

Doncaster LDP Evaluation

Baseline Report

Hayley Lamb, Research Director
Sarah Leonardi, Associate Director
Rachael Archer, Senior Research Manager
Dr Joanna Welford, Research Manager
Arifa Choudhoury, Senior Research Executive
Chris Milner, Research Executive
Professor Jennifer Roberts, CFE Associate
Dr Nick Cavill, CFE Associate
Mike Parker, CFE Associate



For more information about this report please contact
Sarah Leonardi:

CFE Research, Phoenix Yard, Upper Brown Street, Leicester,
LE1 5TE

T: 0116 229 3300 Sarah.Leonardi@cfe.org.uk
www.cfe.org.uk

© CFE 2019

CFE are research and consultancy specialists in employment and skills. We have been providing our expert services to public and private sector clients for over twelve years. We re-invest our profits to fund innovative research projects and our Policy Insight series.

CONTENTS

01.	Introduction	6
02.	About the Doncaster LDP	10
03.	Baseline position for system change	21
04.	Baseline position for population outcomes	37
05.	Choosing a comparator group	53
	Appendix 1: Secondary data	59

EXECUTIVE SUMMARY

Introduction

Sport England is funding 12 areas in England to develop Local Delivery Pilots (LDPs). The vision for the LDPs, as set out in Sport England's *Towards an Active Nation*¹, is for the areas to trial a different approach to tackling inactivity which is place-based. The metropolitan borough of Doncaster is one of 12 LDPs. Despite being relatively flat with many easily accessible green and blue spaces the borough has high levels of inactivity and low levels of participation in physical activity. Doncaster has an industrial past, high levels of deprivation and a dispersed population which presents a significant challenge in connecting people, places and businesses to economic and social opportunities². The LDP's vision is to utilise physical activity and sport to include residents in its ambitions for economic growth.

About the evaluation

CFE are undertaking a *process* and *outcome* evaluation of the first two years of the Doncaster LDP to understand 'what' happens as a result of the pilot and 'how' and 'why' change occurs, especially among the inactive, people on low incomes and children and young people. The evaluation will inform how the Doncaster LDP evolves, as well as contributing to the national evaluation, producing evidence to help the LDP to understand how they can achieve whole system change for the lasting benefit of local people.

This report summarises the baseline position for the Doncaster LDP, describing the outcomes identified as priorities for the LDP so far. It draws upon a range of methods:

- **Desk research:** a review of pilot documentation and secondary data³. Policy audit of a wide range of Doncaster Metropolitan Borough Council (DMBC) and Team Doncaster policies.
- **Stakeholder interviews:** with 16 representatives from DMBC, the LDP Advisory Group and other key partners.
- **Theory of Change development:** a Theory of Change Workshop was held with key stakeholders focused on identifying systems outcomes. A Theory of Change and Indicator Framework was developed and shared with the LDP core team, the LDP Advisory Group and two workshops with residents for feedback.
- **Strategic lead and partnership survey:** undertaken in July 2019 with the LDP team and partners. The survey was sent out by DMBC to 165 contacts and partners were encouraged to forward the online link to other partners they work with. This includes those who are currently part of the DMBC physical activity network, staff at DMBC and wider stakeholders such as NHS, councillors and the Doncaster Chamber of Commerce. In total 55 responses were received.

¹ Sport England (2016), *Sport England: Towards an active nation – Strategy 2016-2021* London.

² Doncaster Growing Together (2018), *Doncaster Inclusive Growth Strategy 2018-2021*.

³ For further information on the secondary data reviewed and included in this report please see Appendix 1.

- **Secondary data analysis:** on the Sport England Active Lives Survey (ALS) 2017/18 and 2015/16 to explore descriptive statistical analysis of the baseline position in Doncaster, as well as considering the choice of control area for the evaluation of the LDP intervention.

About the Doncaster LDP

‘Get Doncaster Moving (GDM)’ was launched in October 2017 (formally Doncaster Active Partnership) which leads on the delivery of the ten-year Physical Activity and Sport Strategy. The Doncaster LDP is part of the overall delivery of GDM. The vision of the LDP is to:

“utilise physical activity and sport to contribute to our inclusive economic growth ambitions and explore how it can support our residents to benefit from Doncaster’s aspirations across all of its communities.”⁴

The three priority groups for the LDP are:

- The inactive – those who undertake less than 30 minutes of physical activity per week;
- Families with children and young people; and
- People living in income deprivation (including those in local income and/or precarious work).

The Doncaster LDP is managed through the GDM Board and sits under the strategic local partnership, ‘Doncaster Growing Together’. Although Doncaster already had GDM, the LDP has been described as enabling Doncaster to increase their capacity in order to implement change more quickly and in greater depth. In the first 18 months of the LDP’s activity a variety of research was commissioned to ensure they understood their communities and the physical activity system. The LDP is utilising a behavioural insights approach to design LDP and evaluation activities.

Key baseline findings

System change

Understanding and clarity of messaging

Partners understanding the importance of addressing physical inactivity and the vision across Doncaster is a vital first step to bring about change. Partners responding to the strategic lead and partnership survey agree addressing physical inactivity is an important priority in Doncaster but not all are aware of the high levels of inactivity.

91%

agree addressing physical inactivity is an important strategic priority

85%

agree DMBC has a clear vision to address physical inactivity

67%

agree levels of physical inactivity are high in Doncaster

⁴ Get Doncaster Moving (2019), *Doncaster Local Delivery Pilot*, Doncaster



Ensuring a clear physical activity message is being relayed across Doncaster is crucial to gain buy in from partners and ensure the correct message is being given to residents.

Overall the physical activity message being relayed across Doncaster is understood and consistent, however, there is variation across organisations and departments (of DMBC).

76%

agree they understand the physical activity message that is being relayed across Doncaster

62%

agree there is a consistent message about physical activity across their organisation/department

77%

agree DMBC and partners have a consistent message about physical activity

49%

agree there is a consistent message about physical activity across partners in Doncaster (excluding DMBC)

The current physical activity network

Social Network Analysis undertaken on the current LDP physical activity network linked to DMBC found:

- The physical activity network has already developed since the introduction of the LDP in July 2018.
- Individuals at DMBC play an important role in the network.
- There are key individuals in the network who act as a ‘bridge’ to others in the network.
- Only 15% of connections were classified as “informal”. A further one-third were focused on knowledge exchange rather than collective decision making or problem solving.
- Only 17% of connections involve collaborating more than once a month with one-third occurring on an ad hoc basis.
- If the LDP funded staff were removed from the network some connections would be lost highlighting the important role they currently play.

The important role of the LDP funding was evident in the strategic lead and partner survey with **61%** agreeing that without the funding fewer organisations would take action to address physical inactivity. The role of DMBC was also stated as critical with **76%** agreeing that fewer organisations would take action to address physical inactivity without the council.

The role of DMBC

Most partners responding to the survey agree that DMBC is aware of the issues and challenge in addressing physical inactivity in Doncaster and that it is taking action to address this. However, there was less agreement that *all* parts of DMBC understand the role they play with only **42%** agreeing.

The policy audit highlighted similar findings. Only half of all policies reviewed mentioned sport and physical activity with most only making a passing reference to this (excluding those with a sport or physical activity focus). This further highlights how physical activity has been embedded within some strategies and departments but not across the whole of DMBC.

The role of individual departments and partners

Most respondents to the survey agree that addressing physical inactivity was a collective responsibility (**91%**) and that it would contribute towards the achievement of their own department or organisations priorities (**89%**). The extent to which respondents agree that organisations are working together and understand the role they play in the system is mixed.

69%

agree a range of organisations (excluding DMBC) are taking action to address physical inactivity

62%

agree organisations work together to address physical inactivity

47%

agree partners understand the role they play in promoting physical activity in Doncaster

Ability and bringing about changes

Most partners (**80%**) agree they are able to take action to address physical inactivity through their role with **76%** agreeing they currently do. The most common barriers reported when addressing physical inactivity were: insufficient resources, conflicting local priorities, insufficient coordination, and mismatch between strategic objectives and funding. Nearly **one-third** were unsure how to address physical inactivity in their role.

Population change

Adult physical activity levels

Just over half of all Doncaster residents are classed as active with one-third classed as inactive (as measured through the Active Lives Survey).

53.9%

of Doncaster residents are **active**
doing at least 150 minutes of physical activity a week

34.3%

of Doncaster residents are **inactive**
doing less than 30 minutes of physical activity a week

Inactivity levels differ by a range of different demographic characteristics including age, disability, education level, ethnicity, employment, deprivation and gender. When these are all considered together the characteristics most closely associated with inactivity are disability (with this increasing the likelihood of being inactive) and having a Level 4 education (with this decreasing the likelihood).



Over a 28 day period in Doncaster:

- **39%** of all residents walked for leisure (1 or more times)
- **28%** took part in active travel (walking or cycling)
- **24%** took part in fitness activities
- **14%** cycled for leisure and/or sport
- **1%** took part in creative or artistic dance

There are target communities in Doncaster that have very high inactivity levels ranging from **40%** to **71%**.

Young people's physical activity levels

Most (**93%**) young people in Doncaster had undertaken physical activity in the last 7 days (as measured through the Doncaster Pupil Lifestyle Survey), although this was less likely for SEN pupils (**86%**) and those who are Non-White (**90%**).

- **10%** primary school pupils undertook on average less than 30 minutes of physical activity a day and **7%** of secondary school pupils undertook the same.
- A higher proportion of secondary pupils (**56%**) reported they do physical activity that “makes them breathe faster or get hot and tired” compared with **46%** for primary.

Walking or cycling to school is more common for young people in primary school compared to secondary.

Primary school pupils	45% walk	4% cycle
Secondary school pupils	38% walk	5% cycle

Wider outcomes

Life expectancy and health life expectancy figures in Doncaster are slightly lower (**2 years**) than across England. Mortality rates from causes classes as avoidable are higher (**216** per 100,000) than in England (**181.5** per 100,000).

Subjective wellbeing levels were similar to those reported in England:

82%	75%	72%	62%
agree things they do in life are worthwhile	agree they are satisfied with life nowadays	agree they were happy yesterday	had low anxiety levels

A higher proportion of primary school pupils (**76%**) stated they were very happy or happy compared with **71%** of secondary pupils.

Unemployment rates are higher in Doncaster when compared to across England (**17%** of households compared to **13.9%**). Of those who are employed a much higher proportion work in lower SOC groups 8-9 (**24.9%**) compared to England (**16.4%**).

01. INTRODUCTION

This section of the report introduces the Local Delivery Pilot, how it is being evaluated, and the focus of this report.

The Local Delivery Pilots

Sport England is funding 12 areas in England to develop Local Delivery Pilots (LDPs). The vision for the LDPs, as set out in Sport England's *Towards an Active Nation*⁵, is for the 12 areas to trial a different approach to tackling inactivity which is place-based. The two key drivers for this strategy are:

- Firstly, to better understand and overcome the persistent lack of activity among certain groups in local communities, such as older people, people with disabilities, and people from lower socio-economic groups.
- Secondly, to use limited resources differently at a time of continuing financial pressure. Sustainability is critical to this, with less reliance on funding and greater consideration of co-investment opportunities emphasised within the strategy.

The strategy recognises that where people live and work has a significant influence on their decisions to be active and it is at this local level that the funding is focused. It is intended that the LDPs will test and find solutions to deliver sustainable change in levels of physical activity according to the specific needs and wishes of their community members. Sport England seeks to identify successful models and share this learning to help local planning and decision making regarding addressing inactivity across the rest of the country.

Central to Sport England's desire for the LDPs to adopt a new approach to tackling inactivity is the realisation that the selected areas will require time and space to plan and develop their activity. An early step for the LDPs has been to understand the system of public and private bodies, as well as community organisations and key stakeholders, who play a role in influencing their local populations to be physically active, not solely through sport, but critically in their daily and working lives. Close cooperation between the multiple organisations working at the local level is considered to be a prerequisite for the success of the pilots.

The 12 LDPs were announced in December 2017 following an open application period and rigorous selection process which included consulting national and local partners. The LDPs reflect a diverse range of places in terms of location, population size and demographic profile, and represent a range of communities from entire counties or local authority areas to specific groups within such areas.

The metropolitan borough of Doncaster is one of the 12 LDPs. Despite being relatively flat with many easily accessible green and blue spaces the borough has high levels of inactivity and low levels of participation in physical activity. Doncaster has an industrial past, high

⁵ Sport England (2016), *Sport England: Towards an active nation – Strategy 2016-2021* London

levels of deprivation and a dispersed population presenting a significant challenge in connecting people, places and businesses to economic and social opportunities. The LDP's vision is to utilise physical activity and sport to include residents in its ambitions for economic growth. By adopting a whole systems approach the LDP seeks to understand and tackle the local population's barriers to aspiring to and becoming more active.

About the evaluation

Aims and objectives

CFE are undertaking a *process* and *outcome* evaluation of the first two years of the Doncaster LDP to understand 'what' happens as a result of the pilot and 'how' and 'why' change occurs, especially among the inactive, people on low incomes and children and young people. The evaluation will inform how the Doncaster LDP evolves, as well as contributing to the national evaluation, producing evidence to help the LDP to understand how they can achieve whole system change for the lasting benefit of local people.

The overarching aim of the evaluation is to:

Improve the understanding of the action required at all levels of the local system to break down barriers to physical activity, especially among the priority cohorts; Inactive, Low Income and Families and Children.

The evaluation has four key elements:

- **Systems Outcome:** focuses on the whole system approach, connections, partnership dynamics and changes within the socio-ecological system locally. This will enable the LDP to better understand the interactions between people, structures and processes that work together to make up the local physical activity system.
- **Population Outcomes:** centred on the interventions delivered to, and the impact on participants.
- **Community Voice:** capturing "what works for whom in what context" and captures the impact of the work on individuals and communities.
- **Learning:** of the Doncaster Local Delivery Pilot to capture how things have been done and what could be done again in the future.

Evaluation activities undertaken to date

This scoping and baseline phase for the LDP evaluation comprised the elements summarised below.

Desk research

A review of pilot documentation and secondary data⁶ was reviewed to gain a detailed understanding of the LDP, the activities it is undertaking, the aims and objectives of the LDP and the wider context of Doncaster.

One potential influential lever to bring about system change is the development of a range of Doncaster Metropolitan Borough Council (DMBC) policies that influence physical

⁶ For further information on the secondary data reviewed and included in this report please see Appendix 1.

activity. Not only are these potentially highly influential, they are mainly in the control of the local authority. Over the period of the LDP it is hoped the local authority might make a number of changes to policies that support physical activity. Examples might be local transport plans or park and environment policies. A policy audit has been undertaken on a wide range of policies to assess the current content in relation to physical activity to assess the extent it is integrated across DMBC. In total 52 policies were reviewed. At this time only DMBC and Team Doncaster⁷ policy content was reviewed. The next step is to undertake interviews with policy leads to ascertain the actual impact or reach of the policy on physical activity.

Stakeholder interviews

Working with the LDP Core Team, we identified key stakeholders to consult. A mix of telephone and face to face interviews lasting on average 1 hour were undertaken with 16 representatives from DMBC, the LDP Advisory Group and other key partners. The interviews were undertaken to:

- Develop our understanding of the background and context for the LDP
- Understand the approach undertaken for the LDP and the role of key partners
- Explore the wide range of outcomes the LDP is trying to impact
- Gain an understanding of the current data and evaluation evidence being collected across Doncaster.

Development of the Theory of Change

Following engagement with stakeholders and the documentation review a Theory of Change Workshop was held with key stakeholders invited by the LDP Core Team. A significant amount of work had already been done by DMBC and partners to identify potential outcomes and measures for population outcomes, therefore the workshop focused on systems outcomes where less had been formalised.

Following this a Theory of Change and Indicator Framework was developed. This was shared with the LDP core team, the LDP Advisory Group and two further workshops were held with residents for feedback. This revised Theory of Change is presented in Chapter 2 of this report.

Strategic lead and partnership survey

An online survey was undertaken in July 2019 with the LDP team and partners to examine their knowledge, attitudes and perceptions about how the physical activity system is currently working (this will be repeated each year). It also included a set of questions to inform Social Network Analysis (more information about Social Network analysis is reported in Chapter 3). The survey was sent out by DMBC to 165 contacts and partners were encouraged to forward the online link to other partners they work with. It was sent to contacts who are currently part of the DMBC physical activity network (such as those who are represented on various health and wellbeing boards), staff at DMBC and wider

⁷ Team Doncaster is formally recognised as the strategic partnership of organisations and individuals that spans the public, private, voluntary and community sectors) <https://www.teamdoncaster.org.uk/>



stakeholders such as NHS, councillors and the Doncaster Chamber of Commerce. On average the survey took 15 minutes to complete and drew predominantly upon closed questions such as multiple choice and Likert scales. In total 55 responses were received with 42 completing the Social Network Analysis questions.

Secondary data analysis

Secondary data analysis was undertaken on the Sport England Active Lives Survey (ALS) 2017/18 and 2015/16 to explore descriptive statistical analysis of the baseline position in Doncaster, as well as considering the choice of control area for the evaluation of the LDP intervention. All of the analysis reported uses sample weighted data⁸.

The analysis explored:

- Baseline statistics for Doncaster, looking at the distribution of outcomes by various demographic characteristics such as gender, age and socio-economic class.
- Comparing Doncaster to three comparator groups to explore possible control groups for the evaluation (that is areas which do not have an LDP intervention).

About this report

This report summarises the baseline position for the Doncaster LDP, describing the outcomes identified as priorities for the LDP so far. Chapter 2 outlines the Doncaster LDP and what it aims to achieve, whilst Chapter 3 summarises the key baseline findings for system change. Chapter 4 outlines the baseline position for population outcomes and the final chapter reports on the comparator analysis undertaken to select a comparison group for analysis.

Next steps

Following this baseline report a full methodological review will be undertaken to ensure the evaluation fully meets the needs of the Doncaster LDP and the national evaluation requirements. Opportunities to collect evidence through alternative strands of work (e.g. the marketing and communications strand of activity) will be explored to allow the evaluation to focus more intensely on areas not being covered elsewhere. The evaluation will afford priority to measuring systems outcomes compared to population outcomes; this is a primary focus for the LDP as a precondition of achieving population change. Research will also be prioritised in the target community areas as a key aspect of delivery.

⁸ For the majority of analysis the relevant weight from the ALS is 'wt_final', which is the appropriate weight for analyses of the full dataset including responses from the online and postal surveys. Weights are included in the ALS to ensure that the weighted sample matches the population as closely as possible. The weights correct for the unequal selection of addresses across Local Authorities (LA) and for the selection of adults and youths within households.

02. ABOUT THE DONCASTER LDP

This section describes the Doncaster LDP including the aims and objectives.

The Doncaster LDP

Sport England's announcement of Doncaster as an LDP in November 2017 was the culmination of collaborative activity taking place in Doncaster to make physical activity and sport a key contributor to the achievement of the borough's ambitions for its residents. Doncaster's efforts to maximise the potential for physical activity and sport to increase participation of residents commenced in 2015 when the Director of Public Health identified physical activity as a priority. One in three adults in the borough were doing less than 30 minutes of physical activity per week which contributed to a range of poor health outcomes. Following this in January 2016, DMBC and Yorkshire Sport Foundation (YSF) together commissioned a review of physical activity and sport in Doncaster. The recommendations from this report led to:

- The embedding of YSF staff within DMBC to engage wider partners in their aims;
- The launch of 'Get Doncaster Moving (GDM)' in October 2017 (formally Doncaster Active Partnership) which leads on the delivery of the ten-year Physical Activity and Sport Strategy;
- The buy-in of wider partners to tackle inactivity in the borough; and,
- The formal launch of the GDM brand in February 2018.

Alongside this work the Tour de Yorkshire route including Doncaster in 2016 was seen as a major influencer in the area to not only promote physical activity and sport but to also appreciate the wide range of outcomes and impacts it can bring about.

"So, we did quite a lot of work locally to I suppose re-cast physical activity as a potential solution to a number of challenges we were facing, whether it was poor health, loneliness, demands on social care, poor educational outcomes, sickness at work."

The Doncaster LDP is part of the overall delivery of GDM. The vision of the LDP is to:

*"utilise physical activity and sport to contribute to our inclusive economic growth ambitions and explore how it can support our residents to benefit from Doncaster's aspirations across all of its communities."*⁹

The three priority groups for the LDP are:

- The inactive – those who undertake less than 30 minutes of physical activity per week;
- Families with children and young people; and

⁹ Get Doncaster Moving (2019), *Doncaster Local Delivery Pilot*, Doncaster

- People living in income deprivation (including those in local income and/or precarious work).

The Doncaster LDP is managed through the GDM board and sits under the strategic local partnership, ‘Doncaster Growing Together’. Reflecting its importance in Doncaster, physical activity and sport is one of nine transformational programmes in the Borough’s Strategy. On a day to day basis there is a LDP Core Team which includes staff from DMBC which is supported by capacity from Sport England. Although Doncaster already had GDM, the LDP has been described as enabling Doncaster to increase their capacity in order to implement change more quickly and in greater depth:

“What the LDP has brought, is (a) the relationship with sport and the wider national networks, (b) it’s allowed us to go into greater depth in areas both in terms of data and interventions, and (c) it’s actually provided a bit of an acceleration. So actually, some of the things that the LDP will allow us to do, would have been aspirational and may have not been done for years, if at all.”

