environments than on technical expertise.

"We’ve shifted the way we think about volunteers. They don’t need to be qualified coaches – we’re looking for people who are great at talking to others and being welcoming." **- Locality Lead**

This change in emphasis was often linked to the need to support people who may lack confidence or have had previous negative experiences with other activity settings.

“Training has become more about understanding how to work with different people – disability, language barriers, low confidence. It’s not just about sport anymore.” **- Locality Lead**

Rather than relying solely on formal training sessions, some localities described a more hands-on, responsive approach to training and upskilling. This included mentoring volunteers while they deliver sessions and offering informal support based on the needs of specific groups.

“We’re working alongside volunteers, coaching them as they deliver. It’s much more hands-on and responsive now.” **- Locality Lead**

Volunteers play a critical role in the delivery of GOGA carrying out a whole range of responsibilities from meeting and greeting new participants or providing refreshments to delivering sessions. As such, localities have adopted a range of approaches to recruiting and upskilling volunteers and building the volunteering capacity.

A range of training opportunities have been provided from safeguarding and first aid to activity specific qualifications like Nordic Walking, Aquatic Activator or group exercise instructors. For example, Active Black Country worked with faith and community organisation staff interested in developing skills and qualifications with the intention to enable faith and community organisations to continue to deliver physical activity opportunities in their settings following GOGA.

Volunteers have been involved in both formal and informal capacities. Some took on leadership and delivery roles (such as walk leaders or session facilitators) while others provided important support through tasks such as setting up venues, making refreshments, or welcoming attendees. In Amber Valley and Wiltshire, informal volunteering was actively encouraged as a pathway to build empowerment and ownership over the delivered activities. Some volunteers eventually progressed into more defined and formal delivery roles. In Blackpool, peer mentors and community volunteers helped maintain engagement and supported individuals with additional needs.

“We get really good volunteers who really support in the sessions, and they get different opportunities. We have had people who have disabilities who then do placements as volunteers and build up new skills to then support session.” – **Locality Lead**

“Identifying volunteers that seem ready to take on more responsibility is important. We work with them over time to enable them to take on some of the sessions. It takes quite a specific type of person to deliver sessions. Need to be patient, understanding, empathetic. We make sure that we get the right sort of person, looking beyond long list of qualifications. Takes a bit more time but it is key to successful delivery.” – **Locality Lead**

The involvement of local people as volunteers, champions and session leaders also enhanced trust between deliverers and participants helping to overcome barriers and improve reach into the local communities. In the case of Active Black Country through working with faith centres it also helped to reduce cultural barriers to activities experienced by some communities.

Whilst there have been many benefits, localities also highlighted several challenges. Identifying suitable volunteers and the capacity amongst organisations to support and coordinate volunteering was seen to be a challenge. Time constraints, lack of confidence and competing life priorities were all suggested to contribute towards the difficulties some areas had in recruiting and engaging with volunteers. Sustaining volunteer commitment over time was also a challenge.

Key Learning

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| --- |
| * GOGA has been effective in increasing physical activity levels among participants, particularly those previously inactive. These gains are sustained over time, with many participants continuing to be active even outside of the programme. * Social interaction was a key reason why people kept returning. Creating welcoming, co-designed, group-based activities and opportunities for social connections to form can increase the likelihood of sustained participation in physical activity. * GOGA’s biggest organisational impact came when its values influenced broader strategic thinking, embedding co-production, inclusivity and collaboration into how organisations work, plan and deliver. * Rather than trying to “recruit” participants directly, working through existing networks (such as faith groups, carers’ organisations or health services) helps identify and support those least likely to take part in more traditional physical activities. |

# Sustainability

Sustainability sits at the heart of GOGA and is one of the core aims of the programme. The sustainability of GOGA is considered in three ways:

* Individuals active for life
* Inclusive local system and practice
* Transferable learning

This section draws on the available evaluation data and evidence to summarise the main findings in relation to sustainability across the three levels.

## Individuals Active for Life

Each of the localities delivering GOGA have implemented strategies and taken specific steps aimed at supporting individuals to engage in physical activity in the longer-term, extending beyond the funding period and direct interaction with GOGA activities. While continuation of activity delivery has been a practical focus, sustainability was also understood more broadly: as the development of confident community leaders, the embedding of inclusive practices, and the creation of welcoming environments that encourage people to stay active for life.

