

Evaluation of we can move April 2019 – April 2021

May 2021



This report was prepared for Active Gloucestershire by the National Institute for Health Research Applied Research Collaboration West (NIHR ARC West). Academic publications will also supplement this evaluation report and links to these papers will be available on www.arc-w.nihr.ac.uk

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Contents

Executive summary	4
Background	5
Evaluation methodology	9
Results	12
Understanding the system.....	15
Learning from the first year of WCM implementation.....	19
Applying the Theory of Change across WCM.....	24
Learning from the implementation of WCM: case study examples.....	27
Impact of COVID-19 on WCM.....	33
Stakeholder survey.....	37
Analysis of the Customer Relationship Management system.....	42
Understanding the wider impacts of WCM.....	47
Conclusions	56
Implications and future thinking	59
References	61

Executive summary

2015

How it started

One in five adults in Gloucestershire do less than 30 minutes physical activity (PA) per week. The causes of this are complex. It was acknowledged that the previous approaches were not producing the desired changes in PA locally. This approach typically focused on service delivery and increasing participation in sport. Most services were delivered in isolation by different organisations, including Active Gloucestershire. Active Gloucestershire went through an extensive consultation, programme design and stakeholder engagement period between 2015 and 2018. We can move (was Gloucestershire Moves) began its implementation in April 2018.

April 2018

We can move

We can move (WCM) is a county-wide systems approach that aims to work with community groups, organisations, and system leaders to remove the barriers facing individuals, communities and society that make PA difficult. WCM is underpinned by a Theory of Change; a set of interconnected parts that enable WCM to work. This theory includes social movement building, systems thinking and systems mapping, and behaviour change theory. Active Gloucestershire facilitate the implementation of WCM. They are referred to as the backbone organisation.

April 2019

Finding an evaluation partner

Active Gloucestershire commissioned NIHR ARC West to be the evaluation partner for WCM over a two year period (April 2019 – April 2021). The evaluation aimed to answer three key questions:

- 1) How is the Theory of Change applied in local contexts and what are the associated learnings?
- 2) What changes have occurred that are associated with WCM?
- 3) What are the implications of this learning for WCM in the future?

A variety of methods were used, including: stakeholder interviews, stakeholder surveys, ripple effects mapping, audits, systems mapping, and secondary analysis of routine data sets. A researcher from the University of Bristol was embedded in the Active Gloucestershire team during this time.

**we
can
move**

Not getting it right

Several challenges were encountered along the way:

- A lack of process for how stakeholders can become more involved in WCM.
- Some aspects of WCM were overly reliant on the expertise of external organisations.
- Evaluating WCM and its projects was difficult, especially because of misaligned expectations and pressures to demonstrate tangible change.
- Delineating WCM and Active Gloucestershire.

Learning along the way

The local context played an important role in helping to shape WCM:

- Many local leaders and organisations were already supportive of systems approaches.
- Active Gloucestershire were also regarded as a well respected and connected organisation prior to WCM.

There were several key ingredients enabling WCM to work:

- A strong backbone organisation that brokered new relationships, shared expertise, supported partner organisations, and had a bird's eye view of the system.
- Strategic engagement with diverse stakeholders by identifying the right people to work with and attending or establishing networks and events. These events were catalytic for creating action.
- Stakeholder workshops to help understand the system and design behaviourally informed interventions. They also strengthened relationships between stakeholders.

Navigating COVID-19

The COVID-19 pandemic started in the middle of the WCM evaluation. The pandemic had positive and negative consequences for WCM.

Positive

- Caused people to come together
- New opportunities for WCM
- New funds were made available
- Rapid adaptation in parts of the system

Negative

- Prevented people getting involved
- WCM became a lower priority for many
- Some organisations reverted to silos
- Prevented progress and projects paused

Exploring the (wider) impacts

Notable impacts from WCM include:

- Relationships with and between stakeholders. A minimum of 82 organisations were involved from across the Gloucestershire system.
- Changing stakeholder mindsets and enabling them to feel part of something bigger.
- Linkage with at least 22 other agendas across Gloucestershire (e.g. mental health, air quality).
- WCM or PA integrated in six new strategies.
- WCM leveraged new money from 13 grants.
- Actions and intervention carried out across the system, more so in some areas of the system.
- Perceived increases in PA among individuals and communities. Also noted wider benefits from PA.

Moving forwards

The evaluation identified several areas for WCM to improve on in the future. These include:

- Creating clear processes for stakeholders to become more involved in WCM, including clearer roles and responsibilities.
- Improving communication with stakeholders following events and meetings, enabling them to feel more involved.
- Improving communication around evaluation and designing a collectively agreed upon evaluation framework.
- Improving the processes for implementing the Theory of Change and developing an agreement on its purpose.

A range of implications and considerations were generated for the backbone organisation, commissioners and investors, and for those interested in applying systems approaches.

May 2021

Background

Systems approaches to physical activity

One in four adults in England do less than 30 minutes of physical activity per week (1). This has implications for the health of individuals, the population, and our health and care systems. In Gloucestershire, a third of adults and half of children and young people are not meeting the Chief Medical Officer’s guidelines for physical activity (1, 2). When looking at this more closely, an estimated 100,000 adults have very low levels of physical activity in Gloucestershire (i.e. less than 30 minutes of physical activity per week) and that people who live in more deprived areas are the least likely to be physically active (1, 3).

The population levels of physical activity are the result of the complex adaptive systems that we live in (4-6). Life, and our environments, are very different to what they used to be 30 years ago. The systems map in the World Health Organisation’s bulletin illustrates this well (Figure 1); the map includes a web of interconnected factors that influence population levels of physical activity (4). These factors span across six different themes, from societal factors to individual factors to transport and environmental factors. However, this map might only just be scratching the surface with regards to the causes of low activity.

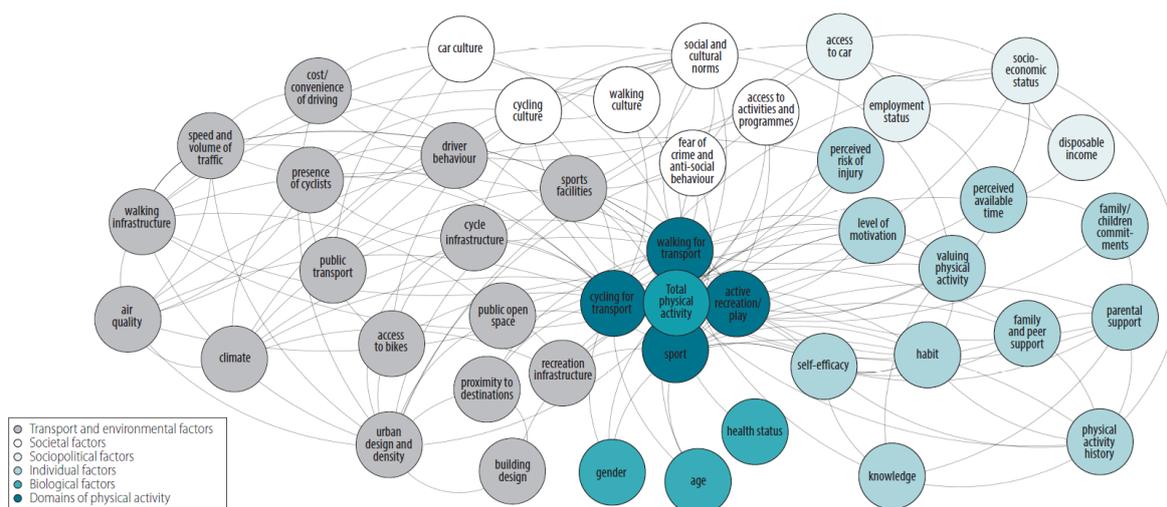


Figure 1: WHO Physical Activity Systems Map (4)

There is also a growing recognition that systems approaches are required to change the environments that we live in, so that they are conducive to physical activity (4, 5). A systems approach encourages a broad range of stakeholders to come together, to develop a shared understanding of the problem, and to identify ways that they can collectively change how the system works (5). Community residents are key stakeholders here, as are people from various organisations from across a range of sectors (e.g. Transport, Highways, Housing, Planning, Healthcare, and Public Health) (5). A systems approach often represents a different way of working. Traditionally, low levels of physical activity have been seen as a public health issue which can be remedied through the provision of physical activity sessions, equipment and services.

The national picture

There has been a national recognition around the need for systems approaches to complex issues. In 2017, Sport England provided a £100m investment in 12 local delivery pilots (LDP) (6). The purpose of the LDP programme was to test out innovative ways of working with regards to physical activity, with a specific focus on reducing inequality and making sustainable changes. The LDPs were asked to

address the barriers that prevent people from living active and healthy lives through the adoption of systems approaches. Sport England suggested that partnership working between sectors was fundamental. Each LDP had autonomy in how they sought to address low levels of activity within their area. This investment in the LDPs represented a new approach for Sport England, who previously focused on increasing participation in sport and structured forms of physical activity.

Gloucestershire’s approach: we can move

We can move (WCM), previously known as Gloucestershire Moves, began its implementation in April 2018. It is a county-wide systems approach aiming to increase physical activity levels across the Gloucestershire population, with a specific focus on populations with very low levels of activity. Active Gloucestershire is the organisation co-ordinating and facilitating WCM – otherwise referred to as a ‘backbone organisation’ (7). They work with a wide variety of community groups, organisations and system leaders to try and remove the barriers facing individuals (e.g. the opportunities for physical activity), communities (e.g. the quality of our physical and social environments), and the wider system (e.g. the policies and people that make the system work as it does). It is anticipated that WCM will not only benefit the physical activity levels in Gloucestershire, but many other associated agendas such as climate change, overweight and obesity, and mental health.

WCM is underpinned by a Theory of Change; a set of mechanisms that are hypothesised to lead to the intended changes (8). The Theory of Change for WCM has evolved since 2018, in response to feedback from stakeholders and in learning from the initial implementation. The first version of the Theory of Change included three core parts: 1) systems mapping to understand the drivers of low physical activity; 2) behaviour change models (predominantly COM-B and the Behaviour Change Wheel (9)) to understand behaviour and develop interventions; and 3) social movement building to provide a framework for stakeholders to engage in WCM. It was proposed that the Theory of Change be worked through sequentially.

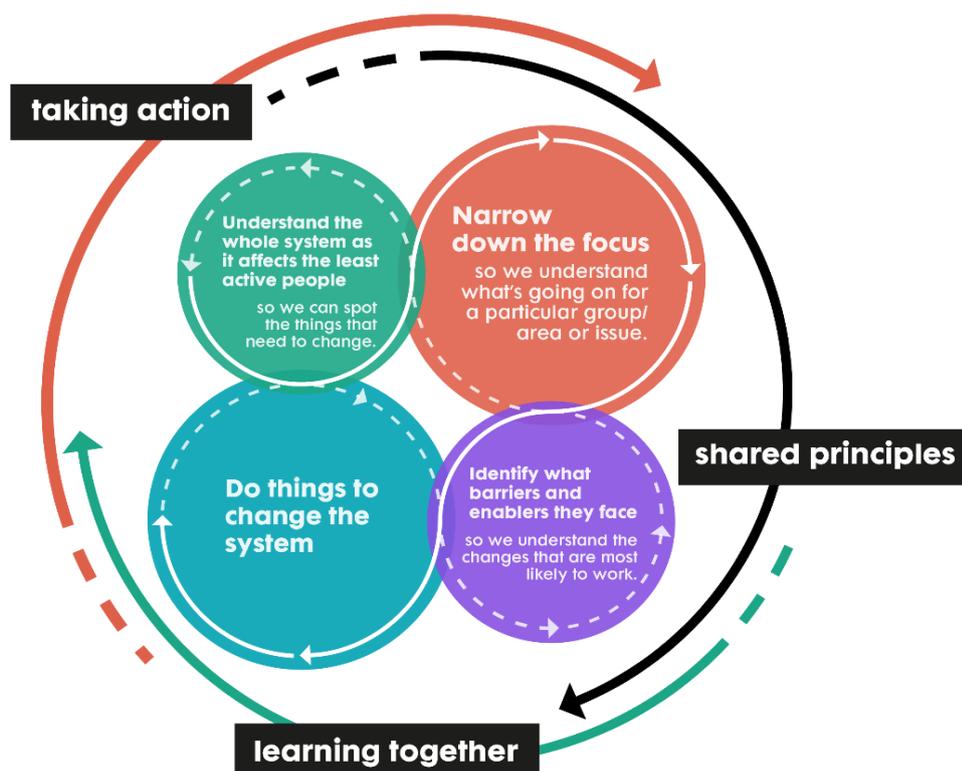


Figure 2: We can move Theory of Change

The Theory of Change was revised in late 2019 (Figure 2). The core components of the first iteration remained, however there was more flexibility in how it could be applied and the level at which it could be applied (e.g. project or programme level¹). Another feature of the updated Theory of Change is that it was intended to be used by other organisations. The Theory of Change should guide users through a flexible process, from 1) understanding how the system causes a problem to arise, to 2) using data and insight to better understand the issue and how it affects a particular group of people or an area, to 3) identifying the barriers and enablers restricting physical activity, and 4) doing things to change the system. It encourages all involved stakeholders to develop a set of shared principles that they adhere to, to continuously learn together, and to take collective action. Stakeholders do not have to work all stages or do so sequentially, but they are encouraged to revisit stages where required.

A central element of the Theory of Change is that WCM develops a social movement, whereby community residents and professionals become increasingly involved in WCM to the point that they co-own it. The premise is that Active Gloucestershire’s role as the backbone organisation will reduce over time and that other stakeholders (e.g. community residents and professionals) will take greater ownership of the future direction of WCM. The Ladder of Engagement provides a conceptual framework for people to become more involved in WCM. As seen in Figure 3, the Ladder of Engagement has five rungs, from observers to co-owners.

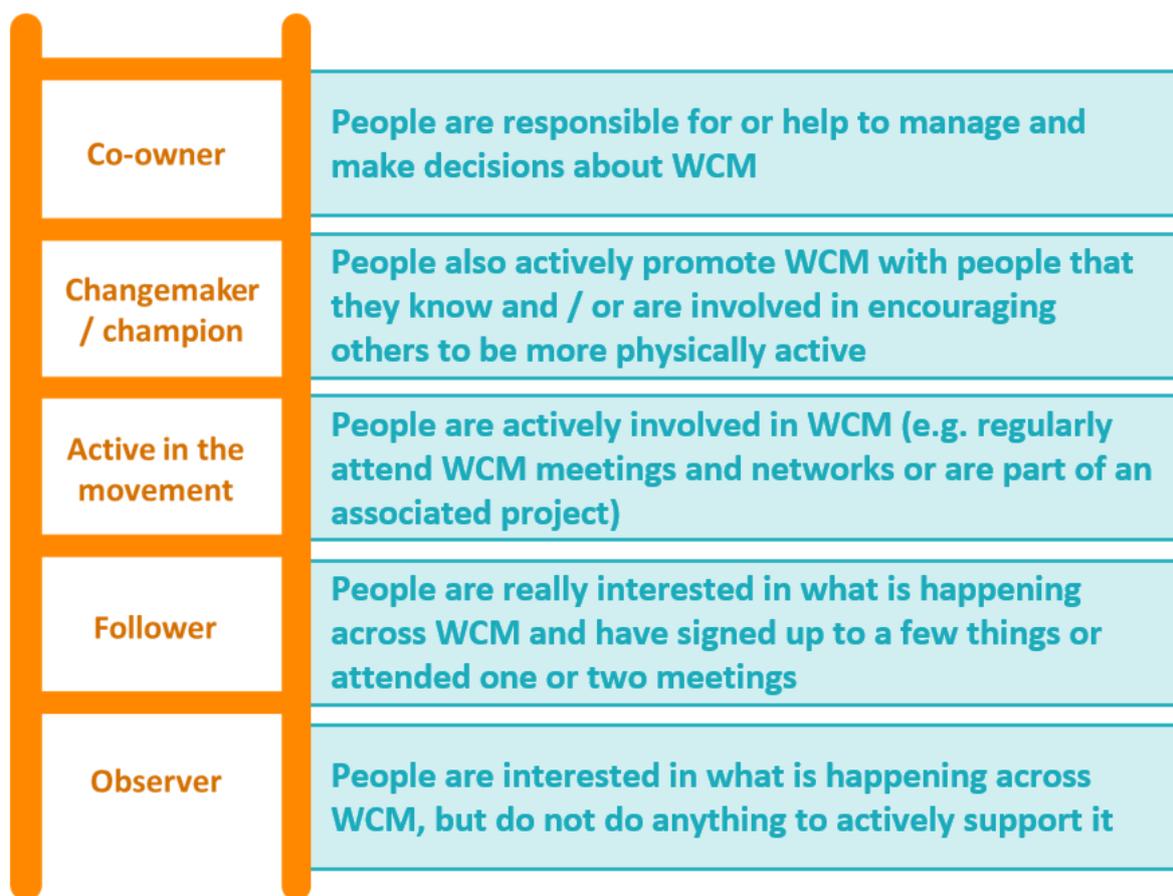


Figure 3: Ladder of Engagement Definitions

¹ Projects refer to discrete pieces of work within WCM, whereas WCM represents the programme in its entirety.