In the first 18 months of the LDP’s activity, one of the first actions was to build on prior learning of the communities of Doncaster such as:

- Analysis of datasets including Sport England’s Active People Survey Small Area Estimates, Experian Mosaic and local facility usage data;
- ‘Doncaster Talks’ research which examined the motivations and barriers around improving the health and wellbeing of people living in the borough; and
- The Well Doncaster Programme seeking to improve the health of residents in Denaby by being part of a well-connected community and agreeable environment.

The LDP sought to gain a greater understanding of the relationship between Doncaster’s communities and physical activity levels. To this end the LDP commissioned a number of experts. Sheffield Hallam University (SHU) was commissioned in August 2018 to review community-based participatory research (CBPR) approaches to reduce barriers to physical activity participation. The findings demonstrated how CBPR in the development of community-based services can help build partnerships between communities and stakeholders which aids understanding of communities’ experience of physical activity and have a positive influence on the success of physical activity programmes.

In October 2018 the LDP commissioned SHU to undertake ‘Community Insight’ to understand people’s everyday experiences. This involved a three stage behavioural insights approach adopting a community-based methodology. With community at its core, the study included: a survey of 1,200 households; training ‘Community Explorers’ from a number of voluntary sector groups to engage residents; and, co-designing interventions, services and opportunities with communities to build social capacity to deliver sustainable solutions. The LDP considers this research to be an important part of its journey as it has enabled them to connect their hypotheses regarding barriers to participating in physical activity with an approach for the borough’s communities to test potential solutions which are sustainable.

Further research commissioned by the LDP includes a Social Impact Assessment conducted by Leeds Beckett University for the section of the 2018 Tour de Yorkshire (TdY) route through Doncaster. The study sought to firstly, use an evidence-based approach to understand the social impacts of sports events on local communities and their levels of physical activity and secondly, to understand the use of the event to trial new ways to assess and monitor the social outcomes of future major sporting events in the borough. The engaged community members including 28 key stakeholders and 690 residents across six communities, trained a team of local explorers to support the undertaking of a post event survey, interviewed key stakeholders and physical activity experts, and conducted resident focus groups. The study findings recommended interventions for future TdY events to maximise local benefits and encourage people to live more active lifestyles.

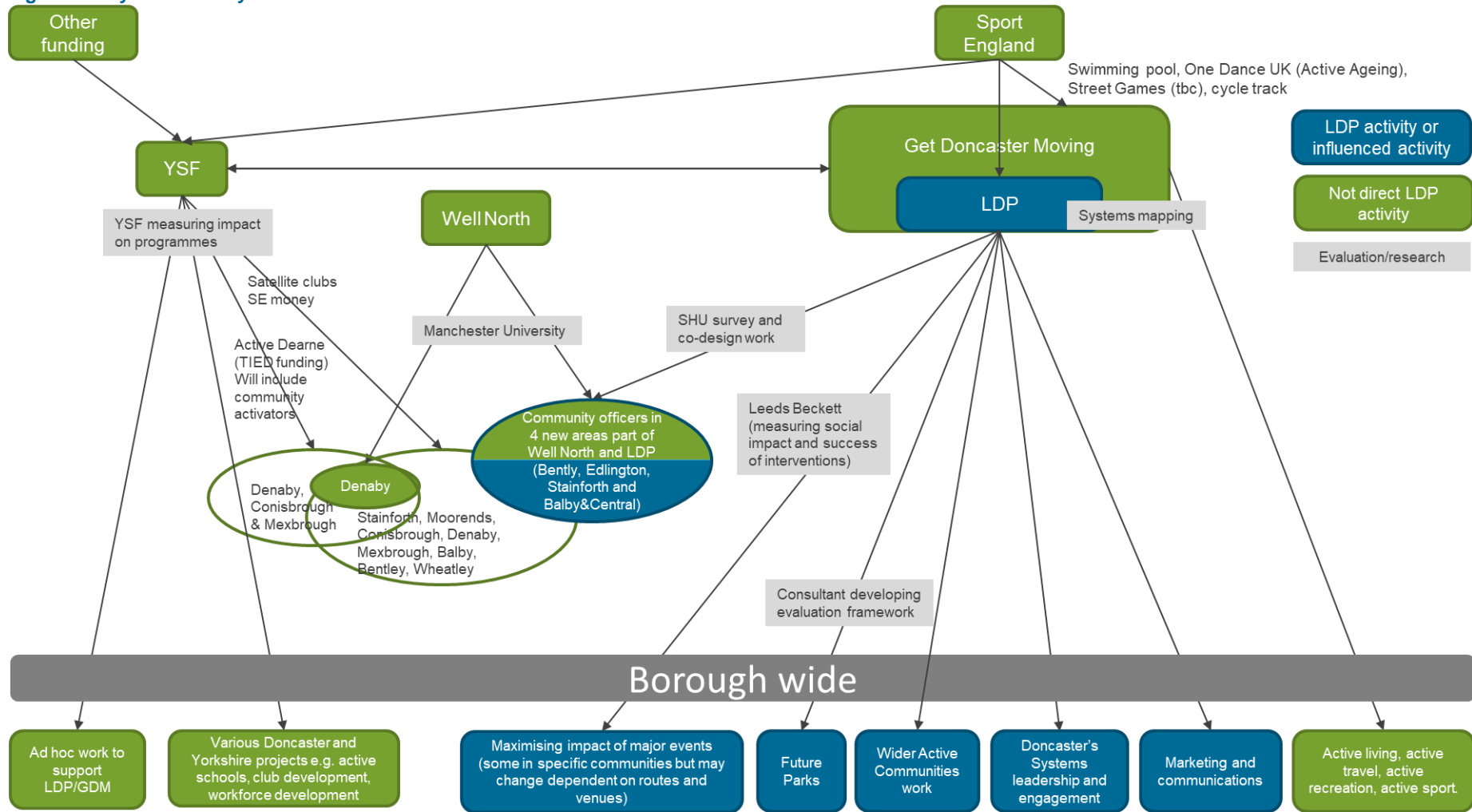
In addition the LDP has contracted support from experts to facilitate three workshops with stakeholders involved in tackling Doncaster's inactivity problems to generate system maps to identify the roles each partner plays in the 'local system'. The sessions have provided an opportunity for partners to understand the complexity of the challenge, identify the key areas of opportunity, and consider opportunities for collaborative working. The system maps workshops have been a useful mechanism in themselves engage stakeholders and communicate the variety of ways in which a wide range of policy areas can influence communities' participation in physical activity.

What is in scope for the evaluation

The landscape in Doncaster is complex, with a variety of inter-related strands funded by various partners. For example within Doncaster there is Get Doncaster Moving (as described above), additional Sport England Funded projects alongside a wide range of other projects and activities run by DMBC and partners. Collectively this will all contribute to the achievement of systems and population outcomes; in this context, isolating the outcomes and impacts of the LDP is challenging.

In order for the evaluation team to identify the benefits of the LDP agreement has been reached about which activities are currently in and outside of scope. The diagram that follows summarises activity that will be evaluated as part of the LDP (highlighted in blue) alongside other related evaluation activity that is being undertaken by partners. This will be reviewed and updated iteratively and activities may move in or out of scope for the evaluation. This is not a comprehensive view of what is happening in Doncaster but highlights the key aspects of the LDP and where there are key activities occurring in the same target areas. Some of the activities highlighted as part of the LDP are already being evaluated. Therefore the evaluation team will draw upon the evidence already collected, and will work with partners to collect additional data, to ensure evaluation activity is not duplicated.

Figure 1: Key LDP Activity



The objectives of the Doncaster LDP

The Doncaster Theory of Change (see Figure 2) was informed by discussion with key stakeholders and community residents and a document review. This was shared with the LDP Core Team, Advisory Group and a sub-group of Community Explorers; further revisions were made as a result of this process. The Theory of Change that follows represents the final version agreed with DMBC based on the current priorities of the LDP. Supporting the Theory of Change is a full Indicator Framework which provides additional information about how the outputs, outcomes and impacts will be measured throughout the course of the evaluation and beyond.

The Theory of Change focuses on the key outcomes associated with LDP activity (as highlighted in the previous section) and therefore does not cover all activities being undertaken across Doncaster through Get Doncaster Moving and by other partners to influence physical activity levels.

As the exact nature of some of the specific activities that will be delivered is currently unknown, the Theory of Change will evolve throughout the duration of the evaluation. Baseline data for these metrics will be captured at the point of design. This will be measured consistently from this point forward to ensure that the evaluation demonstrates progress throughout the period of the investment.

The Theory of Change outlines both system and population outcomes for Doncaster as a whole (that is, all Doncaster residents). The baseline period for the system and population aspects of the evaluation differ to reflect the history of the LDP and strategic priority afforded to physical activity within Get Doncaster Moving:

- **July 2018** is therefore identified as the baseline for systems outcomes as the point at which LDP funding started to influence their work.
- **February 2019** for population outcomes. Prior to this, there is consensus that activity was focussed exclusively on systems and therefore unlikely to have significantly influenced population outcomes for residents in any meaningful way.

Implicit in the Theory of Change and assignment of the different baseline periods is the recognition that some system outcomes are required in order to facilitate population outcomes. Both system change and population change are expected within the same time period (e.g. within two, five and 10 years); however, due to the differing baseline periods (just under one year) this affords flexibility for one to happen before the other. Therefore although they are shown under the same timescales on the diagram their baseline dates differ from when they are measured.

There is an acknowledgement that outcomes may be realised sooner in the four target community areas and targeted priority groups. Similarly it is anticipated that systems outcomes will be achieved sooner for professionals with a current physical activity remit. The timings shown in the Theory of Change are focused on the whole of Doncaster.

Please note the references to ‘professionals’ in the Theory of Change refer to those who are employed both in and outside of DMBC including partners. This includes employees of organisations within the statutory, voluntary and private sectors.

A short summary of the Theory of Change is presented below. For further detail on the activities listed below please see the Doncaster LDP Investment Plan. Each listed output and outcome has been described through an Indicator Framework for this evaluation.

Activities and outputs

System change is a major focus for the Doncaster LDP. Those involved in the LDP highlight how they need to change the whole physical activity system to ensure changes are sustainable for the future. Therefore the activities funded through the LDP are primarily centred on changing the physical activity and sport system alongside infrastructure in Doncaster. This is to prevent the duplication of work undertaken by other partners or through other funding streams, although the LDP is working to ensure their efforts align with those of other DMBC departments and partners.

Within the LDP they are focusing on extending their physical activity and sport networks to increase the number of partners, the types of partners and the quality of those relationships. Alongside this work they are developing a strategic approach to marketing and communication in order to communicate the benefits of physical activity and sport to the community and partners. Improving the physical activity infrastructure in Doncaster is a key area for the LDP to ensure there are opportunities for residents to take part in sport and physical activity (e.g. cycle paths) as part of the normal daily routine of life. To a certain extent this will be achieved through working with new stakeholders and promoting the benefits of physical activity to help secure or funding. In addition, the LDP is moving forwards with the Future Parks Strategy to encourage residents to use the parks more as a way to increase physical activity.

To further ensure sustainability, enabling communities to shape and direct provision in their own areas is key, and as such the LDP is undertaking the Active Communities work. This will begin by focusing on four community areas where the local residents and stakeholders will be supported to bring about changes in their own area. The LDP intends to extend this work out to further areas in the future.

Doncaster has also been successful in attracting major sport events to the area and the LDP plans to try and maximise the potential impact of these events through developing and testing interventions to engage the population.

Outcomes

Within the Theory of Change the various system and population outcomes have been separated, however (as indicated by the arrows) they will influence each other. There are key changes which need to happen in the system to influence population outcomes (for example improved park infrastructure to encourage the community to use those facilities) and there are also examples of where population outcomes will influence system change

(for example within Active Communities residents participating and understanding physical activity will influence communities being able to shape local provision).

If the LDP is successful in expanding their network of partners and strengthening the way they work together, it is anticipated that partners will appreciate the importance of physical activity, understand how it could help them to meet their own organisation/department objectives, and therefore result in them recognising that they are part of the “physical activity system” leading to them accepting and prioritising this as part of their role. Through this increased understanding it is hoped the ability of partners to bring about changes will increase and that there is a shared language between them and the LDP about what physical activity is and why it is important.

There is a desire within the LDP for the leadership of physical activity and sport to be distributed to other departments, organisations and the community itself to empower others and ensure physical activity is considered in all areas of work. This would then encourage increased partnership working and the consideration of physical activity and sport to be embedded within strategies across the borough. If this is achieved it is anticipated that the following will be evidenced: changes in funding strategies; improvements in facilities and the environment; and, the promotion of physical activity by professionals in their day-to-day roles. As a long term goal there is a desire for physical activity to be embedded in strategies and fully implemented, and for Doncaster’s physical activity and sport infrastructure to be developed. There is also the aim for improved economic development, primarily influenced by the population outcomes described below.

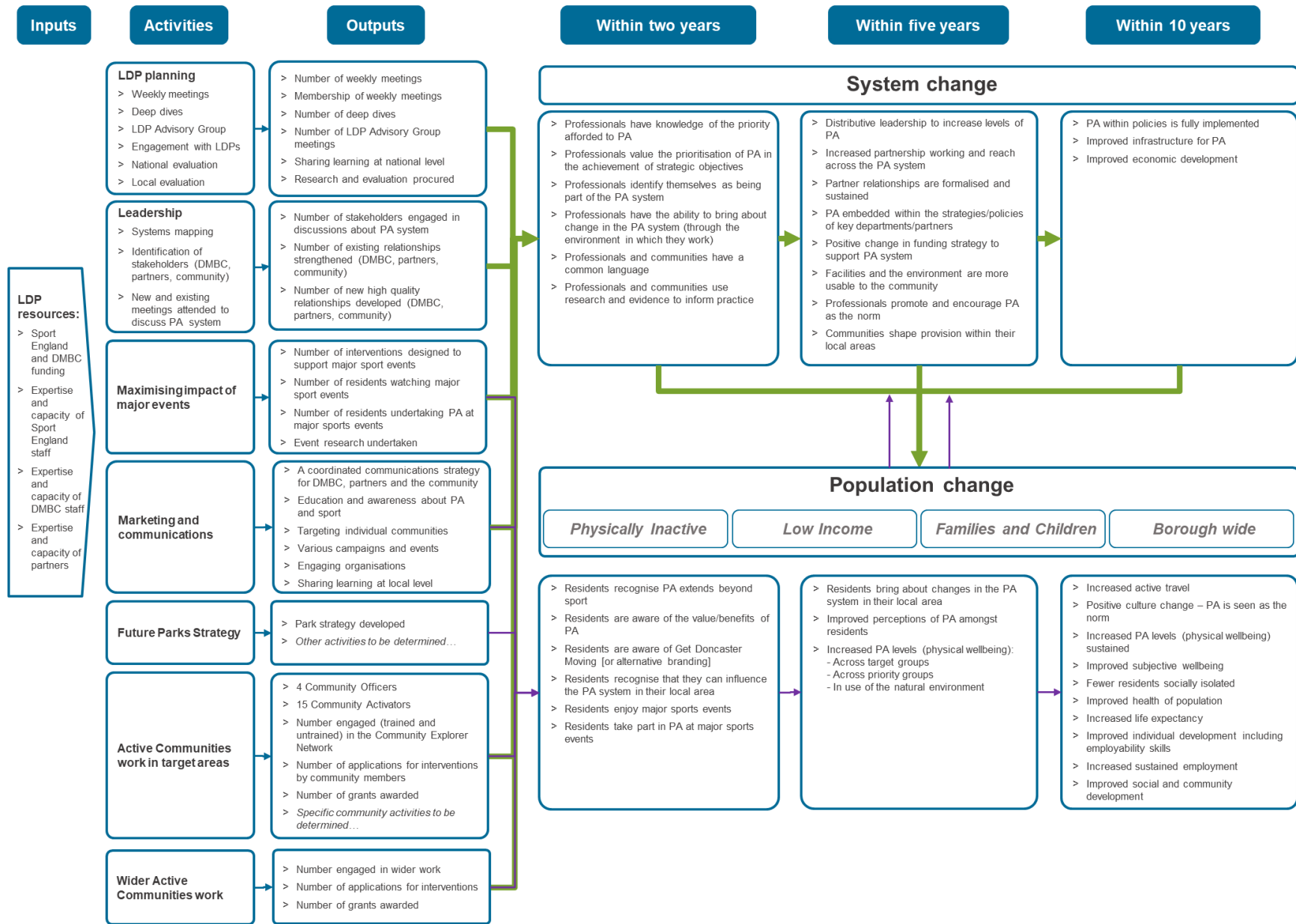
The overall aim of the LDP is to increase physical activity levels across Doncaster, with a specific focus on reducing the number of people who are “inactive”. In order to do this residents within Doncaster need to recognise “what” physical activity is and that this extends beyond sport and understand the benefits of physical activity. Recognising they are a key part of the physical activity system is key to them being able to bring about changes in their local area. Once these things have been achieved there is the aim that residents will see the value of physical activity and they will have the ability and opportunities to take part, ultimately increasing their activity levels.

It is anticipated that increasing the value afforded to physical activity by residents should lead to a positive culture change as physical activity is seen as the “norm” in Doncaster leading to sustainable changes for residents in their activity levels. Physical activity, sport and the other opportunities available through the LDP (such as that outlined in the Active Communities work) has the potential to have a wide range of impacts including: improved personal development (e.g. confidence, resilience), improved health (physical and mental), skills development (e.g. employability skills) and improved community development.

Whilst the Active Communities work aims to increase levels of physical activity within the target communities the approaches used to do this will vary. This will form part of a wider approach to support residents to improve their communities in various ways including to become more active. As such the various activities that are undertaken could lead to different outcomes. For example healthy eating and nutrition was an example that was

cited by one group of Community Explorers which they felt needed to be addressed alongside physical activity levels in their area, both of which could lead to improved health outcomes.

Figure 2: Doncaster Theory of Change



There are a wide range of moderating factors that could affect the Theory of Change for the LDP (see Figure 3). These vary from those which affect the whole Theory of Change to those which could influence just one activity. For example factors which could affect the Doncaster LDP as a whole include:

- Current/future direction of departmental policies within Government (e.g. DoH, DCMS, DfE, BEIS)
- Support from leaders within Doncaster – such as the mayor, elected councillors and senior leaders within DMBC
- Change of staff within Core LDP team, DMBC, and partner organisations
- Doncaster’s economic growth

Each activity listed in the Theory of Change is also subject to moderating factors. For example: insufficient number of high quality applications for Community Officer positions or lack of consensus about ‘messaging’ from partners. Alongside the Theory of Change this will be reviewed and updated iteratively.

LDP next steps

The Doncaster LDP is progressing with the variety of activities that they are funding through the LDP. This includes (but is not limited to):

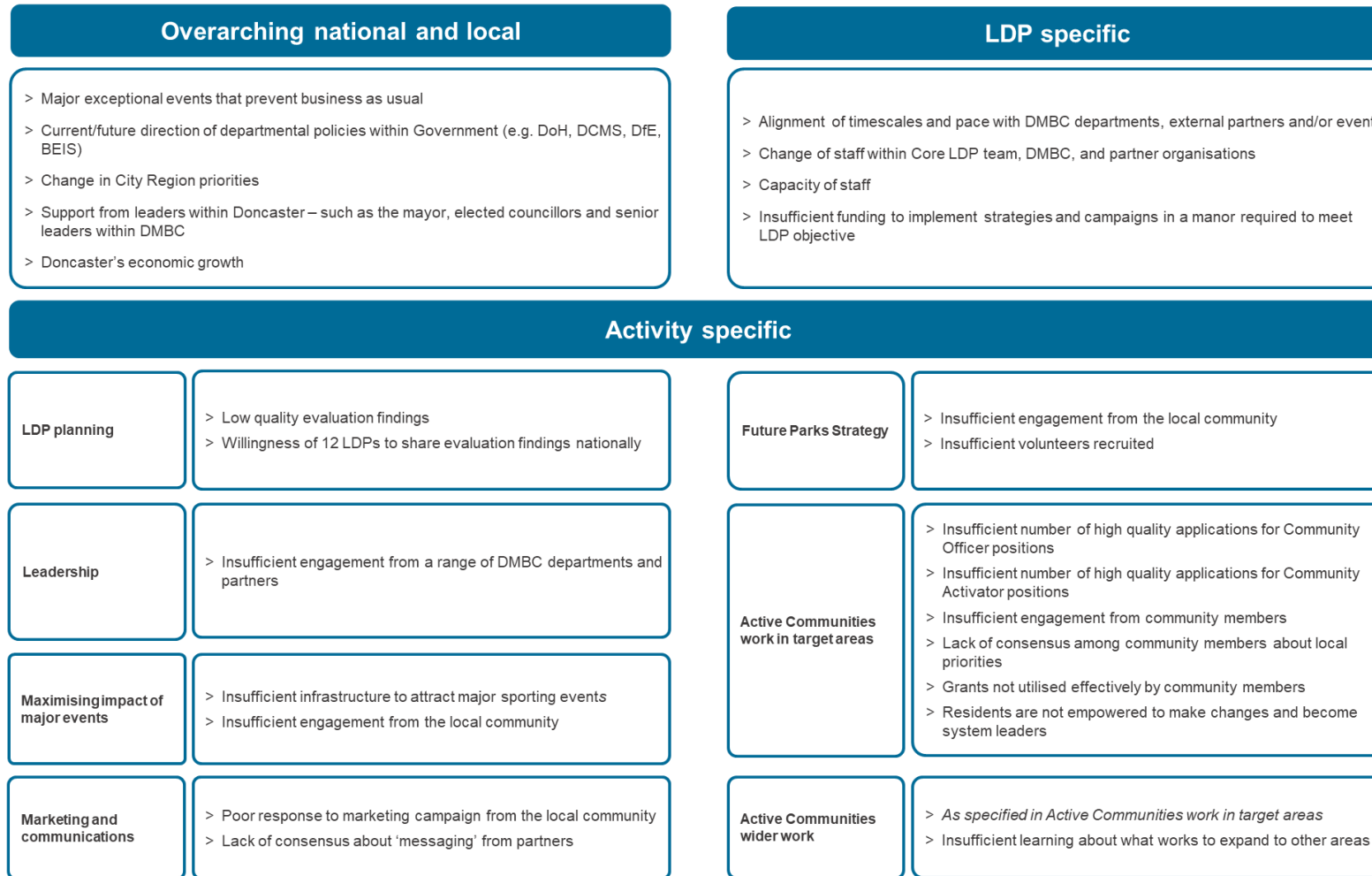
- Setting up the Active Communities work in the four community areas and then the expansion of this
- Developing a marketing and communications plan
- Developing the Future Parks strategy
- Continuing to test interventions linked to major sport events
- Developing and building upon partnership work internally at DMBC and with partners
- Setting up a physical activity community grants scheme

A wide range of work is being undertaken internally to further agree and refine priorities for the LDP and the range of research and evaluation activity. Including focusing on priority groups and taking forward actions associated with strategy development.