Many areas took proactive steps to ensure that core GOGA activities could continue. This included securing alternative funding, embedding activities into existing timetables, and training individuals to take on leadership roles. For instance, areas like Blackpool and Wiltshire have committed to maintaining all current activities, while being selective about new offers to ensure long-term viability. In some cases, activities trialled through GOGA in leisure centres have proved successful and will continue such as the ladies-only aquatic offer at Bert Williams Leisure Centre in the Black Country.

Across the programme, there was a consistent effort to grow the skills and confidence of local people to take ownership of sessions. Upskilling was a major component of this approach. Training in leadership, safeguarding, and group exercise delivery was provided not just to existing staff but also to volunteers and participants. Amber Valley offered bespoke Walk Leader training for some volunteers who now coordinate weekly walks and coffee catch ups. Walking Football activities in Wiltshire have continued through participants securing funding from the local Parish Council. In Active Black Country, faith and community organisations received training in roles ranging from aquatic activators to Zumba instructors, enabling delivery to continue, led by the community and faith organisations themselves.

Sessions were also shaped by participants' preferences and community voice, increasing the likelihood that people would want to return. The GOGA approach, which prioritises enjoyment, adaptability, and co-design principles, meant that people were not just attending activities, but becoming part of them. This sense of belonging is thought to play a critical role in sustaining participation over time.

## Inclusive Local Systems and Practice

There is also evidence that demonstrates how localities are using GOGA principles and their experience of delivering GOGA to help influence and enhance local systems. This builds on findings from previous GOGA phases and increasingly recognises effective delivery is not always about localities delivering everything themselves, but about connecting, empowering, enabling and building capacity within local systems.

This broader focus is important for sustainability as it helps to embed inclusive practices and shared responsibility across a wider local network, ensuring the ethos and principles of GOGA can continue to be felt after delivery ends.

The main areas where GOGA influence is evident is in relation to upskilling the workforce (including paid staff and volunteers) and working more collaboratively with a range of partners across sectors to address inactivity.

**Upskilling the workforce**

One of the core aims of GOGA is to develop the workforce and it is evident that this continues to be a strength of the programme. Localities have demonstrated how they have invested in training and capacity-building activities that has reached a range of partner organisations, volunteers, and wider stakeholders.

Some localities indicated that they had been able to support their own staff and partners’ staff to upskill around inclusive delivery principles. For example, Activity Alliance’s Inclusive Activity Programme (IAP) has been used to educate staff and volunteers on inclusive practices in physical activity. This is enabling delivers to make their sessions more accessible and welcoming to everyone, ultimately supporting GOGA's aims.

“We know the importance of sustainability so we ask from the start what organisations can do to upskill their staff to support delivery moving forward. Everyone is offered the IAP course, and we can provide 5 places per organisation.” **– Locality Lead**

Several localities have funded or facilitated training for paid staff and volunteers in areas like safeguarding, first aid, and food hygiene. As part of Active Black Country’s due diligence checks completed when funding new organisations, training needs were identified around themes such as safeguarding and health and safety which were able to be addressed through Active Black Country’s broader support offer to community organisations.

“Where there is a need, we have supported with the upskilling of staff. We’ve paid for safeguarding training as part of our due diligence.” **- Locality Lead**

“Some participants have moved to volunteering informally. Them supporting with befriending new people as they come in really helps, and they share information about sessions through word of mouth.” - **Locality Lead**

**Working Collaboratively**

The GOGA programme continues to act as a catalyst for collaboration across local physical activity systems. The focus on inclusive activities and engaging with the least active has helped bring together a diverse range of organisations to utilise their respective strengths and work together towards collective goals around health, activity and wellbeing.

We’ve moved from just spending money and collecting data to asking how we add real value. Now we can say no to opportunities that don’t align. **Locality Lead**

There are various examples of where GOGA has helped to bridge the gap between the sport and physical activity sector and non-traditional partners including health partners, housing providers, local authorities, grassroots community organisations and faith centres. This has led to more joined-up thinking, pooled resources and more effective approaches to identifying and engaging with the least active.