Investment in we can move

A range of organisations have invested in WCM since 2018 – including the clinical commissioning group, local authorities (county and districts), and Sport England. In total, WCM required an approximate **£3,110,000** for its implementation since 2018, which has differed year-by-year (Table 1).

In the first year of implementation (April 2018-2019), very few projects were associated with WCM and were viewed to be Active Gloucestershire projects. As such, they were not accounted for in the costings. In the following years, Active Gloucestershire aimed to align all their work with the WCM Theory of Change which explains the increased investment. The change in evaluation costs reflect the University of Bristol being commissioned in April 2019. These costs *do not include* the time required from external organisations (e.g. involvement from the clinical commissioning group or Gloucestershire County Council) and do not account for the initial investment required to establish a backbone organisation (Active Gloucestershire was already established before April 2018).

Table 1: Estimated cost of WCM implementation

Associated Cost (Approx.)	April 2018 – 2019	April 2019 – 2020	April 2020 – 2021
Investment in staffing	£500,000	£600,000	£640,000
Investment in staff training, staff development & consultancy	£20,000	£40,000	£15,000
Investment in projects & campaigns	£80,000	£500,000	£500,000
Investment in infrastructure and IT systems	£5,000	£30,000	£20,000
Investment in evaluation	£20,000	£55,000 (+£15,000 in kind)	£55,000 (+£15,000 in kind)
Total (per year)	£625,000	£1,240,000	£1,245,000

Evaluation methodology

The National Institute for Health Research Applied Research Collaboration West ([NIHR ARC West](#)) was commissioned by Active Gloucestershire to carry out a two-year evaluation of WCM (April 2019 to April 2021). NIHR ARC West works with its partners to conduct applied health research that aims to address issues facing the health and social care system. This NIHR ARC West evaluation was completed by a team of University of Bristol researchers.

Evaluation questions

- 1 How is the Theory of Change applied in local contexts and what are the associated learnings?
- 2 What changes have occurred that are associated with implementing WCM?
- 3 What are the implications of this learning for refining and adapting WCM and its associated Theory of Change?

Embedded researcher

An embedded researcher was in place throughout the duration of the evaluation. In the first year (April 2019 – April 2020), this meant that the lead researcher spent one day per week with the Active Gloucestershire team in their office. This enabled the researcher to get a strong understanding of the WCM programme, the context that WCM was situated in, and to develop strong working relationships with Active Gloucestershire and their associated partners. In the second year, due to COVID-19, the physical embedded nature of the role ceased, but the regular contact with the Active Gloucestershire team and wider partners continued. The research team also provided Active Gloucestershire, and associated WCM partners, with wider evaluation support and training.

Evaluation framework and methods

Four workstreams were developed to answer the research questions, and in doing so, evaluate WCM. Several methods were used within these workstreams (Table 2). The evaluation was able to adapt in response to local contexts and circumstances (e.g. COVID-19). The planned evaluation was supplemented by two additional research projects led by Masters students from the University of Bristol and University College London. The findings from these student projects have been integrated into this report. Both students were supervised by members of the evaluation team.

Further information on the evaluation methods is available on request. Results were triangulated (i.e. findings combined and verified from multiple methods) to comprehensively answer the research questions. Ethical approval for this evaluation was granted by the Faculty of Health Sciences, University of Bristol (Ref: 91145).

It is important to state that this evaluation did not seek to understand changes in the population levels of physical activity. The Active Lives dataset (Sport England), and other local datasets (e.g. Pupil Wellbeing Survey – formerly the Online Pupil Survey), are being used by Active Gloucestershire to monitor this.

Table 2: Overview of evaluation methods

Workstream and method	Brief description of method
Workstream 1: Review of WCM in Year 1 (April 2018 – April 2019)	
<u>Aim:</u> To gather descriptive information about the first year of WCM implementation.	
Semi-structured interviews	Interviews were completed with 10 members of Active Gloucestershire. Interviews explored: a) Active Gloucestershire before WCM; b) contextual factors influencing WCM; c) how projects are conceived; d) mechanisms of change and implementation; e) initial outcomes and impacts; f) challenges faced in the first year; and g) the vision for the future.
Document analysis	All WCM associated documents were read and analysed to get a better understanding of what happened within the first year of implementation. This was to benefit the research team and the findings are not reported.
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Workstream 2: Deep dive case study analysis of WCM	
<u>Aim:</u> To gather detailed information on how the Theory of Change was applied in WCM, the associated learnings, and the respective impacts of its implementation. Case studies focused on: a) a community-based project in Barton and Tredworth, b) Fall-Proof, a falls prevention project, and c) the broader implementation of WCM.	
Semi-structured interviews	Interviews were completed with 31 stakeholders in total (Barton and Tredworth, n=10; Fall-Proof, n=12; WCM Implementation, n=9). Interviews explored: a) why stakeholders got involved with WCM; b) contextual factors influencing WCM; c) mechanisms of change and implementation; d) associated outcomes and impacts; e) barriers to implementation; and f) developments required in the future.
Ripple Effects Mapping	Ripple Effects Mapping (REM) is a novel participatory and qualitative form of impact evaluation (10, 11). It was used to understand the wider impacts associated with WCM concurrent to its implementation. REM workshops were completed with implementation staff, partners, and community residents throughout the two-year period. Fifteen REM outputs were created in total.
Secondary data analysis	Secondary analyses of quantitative data sets were completed where possible to explore impact. Only one data set was available (Fall-Proof) and data are not reported here due to their limited relevance.
Theory of Change audit	An audit tool (i.e. short survey) was shared with the Active Gloucestershire team. Staff were asked to state how their projects (n=13) used the Theory of Change, and what their reflections were having applied it.
Student project 1	A Masters student from University College London completed interviews with seven community members involved in the Fall-Proof project to explore the usefulness of the campaign materials, whether they led to behaviour change, and how behaviour change was achieved.
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Workstream 3: Understanding the system	
<u>Aim:</u> To map the system that is perceived to cause low levels of physical activity in Gloucestershire, and to use this map to understand where WCM is trying to influence.	
Systems mapping	Nine systems mapping workshops were delivered by Active Gloucestershire between summer 2019 and spring 2020. Over 100 people attended these workshops in total, representing a range of organisations and sectors. The systems mapping process of Public Health England was

Ripple Effects Mapping	used (12). The evaluation team combined the outputs from the nine workshops into a single map. This output represents the factors believed to influence population-levels of physical activity in Gloucestershire. Evaluators extracted information from the 15 REM outputs (see above) regarding the actions and interventions carried out as part of WCM. These actions were overlaid on the systems map to depict where WCM efforts are placed.
Student project 2	A Masters student from the University of Bristol sent a survey to all stakeholders who participated in a systems mapping workshop (n=100). The purpose of the survey was to understand the effectiveness of systems mapping in encouraging systems thinking and collaboration.

Workstream 4: Stakeholder analysis

Aim: To understand the impact of WCM on the involved stakeholders, and to determine where within the system these stakeholders can influence.

Survey	A short survey was developed – adapted from Indig <i>et al.</i> , (13) and Korn <i>et al.</i> , (14) – to assess stakeholder understanding of, and involvement in, WCM. It also assessed the impact of WCM on stakeholders, their organisation, and on their opportunities for networking and collaboration. Respondents provided quantitative and qualitative data. Active Gloucestershire sent the survey to 73 stakeholders in November 2019 and to 107 stakeholders in November 2020.
Secondary analysis of the WCM stakeholder database	A secondary analysis of Active Gloucestershire’s anonymised Customer Relationship Management (CRM) system was completed. Descriptive analyses were used to understand stakeholder engagement in WCM, the sectors involved in WCM, and the part of the system (linked to the systems map) that stakeholders could influence.

Results

The results are split into two parts:

PART 1: Learnings associated with implementing WCM and the Theory of Change

PART 2: Outcomes and impacts associated with WCM

More information is available on these two parts in the boxes below.

Each section of the results is presented as a concise summary of the findings. The intention is that they can be read in isolation and as a whole. Not everybody wants to read the whole report, so specific sections might be more appealing. For example, some people might only be interested in the impact on stakeholders, whilst others might want to know which aspects of the Theory of Change has been applied across WCM projects. These are concise summaries of the findings and further information is available on request.

Three stories, written from the perspective of stakeholders, are also included within the report.

Part 1: Learnings associated with WCM and the Theory of Change

This section of the results aims to answer the first research question: *How is the Theory of Change applied in local contexts and what are the associated learnings?*

It draws on the findings from several workstreams, in particular: workstream 1 (Review of WCM in Year 1); workstream 2 (Deep dive case study analysis of WCM); and elements of workstream 4 (Stakeholder analysis).

Part 2: Outcomes and impacts associated with WCM

This section is focused on answering the second research question: *What changes have occurred that are associated with implementing WCM?*

The findings from several workstreams are used: workstream 2 (Deep dive case study analysis of WCM); workstream 3 (Understanding the system); and workstream 4 (Stakeholder analysis).

The third research question is addressed in the 'Implications and Future thinking' section of the document.

Stories

Stories are used throughout the results to bring WCM and the evaluation to life. The stories are grounded in the evaluation data and are all written from the perspective of an external stakeholder. Each story draws on the findings from several stakeholder interviews to create an overarching and balanced narrative. Each story presented is not therefore related to one specific person, but multiple.

Three stories are included: 1) Gloucestershire before WCM; 2) the role of a backbone organisation; and 3) WCM during COVID-19.

July 2016: Physical Activity in Gloucestershire

There's already loads of great work going on across the county around physical activity and sport. Our organisation does a lot of work with secondary schools trying to make sure that kids enjoy sport, get a good experience of it, with the hope that they will carry it on as they grow older. There are plenty of other organisations doing similar things; some focus more on sports coaching and performance pathways and others focus on play-based activity. Then there are more organisations again who target other groups like older adults, people with disabilities, or health care professionals. We aren't short of things happening in Gloucestershire, put it that way.

Active Gloucestershire are also a big player in the county, and like us, most of their work is sport orientated. They are one of the Active Partnerships, so they get quite a lot of money from them to deliver various activities and to host different networks. This means they are very well connected, and they are also respected by most of us across the patch. The networks are useful because we get to find out what other organisations are doing, especially when we go to the children and young people's networks. I wouldn't say that we work closely though with many of these organisations – we all have our own outcomes to concentrate on, our target numbers to hit, and our reports to write for our funders.

Whilst I say all of this, I have started to notice a bit of a shift happening here in Gloucestershire and across England I suppose as well. There's a feeling that, at least from a physical activity perspective, that our collective approach hasn't been working as well as it could be. Active Gloucestershire presented some data to us recently which showed that, overall, we tend to be helping people who are already sporty or active. Most of the things that we do are fairly short-term; we go in, deliver our sessions, and then move onto the next place or school. Sport England have noticed this as well across the country, probably one of the reasons why they are about to start investing in Local Delivery Pilots. There is talk about whole systems approaches, about doing things differently, and trying to identify more sustainable ways of working. Most of these concepts aren't new in Gloucestershire, but this is the first time I've really noticed them being used in our field of sport and physical activity.

Let's see what happens.



Part 1. Learnings associated with WCM and the Theory of Change

Understanding the system

Systems mapping is a core component of the WCM Theory of Change. Systems mapping is a participatory method that brings stakeholders together from various organisations and sectors to identify the root causes of low physical activity. This process starts off by asking stakeholders to consider the parts of the system that they are most familiar with. For example, GPs might focus on the role of healthcare professionals in promoting physical activity.

Between September 2019 and March 2020, Active Gloucestershire, with initial support from evaluation team, delivered **nine systems mapping workshops to 100 stakeholders in total**. These workshops predominantly followed the Public Health England methodology (12).

The evaluation team collated the nine systems maps into a single map. This map was strengthened through supplementary data from three additional data sources (all of which examined local causes of low physical activity). The final map includes the perspectives of stakeholders involved in the systems mapping workshops, and as such it is unlikely to include every possible factor that may influence physical activity. This map can be updated over time.

Additional learning about the usefulness of systems mapping was collected by a Masters student for their dissertation project. A survey was disseminated to the 100 stakeholders who participated in a systems mapping workshop, including the members of the Active Gloucestershire team. The survey explored: a) stakeholder understanding of physical activity and systems approaches and b) stakeholders experiences of the systems mapping workshop. Sixteen people completed the survey.

Evolution of the systems map

The final systems map is presented in Figure 4. This map includes **198 factors** that are thought to influence the physical activity levels in Gloucestershire. To make the systems map easier to interpret, **12 themes** were identified, from the role of healthcare, to social and cultural norms, to workplace influences. The role of systems leaders was also perceived to have important implications on how the system works, and similarly, many of the people who attended a systems mapping workshop highlighted how other agendas (see wider agendas) such as housing, social and community cohesion, and air quality can influence, and are influenced by, physical activity.

Many of the 198 factors were included in one or more of the nine individual systems maps, and twenty-five factors were included in four or more maps. These factors included: cost of participation (n=8 maps); availability of free time (n=8); individual and family finances (n=7); public transport options (n=7); past experiences of PA (n=7); accessibility of PA opportunities (n=6); cultural and social considerations (n=6); and physical health status (n=6).

This systems map was used by the evaluation team to understand where WCM allocated resource and effort, to understand where WCM stakeholders may be able to influence, and to help Active Gloucestershire to help strategically plan where to invest future resources. It is also used as a tool to demonstrate the complexity of the system that influences physical activity in Gloucestershire. The map is referred to, and used, in other parts of this evaluation report.

Stakeholder understanding of physical activity and systems approaches

Of the 16 people completing the survey, six were Active Gloucestershire staff members and 10 were workshop participants. All six members of Active Gloucestershire were involved in the delivery of the systems mapping workshops. A cautious interpretation of the results is required due to the low survey response rate (16% response).

As seen in Figure 5, there were significant improvements (pre- to post- workshop) in people’s familiarity with systems approaches, in their knowledge of the causes of low physical activity, and in how the causes of low physical activity are interconnected. A score of 3 represents a neutral response. Workshop participants increased their understanding of systems approaches more so than Active Gloucestershire staff (data not shown).

Most people understood why they were invited to attend the workshop (mean score above 4), and perhaps as such, there was little change in this score pre- to post- workshop. Similarly, there was a non-significant change in understanding how people could help address low levels of physical activity in Gloucestershire.



Figure 5: Stakeholder understanding of physical activity and systems approaches

Stakeholder feedback on systems mapping

Qualitative feedback was also provided in the survey about the benefits of attending a workshop and on their experience of participating in the workshop. Five themes illustrate the *benefits of attending a systems mapping workshop*: 1) it allowed stakeholders to **see the bigger picture** around the proposed approach to addressing low physical activity; 2) it also prompted **a change in thinking** with regards to the determinants of low physical activity; 3) it was deemed to be **professionally beneficial** as an alternative way of working; 4) it enabled stakeholders to **build new relationships**; and 5) it encouraged stakeholders to develop and **share a common goal** – working together to achieve more.

There was both positive and negative feedback related to *stakeholder experiences of attending* a systems mapping workshop. Overall, the workshops were deemed to be **enjoyable**; they brought together various stakeholders and encouraged stakeholders to think differently about physical activity. However, a challenging aspect of systems mapping was the **terminology** used and not all stakeholders were familiar with the terms used (i.e. “systems language”). This was also noted by Active Gloucestershire staff.

In summary

- **The Gloucestershire Physical Activity systems map provides a thorough picture of the factors influencing physical activity.**
- **A wide range of stakeholder perspectives were gathered using systems mapping.**
- **Systems mapping workshops appear beneficial in helping stakeholders to develop an understanding of the problem, to build new relationships, and to start developing a common goal.**

Working well

- **The systems map is a static representation of the drivers of low physical activity. These drivers will change over time and the map will need to be updated accordingly.**
- **The terminology used within systems mapping workshops may need to be simplified.**

Future development

Learning from the first year of WCM implementation

Interviews were completed with 10 staff members of Active Gloucestershire in September 2019. These interviews explored how WCM and the associated projects were conceived, what factors facilitated WCM in its first year (April 2018 – April 2019), what outcomes occurred, the challenges that were faced, and what the future vision for WCM was. As the evaluation team came into post in April 2019, it was important to understand what had happened before the evaluation commenced. Interviews lasted between 43 and 103 minutes.