Figure 3: Doncaster moderating factors

Moderating factors

This section highlights the key moderating factors which may affect the operation of the Doncaster LDP as a whole and/or priority areas and groups.



03. BASELINE POSITION FOR SYSTEM CHANGE

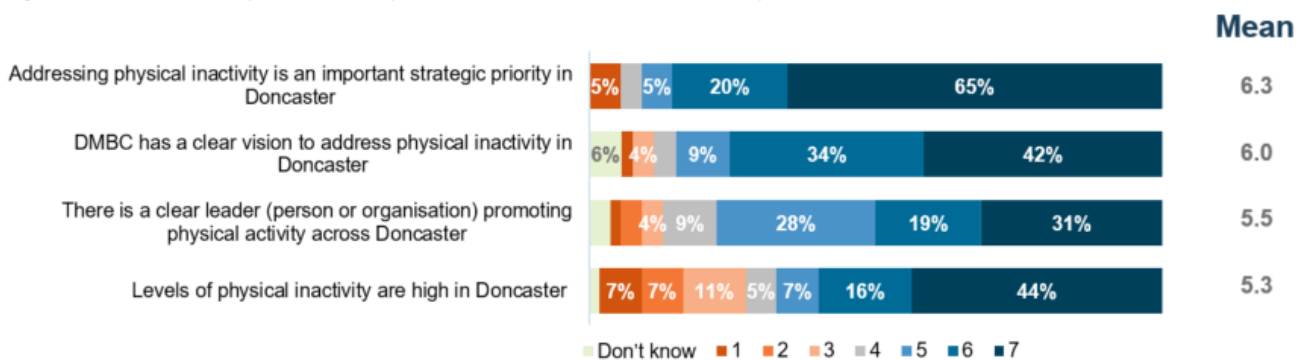
This section describes the baseline position across Doncaster for the areas of the system which the LDP is trying to affect.

Recognising physical activity is important

Partners understanding the importance of addressing physical inactivity and understanding the vision across Doncaster is an important first step to bring about change. Respondents to the partnership survey were asked to rate a range of statements on a scale from 1-7, where 1=strongly disagree and 7=strongly agree. Most respondents agreed that addressing physical inactivity is an important strategic priority in Doncaster with a mean score of 6.3 out of 7 and two-thirds (65%) rated this as 7 out of 7; however, there are a small minority who disagree with this statement. DMBC having a clear vision to address physical inactivity scored on average 6.0 out of 7 with only 42% scoring this at 7 out of 7 and a further 34% scoring this at 6.

There were slightly more mixed views regarding agreements with levels of physical inactivity being high in Doncaster. It scored on average 5.3; however, only 67% agreed with this statement stating 5, 6 or 7, highlighting some partners are unaware that levels of inactivity are high

Figure 4: Views on physical activity importance. Partnership survey 2018/19.



The current physical activity system

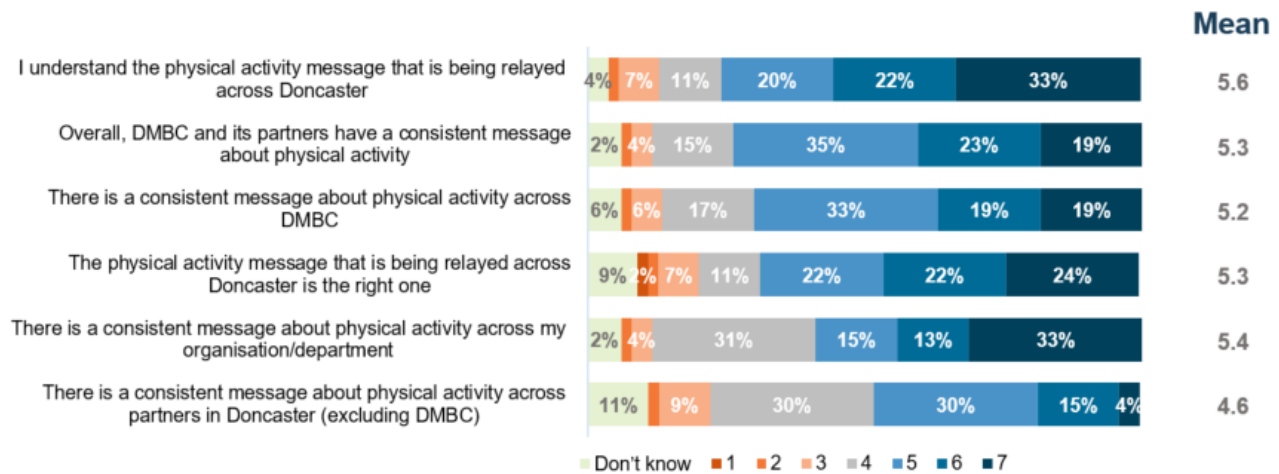
Clarity of messaging across Doncaster

The majority of respondents to the partnership survey (54 out of 55) are aware of Get Doncaster Moving, with only a slightly lower number (51 out of 55) aware of the LDP. Fully understanding the objectives of these was higher for Get Doncaster Moving with 38 stating this (compared with 25 for the LDP), 15 respondents reported they are partially aware (compared with 17 for the LDP) and 1 stating they were unsure (9 were unsure for the LDP).

Ensuring a clear physical activity message is being relayed across Doncaster is crucial to gain buy in from partners and ensure the correct message is given to residents. As shown

in Figure 5 the majority of respondents agreed they are clear about the physical activity message being relayed and that the message across DMBC and its partners is consistent (76% and 77% respectively gave a score of at least 5 out of 7). However, the levels of agreement among respondents were lower regarding the consistency of message within their own organisation/department or across partners in the borough excluding DMBC (62% and 49% respectively provided a score of 5, 6 or 7). The average score for the latter is noticeably low (4.6). This indicates that the physical activity message within individual departments/organisations, particularly wider partners, requires strengthening. There is also the potential to ensure all partners understand the physical activity message across Doncaster and across DMBC as a minority report not agreeing.

Figure 5: Views on physical the physical activity message. Partnership survey 2018/19.

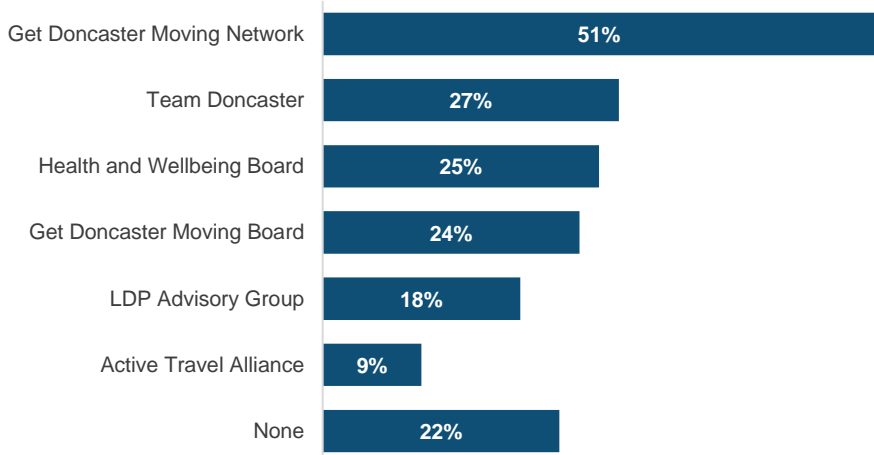


The physical activity network in Doncaster

The current network

Just under four-fifths of respondents to the partnership survey are part of one of the boards or networks related to the priorities of the LDP. Belonging to the Get Doncaster Moving Network was most frequently mentioned followed by Team Doncaster, the Health and Wellbeing Board and the Get Doncaster Moving Board.

Figure 6: Involvement in LDP-related boards and networks. Partnership survey 2018/19.



To explore the current physical activity network linked to DMBC, Social Network Analysis (SNA) was undertaken. SNA is a method to identify the connections (i.e. social network) between DMBC and its partners in relation to addressing physical inactivity and how these evolve throughout the evaluation. The evolution of this social network will help to demonstrate the extent to which systems change has occurred during the lifetime of the LDP.

The data to illustrate the number and nature of connections between DMBC and its partners involved in tackling physical inactivity were collected as part of through the Partner Survey. The SNA is based on questions in the Partner Survey which relate to:

- People with whom respondents currently collaborate to tackle physical inactivity in Doncaster, and the organisation for which these people work;
- Whether the time period when these professional relationships were developed falls prior to or following July 2018 i.e. when the LDP commenced;
- The nature of the collaboration to tackle physical inactivity in Doncaster, ranging from informal working to making collective decisions; and
- The frequency with which they collaborate with the individuals identified to increase physical activity levels in Doncaster.

The data collected during the first, baseline, Partner Survey has been used to create visualisations of the current social network. The key elements of the visualisations in the figures which follow are:

- Each circle represents one person who is a member of the network;
- The names of the people indicated by each circle have been removed to ensure both the anonymity of Partner Survey respondents as well as people with whom they have connections who have not completed the survey themselves;
- The organisation for which an individual works has been categorised and is presented by the colour of the circle attributed to them;
- The lines indicate that one person has collaborated with another; and
- If two people in their survey responses indicated that they had collaborated with each other, ‘a collaborative pair’, this is shown by two lines in the network.

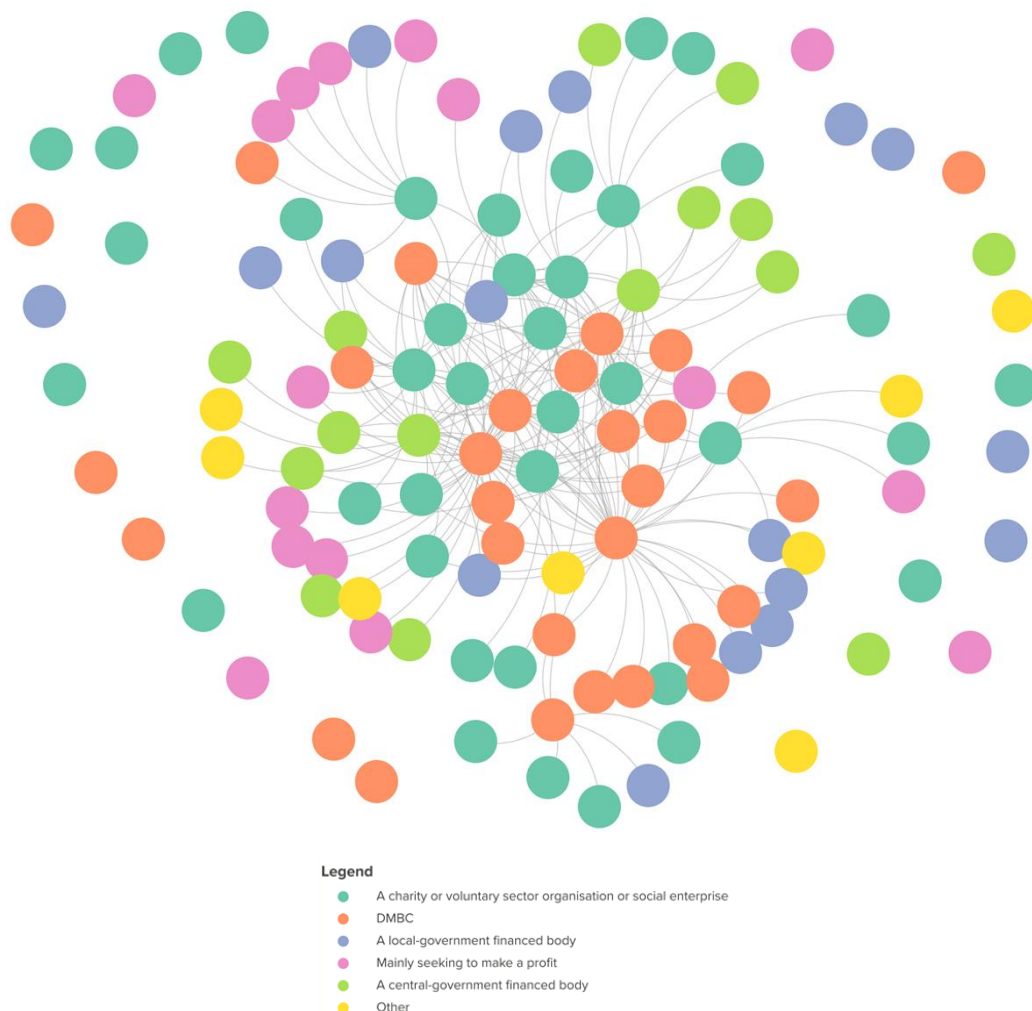
It is important to note that the SNA is only based on the responses provided by those individuals who completed the Partner Survey. The social network for addressing physical inactivity in Doncaster therefore could be larger and denser than reported here.

Physical activity network prior to the LDP and now

Figure 7 shows the connections of survey respondents who reported that their professional relationship to increase physical activity in Doncaster was developed prior to the LDP's establishment in July 2018.

The key finding is that many of the circles representing people who were working with respondents to address physical inactivity do not have any lines joining them to people operating in the network. This signifies they did not have a relationship with any individuals in the network prior to the baseline period when the LDP was launched. The people involved in the network before July 2018 are represented by a variety of coloured circles which indicates that a wide range of organisations, in addition to DMBC, played a role in addressing physical inactivity in advance of the LDP's introduction reflecting the findings of the documentation review and scoping interviews

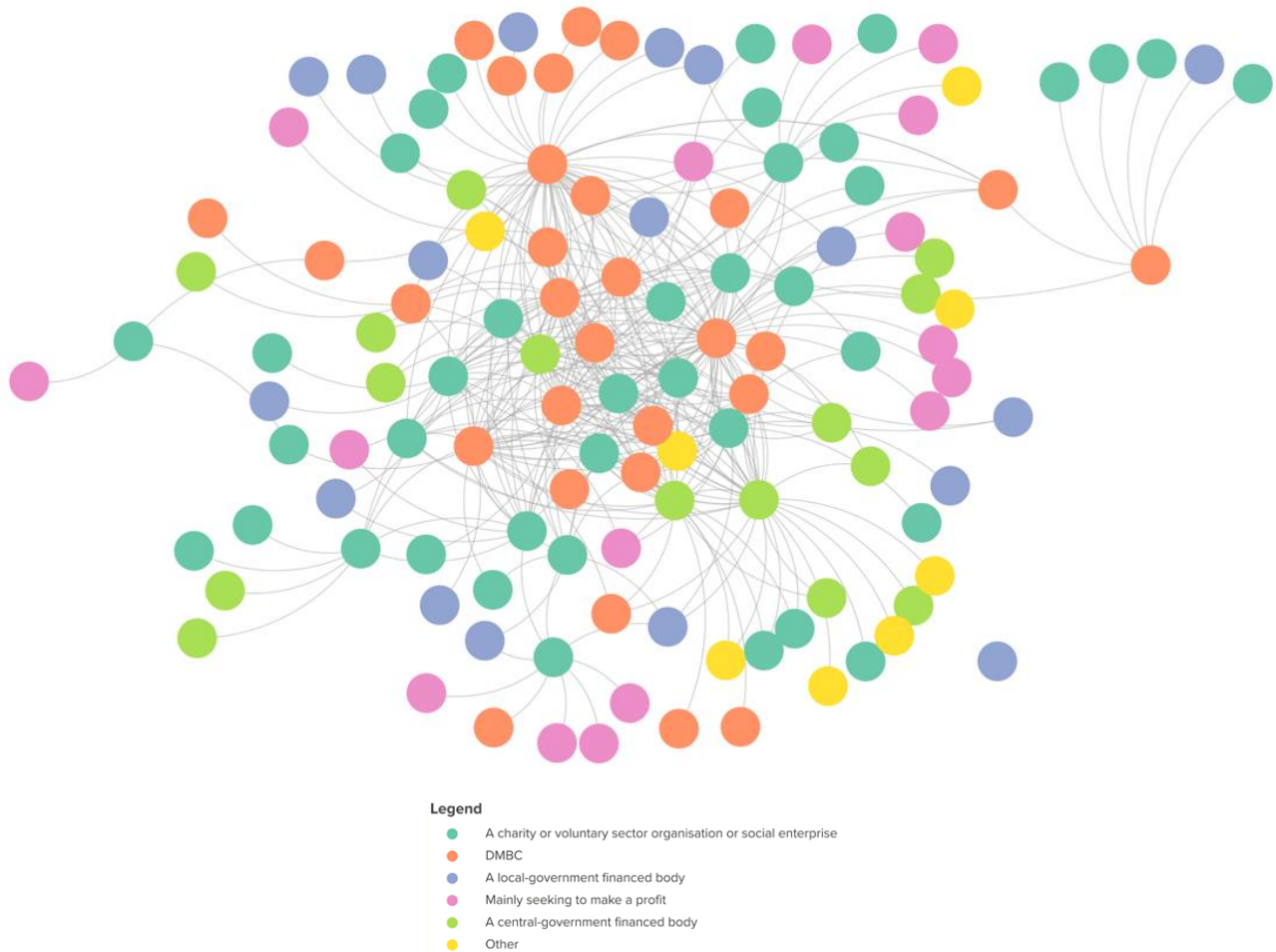
Figure 7: The physical activity network in Doncaster – prior to July 2018. Partnership survey 2018/19.



The **current** physical activity network as of July 2019 is illustrated in Figure 8. A comparison of the July 2019 network and the one prior to July 2018 shows that:

- Only one person is now not connected to anyone else in the network and the network is denser in terms of the number of lines which means the number of connections between different people has increased;
- The number of different organisation types included in the network remains high;
- DMBC, represented by the orange circles, is important to the social network based on the number of circles and their position close to the centre of the network; and
- There are some key individuals who have a large number of connections positioned at the centre of the network or who form a ‘bridge’ between others on the periphery.

Figure 8: The physical activity network in Doncaster – July 2019. Partnership survey 2018/19.