For instance, in Amber Valley, GOGA has helped embed physical activity conversations within the health and care sector by working closely with the local Primary Care Network and having a presence at community wellbeing drop-ins, coffee mornings and warm spaces. This place-based approach not only helped develop tailored and targeted activity sessions, but also encouraged non-traditional partners, such as local GPs and social prescribers, to see movement as part of their toolkit for supporting patients.

Similarly, in Wiltshire, GOGA acted as a platform for cross-sector collaboration well beyond traditional sport and leisure organisations. Wiltshire worked closely with primary care networks, disability support services, and local councils to align inclusive activity with broader public health and social care priorities.

“As a social prescriber I participate but I do the activities with my patients, i.e. yoga and tennis with a patient. It's part of what I do for work, we've referred a lot to GOGA because it's so good.” - **Social Prescriber**

GOGA has helped demonstrate the value of building inclusive physical activity into broader systems thinking. Its emphasis on working with people, not just delivering to them, has reinforced the importance of collaboration and long-term relationship-building influencing how physical activity is designed, delivered, and sustained within communities.

## Transferable Learning

The final level of sustainability is in ensuring the transferable learning generated through GOGA activities continues to benefit other organisations and programmes through effective communication and sharing of that learning.

Whilst the reduced timeframe and budget of the 2024/25 delivery period has meant the programme of transferable learning has not been as extensive as those seen in previous GOGA phases, the programme continues to take steps to share learning.

The most notable activity is the GOGA Network that continues to bring together past and current localities that delivered GOGA activities. Throughout the year, three GOGA Network events have taken place on various themes. This has provided the opportunity for localities to share learning from their work, and to hear from other organisations delivering similar aims.

Over the last year Activity Alliance in partnership with deliverers and Continuum Ltd has developed an eLearning module called ‘**Create inclusive activities that last’** which will be hosted across all home country learning platforms. This eLearning module pulls together the knowledge, learning and best practice generated through GOGA delivery. The aim of the module was to develop a resource to support organisations and deliverers to develop fully inclusive offers where disabled and non-disabled people can be active together. This is another example of how GOGA continues to capture and share the learning generated in reaching and engaging inactive groups.

# Value for Money

## Social Value and Physical Activity

### Existing Evidence

There is an established body of evidence that highlights the high rate of social and economic returns that can be generated from reducing inactivity. A report published by Sport England in 2024 estimated that over £107 billion in social value was created in 2022/23 by participation and volunteering in community sports. This figure is driven by both the primary values generated by the wellbeing benefits that individuals experience from being active, and the secondary values that reflect the cost savings to public services such as healthcare.

Until recently, the wellbeing impacts and social value associated with disabled people engaging in physical activity were unclear. Whilst it was assumed the wellbeing impacts were likely to be even greater for disabled participants, the Sport England social value estimate did not make this distinction.

Additionally, our previous two evaluations of GOGA indicated that there are still substantial wellbeing benefits associated with inactive individuals increasing their activity levels even in small increments and well before meeting the CMO’s recommendation of 150 active minutes per week.

Recent research commissioned by Activity Alliance sought to explore the wellbeing benefits and social value of disabled people doing more physical activity.[[3]](#footnote-4) This report found that the wellbeing benefits of physical activity (particularly life satisfaction) are three to four times greater for disabled people than non-disabled people. Further, and in line with our GOGA findings, the research also reported substantial wellbeing benefits for disabled people engaging in smaller amounts of light physical activity (without meeting the CMO’s 150-minute guideline). This is shown in Figure 4.1, below.

Figure 4.1: Social value of physical activity, per person, per year

Source: Activity Alliance (2024) Social value of disabled people's physical activity

The evaluation of Phase 2 of GOGA developed a social value model to estimate the social value delivered by GOGA across the following domains:

**Physical and Mental Health** associated with the reduced risk of developing health conditions associated with inactivity.

**Subjective Wellbeing** including the improved wellbeing that is associated with participating and volunteering in sport and physical activity and reductions in loneliness.

This research and modelling suggested that GOGA represents excellent value for money, resulting in around £4.60 worth of social value for each pound spent on the programme. However, there were limitations in the model adopted as part of the last evaluation. Firstly, the model only included the social value associated with moving from inactivity to ‘fairly active’ or ‘active’ and didn’t capture the social value created from more subtle increases in activity. The model also used assumptions in relation to the attribution (i.e. the proportion of impacts that could be attributed to the intervention as opposed to other factors) and deadweight (i.e. what would have happened anyway) as there was no control group to understand the counterfactual.