An overview of the interview findings is available in Figure 6. Six key themes were generated, each aligned with the questions asked in the interviews: 1) the conception of projects and WCM; 2) contextual factors that influenced WCM and its implementation; 3) the mechanisms of implementation and change in the first year; 4) the outcomes associated with WCM in this year; 5) the challenges faced when implementing WCM; and 6) the future vision for WCM and the changes that were required. The information below expands on these themes.

Conception of WCM

Active Gloucestershire acknowledged that their previous approach was ineffective, and that a new approach was therefore required. A **review of the evidence base**² and an extensive **consultation with local organisations** were initially carried out. Active Gloucestershire received funding from the **Big Lottery** to develop an alternative Theory of Change (i.e. propose how a new approach may work), and so using these funds, and the information gleaned from the evidence review and stakeholder consultation, Gloucestershire Moves was conceptualised. Active Gloucestershire worked with **topic experts** (e.g. Social Change Agency, Practical Gov, University College London) to refine their Theory of Change when applying to become a SportEngland Local Delivery Pilot. They were unsuccessful in this Sport England bid.

Accounting for the local context

Contextual factors influenced the implementation of WCM. Active Gloucestershire was already seen as a **well-respected organisation** within the county that has relationships with many organisations, and **strong relationships were present between organisations in the voluntary and community sector** (VCS). Organisations were happy to support one another, and to share learning and examples of good practice. This was believed to be beneficial given that WCM aims to bring organisations together to increase physical activity amongst the population. Lastly, interviewees talked about a **changing mindset in the sector**. They suggested that the physical activity sector had become more receptive to systems approaches. This was driven in part by two factors, a) the Local Delivery Pilot work of SportEngland (which advocates for the use of systems approaches), and b) that the wider sectors in Gloucestershire were becoming familiar with systems-based language and concepts. These two factors were seen to create conditions supportive of the WCM programme.

Active ingredients of WCM in the first year

Three key themes were generated with regards to mechanisms of change: 1) mechanisms noted in year 1 implementation (i.e. past mechanisms); 2) the role of AG as a mechanism; and, 3) mechanisms

² Text in **bold** represents a key theme. Text that is underlined represents sub-themes.

associated with movement building. Mechanisms are the ‘active ingredients’ in an intervention or programme that help it to generate its outcomes (8).

Regarding the **mechanisms noted in year 1 implementation**, a “Testing things out” mindset was seen to be key at Active Gloucestershire. Helping this was support from external leadership, particularly because several leaders are also commissioners of WCM. Senior leadership buy-in was important because it provides leverage, provides financial support for WCM, and helps to broaden the reach of the programme across professional organisations, sectors, and the public. Similarly, Active Gloucestershire were strategic in who they sought to engage with, trying to identify individuals and organisations who can influence how parts of the system work (i.e. systems architects). Active Gloucestershire aimed to engage wider stakeholders by illustrating how WCM aligned with wider strategies and priorities (e.g. linking in with healthy weight agendas, air quality agendas, or community engagement work).

The second theme relates to the **role of Active Gloucestershire** within WCM. The strength of the internal leadership was perceived to be a key mechanism for driving WCM forwards, providing the initial vision for WCM and then the strategy to implement WCM. The external leadership support was also linked to the efforts of the leadership at Active Gloucestershire. Interviewees also mentioned the strengths of the Active Gloucestershire team, particularly in their ability to work together, their passion and ambition surrounding WCM, and their willingness to adopt an alternative way of working and thinking. They had also developed a good understanding of the system within Gloucestershire that influences physical activity – through assessing data, undertaking scoping and mapping work, and through their tacit knowledge of working within certain localities.

The third theme is on the **mechanisms required to build a movement**. Catalyst events (such as ‘Joining the Dots’ and ‘Beat the Street’) enabled a group of stakeholders to come together around a particular topic or issue. These events allowed people to feel part of something bigger and also enabled Active Gloucestershire to establish or strengthen relationships with other organisations. Interviewees believed it was important for these catalyst events to be clearly associated with the WCM brand. However, some suggested that ‘Beat the Street’ was not well linked to the WCM meaning that it was unlikely that the public would become aware of WCM. Catalyst events also required a backbone organisation to manage them. Few interviewees believed that the movement would be sustainable without the input from an organisation such as Active Gloucestershire.

Initial outcomes

Four of the five main outcomes were associated with changes that have occurred internally at Active Gloucestershire. Many interviewees said that there was an **aligned vision** regarding what WCM is hoping to achieve at Active Gloucestershire. A major outcome for year 1 was that they had WCM projects “**up and running**” – for example, Fall-Proof and the place-based work in Barton and Tredworth. Interviewees were glad to be moving from the theory to seeing it working in practice. The new ways of working required by WCM had created a **culture and mindset shift** within Active Gloucestershire (e.g. the shift from project delivery to facilitating systems change). The last outcome was that interviewees believed that people were beginning to **know about WCM** across the county.

Initial challenges faced in WCM

Three key challenges were noted: 1) those linked to the Theory of Change; 2) the measurement and outcomes associated with WCM; and 3) those related to wider stakeholders. The first two are expanded on here. Information about the third theme is available in Figure 6.

The **Theory of Change** was a dominant theme that had several challenges associated with it: how to describe it, how to implement it, and how it works conceptually. Many had difficulty in describing what WCM is, and especially movement building. The language used to describe WCM was too

technical, there was no guidance on what to say about WCM, meaning that interviewees often felt reliant on the WCM slide pack when talking about it. Many subsequently felt that a simpler language, and a flexible template, were required to help increase confidence in talking about WCM.

Regarding the implementation of the Theory of Change, a major challenge was the lack of a standardised process. Interviewees stated that it wasn't clear how the different elements of the Theory of Change hinge together or how they could move through the Theory of Change. This was particularly problematic if external organisations wanted to implement the WCM Theory of Change. A process was available though for developing behaviourally informed interventions via COM-B and the Behaviour Change Wheel (9). However, interviewees noted that this process was reliant on the expertise of external partners (UCL). This fed into another challenge, the dissonance between having a process that was thorough and rigorous, and one that was simple enough for non-experts to deliver it. At the time, interviewees felt wedded to the purist approach (i.e. deliver the COM-B and Behaviour Change Wheel processes with a high degree of fidelity) due to the lack of other options available.

“Their [organisation] time scales are so, so tight so they are very interested in an off-the-peg model, national programme like [programme name], which we know doesn't work traditionally. Getting in someone, a former international rugby player to go and talk to about mental health might tick a box but is it successful? No, not really. Our approach, of course, is can we go in and understand their system? Can we look at some of the behaviours? That takes more time and that's one of their fears, to be honest, because it's very much swimming against the tide.”

The main conceptual challenge was differentiating between what constitutes 'Active Gloucestershire work' and what constitutes 'WCM work'. Although all Active Gloucestershire work was hoped to be associated with WCM in the future, at the time of interviewing, several projects were still traditional pieces of work funded by external organisations (e.g. school games, Beat the Street) and some projects were deemed to be traditional projects which were morphing into WCM projects (e.g. Daily Mile).

The second set of challenges were on **measurements and outcomes associated with WCM**. Although the mindset of Active Gloucestershire was becoming more familiar to working within systems, this mindset was not yet shared by all stakeholders working across the Gloucestershire physical activity system, including those who were investing in WCM (i.e. commissioner expectations). As such, the measurements and outcomes used to report on the success of some WCM projects reflected a more traditional mindset (e.g. concerned with intervention reach, participation and observable changes in physical activity) rather than one which was concerned with understanding how, and why, the system is changing over time.

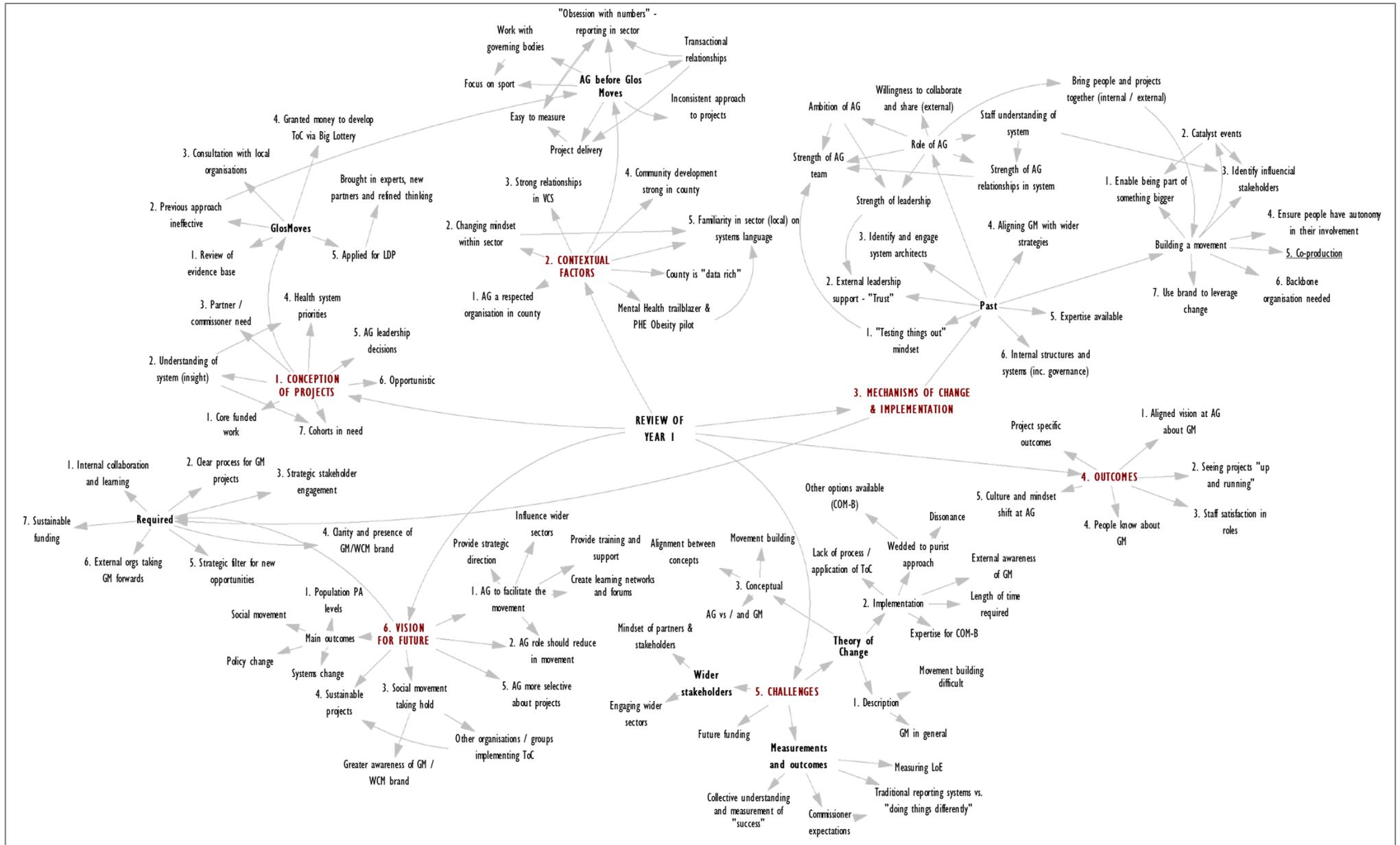


Figure 6: Overview of year 1 interview findings (Note, GM refers to Gloucestershire Moves, now known as we can move [WCM])

Future vision for WCM

Many interviewees believed that the role of Active Gloucestershire should evolve within the next few years to focus on the **facilitation of the movement** rather than the delivery of projects. Active Gloucestershire would help provide the strategic direction for the movement and seek to engage a broad range of influential stakeholders. In doing so, they would oversee many aspects of WCM. They would also provide opportunities for wider stakeholders to come together (e.g. via forums and learning networks), and also provide support and training to wider stakeholders who, in turn, would **grow the WCM movement**. Active Gloucestershire would become **more selective** about their projects, aiming to take forwards / bolster those which align with the ethos of WCM and are perceived to be **sustainable**.

“We will have a better relationship, I guess, with networks and organisations and people to support them to make things happen. So, probably much more about that facilitation type thing, upskilling to go and do what they want to do in the places that they are from, rather than us going out to them, to the places.”

Interviewees highlighted **several areas for development** in the future. The Active Gloucestershire team acknowledged that they need to improve how they work more collaboratively with their colleagues. Secondly, many required a clearer process for how to implement the Theory of Change. Similarly, they also wanted a more strategic approach to identifying and engaging with stakeholders and in identifying new opportunities for WCM projects. Lastly, given that WCM aims to initiate a social movement, interviewees stated that external stakeholders need to start taking WCM forward.

In summary

- **WCM had moved from being conceptual to being implemented.**
- **Active Gloucestershire were in a good position to be the backbone organisation for WCM.**
- **External leadership support was key in the initial stages of WCM.**
- **Movement building was initiated and strengthened through the delivery of catalyst events.**
- **WCM has contributed to culture and mindset shifts at Active Gloucestershire.**

Working well

- **The Theory of Change could be made easier to describe.**
- **A process is needed to explain how the Theory of Change can be applied.**
- **COM-B and the Behaviour Change Wheel may be overly reliant on external expertise to implement.**
- **Clarity is needed to differentiate Active Gloucestershire work from WCM work.**
- **Early conversations are needed between stakeholders around measurement and outcomes. Otherwise this risks projects becoming transactional.**

Future development

Applying the Theory of Change across WCM

The WCM Theory of Change includes a set of mechanisms that are hypothesised to make it work (Figure 2), including behaviour change models, systems mapping, and social movement building. Part of the evaluation sought to understand how the Theory of Change had been applied across the WCM programme and its associated projects.

In September 2020, a six-item audit survey was sent to members of the Active Gloucestershire team. The survey gathered information on: 1) staff perceptions around what the Theory of Change is and includes; 2) feedback on how it should be used; 3) how it has been implemented across WCM; 4) what works well; 5) what doesn't work well; and 6) how it could be improved. Data was collected from seven members of Active Gloucestershire across 13 projects.

Perceptions of the Theory of Change and what it includes

The Theory of Change was referred to as a **set of underpinning principles** and **tools** that could be used to increase physical activity levels across Gloucestershire. Staff members believed that the tools within the Theory of Change should enable them to: a) **design robust interventions**; b) create a **shared purpose** and **shared outcomes** between stakeholders; c) **facilitate the movement**; and d) to **better understand the system** and the people within it. Several staff believed that the theory should represent "the way that we work".

How best to implement the Theory of Change

Most staff said that the Theory of Change needs to be **flexible**, that it should not be prescriptive, or used as a step-by-step guide. It was believed that some elements were more suited to certain projects and/or cohorts. How it is implemented should be **dependent on the people or projects using it**. Beyond this, there was little agreement for how else it should be used. Some stated that it is an internal "way of working" which members of the backbone organisation use, rather than for use by external organisations. Others said that it should give external stakeholders confidence that a process or method is underpinning WCM, but again, that they do not need to be aware of the details.

How the Theory of Change has been implemented

Table 3 illustrates how the various elements of the Theory of Change have been implemented across the 13 WCM projects. It should be noted that some projects were just starting to be implemented when the audit was completed, and also that some projects commenced before the current version of the Theory of Change was published. Seven of the 13 projects stated that they were implementing five or more elements of the Theory of Change. Examples of what was implemented are also provided in the table. Whilst many aspects of the Theory of Change are implemented within WCM projects, there was not consistency in what was applied and when.