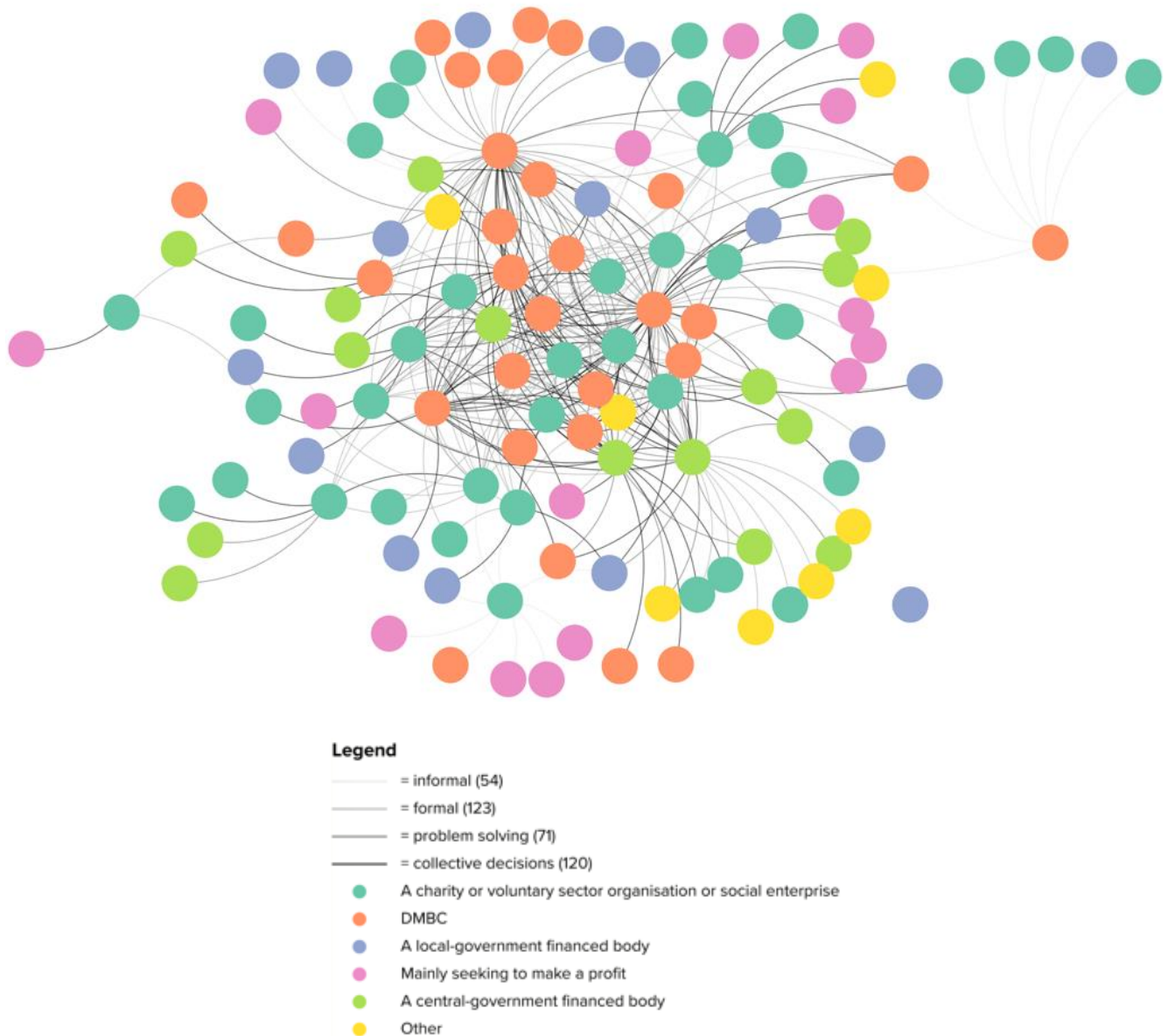


These findings suggest that the physical activity network has already developed since the introduction of the LDP in July 2018.

Nature of collaborations

The **strength** of the professional relationships between the people in the social network in July 2019 is represented in Figure 9. The darker the line the stronger respondents rated their collaboration with the person to which they are connected.

Figure 9: The physical activity network in Doncaster – July 2019, strength of collaboration. Partnership survey 2018/19.

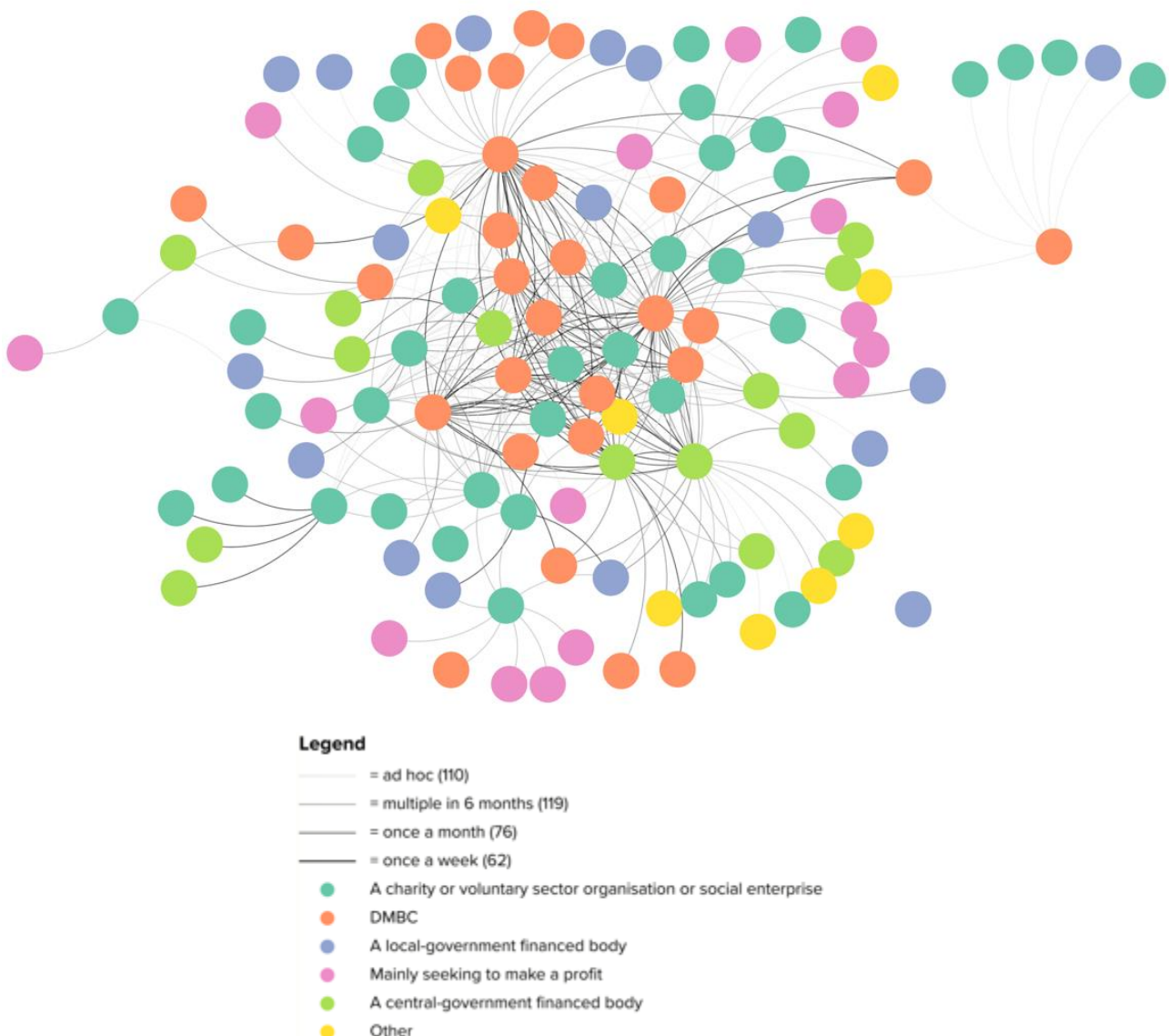


The results indicate that relationships between people in the network are fairly strong with only 15% of connections being informal. One-third of connections were reported as “collective decisions with this person to tackle inactivity”. There are however a high proportion of connections which are formal which focused primarily on knowledge exchange rather than collective decision making or problem solving. Encouraging these people to move beyond this would strengthen the network and increase the number of those championing physical inactivity, a key aim for the LDP. A key challenge identified by interviewees for the LDP is the expectation amongst partners that Sport England funding

from the LDP will be distributed in a traditional manner amongst partners to fund projects. Whilst some LDP funding may be used to fund particular projects (this has not yet been decided) partners will be expected to work in partnership to support the LDP in meeting their objectives. This new way of working was highlighted as potentially making partnership work more difficult and will need to be overcome.

The lines at the centre of the network are darker which demonstrates that people key to the network are more likely to have strong connections. The darkness of the lines in Figure 10 show the **frequency** of survey respondents' collaboration with the people with whom they are connected.

Figure 10: The physical activity network in Doncaster – July 2019, frequency of collaboration. Partnership survey 2018/19.



Again the people in the centre of the network are more likely to have dark connections indicating their collaborations with other people in the network are the most frequent. Less than one in five (17%) collaborations are occurring more than once per month. This suggests that there is the potential to increase the frequency of collaborations between

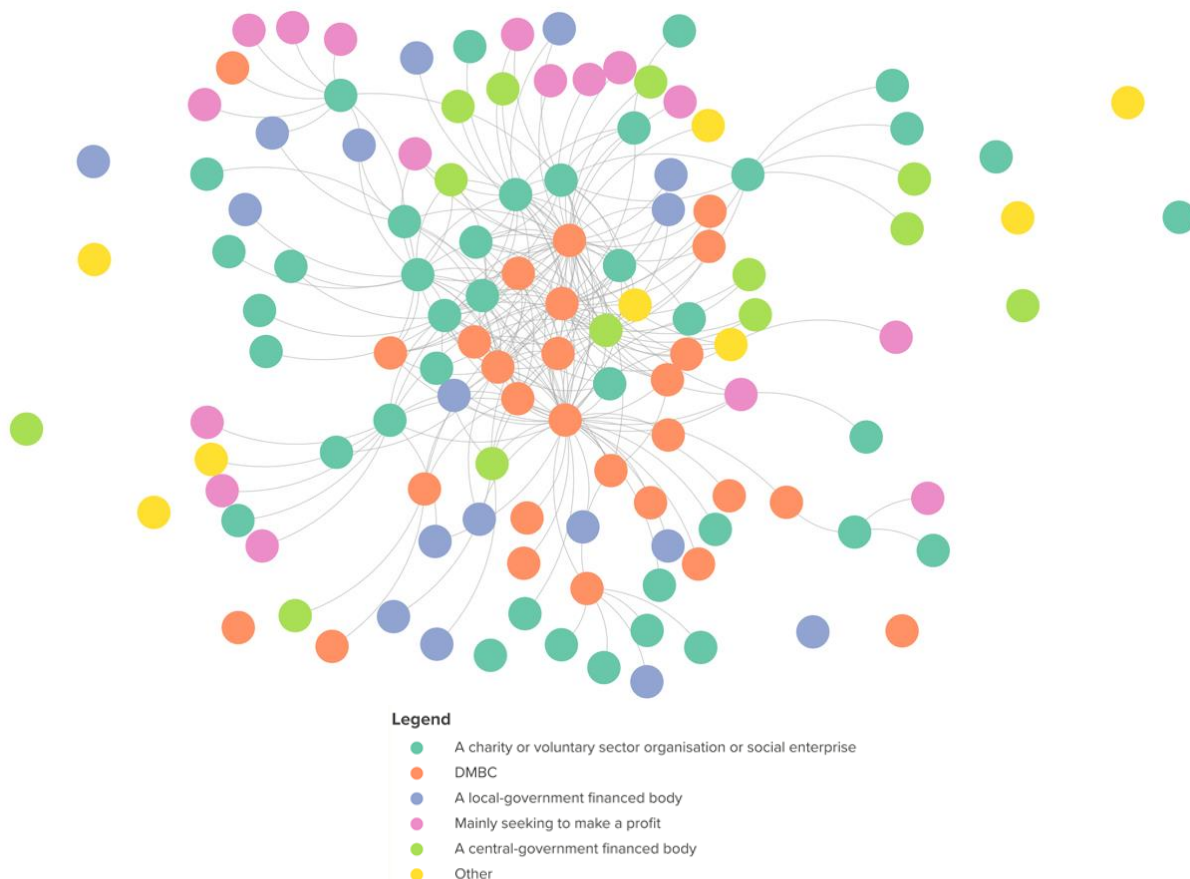
people in the network which may help to strengthen the professional relationships between those working to tackle physical inactivity.

Role of LDP funding

An indicator of success for the LDP would be the continuation of collaborative working to address physical inactivity once the funding has ended. To gain a sense of what the impact of the end of funding would have on the current network at this early stage, Figure 11 illustrates the collaborations which would exist if the LDP funded positions were removed.

Comparing Figure 11 to the current physical activity network (Figure 8) it is clear that without the funded positions of the LDP team the current network collaborations would be fewer with a number of people in the network no longer being connected. This shows the important role key individuals within team play in collaborating with others in the network. To increase the sustainability of the network in the future it will be important for the LDP team to draw in the people on the outside of the network and help to increase their frequency and strength of collaboration with more individuals.

Figure 11: The physical activity network in Doncaster – July 2019, LDP funded members removed. Partnership survey 2018/19.

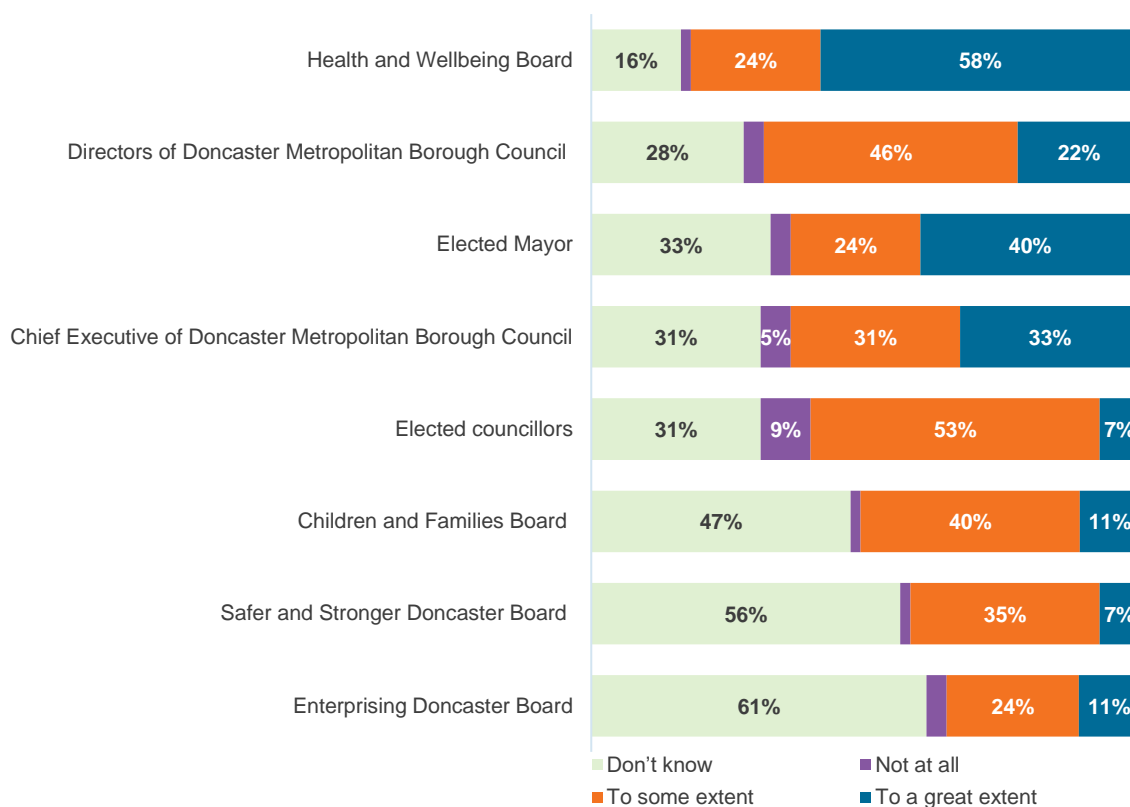


Championing physical activity

For the system change to be achieved physical activity champions are needed within DMBC, other organisations and within the community. Figure 12 illustrates the extent to which respondents believe DMBC boards and senior leaders champion physical activity. Nearly three-fifths of respondents (58%) report that the Health and Wellbeing Board champions physical activity ‘to a great extent’. This is reassuring given the close links between the aims of this board and the promotion of physical activity. However, given that one of the LDP’s priority groups is families and children only 11% of respondents stated that the Children and Families Board champions physical activity, reflecting the findings of the policy audit (below) where this policy area did not mention physical activity.

In terms of individuals championing physical activity, the elected mayor and Chief Executive of DMBC are perceived by at least a third of respondents to champion physical activity ‘to a great extent’ (40% and 33% respectively). The survey results indicate that there is the potential for the LDP to influence DMBC directors and councillors to support their ambition more; with only 22% and 7% of respondents believing they champion physical activity ‘to a great extent’ respectively.

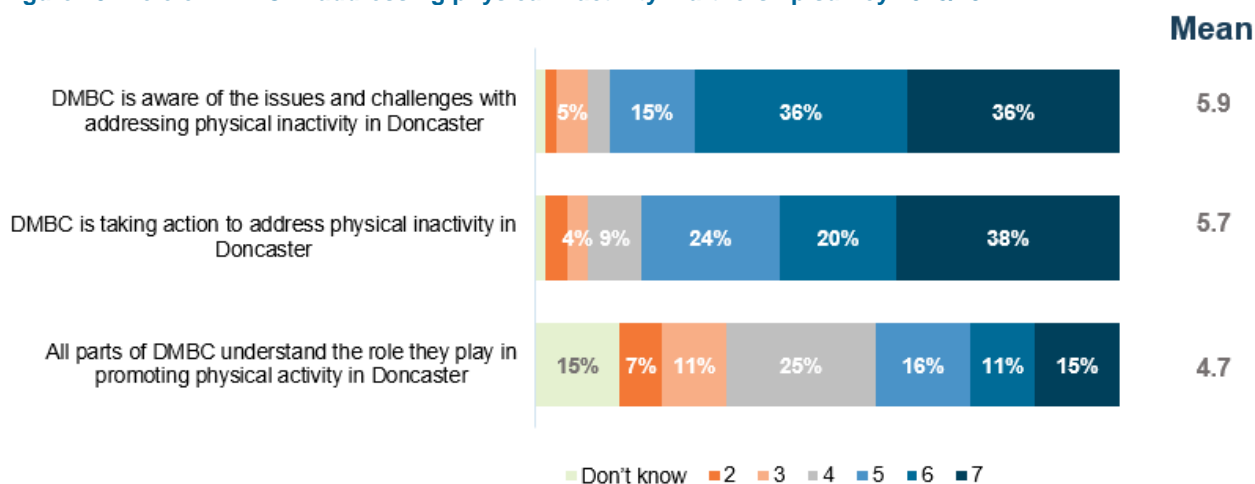
Figure 12: Physical activity championing by DMBC boards and senior leaders. Partnership survey 2018/19.



The role of DMBC

Respondents' views about DMBC's role in addressing physical inactivity are shown in Figure 13. The vast majority of respondents agreed that DMBC is aware of the issues and challenges with addressing physical inactivity (87% rated this at least 5 out of 7) and that it is taking action to address it (82% stated 5, 6, or 7). There is less agreement among respondents however about all parts of DMBC understanding the role they play in promoting physical activity (reflecting the views during the scoping interviews); it scored on average 4.7 with only 42% providing a rating of 5, 6 or 7.

Figure 13: Role of DMBC in addressing physical inactivity. Partnership survey 2018/19.



What policies are in place at DMBC

To further understand the role of different departments in DMBC and the potential influence they could have on physical inactivity a policy audit was undertaken to assess whether this was formally part of their strategy. Of the 52 policy documents analysed, just under half mentioned sport and/or physical activity. Of the 1800+ pages of policy reviewed, fewer than 10% made reference to physical activity. The majority of these references were passing mentions to other strategies or expressions of intent to reduce levels of physical inactivity within Doncaster and the South Yorkshire area with little reference to how or why. Whilst a few documents did identify and evidence the current level of inactivity in Doncaster, citing secondary research, only a few provided definitive targets of where they hoped physical activity levels would be within a certain timeframe.

The Green Infrastructure Strategy (2014-2028) shows strong links with the Doncaster Health & Wellbeing Strategy, the (at the time) draft Physical Activity and Sport Strategy, and Doncaster Cycling Strategy. It is one of the few documents (which is not focused entirely on physical activity) to dedicate a whole section to physical activity and sport, and highlights it as a key reason for improving green infrastructure. It makes clear commitments to review existing policy in order to improve exercise levels, aiming to introduce a programme of off-carriageway cycle routes (or greenways), carry out an audit of existing routes and ensure new developments and transport projects are cycle friendly.

It also frequently recognises that continued utilisation of green spaces for sport and physical activity are integral to the success of the Physical Activity and Sport Strategy.

A small number of strategies cite secondary data and the SCR Transport Strategy (2018-2040) makes particularly good use of statistics from Sport England and Greener Journeys which link neatly with 'active transport'. Justifying the improvement of public transport by evidencing its impact is promising, and there are salient links which can be made between policies in almost all directorates/sectors which strengthen their credibility.

The Inclusive Growth Strategy (2018-2021) shows clear alignment with Get Doncaster Moving (GDM) and commits to tackling inequality by addressing inactivity in areas that do not show patterns of regular exercise. However, referencing GDM is the only significant reference to physical activity in this document with few links through the rest of the strategy.

There were six strategies identified in the review with a sole focus on physical activity and/or sport. One of these is the Get Doncaster Walking Strategy (June 2018), which provides a comprehensive baseline of inactivity, documents the potential impact of physical activity and dictates clear, measurable activity level targets. This should make it easy for others citing the strategy to observe and state where they can contribute towards these aims. As a dynamic document, the Walking Strategy has the capacity to include and cite incoming targets contributed by aligning strategies. For example the Children and Young People's plan (2017-2020) could include a reference to the Walking Strategy's target of increasing the number of pupils travelling to school actively by 5% (part of the Active Travel in Schools programme).

Excluding specific strategies focused entirely on physical activity and/or sport, just 10 documents included reference to physical activity at least five times. Policies such as the Core Strategy (2011-2028), the Children and Young People's plan (2017-2020) and the Place Plan (2016-2021) made many references to how policy detailed in the strategy would aim to positively impact health and well-being, yet did not reference how this may be enacted through increasing levels of physical activity.