A further report, commissioned by the founding funder of GOGA, Spirit of 2012, used data collected through Phase 1 and 2 of the evaluation to estimate the wellbeing value created through GOGA during its initial two phases. This analysis was able to compare the impacts seen within the matched GOGA sample to a control group which isolated the wellbeing impacts that could be attributed to GOGA.

This research found that:

* Disabled participants of GOGA were estimated to experience an average 0.05-point improvement in life satisfaction after an average of 6.6 months. Since the wellbeing of disabled non-participants could have decreased by around 0.38 in this same period, this represents a total of 0.43 life satisfaction points over 6.6 months.
* Comparing the total resource costs to the wellbeing benefits of this group gives an estimate that the programme could have resulted in £3.70 of wellbeing benefits per £1 of cost.
* There are uncertainties in the scale of this benefit, given the assumptions in each step of the analysis. However, approaches such as weighting the data and the use of a matched comparison group give us reasonable confidence in the findings.
* These findings are for a timeframe of six months, which is the time over which sufficient wellbeing data was gathered. However, since the GOGA programme focused on getting and keeping people active, as well as training staff and organisations to be truly inclusive, there are likely to be longer-term benefits to wellbeing, including longevity, which do not arise within this timeframe.

### GOGA 2024/25’s Continued Value for Money

The resource available for the evaluation and the limited number of matched responses collected from participants means it has not been possible to model the social impacts associated with the 2024/25 programme. However, the existing body of evidence, including findings from previous GOGA phases and recent research by Activity Alliance, supports the conclusion that physical activity interventions, particularly those targeting the least active disabled people, have the potential to provide excellent value for money in relation to wellbeing benefits.

In demonstrating this point, we have set out an **illustrative estimate** of the wellbeing benefits associated with participants’ self-reported increases in life satisfaction. However, it is important to note that **this analysis does not establish causality** due to the absence of a control group. The figures should be interpreted as a hypothetical scenario rather than a definitive impact assessment.

The calculation follows the UK Treasury’s WELLBY methodology, valuing a **1-point increase in life satisfaction (0–10 scale) for one person over one year at £15,860** (2024 value).

#### Key Assumptions:

**No control group**: Without comparison to non-participants, we cannot isolate GOGA’s impact from external factors (e.g. economic trends, seasonal wellbeing fluctuations).

**Stable baseline wellbeing**: The model assumes that the general population’s life satisfaction remained constant which is unlikely in reality.

**Full attribution**: The entire 0.22-point increase is treated as programme-related, though other influences (e.g. parallel interventions, life events) may contribute.

**Duration**: Benefits are assumed to persist for **6 months** (length of time between tier 2a and 2b).

The total change in life satisfaction points observed in the sample over the 6 months were 0.22. This equates to 0.11 “WELLBYs” if we assume that the benefits only lasted 6 months.

We cannot be certain that all of the 1,713 participants received this benefit. This is because there is likely to be some level of self-selection bias within our fieldwork and those sustaining activity more likely to engage with our research. If we assume that 70% of the participants received this benefit and the benefit lasted for 6 months, the project would provide £2,091,950 of social value or £4.65 for every £1 of programme spend.

Key Learning

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| --- |
| * GOGA has been effective in increasing physical activity levels among participants, particularly those previously inactive. These gains are sustained over time, with many participants continuing to be active even outside of the programme. * Social interaction was a key reason why people kept returning. Creating welcoming, co-designed, group-based activities and opportunities for social connections to form can increase the likelihood of sustained participation in physical activity. * GOGA’s biggest organisational impact came when its values influenced broader strategic thinking, embedding co-production, inclusivity and collaboration into how organisations work, plan and deliver. * Rather than trying to “recruit” participants directly, working through existing networks (such as faith groups, carers’ organisations or health services) helps identify and support those least likely to take part in more traditional physical activities. |

# Conclusions

#### Reaching the Least Active

GOGA localities continue to develop strategies of identifying and engaging with the least active and this is demonstrated by the success the programme has had in reaching groups that are typically less active than their peers. For example, 54% of participants reported having a disability or long-term health condition, almost half of participants (45%) were from the top 25% most deprived communities in England and almost a third (32%) were aged over 65.