Table 3: Theory of Change Audit

Elements of the Theory of Change	Implemented	Examples of implementation
1. Understand the whole system as it affects the least active people	Yes: 7 No: 4 N/A: 2	a) Systems mapping with stakeholder and project groups. One project drew on COM-B. One project drew on the Action Scales model. b) Stakeholder and asset mapping. c) COM-B analysis.
2. Narrow down the focus	Yes: 9 No: 4 N/A: 0	a) Using COM-B and the behavioural analysis. b) Analysis of national/local data and insight. c) Mapping of service provision. d) Stakeholder workshops.
3. Identify what barriers and enablers are faced	Yes: 8 No: 2 N/A: 3	a) Full behavioural analysis using COM-B. b) Light touch behavioural analysis using COM-B. c) Systems mapping workshops. d) Analysis of national and local data. e) Community consultation via events and surveys.
4. Do things to change the system	Yes: 5 No: 5 N/A: 3	a) Continuous working with commissioners, senior leaders, and external partners. b) As a by-product of intervention and workshop delivery. c) Undertaken through local steering groups.
a. Develop shared principles	Yes: 7 No: 4 N/A: 2	a) Facilitated values & principles meetings with stakeholders. b) Using systems leadership principles. c) By-product of systems mapping workshops.
b. Enable people to learn together	Yes: 9 No: 0 N/A: 4	a) Continuous stakeholder involvement. b) Regular stakeholder networks, meetings and events. c) Sharing learning with stakeholders.
c. Encourage collective action	Yes: 9 No: 2 N/A: 2	a) Continuous stakeholder involvement. b) Organise networks and multi-stakeholder events. c) Cause stakeholders to reflect on role in the system through use of systems maps.

Elements that work well

Systems mapping was noted by most Active Gloucestershire staff to be particularly useful, because: a) it allows people to see their place in the system and develop a better understanding of the problem; b) the process itself is engaging and prompts stakeholders to have initial conversations; and c) it allows stakeholders – and the backbone organisation – to identify places to focus future work. The **COM-B model** and the Behaviour Change Wheel were also seen to work well. They provided a robust process for developing interventions. However, this process was also frequently criticised. Other elements of the Theory of Change were thought to work well by individual respondents.

Elements that work less well

Conversely, designing interventions using **COM-B** and the Behaviour Change Wheel was challenging because it required too much time, resource and expertise to implement fully. So, whilst respondents

liked the structure and robustness of the process, it was at odds with the resources available to implement the process fully. **Social movement building** was another problematic area for several respondents, predominantly because it was not clear what it is and that there were no clear processes to get people involved in the movement (or more involved). There were also some concerns about how best to work with people at the differing levels of the Ladder of Engagement. Several people commented that there was insufficient information internally on **how to change the system**. Similarly, others said that there was a lack of clarity in how to **develop shared principles and values** between stakeholders.

Improving the Theory of Change in the future

Suggestions for future development included: a) providing **more information on how to implement** different aspects of the Theory of Change; b) **re-framing the Theory of Change** so that it becomes a set of tools (that can be applied as required) rather than a roadmap/process (to be followed in a linear manner); c) greater emphasis – and support – around **systems leadership**; and d) **more internal training** to support the implementation and collective understanding of the Theory of Change. Some staff members thought that the Theory of Change needed to be simplified if it was to be adopted by external organisations.

In summary

- Respondents agreed that the Theory of Change is a set of principles and tools to help increase physical activity across Gloucestershire, and that it helps stakeholders come together to develop a shared purpose.
- Respondents agreed that the Theory of Change should be implemented in a flexible manner, guided by the needs of the project or cohort.
- Systems mapping seems to work well.

Working well

- COM-B and the Behaviour Change Wheel are currently too resource intensive to implement.
- Social movement building can feel intangible and without process.
- There was limited consistency in how the Theory of Change is applied.
- Decisions are required on whether the Theory of Change should be internally or externally facing.
- Several other aspects were highlighted by respondents for improvement.

Future development

Learning from the implementation of WCM: case study examples

Three case studies were identified to explore, in depth, how WCM was implemented in practice. The aim was to explore the contextual and mechanistic factors that influence WCM implementation, and to understand what outcomes and impacts came about within these case studies. The place-based work in **Barton and Tredworth** and the **Fall-Proof** project were chosen as they represented discrete projects within WCM. Both applied the Theory of Change, albeit in a different manner and under different circumstances. The third case study was an in-depth exploration of key stakeholder experiences of, and attitudes towards, the **WCM programme**.

Several methods were used to examine the case studies. Semi-structured interviews – which used the same interview questions throughout - were used consistently across the three case studies. Thirty-one interviews were completed between May 2020 and January 2021. Interviews lasted between 30 and 60 minutes. Results on impacts and outcomes are reported in Part 2.

Ripple Effects Mapping (REM) was also used across the three case studies. REM is predominantly used to understand the wider impacts associated with a project or programme, however it can also be used to uncover some mechanistic factors that lead to impacts occurring. Any data related to mechanisms are included here, and outcomes and impacts are included in Part 2 of the results.

Other methods were also used (e.g. Theory of Change Audit, analysis of the Customer Relationship Management system), however they are presented in separate sections of this evaluation report.

Case studies

Barton and Tredworth	Fall-Proof	WCM Implementation
<p>Barton and Tredworth is a small, culturally diverse, deprived ward in Gloucester.</p> <p>Active Gloucestershire wanted to start working in a place-based manner that responds to the needs of residents.</p> <p>As part of WCM, Active Gloucestershire received funding from Sport England to work with a group of local women from Barton and Tredworth. These women wanted to create opportunities for other women, particularly Muslim women, to take part in physical activity.</p> <p>This group organised many opportunities for physical activity, linked in with local organisations, and championed physical activity within their communities. Active Gloucestershire facilitated this.</p>	<p>Gloucestershire has an aging population. Older adults are at a greater risk of falling and being admitted to hospital due to falling.</p> <p>Gloucestershire’s Clinical Commissioning Group funded Active Gloucestershire to develop a falls prevention initiative for the county.</p> <p>Active Gloucestershire worked with community members and professionals to design and develop Fall-Proof. The Behaviour Change Wheel was used to help design a behaviourally informed intervention.</p> <p>Fall-Proof aimed to increase older adults’ awareness of falls risk, to encourage strength and balance exercises at home, and to increase referrals to community-based strength and balance classes.</p>	<p>Social movement building is a core component of the WCM Theory of Change. It provides a framework for stakeholders and organisations to integrate into, and take ownership of, WCM.</p> <p>WCM is a systems-approach that seeks to work with multiple organisations and sectors to make Gloucestershire a more conducive place for physical activity. WCM should help stakeholders to see their place in the system, to see how they could contribute to making physical activity the norm, and to see that many different agendas would benefit from improved collective working.</p> <p>Active Gloucestershire are the backbone organisation for WCM, supporting and facilitating its implementation.</p>

Figure 7 gives an overview of all the themes and sub-themes³ created from the interview and REM analysis (mechanisms only). The information below expands on some of the key themes.

Why people got involved in WCM

Stakeholders had various motivations for getting involved in WCM or the associated projects. Many were **passionate about physical activity** and its associated benefits (e.g. mental health and socialisation), others engaged because **WCM aligned with their organisations priorities** meaning that their involvement in WCM would be mutually beneficial. A shared purpose was already present and WCM would have **multiple benefits** (i.e. not just on physical activity). Some of the stakeholders got involved because they wanted to **learn about WCM** and / or wanted to learn about the Theory of Change. Interviewees typically had multiple motivations for getting involved.

The local context

Stakeholders consistently spoke about the **organisational strength of Active Gloucestershire**. Active Gloucestershire were said to be well-connected and respected within the county, factors that position them well to be at the heart of WCM. Interviewees also suggested that they had observed a **mindset shift** within parts of these system in the last few years, and that the council(s) and funders were also believed to be supportive of (or becoming supportive of) systems approaches. Several Barton and Tredworth interviewees mentioned that the council also supported place-based and **asset-based community development**, which was further strengthened through a rich and cohesive voluntary sector. Collectively, this helped to create conditions that were receptive to, and supportive of, the WCM approach; in effect, WCM was pushing on a door already slightly ajar.

“It’s almost like you want to put a heat map over the county, or a magnet, and there are some particular individuals that are really, really interested in systems change. They can see the strategic benefit of it. However, many of those individuals are stuck in traditional institutions and therefore really struggle to innovate, so they will try and be supportive but there’ll be certain hoops that they have to jump through or political issues that they’re encountering.”

Active ingredients of WCM

There were several key themes regarding the mechanisms of action for WCM: 1) those related to the backbone organisation; 2) those associated with stakeholders and collaboration; 3) those linked to the Theory of Change; and 4) those linked to COVID-19 acting as a catalyst.

The **role of the backbone organisation** was discussed, in depth, across all three case studies. A short story has been created to help illustrate the backbone role (pg. 35). Interviewees regularly stated that the backbone organisation brokered relationships between stakeholders (including linking stakeholders with senior leaders across Gloucestershire). This was helped by the organisational strength of Active Gloucestershire (see context section) and the breadth and depth of the relationships that they held. The backbone organisation was also believed to facilitate the system – referred to as a “middleman” and the “custodians of WCM”. This was regularly viewed as a “behind the scenes” role rather than one associated with project delivery (linked to seeing the bigger picture). Adding to this, several stakeholders said that Active Gloucestershire had supported the development of people and organisations (for example, applying for funding or developing an intervention). These sub-themes were less frequently mentioned by Fall-Proof interviewees. Active Gloucestershire was

³ Text in **bold** represents a key theme. Text that is underlined represents a sub-theme.

also said to have a diversity of specialist skills (from data and insight, to project management, to behaviour change theory), meaning that they could impart knowledge and expertise where required. Most frequently, it was their knowledge of the local systems was drawn upon by stakeholders.

The backbone role is directly linked to the next key theme, **working with stakeholders**. It was important for the backbone organisation to identify the “right” people and organisations to work with, those whose vision and agenda aligned with the WCM approach, and who had a personality and mindset that would enable the WCM social movement to flourish. This meant working with “social butterflies” – i.e. those who are connected to other people and organisations. It also meant working with influential people in an organisation who would then act as a conduit for WCM to spread. There were several examples where these conduits had been established. One mechanism for helping to identify these people was for Active Gloucestershire to attend and / or set up networking events and meetings. The REM analysis found that Active Gloucestershire were involved in a minimum of 23 networks and engaged with a minimum of 82 organisations. In Barton and Tredworth and across the WCM programme more broadly, networking events were catalytic in supporting action and collaboration to occur. In all instances, it was imperative that sufficient time was provided to develop trust between stakeholders and that people and organisations were allowed to work in this way.

“I think the relationship is at the heart of that partnership and there has to be trust. This wasn’t a traditional commissioning relationship; this was, ‘You’ve got something that we want and we’ve got something you want,’ and therefore there was a really interesting match”

COVID-19 was also a catalyst. COVID-19 caused rapid adaptations in the systems to occur; for resources to be redeployed and for priorities to change. The Public Health team, for example, had very limited involvement in WCM since the pandemic began. COVID-19 also brought new money and new opportunities into the Gloucestershire systems, which meant that WCM had to adapt its direction accordingly. Again, due to the organisational strength of Active Gloucestershire and their credibility in the local system, they were able to bring stakeholders together to capitalise on the new opportunities available. As will be noted later, a lot of the planned work within WCM was put on hold due to COVID-19.

There was also some feedback from interviewees on **specific elements of the Theory of Change**. Those who attended a systems mapping or COM-B workshop found them valuable, especially in forcing them to think holistically about a problem or approach to intervention design. The COM-B process (and the Behaviour Change Wheel) provided a robust and transparent process for designing behaviourally informed intervention. These workshops therefore served as useful stakeholder engagement tools – providing a mechanism for them to contribute to WCM.

Challenges for WCM

Two themes were highlighted across all case studies: evaluation-related challenges and equity-related challenges. **Evaluation-related challenges** were more prominent in the Fall-Proof case study, particularly on how to demonstrate the impact of the intervention given that it focused on reducing the number of older adults admitted to hospital because of a fall. This was also the case in Barton and Tredworth; when an intervention is owned, implemented and adapted by the community, its impact is difficult to measure. It was apparent across case studies that the measurement of impact and outcomes is more challenging when the beneficiaries are not easy to identify (unlike in traditional types of projects). There were also different perceptions around the purpose of the evaluation, whether it is to demonstrate the impact of WCM (i.e. cause and effect), to facilitate learning, or whether it was something to satisfy commissioners. If the latter, then interviewees often referred to

the importance of numbers in evaluation. There were also different expectations among stakeholders regarding when WCM (or a project) should have had a meaningful impact by.

Stakeholders were also concerned about **equality**. In the two project related case studies, some interviewees questioned whether Fall-Proof and the place-based work in Barton and Tredworth were engaging with those who were the least active or the “hardest-to-reach”. It is worth mentioning that these were *perceptions* around equality rather than statements based on evidence.

Three interconnected challenges raised by the WCM Implementation interviewees were: 1) the stakeholder understandings of WCM; 2) the expectations of their involvement; and 3) the difficulty of the social movement. Stakeholders were often **unclear on the difference between Active Gloucestershire and WCM**. Several did not know what WCM was, and instead talked only of their relationship with Active Gloucestershire. Some saw WCM as a campaign. This links to the messaging and communication around WCM, which for some, was believed to be too complicated and jargon heavy. This also feeds into the other two themes: the **roles and responsibilities of wider stakeholders** and how they can **contribute to the social movement**. Interviewees, particularly in the Fall-Proof case study, stated that their roles and responsibilities within the project were not well defined. They did not always know how they could contribute to the project and reported that they received limited information after attending workshops / meetings. The same was also true in the case of WCM as a whole; several interviewees were not clear on how they could support the implementation and spread of WCM – i.e. the social movement. It was clear though that stakeholders wanted to be more involved.

The last major challenge was on how to navigate the “**clash of mindsets**”. Whilst many people, particularly the interviewees, had adopted a new way of thinking about the systems that they work in and the problems that they are trying to solve, these mindsets were not held by everyone. Interviewees spoke about some of the challenges they face in working within organisations where a ‘systems thinking’ mindset was not widely held or was not held by people in positions of influence. This relates to some of the evaluative difficulties (e.g. tendency to focus on numerical data) and the desire for tangible outcomes. This clash needs to be carefully navigated, otherwise there is a threat that traditional mindsets and evaluation measures may push WCM (and associated projects) to align with a transactional type of service delivery approach rather than a systems-based approach.

“I have always been that new way, I’ve always done this sort of way, I always think connecting the dots is much better, more effective so I’ve never worked in that sort of old way and that silo approach I guess. So I think there might be a bit of challenge around how they work and you know bringing people – great, get everyone in a room, get everyone interested but then you might get some people that would just automatically flip back to, right what’s on priorities, what’s on the agenda I’ve got to do today.”

Future requirements for WCM

Interviewees frequently identified opportunities for WCM to develop in the future. Interviewees spoke of the need to improve the **communication and engagement with stakeholders** involved in, or trying to get involved in, WCM. This includes better communication with stakeholders following events and networks, clarity on the roles and responsibilities of stakeholders working within WCM, and working closely with stakeholders from the outset where particular projects are concerned. This feeds into the next key theme: **clarifying how stakeholders can contribute to WCM**. Most interviewees wanted to be part of WCM, however very few were clear on how they could integrate themselves or their organisation into the social movement. Proving clearer processes or opportunities to contribute to, and form part of, WCM were therefore called for. This would allow wider stakeholders to take shared ownership over some elements of WCM.

The last major theme was on the need to **develop an adaptive evaluation framework** from the outset. This means working with stakeholders to agree on a feasible evaluation plan which can change over time if required (e.g. if the focus of the project changes). It also means identifying a set of proxy measures that will help stakeholders to determine whether an action or intervention is having its desired effect. This doesn't necessarily mean changing physical activity levels (which could be viewed as a long-term goal). As part of the adaptive evaluation, interviewees suggested that regular meetings and time points are planned in to reflect on progress and adapt the implementation approach accordingly. Several other areas for improvement are highlighted in Figure 7.

“I’m not sure that was there right at the start in terms of an agreement of, ‘What do we want to measure before we start doing it that will give everyone involved confidence?’, and then, ‘How are we going to measure that, that will give everyone confidence?’ right at the start before you start doing because otherwise you always get to these points where someone’s like, ‘Well, we never said we’d measure that’ or ‘We haven’t been able to get that. I’ve done this in this way but that doesn’t work for you’ kind of thing, so everyone involved around the table at the start to say, ‘Okay, we have an outline of what we’re going to do. What is it we’re all expecting from this and what is it that we need to gather so everyone’s happy that we have or haven’t achieved it?’”

In summary

- The local context was already supportive of systems-based approaches pre-WCM.
- The backbone organisation was fundamental to WCM’s delivery.
- Relationships in the system are key, but it was important to find the right people to work with and to allow sufficient time to develop trusting relationships.
- COVID-19 created several new opportunities for WCM.
- The workshop components of the Theory of Change were valued by stakeholders.

Working well

- Demonstrating impact within WCM (and associated projects) was difficult. Transparent and honest conversations are required from the outset.
- Stakeholders required more opportunities to get involved in WCM, and to have defined roles and responsibilities when they are involved.
- Improved communication with stakeholders is required after events.
- The difference between WCM and Active Gloucestershire was not always clear.