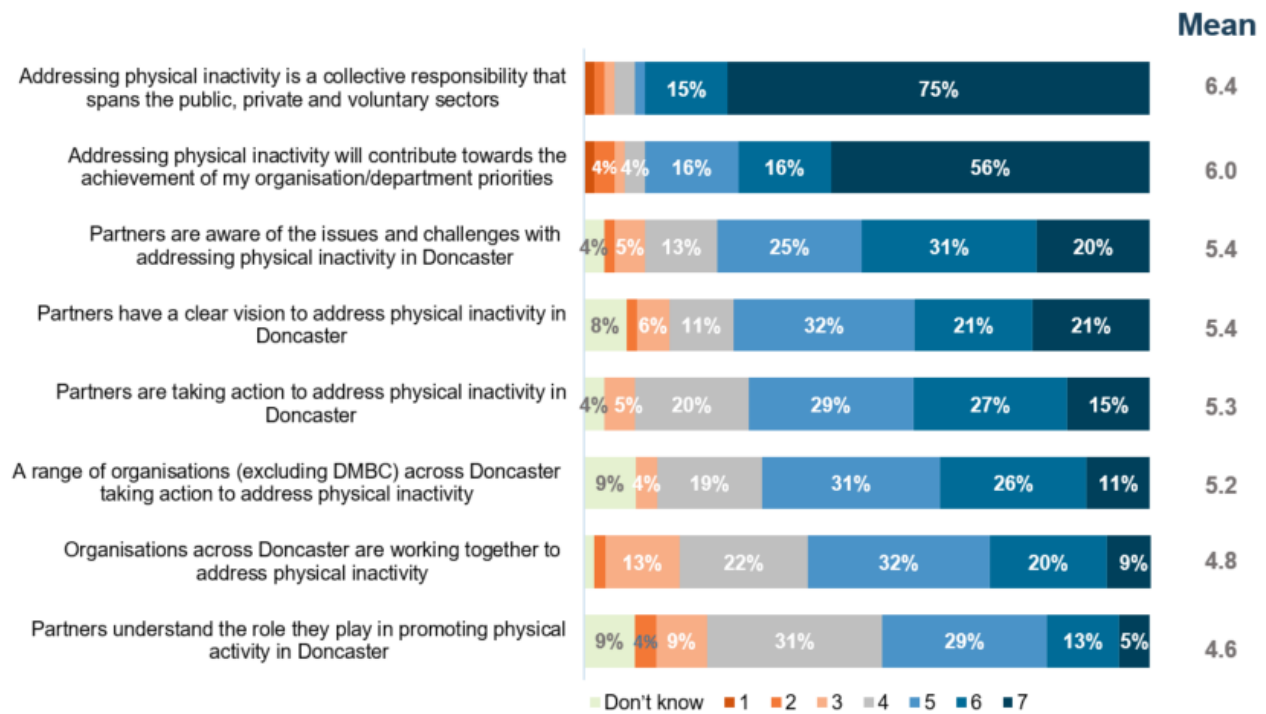
Another example is the Housing Strategy (2015-2025), which makes reference to the Borough Strategies commitment to "help people to live safe, healthy, active and independent lives", but does not elaborate on how this can be facilitated partly through links to physical activity. This is true of the majority of documents reviewed, which make links with other relevant strategies yet fail to comment on how the relationship to physical activity can be evidenced and implemented through policy in related sectors.

The findings from this, the survey findings, SNA and scoping interviews all highlight how physical activity has been embedded within some strategies in some departments but not across all. This is a key aim of the LDP over the coming years.

The role of partners and individual departments

Respondents' perceptions of individual departments and wider partners' roles in addressing physical inactivity are illustrated in Figure 14. Three-quarters of respondents strongly agreed (rating this as 7 out of 7) that it is a collective responsibility, across all sectors, to address physical activity. Over half of respondents also strongly agreed that addressing physical inactivity will contribute towards the achievement of their department/organisations priorities (56% stated 7). However, there are much lower levels of agreement among respondents in relation to organisations working together to address physical activity and partners understanding the role they play in promoting physical activity (62% and 47% of respondents rated the statements as at least 5 out of 7 respectively). These findings suggest that professionals believe that their department/organisation has a role to play in addressing physical inactivity but the LDP can influence further collaboration between partners and provide a greater steer on the role each should play to achieve the shared ambition.

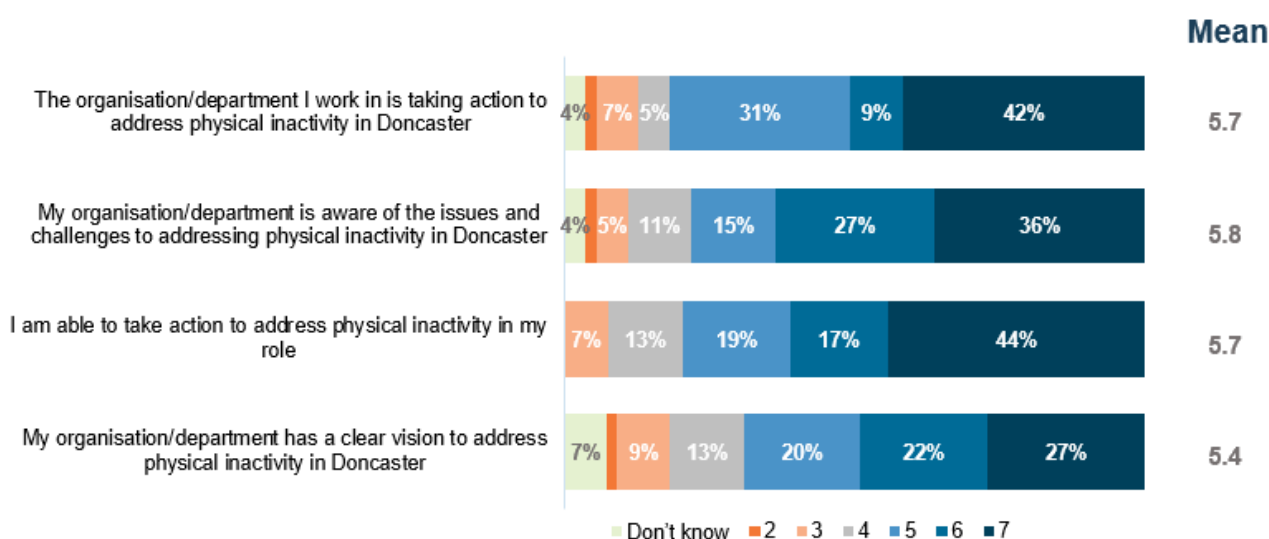
Figure 14: Role of partners in addressing physical inactivity. Partnership survey 2018/19.



Ability to bring about changes

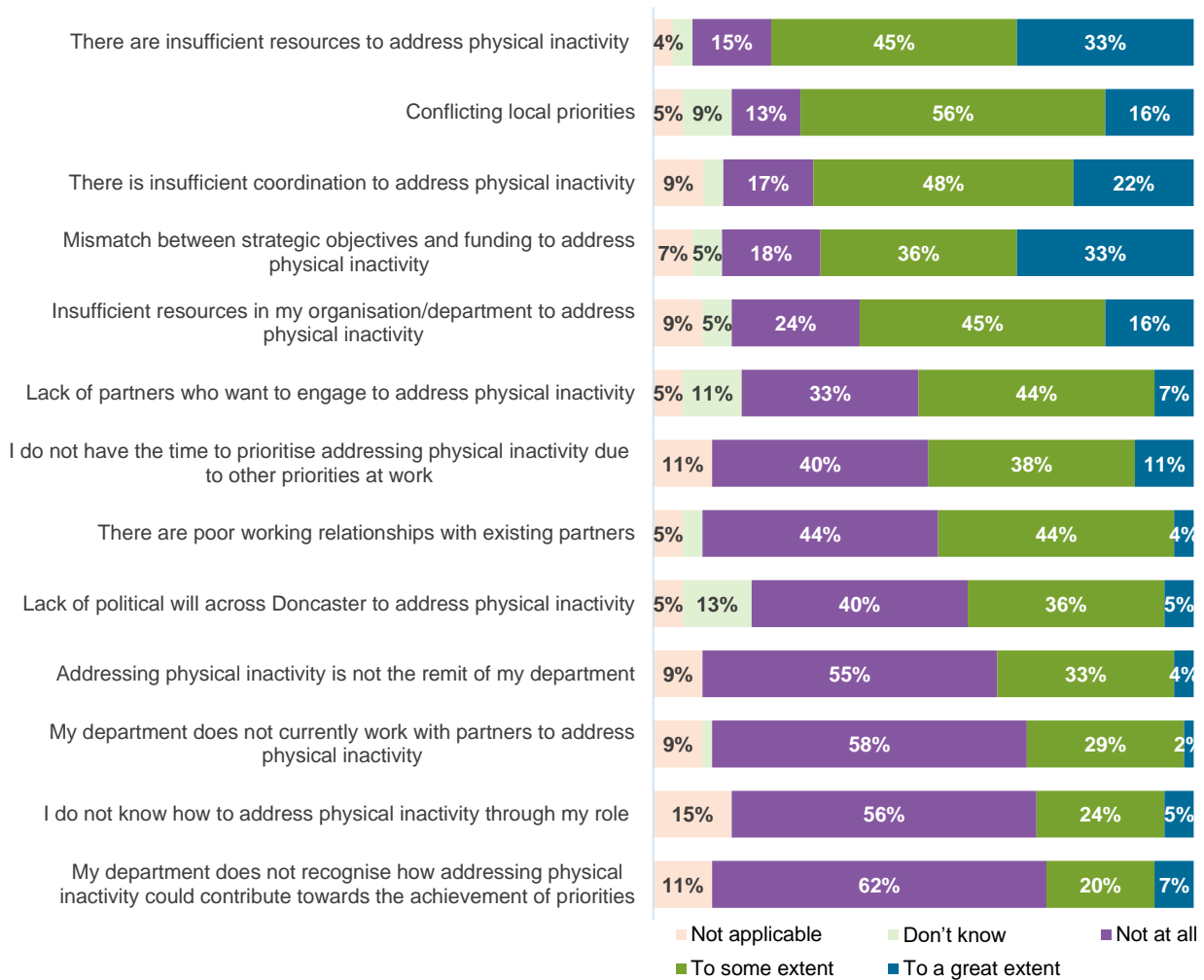
Responses to the partnership survey (see Figure 15) suggest that most professionals feel able to take action to address physical inactivity and that their organisation/department is already taking action to do so (80% and 82% of respondents respectively provided an agreement rating of at least 5 out of 7). Yet a smaller proportion of respondents agreed that their organisation/department has a clear vision to address physical inactivity; only 69% rated this as 5, 6 or 7. Again this indicates that the clarity of the message and information about the specific roles people can play in tackling physical inactivity can be further improved in order to ensure wider buy-in to affecting change.

Figure 15: Extent action is being taken to address physical activity. Partnership survey 2018/19.



Respondents to the partnership survey report a wide range of barriers when addressing physical inactivity (see Figure 16) which may in part explain the above findings of their department/organisation not having a clear vision. When combining “to a great extent” and “to some extent” the most frequently reported were insufficient resources, conflicting local priorities, insufficient coordination and a mismatch between strategic objectives and funding. The potential for the LDP to support professionals to understand the role they can play in helping to address physical inactivity is again illustrated in Figure 16; nearly a third of respondents (29%) reported that “to some extent” or “to a great extent” they don’t know how to address physical inactivity in their position.

Figure 16: Barriers to addressing physical inactivity. Partnership survey 2018/19.



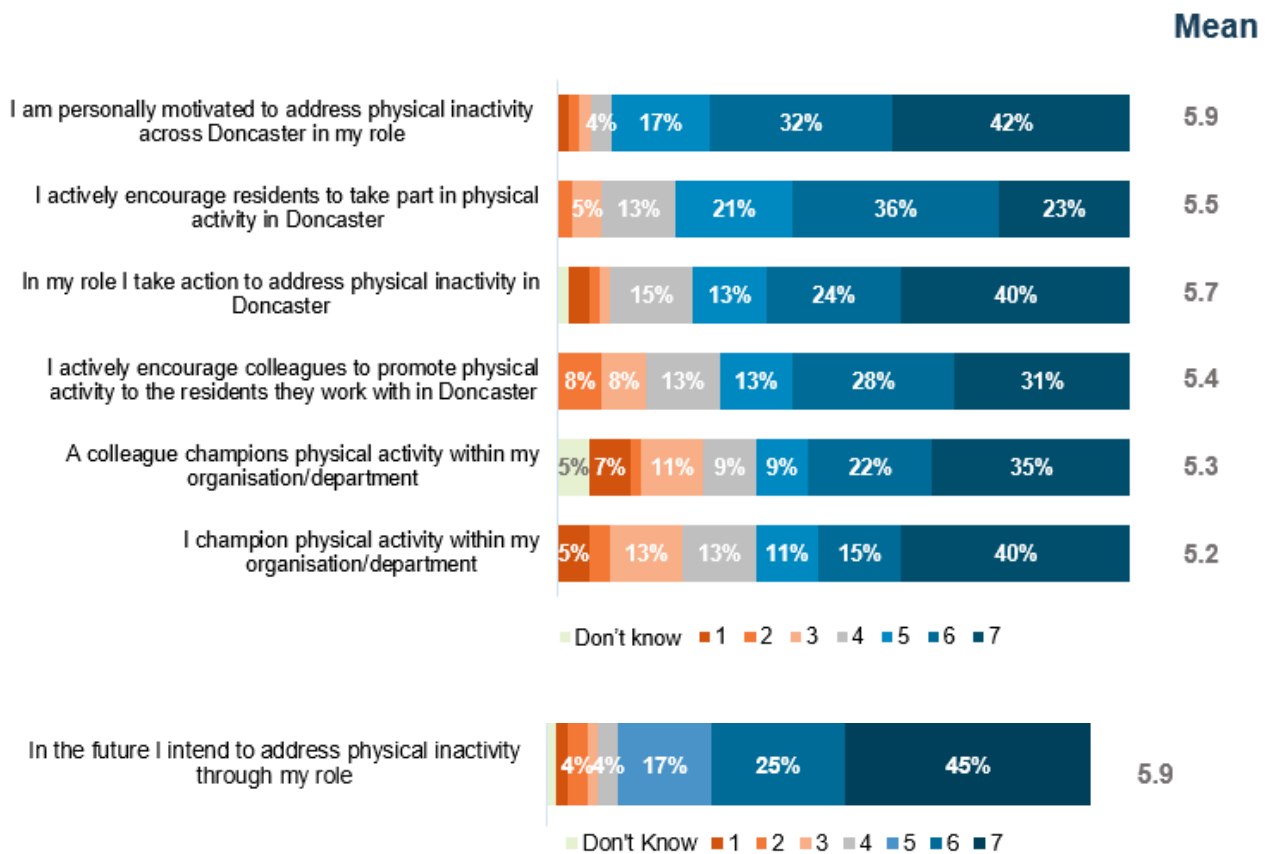
Partners/colleagues who are bringing about changes

Figure 17 presents a relatively positive picture in terms of professionals’ reporting behaviour which will help to bring about change in physical activity levels. Most respondents reported being motivated to bring about change (91% provided a rating of at least 5 out of 7) and over three-quarters agreed that they already take action in their role to address physical inactivity (76% selected a score of 5, 6 or 7). Promisingly more respondents intend to take action in their role in future (87% rating this statement with at least a 5 out of 7).

A smaller proportion of respondents agreed that they or their colleague currently champions physical activity in their department (65% of respondents in both cases provided a rating of at least 5 out of 7). This suggests the LDP could influence further change by encouraging more professionals across Doncaster to advocate physical activity within their own departments.



Figure 17: Views on personal ability to bring about change. Partnership survey 2018/19.

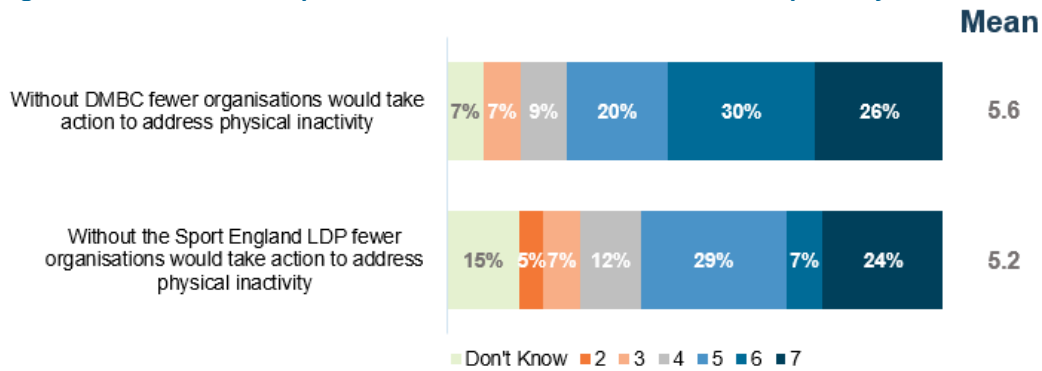


Those respondents who indicated that they or their department/organisation was taking action to address physical inactivity were asked to describe what action they have taken. The majority of respondents indicated they had organised physical activity or sport events. Some examples of the type of activities include tennis, dance, walking, football, running and cycling. Some of these activities have been facilitated by collaborating or partnering with different organisations. For example, respondents outlined how they have partnered with community organisations to understand how to engage people from different cultures and communities in Doncaster. A number of respondents indicated they are working with sports/physical activity organisations to support their work. Similarly, respondents outlined they were supporting and promoting events and activities to promote healthy living and exercise. Furthermore, a handful of respondents had incorporated healthy changes in their organisations such as promoting cycling to work, taking the stairs and raising awareness about different health conditions.

Similarly, those who reported they were championing physical activity within their organisations or department were asked to provide examples of how they are doing this. The majority highlighted they were promoting healthy lifestyles either by encouraging others to take part in physical activity or organising physical activity. Many respondents outlined they had made positive changes to their workforce by encouraging employees to be healthy at work. A number of respondents reported how they partnered with other organisations to improve local access or through supporting events related to physical activity.

Despite evidence to suggest that individuals and organisations/departments are taking action to address physical inactivity in Doncaster, over half of respondents agreed that DMBC and the LDP are currently the driving force behind tackling the issue. Three-quarters of survey respondents agreed that without DMBC fewer organisations would take action and three-fifths agreed the same would occur without the LDP (76% and 61% respectively provided a score of 5, 6, or 7).

Figure 18: Views on the importance of DMBC and the LDP. Partnership survey 2018/19.



04. BASELINE POSITION FOR POPULATION OUTCOMES

This section describes the current baseline position across Doncaster for physical activity and the wider outcomes the LDP is trying to influence.

Physical activity levels across Doncaster

Adults

Physical activity levels in the Active Lives survey are classified using minutes of moderate intensity equivalent minutes. Moderate intensity equivalent minutes are where each 'moderate' minute counts as one minute and each 'vigorous' minute counts as two moderate minutes.¹⁰ Physical activity includes: walking, cycling, dance, fitness and sporting activities, but exclude gardening. Using moderate intensity equivalent minutes the categories created are:

- Inactive – Doing less than 30 minutes a week
- Fairly active – Doing 30-149 minutes a week
- Active – Doing at least 150 minutes a week

Over half (53.9%) of the population are classified as active in Doncaster (much lower than the national proportion of 62.6%), and 34.3% as inactive (similarly higher than the national proportion of 25.1%).

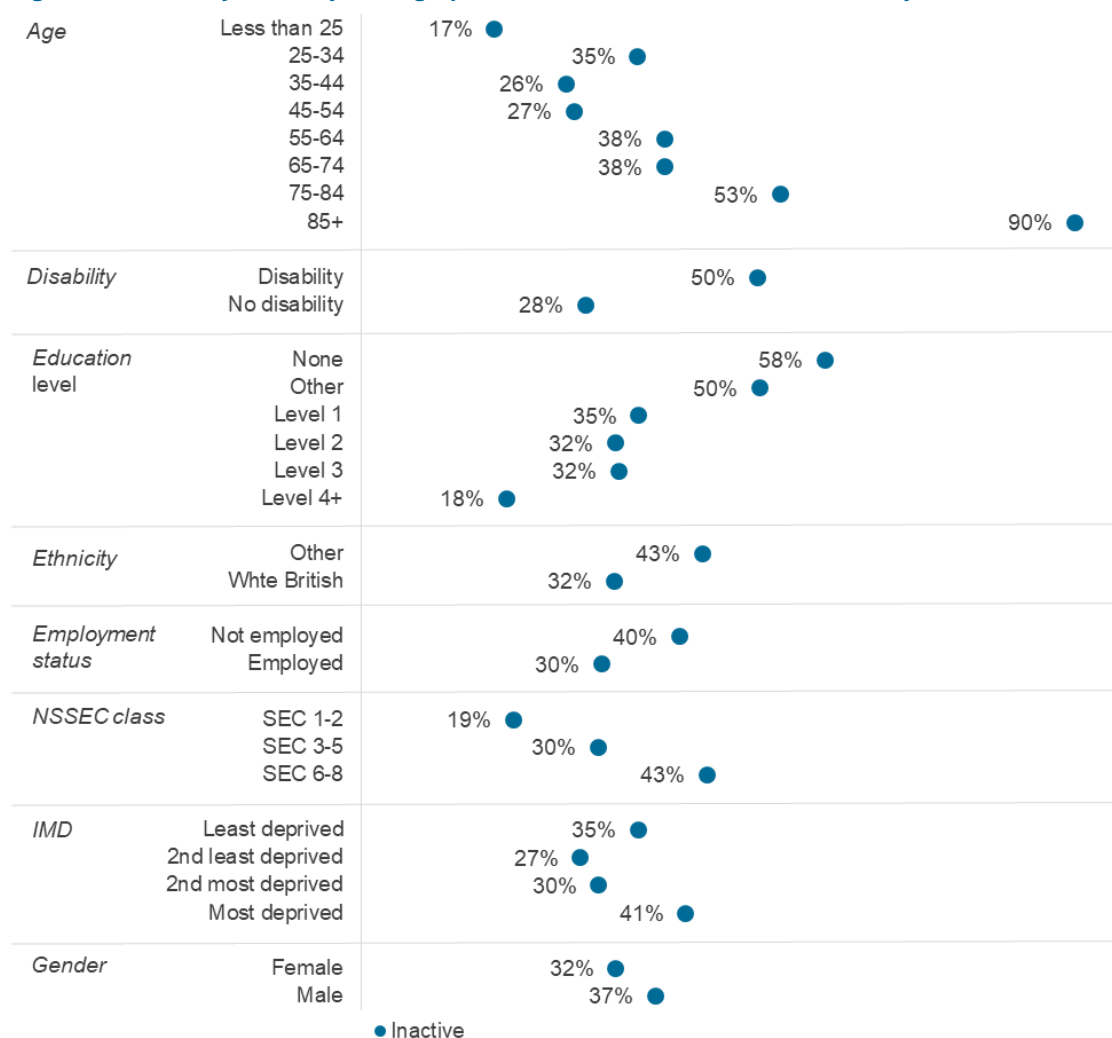
Inactivity

Figure 19 shows the proportion of the population who are inactive, classified as those who undertake less than 30 minutes per week. Key differences by demographic characteristics are:

- Age influences inactivity levels with those age over 85 most likely to be inactive.
- Those with a disability are more likely to be inactive
- White-British respondents are less likely to be inactive than people with any other ethnicity.
- The probability of being defined as inactive decreases with socio-economic class (the lower the number for NSSEC the higher the socio-economic class). The figure also shows a similar result for education.
- Equally, those who are not employed also have higher inactivity levels.
- A higher proportion of females are inactive.
- There is a clear picture that there are high levels of inactivity in the most deprived areas (as measured by IMD); however, inactivity is also high in the least deprived areas.