A key learning across all GOGA delivery areas is that building trusted relationships with community partners is critical to successful delivery of programmes seeking to engage the least active. Trust takes time, patience, and presence, but is needed to help reach and connect with target groups and to support them into sustained activity.

There are numerous examples of where this has been done effectively, where localities have developed partnerships and influenced the practice of various groups and services including faith organisations, health partners, social care, housing providers and more. Future programmes of this nature should focus on having collaboration and partnership at the centre of any approach to reaching and engaging with the least active.

#### Inclusive Active Together Sessions

Another central learning point is that a "one-size-fits-all" approach to physical activity doesn’t work. Instead, co-designing and tailoring sessions to the specific needs, motivations, and abilities of participants was a common thread across all areas. This approach is crucial in driving participation and retention by creating environments where disabled and non-disabled people can be active together and all feel welcome and included.

#### Sustaining Outcomes

Analysis of survey data points to how GOGA has supported participants to increase their physical activity, and that wellbeing is also improving. Over 80% reported increased activity levels, with an average gain of over 25 minutes per week, while nearly half of initially inactive participants moved out of the least active category. Wellbeing improvements were equally significant, with 92% noting better mental health and 77% feeling more positive about life. Social connections played a key role in retention, with many participants sustaining activity beyond the programme. These outcomes highlight GOGA’s effectiveness in creating lasting behaviour change, particularly among hard-to-reach groups. However, longer-term programmes that enable longer term tracking of participants would strengthen evidence of sustained impact.

#### Influencing local systems

GOGA’s impact extends beyond participant outcomes, and there is evidence of organisational change in how localities deliver inclusive activity. Local partners embedded GOGA’s principles, such as co-design and community collaboration, into broader strategies, programmes and ways of working. Cross-sector partnerships, particularly with health and faith groups, expanded reach and resource-sharing. While challenges like volunteer retention remain, GOGA’s approach continues to demonstrate the core ingredients of what is needed to embed inclusive, community-led physical activity opportunities locally.

### Evaluating Physical Activity Interventions

GOGA’s evaluation methodology relies on systematic collection of participant data over time to track impact effectively. The registration form serves as the first step, capturing participant profile information and activity levels to understand who the programme is engaging with and how well the programme is engaging with its target groups. The registration form, however, has remained largely the same for several years and feedback suggests there may be opportunities to streamline the process, reviewing what data is essential, reducing unnecessary fields, and exploring opportunities to automate the process to minimise the administrative burden on localities.

Longitudinal tracking remains central to the evaluation, enabling measurement of changes in activity levels and wellbeing over time. However, opt-in rates for follow-up surveys are low. This highlights the need for clearer communication about the process and its purpose and providing greater clarity to participants about what to expect it they opt in.

To improve engagement, we are developing an online survey option, giving participants the choice to self-complete or work with a trusted person (e.g. locality lead, carer, or volunteer), rather than relying solely on phone interviews. This is in response to locality feedback suggesting some participants would prefer greater choice.

These proposed adaptations, simplifying registration, enhancing survey accessibility, and improving participant communication, will be tested and refined in a workshop in mid-May, ensuring the evaluation takes steps to reduce barriers to participation and improves the opt-in rate to future interviews.

##### Contact us

|  |  |
| --- | --- |
|  | 0330 122 8658 |
|  |  |
|  | wavehill@wavehill.com |
|  |  |
|  | [wavehill.com](https://wavehill.sharepoint.com/sites/WavehillConsulting/Shared%20Documents/Data/Administration/Templates/Report%20Templates/wavehill.com) |

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1. See: [Ten Principles Report (2014), Activity Alliance](https://www.activityalliance.org.uk/how-we-help/research/1878-talk-to-me-october-2014) [↑](#footnote-ref-2)
2. ONS (2019) [Disability, well-being and loneliness, UK: 2019](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/bulletins/disabilitywellbeingandlonelinessuk/2019) [↑](#footnote-ref-3)
3. [Activity Alliance (2024) Social value of disabled people's physical activity](https://www.activityalliance.org.uk/assets/000/005/094/Activity_Alliance_Social_Value_Report_Exec_Summary_FINAL_original.pdf) [↑](#footnote-ref-4)