Future development

Impact of COVID-19 on WCM

COVID-19 had a substantial impact on the delivery of WCM. Its impact was explored as part of the 31 stakeholder interviews, the REM workshops, and in the 2020 stakeholder survey. The findings from these methods are combined in this section.

COVID-19 significantly impacted on the implementation of WCM (Figure 8). Positively, the pandemic caused some **rapid adaptations to elements of WCM** (e.g. provision of activities for children during holidays). These adaptations often required **multiple stakeholders to come together**, many of whom had not previously worked together, to meet the changing demands of the local systems. In some instances, this also provided organisations with their first opportunities to meet senior leaders from across the county. COVID-19, and the consortium of organisations, led to **new opportunities** for WCM and brought **new money** into the county, to WCM, and to the associated stakeholders.

On the contrary, there were many negative implications associated with COVID-19. First, **it prevented some organisations from remaining involved in WCM** as their focus and resource were diverted into COVID-19 response (e.g. Public Health). As schools also closed during the national lockdowns, many aspects of the children and young people's work was forced to stop. Second, and linked to the first point, **WCM became less of a priority** for other organisations. For some organisations, they were not able to contribute to collective, county-wide initiatives as they needed to **focus their efforts on staying afloat**. Overall, this had a significant impact on aspects of WCM and its associated projects; progress stalled and partnership work curtailed.

Other negative impacts also occurred. Many aspects of WCM that required **face-to-face delivery** were cancelled or re-organised, especially throughout the periods of national lockdown. This was also the case for any **networking events** that were either part of WCM or that Active Gloucestershire attended. As reported in other sections, networking events were often catalytic in causing action to occur and for creating new relationships. The ability to have **informal and regular "catch ups"** with stakeholders involved in WCM was important prior to COVID-19, however most ceased once the pandemic started.

A final impact of COVID-19 was that the **online space became crowded**, particularly social media. Given that many public-facing, physical activity organisations were not able to deliver their sessions or classes in person, many moved their content online. National organisations were also doing the same, meaning that a lot of content was being published on physical activity and exercise. Caution was required by WCM on how best to navigate through this, and to ensure that any messages published through WCM were aligned to its values.

As noted, **some aspects of WCM stalled whilst others unexpectedly emerged and gained momentum, and these impacts must be considered when reading this evaluation report**. The pandemic started mid-way through the evaluation period (March 2020), and the decision was made between Active Gloucestershire and the evaluation team, to continue the evaluation throughout 2020 despite the national restrictions being imposed.

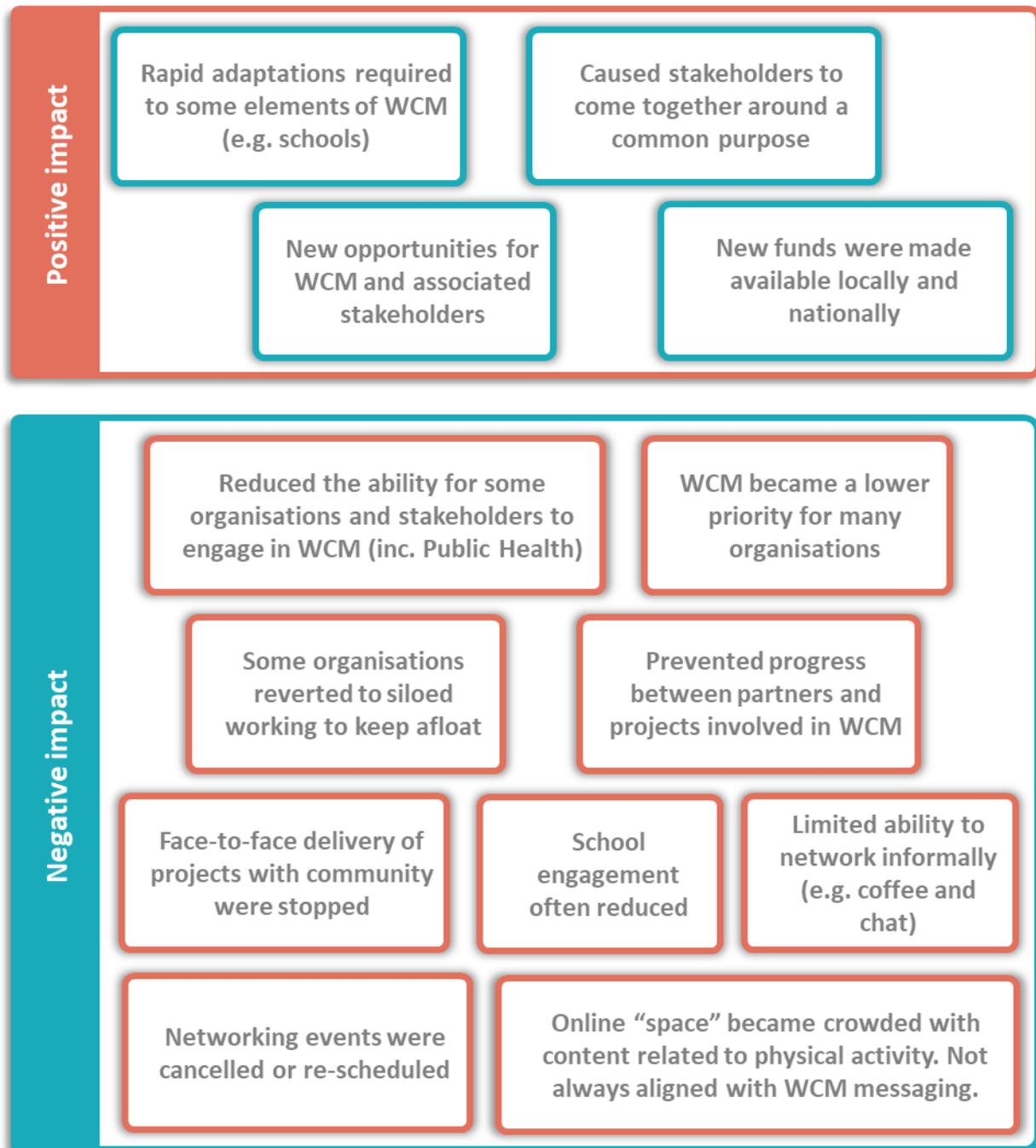


Figure 8: Impacts of COVID-19 on WCM

September 2020: Facilitating the system

I think you really need to have an organisation that sits behind something like we can move, otherwise it lacks direction and momentum. Active Gloucestershire have held, and developed, this role over the last couple of years. The first time I encountered Active Glos was actually at one of their networking events – ‘Joining the Dots’, sometime back in summer 2018. In a way, ‘joining the dots’ is a fitting way to describe how they seem to work.

They are more behind the scenes than perhaps they used to be. You don’t see them doing the delivery side of things as much. Instead, you tend to see them at networking events or in meetings with leaders from organisations or the council. They act as a bit of a middleman; they have good, trusting relationships with a lot of people in Gloucestershire, and nationally for that matter, but what they are able to do is bring these people and organisations together to encourage collaboration. Sometimes they will carry on working with these organisations and other times they will step back and leave people to it. I’ve also noticed that one or two members of Active Glos work for other organisations for a couple of days a week...

Something else that probably helps is their knowledge and understanding of the local system. Because they’ve been working in Gloucestershire for a long time - especially with communities, the voluntary sector, the council, and other organisations - they’ve got a really in-depth knowledge of how things work, who does what, how to engage communities, community preferences etcetera etcetera. Their ear is firmly on the ground. This means that they can then link things up effectively because they know who to talk to. And they can influence these people, which isn’t something that comes quickly. It takes time to build these relationships and to create that trust. Working with Active Glos has probably provided our organisation with a bit more credibility too; people seem to listen more if they know that we are working with them.

I suppose the only other thing to say about Active Gloucestershire is that they have helped other organisations to find, and apply for, funding. Sometimes Active Gloucestershire hold these pots of money in the first place, for example, some of that which comes down from Sport England. They are then able to disseminate this money across the system or create a process for organisations and people to apply for chunks of it.

It’s a much different role to the one that they used to have, and a far cry from being out and about in schools like they used to be. It’ll be interesting to see what all this looks like in another couple of years.

**Part 2. Outcomes and impacts
associated with WCM**



Stakeholder survey

A survey was disseminated by Active Gloucestershire to their key stakeholders (i.e. the people who they interact with on a frequent basis as part of WCM) in November 2019 and November 2020. The survey has two core sets of questions, the first on how stakeholders have been involved in WCM, and the second on the networking and collaboration opportunities available via WCM. The survey also examined the impact of WCM on stakeholders and their organisations. A final question asked how likely stakeholders were to promote WCM (i.e. a Net Promoter Score). Some free text questions were asked throughout the survey.

The survey was sent to 73 stakeholders in 2019, with 37 completing it (50.6%).

In 2020, the survey was sent to 107 stakeholders, with 37 completing it (34.6%).

Fourteen stakeholders completed the survey in both 2019 and 2020.

Survey participants

Table 4: 2019 and 2020 survey participants

	2019 (n=37 participants)	2020 (n=37 participants)
Organisation		
CCG / NHS Trust	4 (11%)	5 (14%)
College	3 (8%)	1 (3%)
Council	11 (30%)	10 (27%)
Disability organisation	3 (8%)	4 (11%)
Activity or Healthy Lifestyles Provider	7 (19%)	8 (22%)
Voluntary or Community Organisation	5 (14%)	8 (22%)
Other	3 (8%)	-
No information provided	1 (3%)	1 (3%)
Level of seniority		
Officer	10 (27%)	11 (30%)
Manager	15 (41%)	13 (35%)
Director	7 (19%)	13 (35%)
No information provided	5 (14%)	0 (0%)

Ladder of Engagement

The Ladder of Engagement is a tool used in WCM to understand stakeholder involvement in their social movement. The intention is that stakeholders can take greater ownership over WCM, and in doing so would move up through the Ladder of Engagement (definitions are provided in Figure 3, pg. 7). In 2019, 37 stakeholders completed this question (100%) and 32 (86.4%) in 2020. It is important to note that the survey was sent to key stakeholders who were perceived by Active Gloucestershire staff to be very involved in WCM. Figure 9 highlights how stakeholders view themselves to have been involved. Co-owners are the most engaged and observers the least engaged.

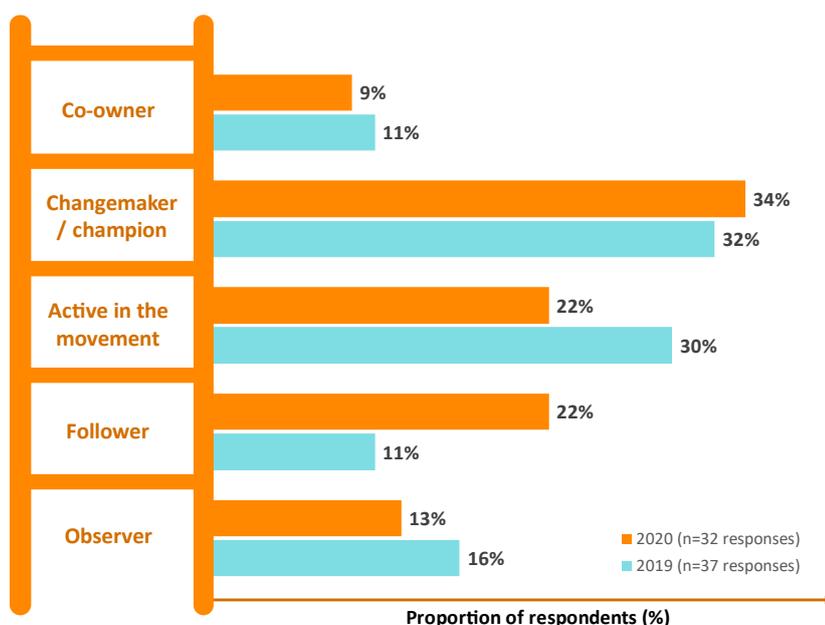


Figure 9: How stakeholders perceive themselves to be involved in WCM

Involvement in WCM

Overall, there was no notable difference in the results between 2019 and 2020 (Figure 10). Most stakeholders understand what WCM is trying to achieve, see the value in committing some of their time to WCM, believe that WCM is adding value to the county, and is focusing on the right things. The majority strongly agreed to these statements (mean score above 4).

Stakeholders were less likely to feel that their skills and abilities were well used within WCM, nor did they feel as supported by WCM to develop their skills and abilities. Less than half (43%) of stakeholders either agreed or strongly agreed with this statement in 2020 in contrast to 50% in 2019.

Generally, the same trends were observed for the fourteen stakeholders who completed the survey in 2019 and 2020. Officers had higher scores across all involvement-related questions compared to Managers or Directors. Managers appeared the least likely to benefit from their involvement. Similarly, Co-owners, Changemakers and those Active in the Movement had higher scores across all involvement-related questions in contrast to Followers and Observers.

What did stakeholders say about their involvement?

COVID limited the ability for many stakeholders to be involved in WCM in 2020.

Several stakeholders stated that they wanted to be more involved in WCM, it just needs to be made easier for them to do so.

Several stakeholders said that they been involved in AG projects rather than WCM.

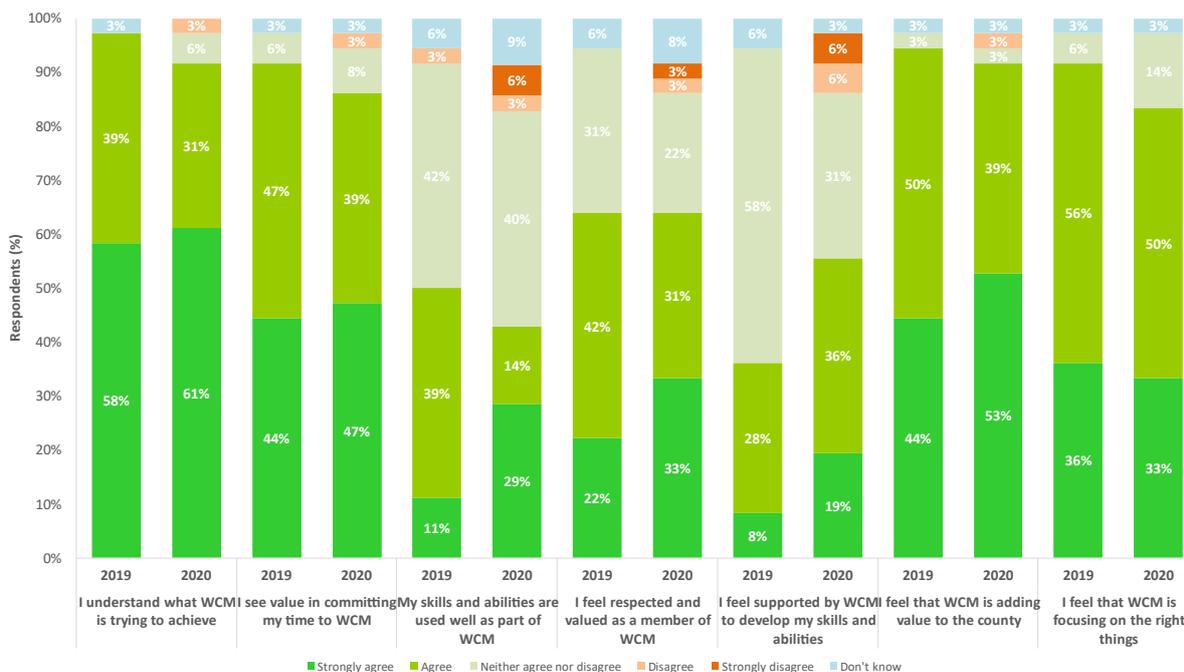


Figure 10: Stakeholder involvement in WCM

Networking and collaboration in WCM

Overall, there was no notable difference between the networking and collaboration scores of 2019 and 2020 (Figure 11). There were modest improvements with regards to trust and respect between stakeholders, new or improved relationships, and also on the effectiveness of communication across WCM.

Scores on networking and collaboration (Figure 11) tended to be lower than the scores around involvement (Figure 10), signifying opportunities for improvement in the future. The Net Promoter Score improved slightly between 2019 and 2020 and stakeholders were more likely than before to be classified as Active Promoters rather than Passive Promoters or Detractors.

The same trends were observed for the fourteen stakeholders who completed the survey in 2019 and 2020. Officers and Directors had higher scores across all networking and collaboration questions in contrast to Managers. Co-owners, Changemakers, and those Active in the Movement also had higher scores across all questions.