¹⁰ Moderate activity is defined as activity where you raise your breathing rate. Vigorous activity is where you're out of breath or are sweating (you may not be able to say more than a few words without pausing for breath).

Figure 19: Inactivity levels by demographic characteristics. Active Lives Survey 2017/18.



The regression model overleaf allows us to see which characteristics are most closely associated with the outcome in question, while also allowing for correlation between the individual characteristics. This contrasts with the figure discussed above, which simply shows the relationship between the outcome and each characteristic individually. The multivariate models are particularly useful here, since individual characteristics, such as for example education and socio-economic class, are in many cases highly correlated. Asterisks are used to denote the statistical significance of the estimate; i.e. the significance of the association between the characteristic and the outcome.

The first thing to note is that there are few significant associations. Those with a disability are *more* likely to be inactive and those with Level 4 education are *less* likely to be inactive. The size of the effects are similar; on average people who have a disability have around a 0.2 *higher* probability of being inactive than those who do not have a disability. Those who have a Level 4 education have around a 0.2 *lower* probability of being inactive.



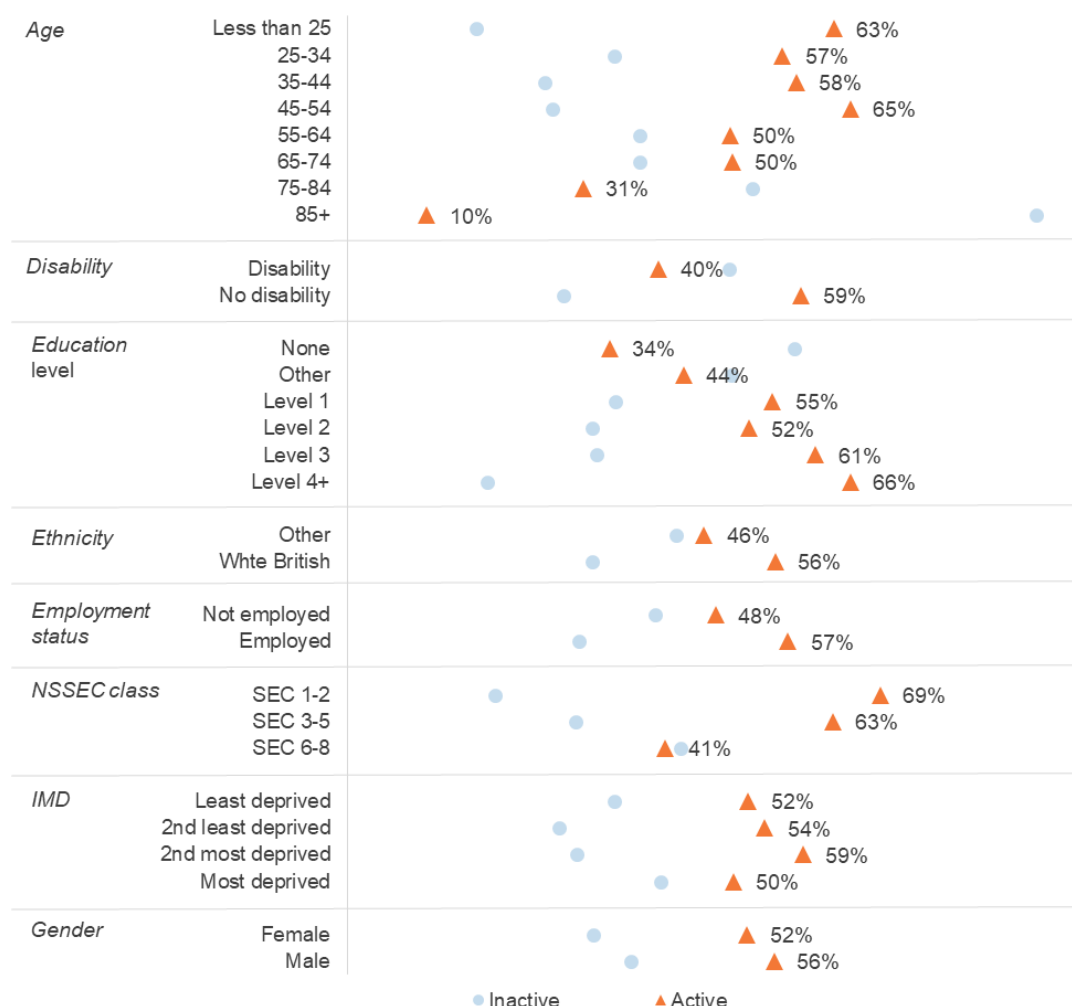
Table 1: Multivariate Regression Model for Inactivity¹¹. Active Lives Survey 2017/18.

Female	0.018	Education – Level 1	-0.094
Age	-0.001	Education – Level 2	-0.063
Disability	0.206***	Education – Level 3	-0.036
Non-White British	0.138	Education – Level 4	-0.236**
NSSEC middle (3-5)	-0.048	Employed	0.060
NSSEC high (1-2)	-0.084	IMD	-0.013

Activity

Figure 20 below shows activity levels by the various demographic characteristics in Doncaster. The demographic differences shown in this graph mirror the differences found by inactivity in previous graph (and indicated on the graph by the blue dot). Similar differences were also found when examining the number of sessions each person had undertaken.

Figure 20: Activity levels. Active Lives Survey 2017/18.



¹¹ Probit regression models. Base=385. For ease of exposition socio-econ class, education and IMD-10 are coded here from lowest to highest. Asterisks denote significance of estimate (*** p<0.001; **p<0.05; *p<0.10). Omitted (base) categories are ‘SEC low’ for socioeconomic class, and ‘no qualifications’ for education.

The regression model below allows us to see which characteristics are most closely associated with being active. In this regression model people with a disability and those in employment are less likely to be active. The size of the effects are similar; on average people who have a disability (or are employed) have around a 0.2 lower probability of being active than those who do not have a disability (or are not employed).

Being in the middle and top groups for socio-economic class increase the probability of being active compared to being in the lowest socio-economic class (significant at 10%). Also having Level 4 education (higher education or equivalent) increases the probability compared to having no qualifications, again by around 0.2.

Table 2: Multivariate Regression Model for Activity¹². Active Lives Survey 2017/18.

Female	-0.091	Education – Level 1	0.061
Age	0.023	Education – Level 2	0.042
Disability	-0.220**	Education – Level 3	0.088
Non-White British	-0.138	Education – Level 4	0.205*
NSSEC middle (3-5)	0.152*	Employed	-0.184**
NSSEC high (1-2)	0.175*	IMD10	0.019

Activity types

Further analysis was undertaken to explore the different types of activity undertaken by Doncaster residents, which are key focuses for the LDP. In the Active Lives Survey for each type of activity undertaken by a participant the number of moderate activity sessions undertaken for at least 10 minutes in the last 28 days is recorded. Figure 21 shows the average number of sessions for each activity type per Doncaster resident over a 28 day period, and then subsequently shows the proportion of residents who undertook this activity.

Walking for leisure was reported by over one-third (39%) of people with an average of 5 sessions per person reported (including those not undertaking the activity). Over one-quarter (28%) reported some form of active travel with walking for travel being the most popular. Both walking and cycling for leisure/sport was more popular than using these as a form of transport.

¹² Probit regression models. Base=385. For ease of exposition socio-econ class, education and IMD-10 are coded here from lowest to highest. Asterisks denote significance of estimate (***) p<0.001; **p<0.05; *p<0.10). Omitted (base) categories are 'SEC low' for socioeconomic class, and 'no qualifications' for education.



Figure 21: Mean number of sessions per Doncaster resident and proportion of people stating they undertook 1 or more times in the last 28 days. Active Lives Survey 2017/18.¹³

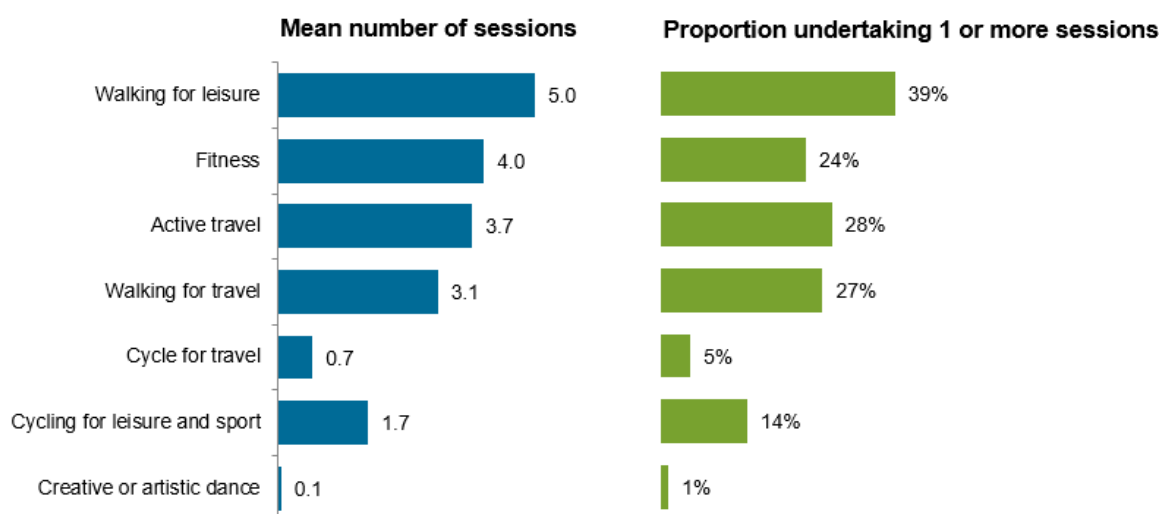


Table 3 shows the mean number of sessions reported in a 28 day period by different demographic groups. Walking for leisure is more popular as residents get older, although this declines again once residents are aged 75 and over. Those in Higher NSSEC groups undertake on average more sessions of walking for leisure and fitness activities. White British residents report higher levels of walking for leisure, active travel (mainly through walking) and fitness activities. Younger residents (on average) undertake a higher number of fitness activities than other age groups. Those in the most deprived quartile report on average lower levels of walking for leisure and fitness activities. There are also slightly higher levels of active travel in the “most” and “second most” deprived areas when compared with the least deprived areas.

¹³ Active travel combines walking for travel and cycling for travel. Therefore these categories are not mutually exclusive.

Table 3: Average number of sessions for each activity per Doncaster resident. Active Lives Survey 2017/18. Not all differences are statistically significant.

		Walk for leisure	Active travel	Walk for travel	Cycle for travel	Cycle for leisure or sport	Fitness activities
Gender	Male	4.6	3.6	2.6	1.0	2.9	4.1
	Female	5.3	3.9	3.6	0.3	0.7	3.7
Age	Less than 25	3.4	3.9	3.4	0.5	0.2	11.3
	25-34	3.2	5.8	3.9	1.9	3.2	2.5
	35-44	5.4	3.2	3.1	0.0	2.6	3.8
	45-54	5.8	4.4	3.8	0.6	2.8	5.9
	55-64	4.3	3.6	2.9	0.8	0.6	2.8
	65-74	8.7	2.9	2.7	0.2	1.3	2.1
	75-84	4.3	0.9	0.9	0.0	0.1	1.8
	85+	0.7	0.5	0.5	0.0	0.0	0.3
Ethnicity	White British	5.4	4.0	3.4	0.7	1.7	4.2
	Other	2.3	2.0	1.2	0.8	2.6	2.7
Socio-economic status	NS SEC 1-2: Higher social groups	7.1	4.1	3.7	0.5	1.6	5.2
	NS SEC 3-5: Middle social groups	5.8	3.9	3.4	0.6	2.0	3.9
	NS SEC 6-8: Lower social groups	2.8	4.2	2.9	1.3	2.6	2.2
Educational attainment	Level 4 or above	5.9	4.4	4.0	0.4	2.2	5.2
	Level 3 and equivalents	5.4	4.5	3.6	0.9	1.6	5.1
	Level 2 and equivalents	5.3	4.4	4.0	0.4	0.9	3.8
	Level 1 and below	4.1	0.9	0.8	0.2	0.0	6.0
	Another type of qualification	3.4	2.0	1.9	0.1	1.2	1.7
	No qualifications	4.0	2.6	0.5	2.1	3.2	1.6
Employment status	Employed	4.3	4.3	3.7	0.6	1.9	4.0
	Not employed	5.8	2.5	2.2	0.3	0.6	4.4
IMD	Least deprived quartile	6.0	3.4	3.3	0.1	0.6	7.9
	Second least deprived quartile	6.2	3.1	2.7	0.4	1.7	3.3
	Second most deprived quartile	6.2	4.3	3.9	0.3	1.9	4.4
	Most deprived quartile	3.3	3.8	2.7	1.1	1.8	3.4

Within Active Lives a range of questions are asked to examine respondents' motivations to take part in sport/exercise (show in the table below).

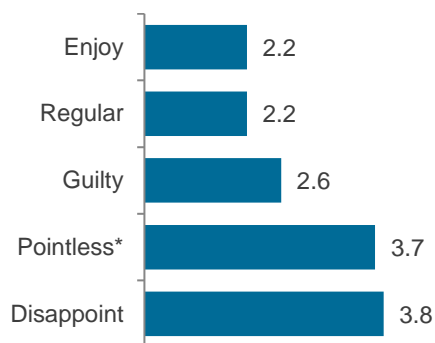
Sport motivation: measured on a 1-5 scale, where 1=strongly agree and 5=strongly disagree. A lower score indicates higher agreement.	
Enjoyable	<i>I find sport/exercise enjoyable and satisfying</i>
Regular	<i>It's important to me to do sport/exercise regularly</i>
Guilty	<i>I feel guilty when I don't do sport/exercise</i>
Disappoint	<i>I do sport/exercise because I don't want to disappoint people</i>
Pointless¹⁴	<i>I feel that doing sport/exercise is pointless</i>

Respondents in Doncaster provided lower scores (indicating higher levels of agreement) for finding sport/exercise enjoyable and satisfying and agree that it is important for them to do sport/exercise regularly. Scores for feeling guilty when not undertaking sport/exercise were also relatively low (indicating agreement) whilst not wanting to disappoint people was scored high – highlighting that on average they agree less with this statement.

¹⁴ Exercise is pointless has a low base.



Figure 22: Mean score for sport motivation. Active Lives Survey 2017/18.



Further analysis was undertaken to explore demographic characteristics and these motivational statements. It is not possible to model the answers to the ‘Pointless’ motivational question, as the base size is low.

Females (compared to males) are more likely to disagree to enjoying exercise, exercising regularly and not wanting to disappoint as motivations for exercising. Whereas non-White British respondents are more likely to agree that enjoying exercise, exercising regularly and feeling guilty for not exercising are motivating factors. Those in the highest socio-economic class are more likely to agree that enjoying exercise, and feeling guilty for not exercising are motivations, compared to those in the lowest socio-economic class. Those with a Level 1 education are more likely to agree that enjoying exercise, and exercising regularly are important motivations, compared to those with no qualifications.

Table 4: Multivariate Regression Models for Motivation. Active Lives Survey 2017/18.¹⁵

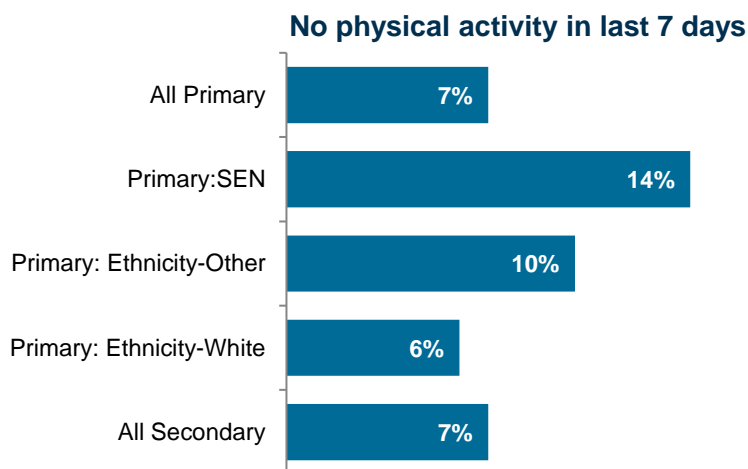
	Enjoyable	Regular	Guilty	Disappoint
Female	0.376**	0.298**	-0.009	0.254*
Age	0.04	0.011	0.017	0.055
Disability	0.231	0.246	0.092	-0.186
Non-White British	-0.524*	-0.610**	-0.606*	-0.212
NSSEC middle (3-5))	-0.29	-0.470	-0.296	0.039
NSSEC high (1-2)	-0.534*	-0.684	-0.586*	0.004
Education – Level 1	-0.758**	-0.744*	-0.016	0.05
Education – Level 2	-0.089	-0.105	0.262	0.01
Education – Level 3	-0.157	-0.093	0.113	0.09
Education – Level 4	-0.134	-0.14	0.098	0.219
Employed	0.067	0.217	0.267	-0.276
IMD10	-0.014	-0.016	0.007	0.023

¹⁵ Models are OLS regressions, treating the 5 point motivation scales as continuous outcomes; where 1 = strongly agree and 5 = strongly disagree. For ease of exposition socio-econ class, education and IMD-10 are coded here from lowest to highest. Asterisks denote significance of estimate (***) p<0.001; **p<0.05; *p<0.10). It is not possible to model the answers to the ‘Pointless’ motivation question, as there are only 20 usable responses. Omitted (base) categories are ‘SEC low’ for socioeconomic class, and ‘no qualifications’ for education.

Young people

The Doncaster Council Pupil Lifestyle Survey was designed for young people of primary and secondary school age pupils in years 4, 6, 8 and 10. Most (93%) pupils reported undertaking some form of physical activity in the last 7 days with only 7% of primary and secondary pupils stating “none” similar to that reported in the 2017 Pupil Lifestyle Survey. Nearly twice as many primary school pupils who classed themselves as SEN (Special Educational Needs) stated they had undertaken no activity (14%) whilst a higher proportion of primary school pupils who are non-White (10%) stated this when compared with 6% of White pupils.

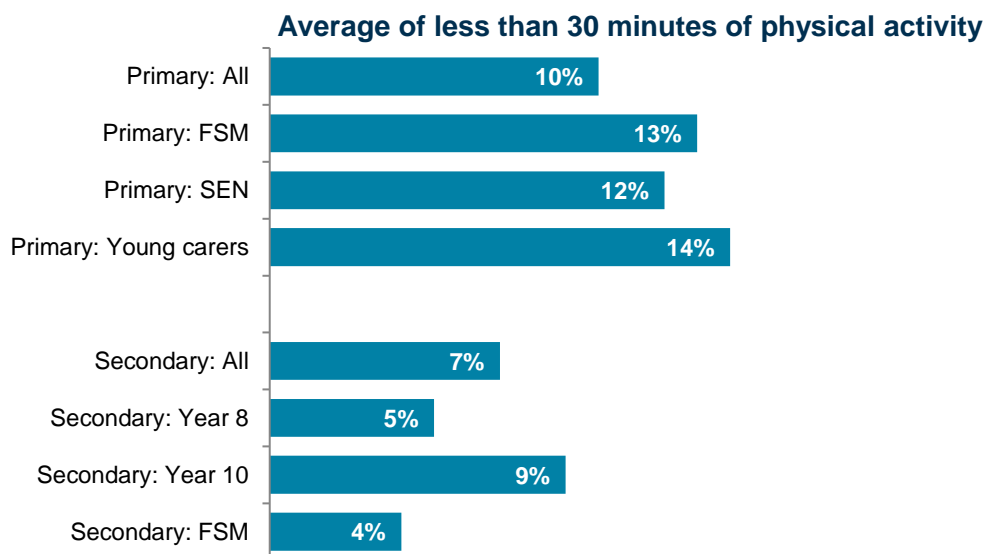
Figure 23: Proportion of pupils who undertook no physical activity in the last 7 days. Pupil Lifestyle Survey 2018/19.