What did stakeholders say about networking and collaboration?

- Several stated that the communications within WCM have improved or have been well received.
- Others said that the opportunities for networking and collaboration need to be improved in the future.
- Some stakeholders highlighted that WCM would benefit from a wider range of organisations being involved.

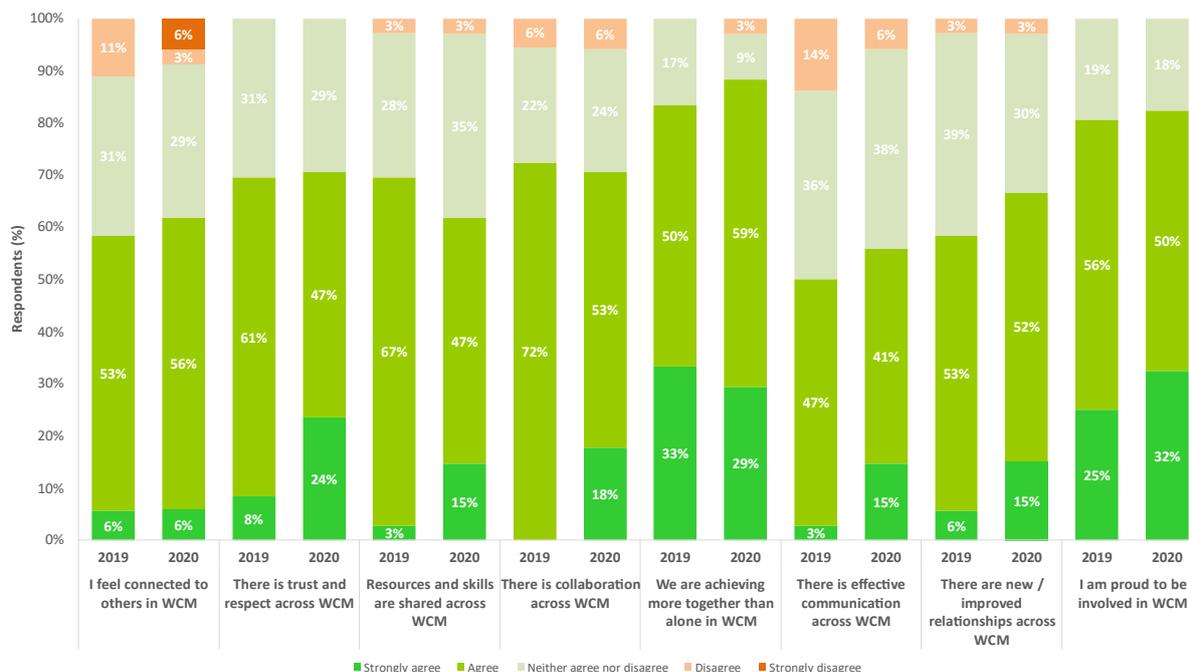


Figure 11: Opportunities for networking and collaboration in WCM

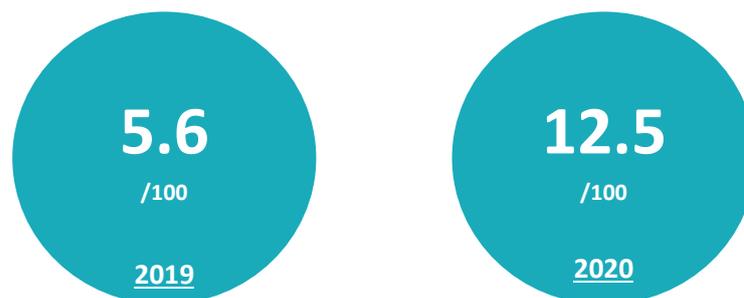


Figure 12: WCM Net Promoter Score

Impact on stakeholders and their organisations

Those completing the survey in 2020 stated that WCM had a greater impact on them and their organisations in contrast to 2019 respondents. Most respondents in 2020 said that WCM had a positive or very positive impact on them and their respective organisation. The fourteen stakeholders who completed the survey in 2019 and 2020 had somewhat consistent scores across the two years.

Officers reported greater impacts on them and their organisations in contrast to Managers and Directors. Co-owners and Changemakers were also most likely to experience greater personal and organisational impacts.

Stakeholders were able to provide further information about the impact of WCM via a free-text question (Figure 14). Several stakeholders said that WCM helped to promote their own organisation (or their organisational offer), had facilitated partnership working, or helped to create new relationships. Others said that WCM had no impact on them or that COVID had substantially limited the potential impact.

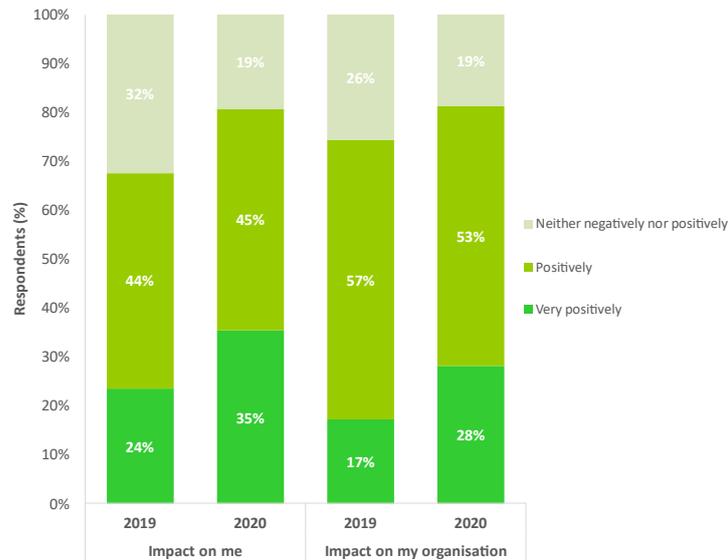


Figure 13: Impact of WCM



Figure 14: Word cloud of impacts reported by stakeholders

In summary

- Most stakeholders understood what WCM is trying to achieve, saw value in WCM, and were happy to commit time to being involved in WCM.
- People were proud to be involved in WCM and believed that they are achieving more together.
- WCM had a more positive impact on stakeholders and their organisations in 2020 compared to 2019.
- The greater the involvement in WCM, the greater the perceived benefits.

Working well

- More collaboration and involvement opportunities are required across WCM.
- There is room for improvement across most of the networking and collaboration related questions.
- Involvement from a wider range of organisations could be beneficial.
- There was a disconnect between how involved AG staff perceive stakeholders to be versus how involved stakeholders view themselves to be.
- Managers may require more support from WCM.

Future development

Analysis of the Customer Relationship Management system

Active Gloucestershire – the backbone organisation for WCM – have a Customer Relationship Management (CRM) system to store information about stakeholders who are involved in WCM. This includes the details of 2599 stakeholders, with information stored on their job title, their organisation, their contact details, the WCM project or cohort associated with, and their level of engagement (defined against the Ladder of Engagement).

The anonymised CRM database was shared with the evaluation team in January 2021. Names and contact details were removed. Where data were available, the evaluation team used organisational details to understand where within the system (i.e. one of the 12 themes) stakeholders had influence.

Stakeholders engaged in WCM

As of January 2021, information was held on **2599 stakeholders** who have been involved in WCM to some degree (from receiving newsletters, following social media updates, to co-owning the WCM strategy). Of these, 702 stakeholders had information available about their organisation which was then used to understand where within the system they could influence. All stakeholders had information available about their level of engagement (Figure 15). Those classified as Followers (n=1818) and Observers (n=143) were likely to have missing data in the CRM.

Active Gloucestershire classified people against the Ladder of Engagement in 2019 and again at the end of 2020 (definitions available in Figure 3, pg.7). This enabled the status of the stakeholders to be compared between the two timepoints. Almost 95% of 2599 stakeholders had the same status at the two time points. Most of the remaining 5% were new stakeholders who did not have data for 2019.

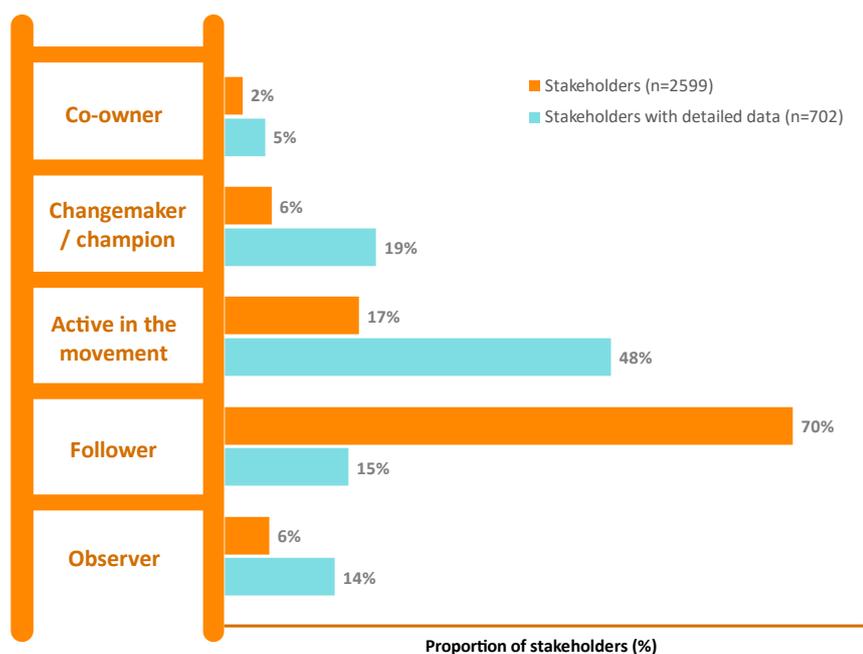


Figure 15: Stakeholder’s level of engagement

Degree of influence

Information on the level of seniority within their organisation was available for 400 stakeholders. Almost half (44%) were Managers, 36% were Officers, and 20% were Directors. Two-thirds of the Co-owners were also Directors in their own organisation, potentially influencing how involved their organisation could be within WCM. Those in managerial positions were likely to be Active in the Movement, and Officers were likely to be Changemakers or Active in the Movement.

Influence on the system

702 stakeholders were coded against the 12 themes of the systems map, based upon the data held about the organisation that they worked for (Table 5). Almost half (45%) were seen to predominantly influence the opportunities for physical activity area of the system. Another 22% of stakeholders were seen to influence the school settings, and 10% were seen to influence the leadership part of the system. It is important to state that stakeholders were only coded into one area of the system, when some may influence several areas in reality.

Table 5: Areas of the system that stakeholders work in (n=702 stakeholders)

Area of the system	n (%)
Active and sustainable transport infrastructure	11 (2%)
Family and social support	51 (7%)
Individual influences	12 (2%)
Opportunities for physical activity	319 (45%)
Physical activity communication	5 (1%)
Role of healthcare	13 (2%)
School influences	155 (22%)
Social and cultural norms	17 (2%)
System leadership	67 (10%)
Transport options	0 (0%)
Wider agendas	50 (7%)
Workplace influences	2 (0.3%)

Visualising stakeholders against the systems map

Figure 16 and Figure 17 illustrate the 702 stakeholders overlaid on the Gloucestershire physical activity systems map (each dot represents a person). Figure 16 shows the stakeholders coloured by their categorisation against the Ladder of Engagement, and Figure 17 colours stakeholders by their seniority in their organisation (data were available for 400 stakeholders). The figures show that very few relationships are held with stakeholders who can influence: a) healthcare; b) physical activity communications; c) workplaces; d) transport options; and e) individual influences. Interestingly, most Co-owners (Figure 16) and Directors (Figure 17) are clustered in the system leadership part of the map.

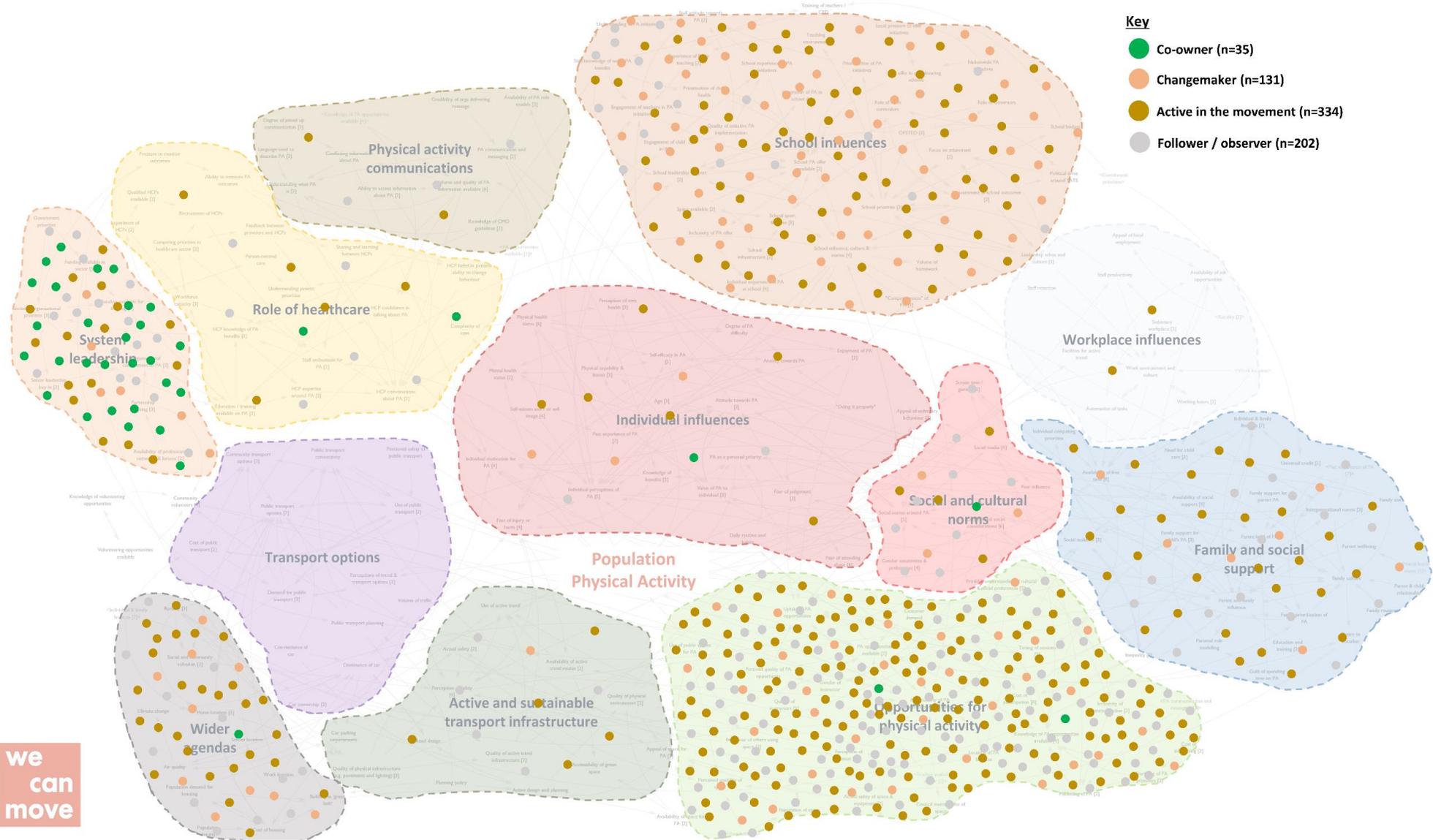


Figure 16: Stakeholders mapped against the system (by Ladder of Engagement)