Pupils were asked to state on an average day how long they spend doing physical activity. 10% of primary school pupils and 7% of secondary school pupils report less than 30 minutes a day. As with overall activity levels there were differences by SEN at primary with 12% stating this. Within primary a higher proportion who received Free School Meals and are young careers stated they do less than 30 minutes a day.

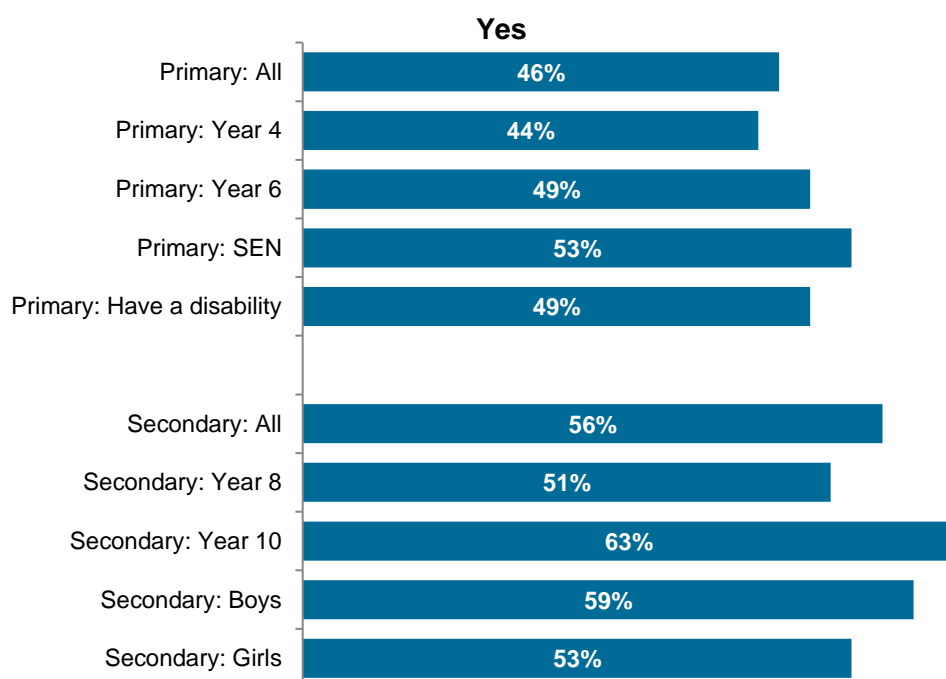
At secondary a higher proportion of those in Year 10 stated this when compared to Year 8. Those who receive Free School Meals at secondary report a lower score in contrast to that seen at primary.

Figure 24: Proportion of pupils who on average undertake less than 30 minutes of physical activity. Pupil Lifestyle Survey 2018/19.



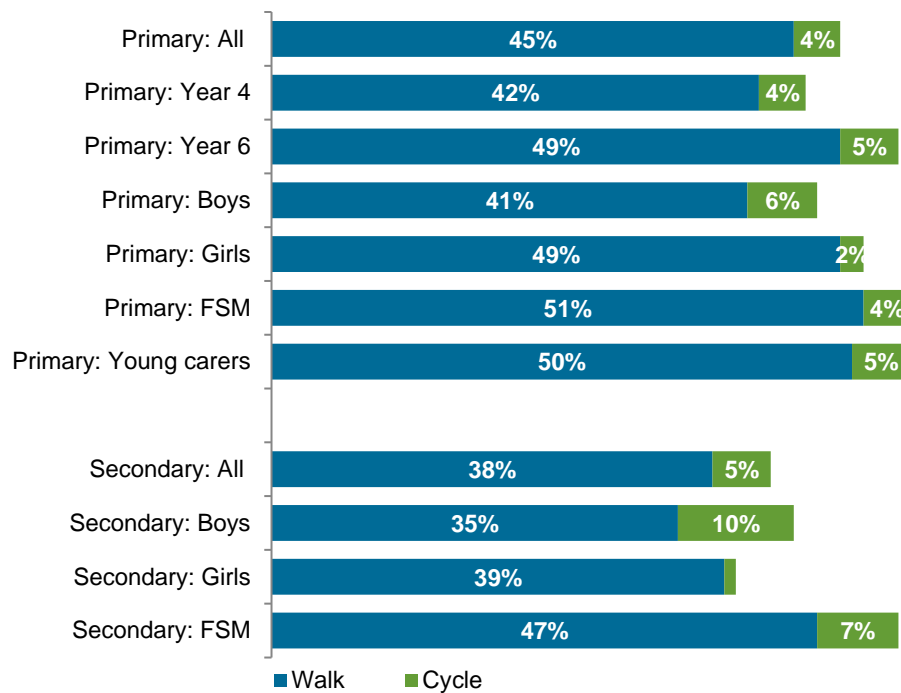
To assess the intensity levels of the physical activity pupils are undertaking, pupils were asked to think about the times they normally do physical activity and assess whether it makes them breathe faster or get hot and tired. A higher proportion of secondary school pupils stated this (56%) compared with primary (46%). There was less variation amongst primary pupils than secondary with older pupils more likely to state this across both phases. Boys in secondary were more likely to state this (at 59%) when compared to girls (53%) whilst in primary those who class themselves as SEN or have a disability are more likely to state this.

Figure 25: Physical activity intensity levels. Proportion of pupils stating “yes” it makes them breathe faster or get hot and tired. Pupil Lifestyle Survey 2018/19.



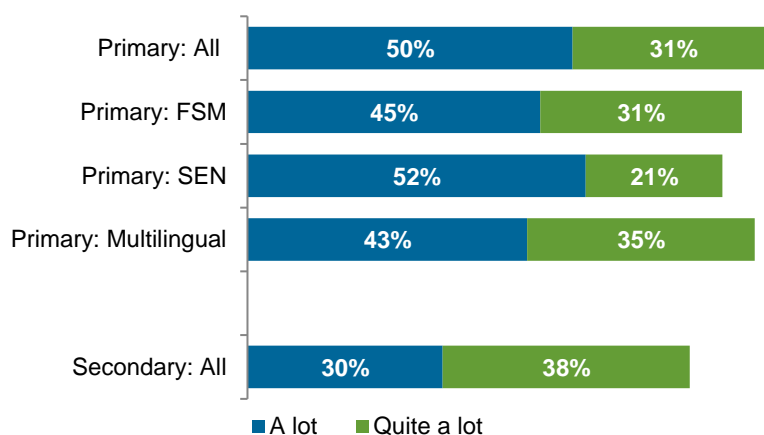
Pupils were also asked to state how they travel to school. Figure 26 below shows the proportion of pupils who report either walking or cycling to school. Nearly half of all primary school pupils walk to school with just over one-third of secondary schools pupils stating this. A higher proportion of Year 6 pupils walk to school, alongside girls, pupils receiving Free School Meals and young carers in primary stating this. There are fewer differences by secondary with the exception of a high proportion of students receiving Free School Meals walking, whilst boys are more likely to state they cycle.

Figure 26: Proportion of pupils who walk or cycle to get to school. Pupil Lifestyle Survey 2018/19.



The majority (81%) of primary school pupils enjoy physical activity “a lot” or “quite a lot” whilst 68% of secondary school pupils state this. A lower proportion of pupils receiving Free School Meals in primary stated “a lot” and only 43% of pupils in primary who are multilingual.

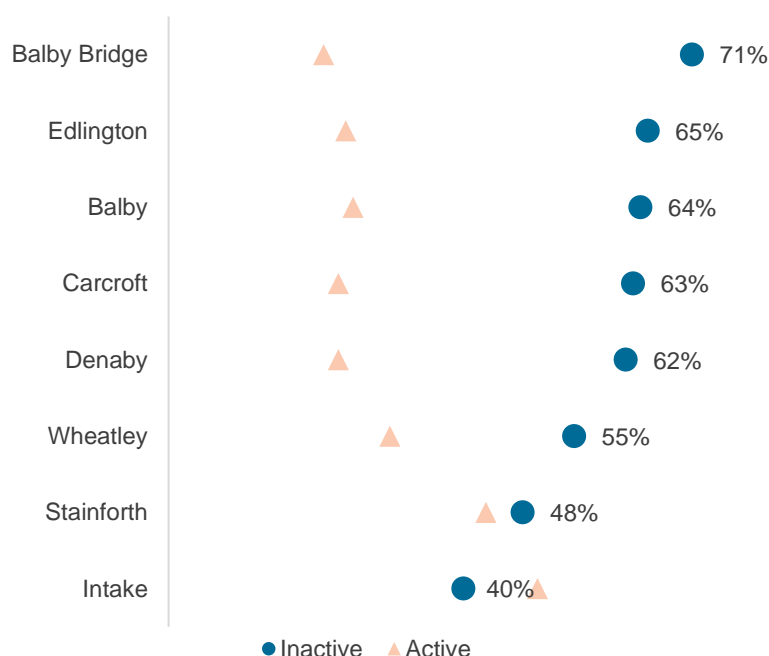
Figure 27: Proportion of pupils who enjoy physical activity. Pupil Lifestyle Survey 2018/19.



Target communities

The LDP is focusing on priority areas within Doncaster. Prior to this evaluation being commissioned Sheffield Hallam undertook ‘Community Insight’ to understand people’s everyday experiences of physical activity in Doncaster. This involved a one-off survey of 1,200 households through door-knocking. The results showed that levels of inactivity in the eight Doncaster communities surveyed are much higher than previous research had shown. As with analysis of Active Lives activity levels varied in these communities by age, gender, education and employment. There were large differences between the different communities in terms of levels of physical inactivity as shown in Figure 28¹⁶ ranging from 40% to 71%. All higher than reported through Active Lives across the whole of Doncaster at 34.3%. This however is as expected due to the research actively targeting areas known to be inactive, highlighting these are the correct community areas to target.

Figure 28: Activity and inactivity levels in the 8 target communities. DMBC: Doncaster Local Delivery Pilot Physical Activity Survey March 2019.



¹⁶ <https://getdoncastermoving.org/uploads/dmbc-phase-1-summary-report-final.pdf>

Table 5 shows the top 3 barriers reported by residents in each of the 8 target areas. Whilst there were some common barriers to physical activity evident within the research¹⁷ across communities, these do vary and highlights the need for community context to be considered through the Active Communities work.

Table 5: The top 3 barriers reported in each area in the 8 target communities. DMBC: Doncaster Local Delivery Pilot Physical Activity Survey March 2019.

Key barriers	Balby	Balby Bridge	Carcroft	Denaby	Edlington	Intake	Stainforth	Wheatley
Not having routines or habits	✓	✓	✓	✓	✓	✓	✓	✓
Not wanting to be active/having less desire to be active	✓	✓	✓		✓	✓	✓	✓
Having less physical skills and stamina to be active		✓	✓	✓	✓	✓	✓	
Having less support from others	✓							
Having less time and/or fewer resources to be active				✓				✓

Health and wellbeing

Physical health

Physical activity levels can influence a person's physical health. Table 6 shows the life expectancy figures for Doncaster. Life expectancy amongst females is higher in Doncaster than males, and for both slightly lower than figures across England at 79.6 and 83.1 (for males and females respectively). Healthy life expectancy shows little difference between males and females in Doncaster both again slightly lower than in England (63.4, 63.8).

Table 6: Life expectancy (Office for National Statistics & Annual Population Survey¹⁸)

	Life expectancy		Healthy life expectancy	
	Male	Female	Male	Female
2014-16	77.8	81.6	59.6	61.8
2015-17	77.9	81.7	61.8	61.1

Mortality rates from causes classed as avoidable were also higher in Doncaster in 2015-17 when compared to England with 216 per 100, 000 classified as this (compared with 181.5 in England).

¹⁷ <https://getdoncastermoving.org/uploads/dmbc-phase-1-summary-report-final.pdf>

¹⁸ <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/2015to2017>



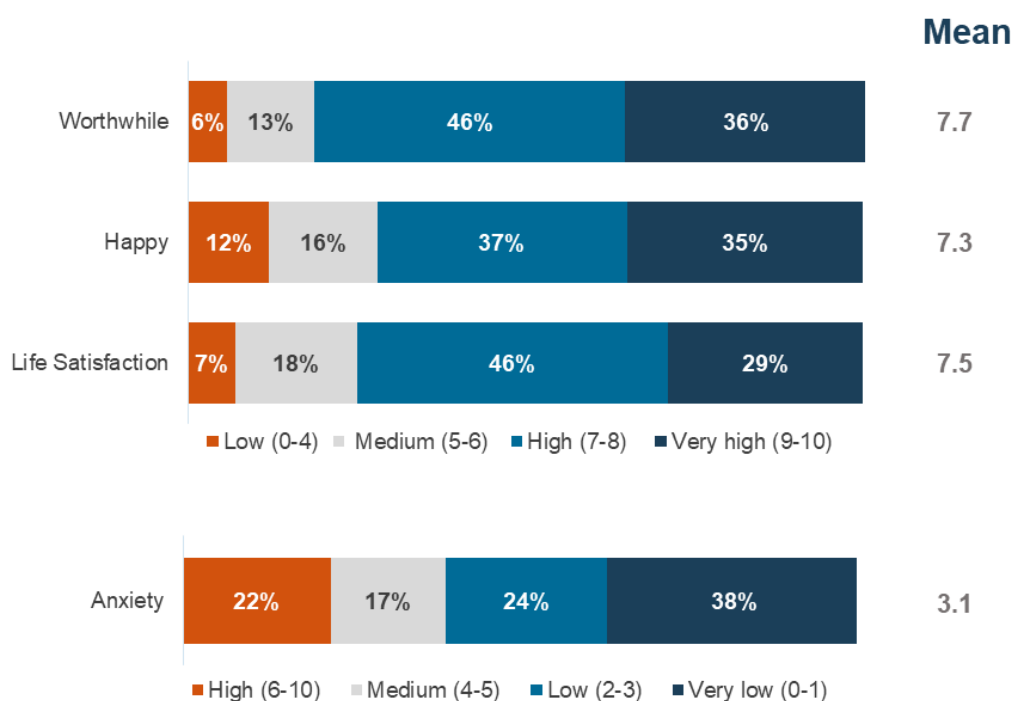
Subjective Wellbeing

There is also evidence that physical activity can have an impact on a person’s subjective wellbeing. Within the Annual Population Survey¹⁹ this is measured on a scale of 0-10 and covers four key areas.

Subjective Wellbeing: measured on a 0-10 scale where 1=least and 10=most, using the ONS wellbeing variables – Annual Population Survey 2017-2018.	
Life satisfaction:	<i>How satisfied are you with your life nowadays?</i>
Happy:	<i>How happy did you feel yesterday?</i>
Anxious:	<i>How anxious did you feel yesterday?</i>
Worthwhile:	<i>To what extent do you feel the things you do in your life are worthwhile?</i>

Over four-fifths (82%) of Doncaster residents report feeling the things they do in life are worthwhile (scoring this at 7 or above). Just under three-quarters (72%) state they felt happy yesterday and 75% are satisfied with life. Anxiety levels were slightly higher with only 62% stating they were low (With a score between 0-3). Mean scores in Doncaster are only slightly lower than reported across England.

Figure 29: Subjective Wellbeing. Annual Population Survey 2017/18.



Analysis was undertaken on the subjective wellbeing measures (also available in the Active Lives data) to examine whether demographic characteristics influenced the likelihood of

¹⁹

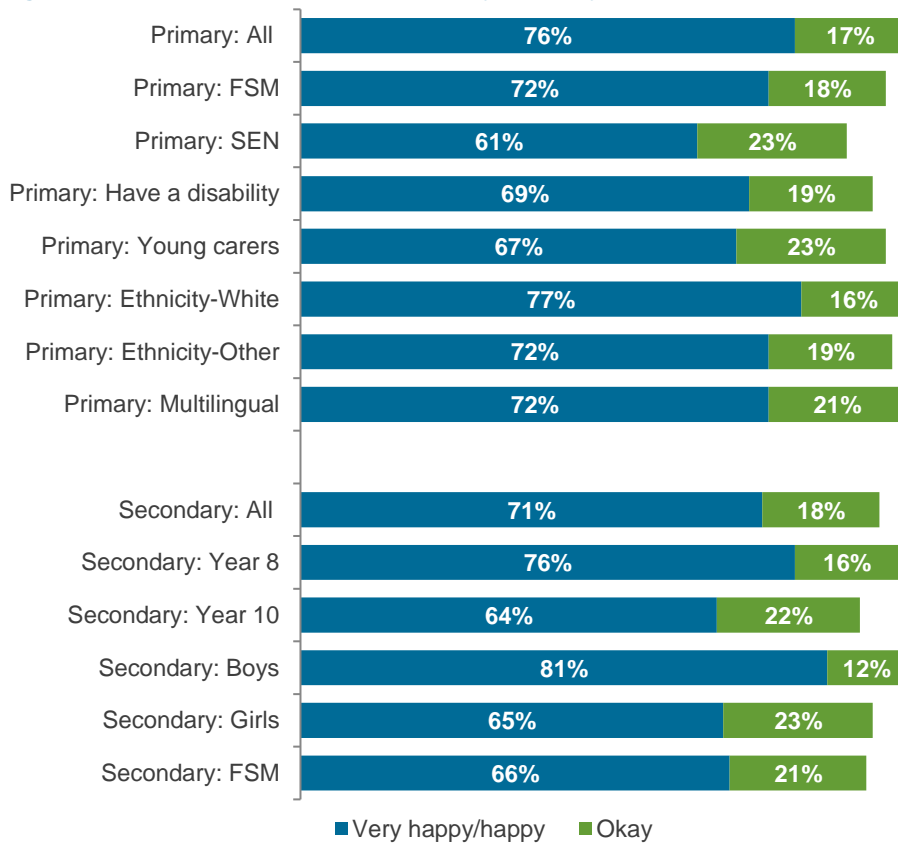
<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/methodologies/annualpopulationurveyapsqmi>

increased scores. Only a small number of respondents answered these questions therefore very few differences were evident. The key findings from the regressions²⁰ are:

- Those who are disabled have lower scores for life satisfaction and life being worthwhile.
- There is a u-shaped relationship with age and life being worthwhile with younger and older respondents reporting slightly higher scores.

The Pupil Lifestyle survey asks pupils how happy they feel with their life at the moment. Over three-quarters (76%) of primary school pupils stated “happy” or “very happy” and 71% of secondary pupils stated this. Primary school pupils who receive Free School Meals, have SEN, have a disability or are a young carers report lower levels. Within secondary schools the variation is higher with 81% of boys stating “happy” or “very happy” compared with 65% of girls.

Figure 30: Happiness with life. Pupil Lifestyle Survey 2018/19.



²⁰ Models are OLS regressions, treating the 10 point wellbeing scales as continuous outcomes; where 0 = least and 10 = most. For ease of exposition socio-econ class, education and IMD-10 are coded here from lowest to highest. Note small sample sizes as wellbeing questions are only asked to the ALS online sample ‘group 2’. Omitted (base) categories are ‘SEC low’ for socioeconomic class, and ‘no qualifications’ for education.



Wider outcomes

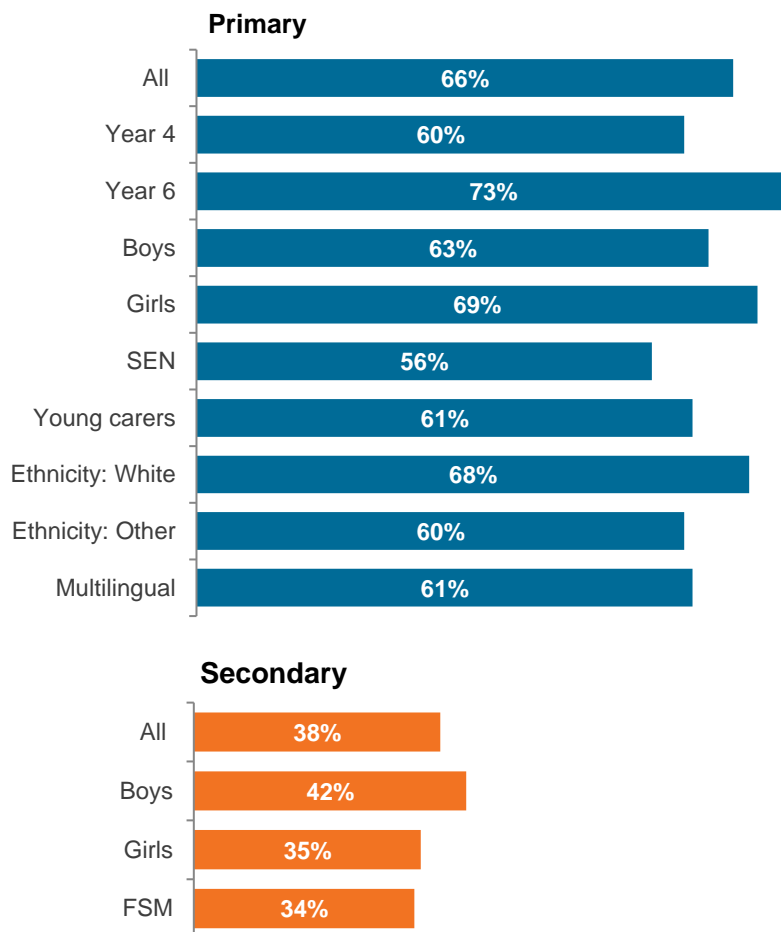
Within the Active Lives Survey (2017/18) elements of individual development and community trust are measured as summarised below. However, these are based on a low number as only respondents who complete the survey online answer these questions.