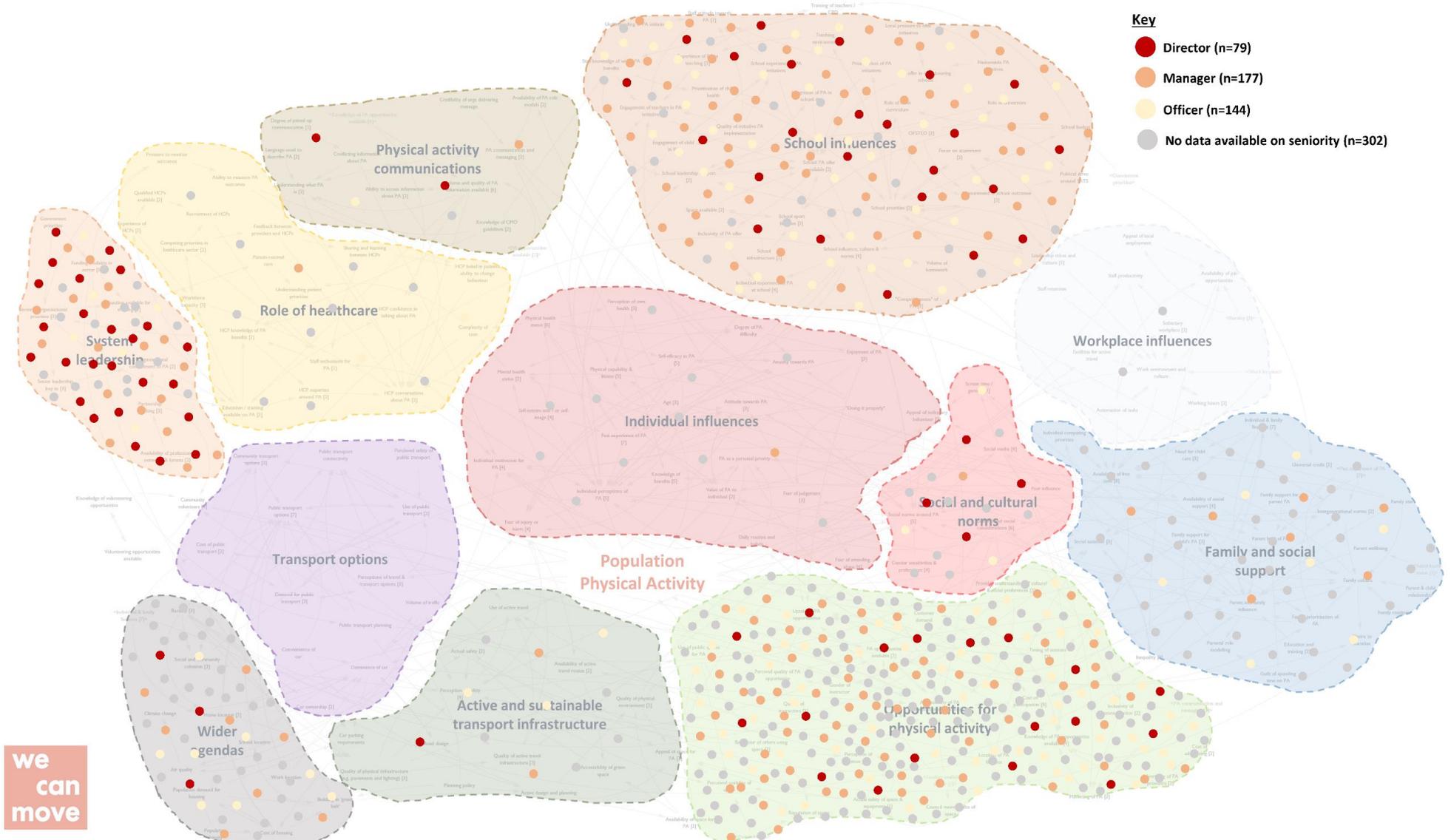


Figure 17: Stakeholders mapped against the system (by seniority)

In summary

- The stakeholders engaged in WCM span the entirety of the system.
- Most of the co-owners lied within the systems leadership aspect of the map. These stakeholders were likely to be Directors in their own organisation.
- Given the importance of gathering senior leadership support in systems approaches, the involvement of Directors as Co-owners is likely to be beneficial.

Working well

- Several aspects of the system had very limited, or no, stakeholder involvement. As WCM continues in the future, efforts may be required to engage stakeholders in these parts of the system.
- Efforts might also be needed to develop more Co-owners and Changemakers who span the system, rather than predominantly lying within the systems leadership area of the system.
- Mechanisms could be required that help stakeholders to become more involved in WCM.

Future development

Understanding the wider impacts of WCM

Ripple Effects Mapping (REM) is a novel participatory and qualitative method that can be used to understand the wider impacts of a project or programme. The evaluation team adapted this method so that it could be used for the purposes of understanding the wider impacts of WCM.

The evaluation team ran a series of REM workshops with Active Gloucestershire, associated stakeholders, and community members. The first two-hour workshop was held in December 2019. Follow up workshops were undertaken every three to four months (60-90 minutes each) until November 2020. Due to the impact of COVID-19, the follow up workshops were carried out online (14 / 18 workshops online), and only completed for seven of the 15 projects mapped within the initial REM session.

From the REM outputs, it was possible to understand the following: 1) what activities and actions were implemented; 2) what the impacts of these actions were; 3) who was involved and impacted by these actions; and 4) the length of time it took for impact to arise.

Only one REM output is presented in this report. The remaining 14 outputs are held by Active Gloucestershire. The wider impacts, as reported in the interviews, are also included in this section.

The importance of wider impacts

Traditional types of impact evaluation may only focus on one or two main outcomes, for example physical activity or quality of life. These outcomes are usually measured at the beginning and end of an intervention, and any change in the outcome is usually attributed to the intervention. However, these evaluations may miss out on key information about the wider benefits (or drawbacks) of the intervention. This is much more likely to be the case when implementing a systems approach and this is why REM is a useful method to use. See a simple example below in Figure 18.

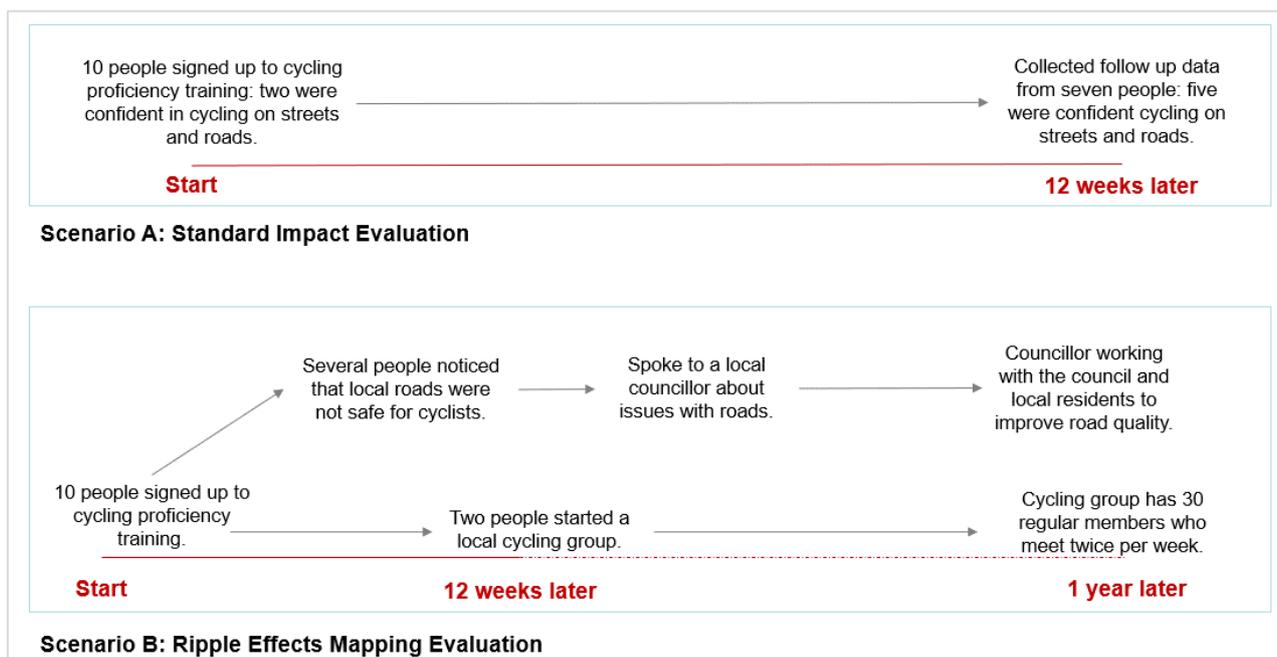
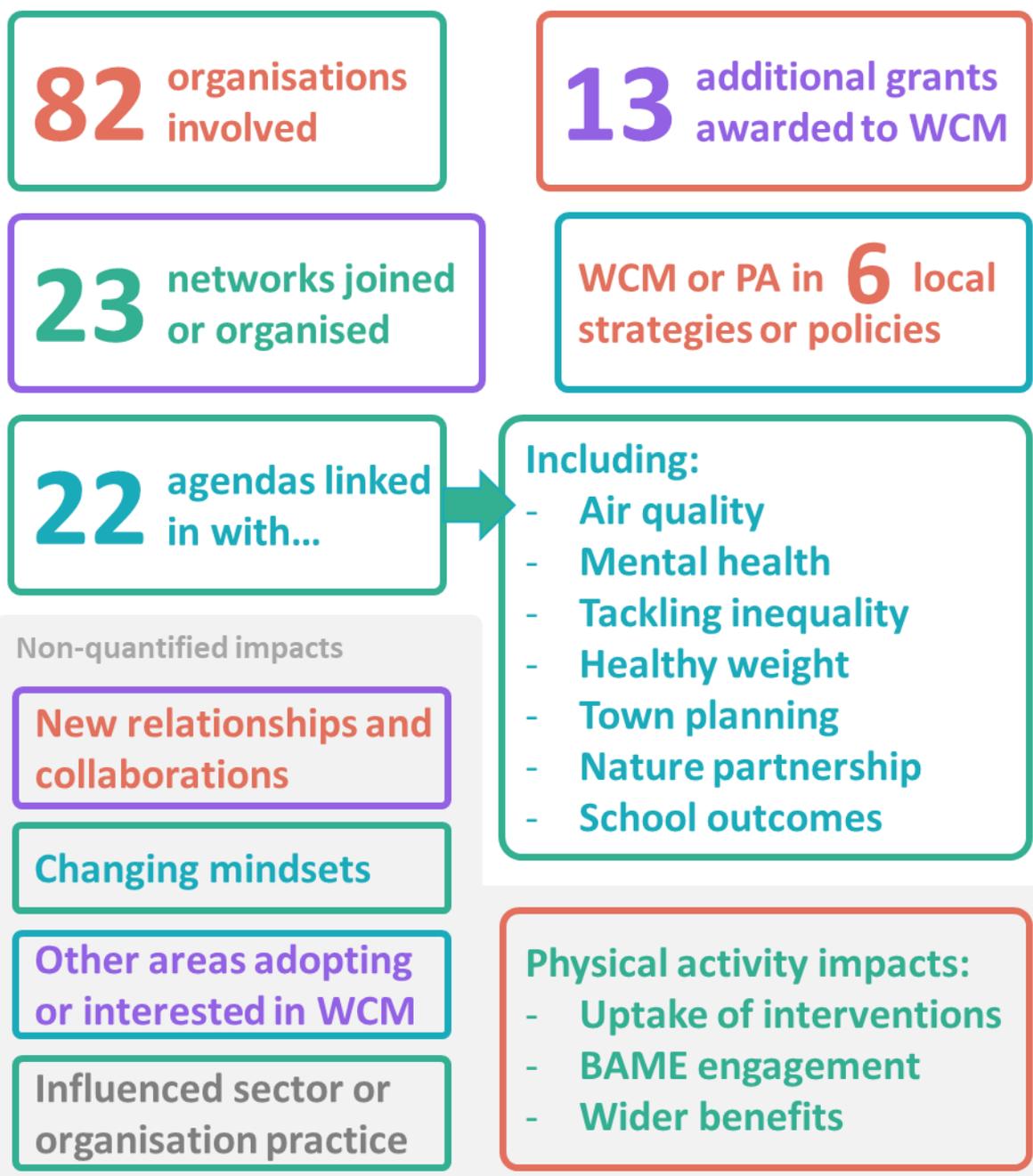


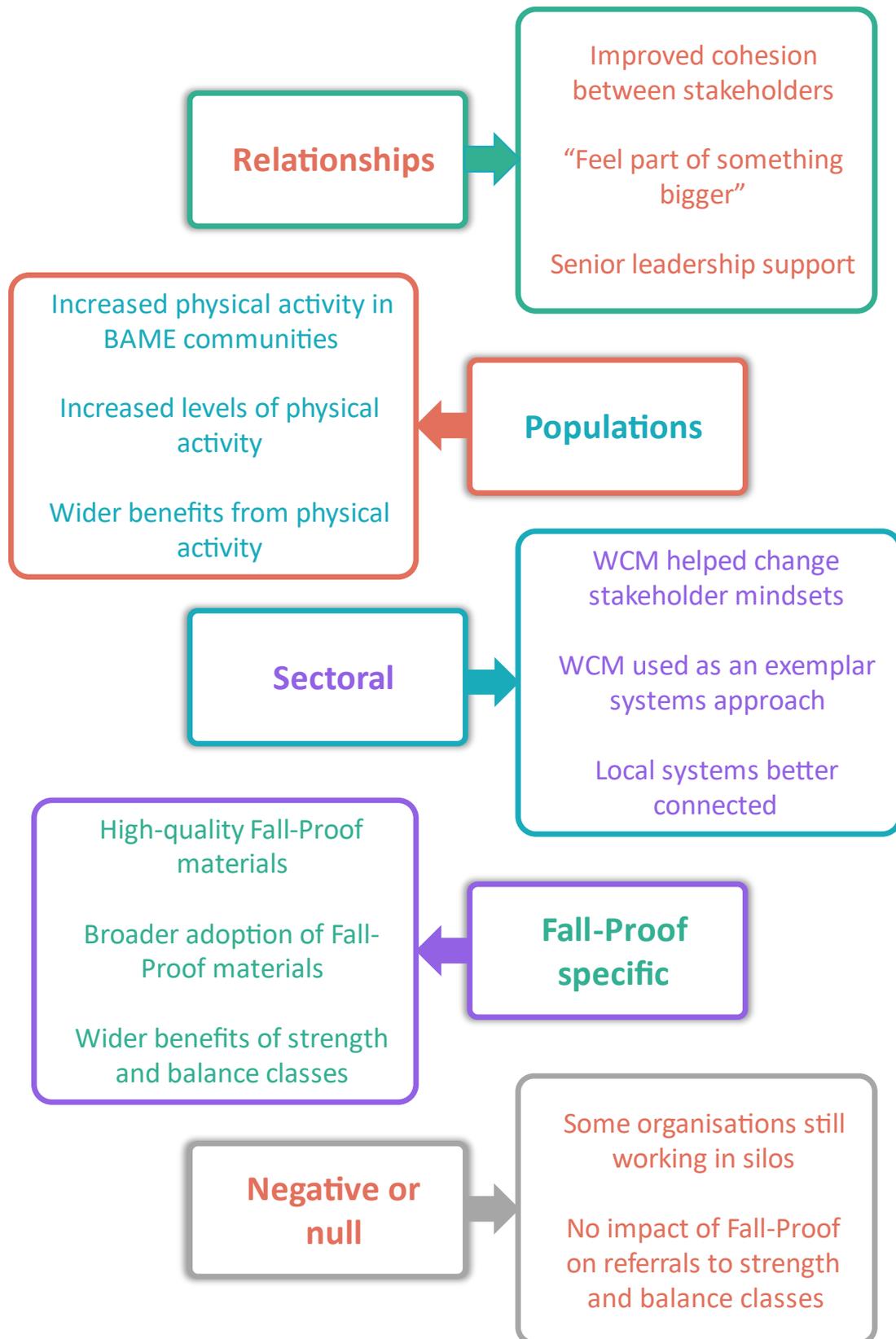
Figure 18: Traditional impact evaluation and REM evaluation

Systems approaches bring a range of stakeholders together from many organisations and sectors. Physical activity may, or may not, be important to them. For someone working in Transport or Highways, they might be aiming to reduce car-related congestion through the centre of a town. But if they plan to restrict car access through the town centre by closing roads and increase cycle storage, then this might reduce congestion, increase people cycling or walking to the town centre, and increase the number of people visiting local shops. At the same time, the Public Health team in the council might work with the Transport team to develop a well-connected cycle lane network. They might also plant flowers or trees in the town centre to make it look more attractive. So to just monitor congestion or cycle use would underestimate the impact of this work. The conversation moves away from attribution (i.e. did this intervention *cause* this outcome to change) and towards contribution (i.e. could this intervention have *helped* the outcome to occur).

Wider impacts of WCM: results from REM



Wider impacts of WCM: results from stakeholder interviews



Timelines

Using the REM outputs, it is possible to estimate how long was required for activities to be implemented or for impacts to occur. A range of different activities and impacts, and the respective length of time required, included in Table 6.

Table 6: Timelines to impact or activity

Activity or impact	Length of time
Conception of a project to implementation	6 weeks to 12 months
Intervention design using COM-B	3 to 12 months
Data and insight gathering	2 to 3 months
Applications to funding	1 to 10 months
Integrating WCM or PA into policy	6 to 16 months
Meeting stakeholders following events & networks	1 to 8 months
Organising and implementing secondments	3 to 6 months
Commissioning out of services	6 to 12 months

Example REM output from WCM

Fifteen REM outputs were created as part of this evaluation. The REM output from the work in Barton and Tredworth is shown in Figure 19 below. This was one of the more complicated REM outputs, but it demonstrates the breadth of impacts that can occur from a place-based project such as this. Within this example, Active Gloucestershire worked with a small group of women who wanted to increase the opportunities for other women, particularly Muslim women, to participate in physical activity.