Individual Development and Community trust: measured on a 1-5 scale, where 1 = strongly disagree and 5 = strongly agree – Active Lives Survey	
Achieve	<i>Ability to achieve personal goals</i>
Try	<i>Perseverance</i>
Trust	<i>Community trust</i>

On average, the scores given by respondents were 3.7 out of 5 for ability to achieve, 3.9 for perseverance and 3.0 for community trust.

Feeling able to get involved in their community (outside of school) was asked within the pupil lifestyle survey. Two-thirds (66%) of pupils reported this with a higher proportion of older pupils, girls and White pupils stating this. A much lower proportion of secondary pupils stated yes, however they were presented with different answer options (including don't know) which could account for the differences.

Table 7: Able to get involved in the community outside school. Pupil Lifestyle Survey 2018/19.



Reducing social isolation is also a target for the LDP. One aspect of this could be amongst adult social care users. Currently 49.5% of adult social care users state they have as much social contact as they would like (Adult Social Care Survey – England). This has increased in Doncaster over the last few years and exceeds the English figure of 46%.

An overall aim for Doncaster is to improve employment rates which in 2018/19 stood at 73.1% compared to 75.6% in England. It is estimated that 17% of households in Doncaster are workless compared to 13.9% in England. Doncaster also has a much higher proportion of its workers in lower SOC groups 8-9 (24.9% compared with 16.4% in England) and SOC groups 6-7 (19.5% compared with 16.2%).²¹

²¹ Annual population survey

05. CHOOSING A COMPARATOR GROUP

This section provides descriptive analysis on Doncaster compared to three potential comparator groups.

Demographics

Table 8 shows a breakdown of the demographic profile in the Active Lives Survey for Doncaster compared to three potential comparison groups. Control groups are formed of areas that do not have a LDP.

- *CG1 NN*: This includes Doncaster CIPFA Nearest Neighbours that do not have an LDP. The areas are Barnsley, Rotherham, Wakefield, Kirklees, Dudley, Halton, North East Lincolnshire, North Lincolnshire, Stockton-on-Tees, and Telford and Wrekin.
- *CG2 Yorkshire NN*: this includes Doncaster CIPFA Nearest Neighbours in Yorkshire that do not have an LDP (Barnsley, Rotherham, Wakefield and Kirklees).
- *CG3 All control*: this includes all areas in the ALS that do not have an LDP.

Doncaster residents have a similar mean age and gender composition to all groups. It has a relatively low proportion of respondents who are not White-British (12.1%) and a relatively high proportion of people with a disability (23.5%); which is different to CG3. Doncaster has a higher proportion of people in the bottom socio-economic class (34.0%) than any other area; this is significantly higher than CG3. Doncaster has a higher proportion of the population who have no educational qualifications (14.5%). Doncaster also has a low proportion of the population in the least deprived quartile.

Table 8: Demographics – Doncaster vs comparison areas. Active Lives Survey 2015/16 & 2017/18.²²

	Doncaster	CG1 Nearest Neighbour		CG2 Nearest Neighbour Yorkshire		CG3 All control areas	
No of respondents	505	4,967		1,974		160,850	
Mean age	49.7	48.2		48.2		47.8	
% female	51.3%	51.5%		52.4%		51.0%	
% non-White British	12.1%	9.7%		10.3%		19.7%	***
% disabled	23.5%	22.4%		23.0%		18.5%	***
% NSSEC lowest (6-8)	34.0%	26.2%		27.5%		19.4%	***
% NSSEC highest (1-2)	33.0%	32.5%		32.8%		40.0%	***
% Level 4 education	34.9%	32.2%		32.4%		43.0%	***
% No qualifications	14.5%	13.2%		13.4%		9.0%	***
% Employed ²³	59.5%	57.2%		57.2%		57.5%	
% most deprived IMD quartile	42.7%	41.2%		45.6%	**	28.2%	***
% least deprived IMD quartile	6.9%	16.7%	***	12.4%	***	22.9%	***

²² Asterisks denote significance of test of difference in value between Doncaster and comparison area. (***) p<0.001; **p<0.05; *p<0.10)

²³ Not employed includes “other” employment status.

Activity levels

Table 8 reports statistics on the main outcome measures: activity and participation. There are three main outcomes:

- Active: the proportion of the population who undertake over 150 minutes of moderate intensity activity per week
- Inactive: the proportion of the population who undertake less than 30 minutes per week
- Participation: the mean number of sessions of moderate intensity activity for at least 10 minutes in last 28 days, with 60 minutes total across month (excluding no sessions)

The headline findings are that Doncaster:

- has a higher proportion of the population who are inactive than most other groups; but this proportion is similar to its non-LDP nearest neighbours than CG3;
- has similar levels of overall participation to all other groups; and
- has higher participation in walking and cycling for leisure than most other groups (amongst those who are undertaking this activity).

Table 9: Activity levels – Doncaster vs comparison areas. Active Lives Survey 2015/16 & 2017/18.

	Doncaster	CG1 Nearest Neighbour		CG2 Nearest Neighbour Yorkshire		CG3 All control areas	
% Active	53.9%	55.7%		54.2%		62.9%	***
% Inactive	34.3%	31.3%		32.0%		24.9%	***
Participation: No. of sessions (excluding 0)							
Overall	23.9	24.1		24.5		25.8	
Walk for leisure	12.8	11.8		11.5	**	11.6	
Walk for travel	11.5	11.8		11.6		12.7	*
Cycle for leisure	12.3	8.1		7.8	**	7.8	*
Cycle for travel	13.8	10.5		10.8		11.5	
Active travel	13.3	12.4		12.3		13.7	
Dance	4.8	7.4		7.3		6.4	
Fitness classes	16.6	17.4		18.7		16.1	

Asterisks denote significance of test of difference in value between Doncaster and the comparator area. (***) $p < 0.001$; ** $p < 0.05$; * $p < 0.10$)

Wellbeing, Motivation and Development

Table 10 below compares Doncaster to the comparison groups for wellbeing measures, sport motivation and individual and community development. The wellbeing and development variables are only available for ALS group 2 online respondents, so there only $n=137$ observations for Doncaster instead of the full sample of $n=505$. Each of these three outcomes are measured in a number of ways highlighted in the previous chapter of the report.

The key findings are:

- average levels of all four measures of subjective wellbeing are very similar for all groups;
- differences in average levels of motivation across groups are small;
- regular exercise as a motivating factor is slightly less important in Doncaster, and is significantly different from those for CG3; and
- attitudes towards individual achievement and perseverance are very similar for all groups; however, community trust is lower in Doncaster than in all other groups; and the difference is significant for CG3.

Table 10: Wellbeing, motivation and development measures – Doncaster vs comparison areas. Active Lives Survey 2015/16 & 2017/18.²⁴

	Doncaster	CG1 Nearest Neighbour	CG2 Nearest Neighbour Yorkshire	CG3 All control areas	
Subjective wellbeing (0-10 scale)					
Satisfaction	7.0	7.0	7.0	7.1	
Happiness	7.1	7.0	7.0	7.1	
Anxiety	3.4	3.3	3.3	3.4	
Worthwhile	7.3	7.3	7.2	7.3	
Sport motivation (1-5 point scale – lower score means higher agreement)					
Enjoy	2.2	2.2	2.2	2.1	**
Regular	2.2	2.1	2.1	2.0	***
Guilty	2.6	2.7	2.7	2.5	**
Disappoint	3.8	3.8	3.8	3.9	
Pointless [§]	3.7	3.6	3.5	3.6	
Development (1-5 scale)					
Achieve	3.7	3.8	3.8	3.8	
Try	3.9	3.8	3.9	3.9	
Trust	3.0	3.2	3.2	3.3	***

Comparator group design

Our proposal for this evaluation is to use an area based ‘difference-in-difference’ (D-i-D) design. This is a quasi-experimental design that makes use of longitudinal data from the treatment (or intervention) group (Doncaster) and a control group to obtain an appropriate counterfactual to estimate a causal effect. The underlying assumption is that the counterfactual is a good representation of what would have happened to Doncaster in the absence of the LDP intervention; i.e. in the absence of treatment, the unobserved differences between intervention and control groups are the same overtime.

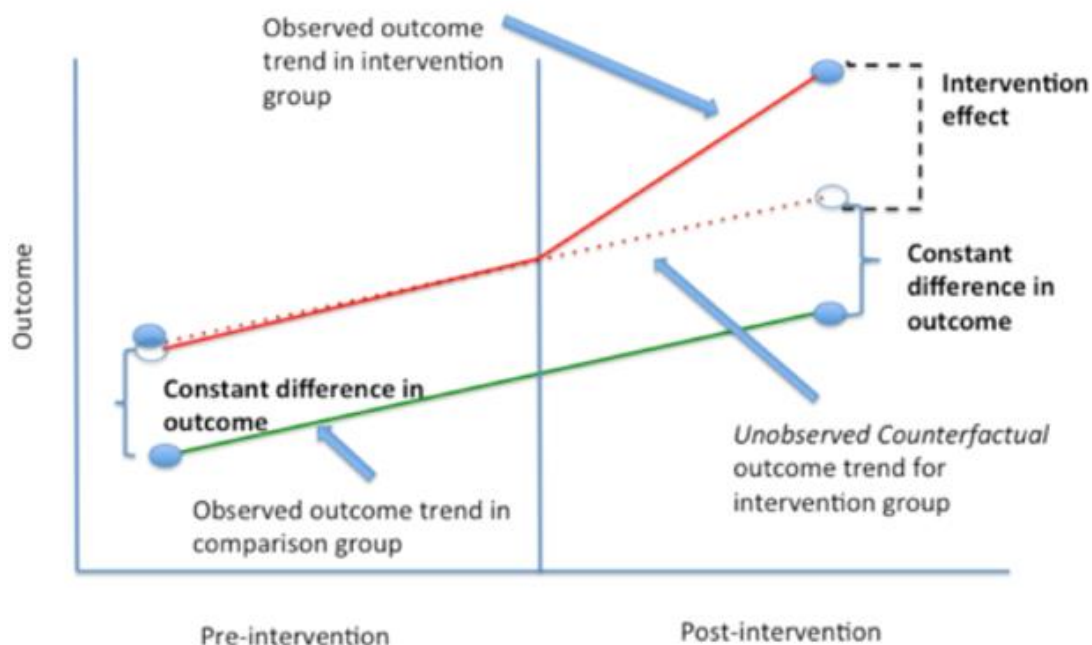
²⁴ Mean values are reported. Wellbeing is measured on a 1-10 scale where 1= lowest and 10 = highest. Motivation is measured on a 1-5 scale, where 1 = strongly agree and 5 = strongly disagree. Development is measured on a 1-5 scale, where 1 = strongly disagree and 5 = strongly agree. Asterisks denote significance of test of difference in value between Doncaster and the comparator area. (***) p<0.001; **p<0.05; *p<0.10). The wellbeing and development variables are only available for ALS group 2 online respondents. [§] Very few people answer the question on feeling that exercise is pointless.

As the Active Lives Survey has a repeated cross section design (rather than collecting data from the same individuals at different time points) we will use area based averages of outcomes before and after the intervention. We will then compare the changes in outcomes (averaged over individuals) over time between the treatment group (Doncaster) and a matched area that is not subject to an LDP intervention (the control group). This design is illustrated in Figure 31. The outcome for the control group is shown as the green line and for the intervention group as the red line.

D-i-D requires four assumptions to hold in order for it to provide an unbiased estimate of the effect of the treatment:

- The intervention is unrelated to the outcome at baseline (allocation of intervention was not determined by outcome).
- The treatment and control groups have parallel trends in outcome.
- The composition of treatment and control groups is stable for repeated cross-sectional design.
- There are no spillover effects.

Figure 31: Difference in Difference example



Note that the first assumption is unlikely to be valid in this context as the allocation of the LDP was related to existing activity levels; however, as long as the differences between areas are observable (or constant over time), our analysis can deal with this issue. More important is the parallel trends assumption; this is critical to ensure internal validity of D-i-D models. It requires that in the absence of treatment, the difference between the ‘treatment’ and ‘control’ group is constant over time. Violation of the parallel trends assumption will lead to biased estimation of the causal effect. There is no way of testing parallel trends because we cannot observe Doncaster without the intervention, but we can get an idea of its validity comparing trends in the pre-intervention period.

Using data from the Active Lives surveys for 2015/16 and 2017/18 we have considered the parallel trends assumption via visual inspection of plots. Three alternative control groups are considered, as highlighted previously:

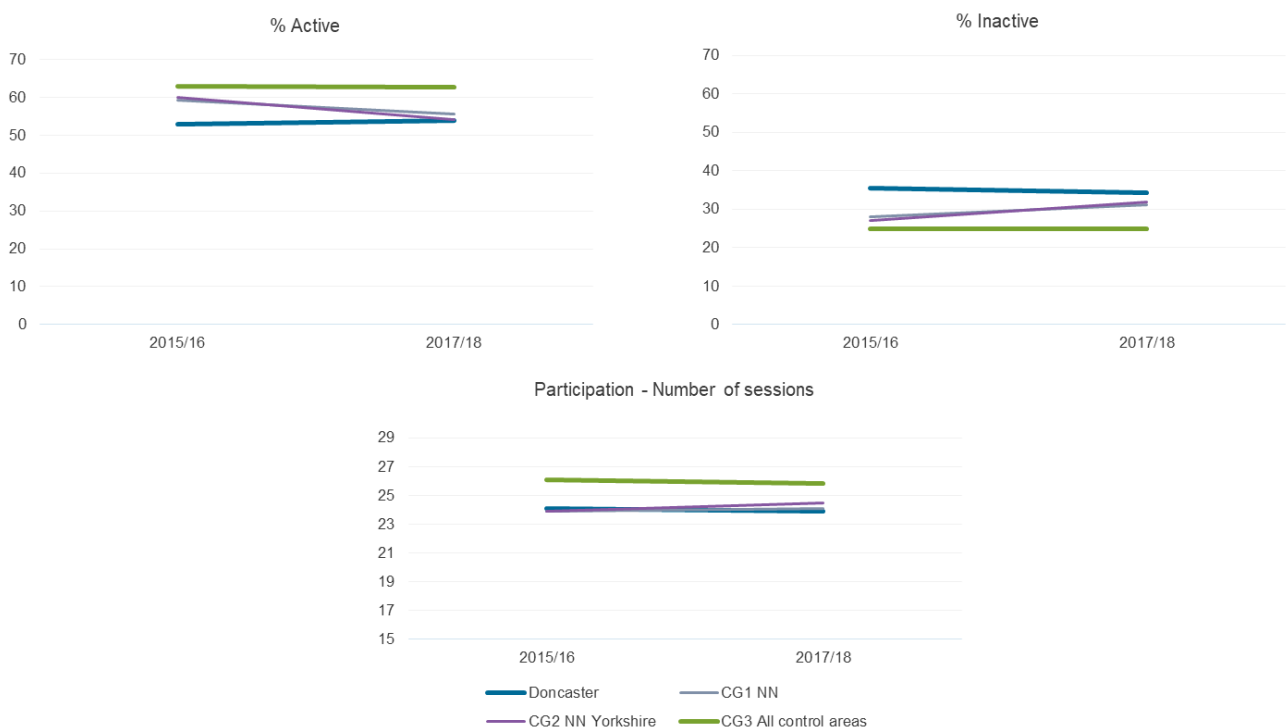
- *CG1: NN control* – this includes Doncaster CIPFA Nearest Neighbours that do not have an LDP.
- *CG2: Yorkshire NN control* – this includes Doncaster CIPFA Nearest Neighbours in Yorkshire that do not have an LDP.
- *CG3: All control* – this includes all areas in the ALS that do not have an LDP.

The parallel trends analysis considers the three alternative activity and participation outcomes:

- **Active:** the proportion of the population who undertake over 150 minutes of moderate intensity activity per week;
- **Inactive:** the proportion of the population who undertake less than 30 minutes per week.
- **Participation:** the mean number of sessions of moderate intensity activity for at least 10 minutes in last 28 days, with 60 minutes total across month (excluding those who did not participate).

Graphs of the values for the 2015/16 and 2017/18 are shown in Figure 32. Visual inspection of these plots suggests that the parallel trends assumption does not hold when we compare Doncaster (in blue) to CG1 or CG2; but it does hold when comparing Doncaster to CG3 (in green).

Figure 32: Common trends analysis. Active Lives Survey 2015/16 & 2017/18.²⁵



²⁵ The lines for CG1 and CG2 on the chart overlap due to similar results.

In Doncaster and CG3 the proportion of the population that is active (inactive) has increased (decreased) slightly over time, whereas the reverse is true in CG1 and CG2; also participation rates (e.g. the number of sessions undertaken) for residents (amongst those who are active) has decreased in Doncaster and CG3, and increased in CG1 and CG2.

Overall it appears that Doncaster and CG3 were already seeing slightly improved activity levels prior to the LDP, whereas in CG1 and CG2 (both NN groups) levels of activity were decreasing. Using CG1 and CG2 as control groups in the D-i-D analysis would bias the estimate of the effect of the LDP in Doncaster. It would attribute the increasing proportion of the population who are active to the LDP, whereas Doncaster is on an upward trend (and CG1 and CG2 a downward trend) in the pre-LDP period; this would upwardly bias the estimate of the effect of the LDP.

In terms of observable characteristics at baseline (as highlighted earlier in this section) Doncaster is similar to its nearest neighbours in 2017/18 and different to CG3. However, the trends in outcomes over time follow a different pattern. It is important to stress that these observable differences can be accounted for in the analysis but unobservable differences cannot be accounted for.

Our recommendation is to use CG3 as the control area only (therefore no comparator group analysis will be undertaken with CG1 and CG2). Note that this area comprises all areas of the country that do not have an LDP. While this group clearly has a higher level of activity at baseline to Doncaster this will not affect the D-i-D analysis, since this analysis compares change over time for both groups, so the baseline levels are adjusted for. Further, while CG3 has different demographic characteristics to Doncaster at baseline this can also be dealt with using a regression based D-i-D approach, which controls for the demographic characteristics.

APPENDIX 1: SECONDARY DATA

This section provides further detail on the secondary data used within this report.

Active Lives Survey

The Active Lives Adult Survey (ALS) focuses on people aged 16 and above to measure their activity levels. It is a national survey across England with minimum quotas set to ensure local authority level analysis can be undertaken. The survey is sent out to randomly selected households across England utilising postal address files. The survey is disseminated via a letter with a link to an online survey. The survey is also available as a paper survey. Data is weighted to Office for National Statistics population measures for geography and key demographics.

Local Delivery Pilot Physical Activity Survey

The LDP is focusing on priority areas within Doncaster. Prior to this evaluation being commissioned Sheffield Hallam undertook 'Community Insight' to understand people's everyday experiences of physical activity in Doncaster. Phase 1 of this involved a one-off survey of 1,200 households through door-knocking in March 2019. This survey will not be repeated. Key postcodes for each priority area were identified and these were used to identify street names and areas in which the survey should be conducted. The postcodes targeted were selected as secondary data indicated these as having a high proportion of inactive residents. The rationale for this was to ensure that Doncaster LDP is targeting the correct community areas through its work. The eight areas targeted were:

- Balby
- Balby Bridge
- Denaby
- Edlington
- Intake
- Wheatley
- Carcroft
- Stainforth

Pupil Lifestyle Survey

The Doncaster Pupil Lifestyle Survey is an online survey. All 110 schools across Doncaster were invited to take part in the survey in 2018/19. Those schools who opted in were sent an online survey link. The Pupil Lifestyle Survey was designed for young people of primary and secondary school age pupils in years 4, 6, 8 and 10. In 2018/19 the survey was undertaken with 2,913 primary school pupils from 44 schools and 444 secondary pupils from 4 schools. Data from this survey was used rather than Active Lives Children and Young People Survey to baseline young people's activity levels as the sample size is much larger and will be repeated annually.

Annual population survey

The Annual Population Survey (APS) is a survey of households in Great Britain and combines information from four quarters of the Labour Force Survey (LFS). It provides information on key social and socioeconomic variables providing information relating to local authority areas. It is undertaken via telephone or face to face and sampled via postcode address files. In total over 1,200 Doncaster residents were surveyed in each year. Data on subjective wellbeing is available in both the APS and the ALS. For this baseline report, data from the APS has been used due to this having a much larger sample size. It also allows a consistent measure to be applied across the years of the evaluation. Where analysis needs to consider the influence of physical activity on these measures the ALS will also be utilised.