The red line in the centre of the REM output is a timeline, spanning July 2018 to May 2020. There were limited impacts in the first six months of the project; events were being held, meetings were being organised, and a local steering group was being set up. Once the steering group was established (see SG1 → SG16 in the centre of the output), a broad range of impacts were observed. Impact pathways can then be identified to illustrate how a chain of events unfold over time (Figure 20).

Understanding where WCM is having influence

As part of the REM analysis, all actions and interventions were identified and overlaid on the Gloucestershire physical activity systems map (Figure 21). This highlights where WCM might be influencing the system. It also illustrates the parts of the system that are not being targeted by WCM. A summary is provided in Table 7.

It is important to state that some actions are time limited, some are only implemented in a certain geographic area, and some only engage a small number of people. Figure 21 is a crude overview of WCM action and it does not represent the effectiveness of WCM.

Table 7: WCM influence on the system

Areas targeted by WCM	Areas not currently targeted by WCM
Opportunities for physical activity	Transport options
System leadership	Workplace influences
School influences	Family and social support
Physical activity communications	Role of healthcare (limited)
	Social and cultural norms (limited)
	Individual influences (limited)

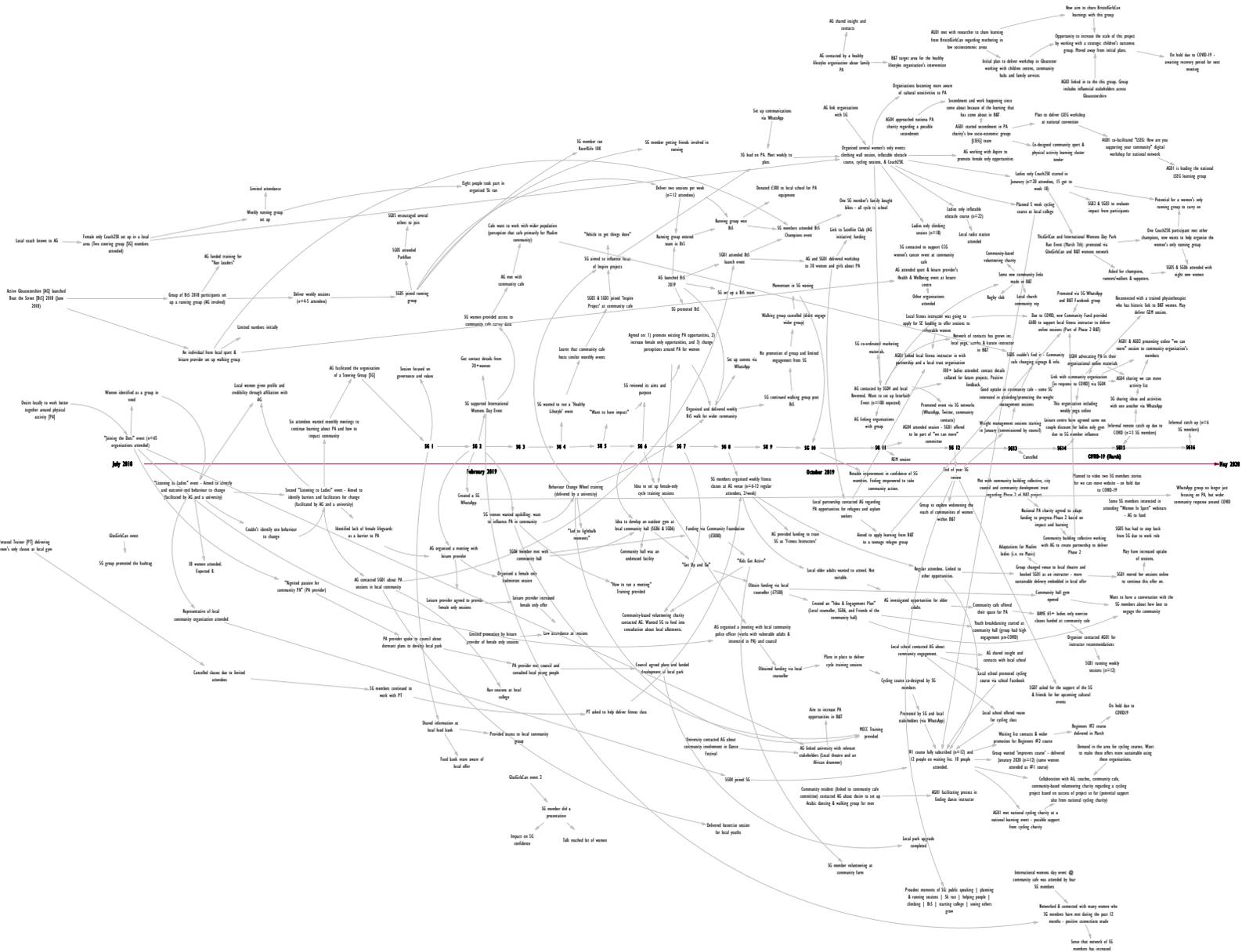


Figure 19: Example REM output for WCM

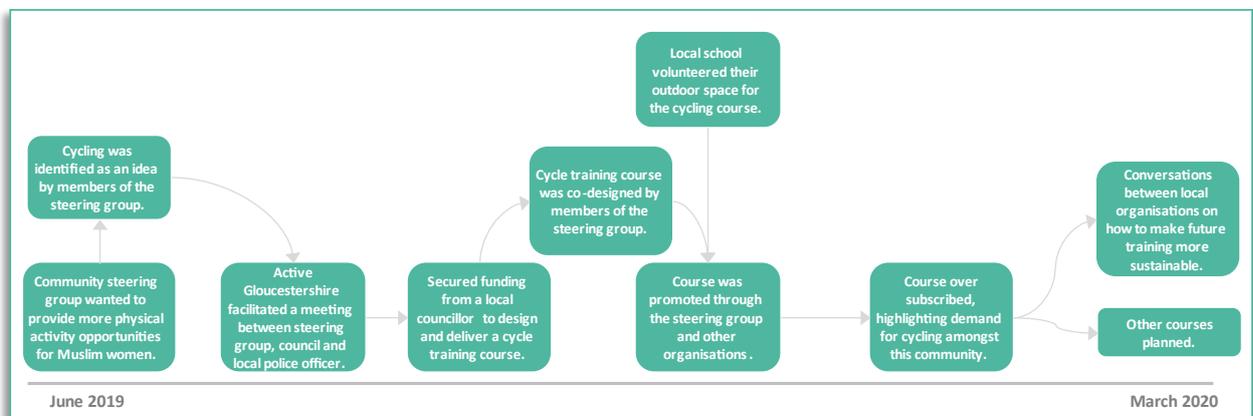
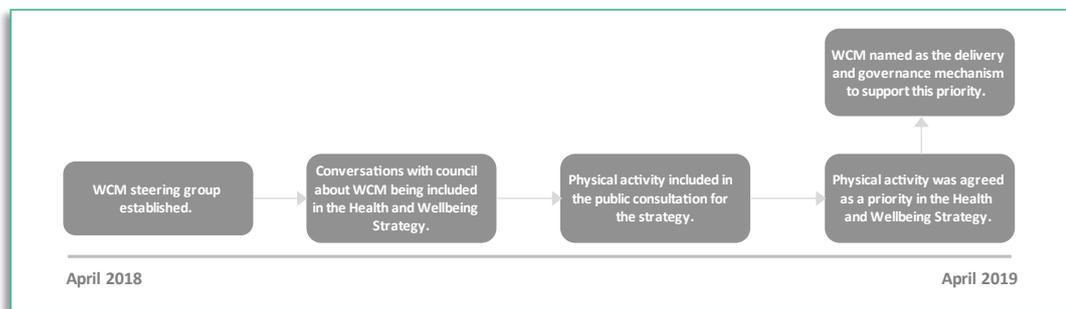
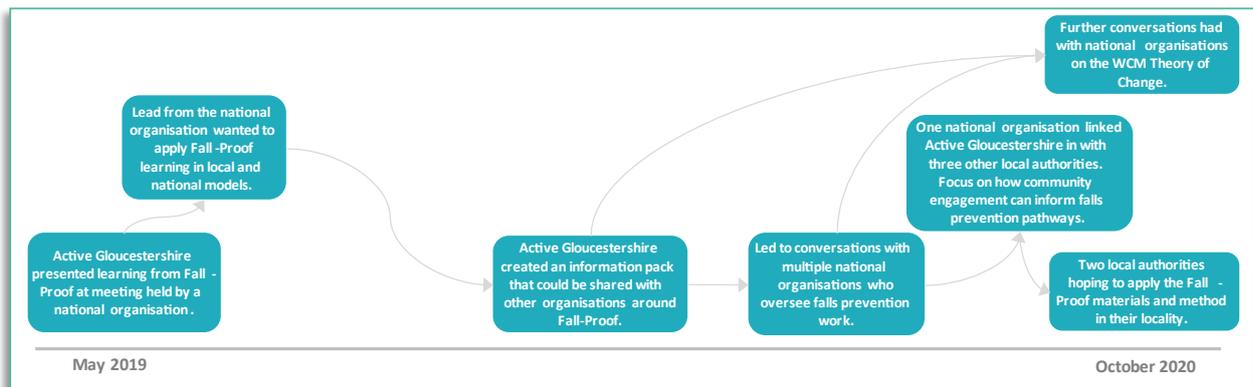
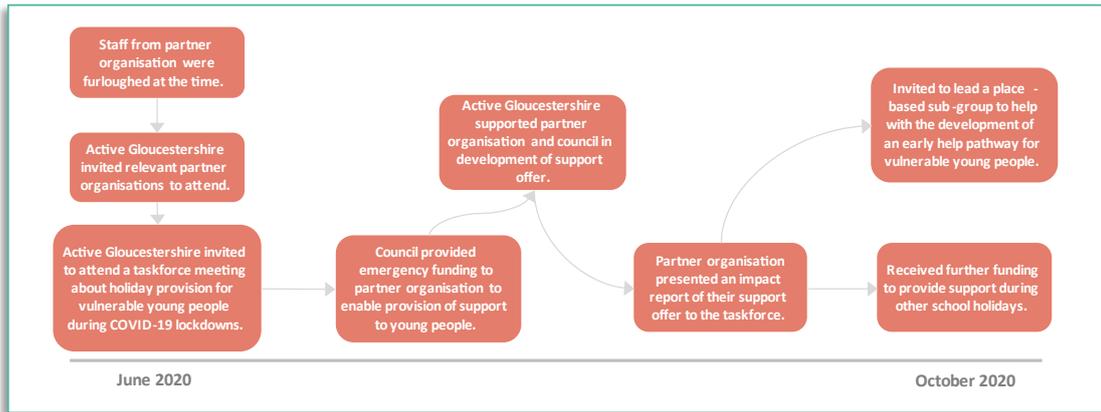


Figure 20: Four example stories (i.e. impact pathways) from REM outputs

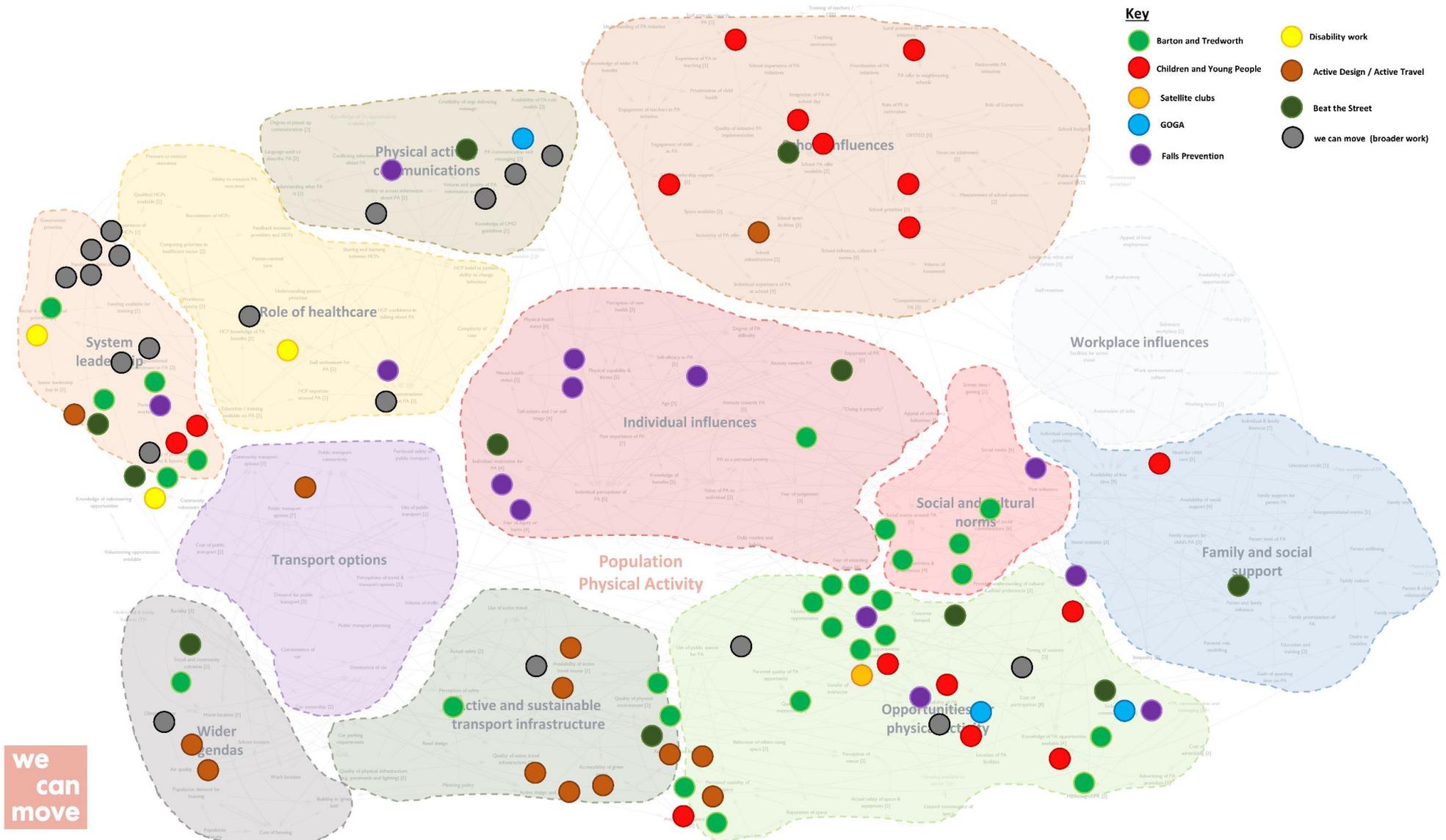


Figure 21: WCM potential influence on the system

In summary

- The beneficial impacts of WCM can be observed across multiple sectors and on multiple agendas.
- WCM worked with many organisations throughout the last two years.
- WCM has integrated into local policy.
- A lot of work targeted the physical activity opportunities and leadership aspects of the systems map.
- The REM outputs can be used to document the stories, and impacts, linked to WCM.

Working well

- There are several areas of the system that WCM had not worked on.
- The backbone organisation should reflect on the distribution of effort across the system.
- The backbone organisation should reflect on each of the respective REM outputs to encourage continuous improvement of WCM.

Future development

January 2021: Navigating through COVID-19

We've not been as involved in 'we can move' during the last year as we would have liked to have been because of COVID-19. We had to furlough some of our staff and others were re-deployed to help with out with the local COVID response. As much as we wanted to keep contributing to 'we can move', and helping it to progress, we had to put the survival of our organisation first.

So because of this, we've observed 'we can move' from a distance. We've received a newsletter here and there and we've heard about it from other colleagues. Despite the pandemic, Active Gloucestershire seem to have carried on working with other organisations, and in some instances, I think they have created some new relationships and new avenues of work. It does feel like there is a sense of being part of something bigger through this work. It's not all about physical activity, I mean yes it's important, but 'we can move' seems to link in with other agendas too. I know that they have been involved in discussions around weight management, climate change, and mental health. There's obviously a lot of benefit in bringing people together and in being part of broader conversations. A lot of us are trying to achieve similar things.

It is hard to get a feel for whether 'we can move' is effective, I'm not sure whether I'd be able to say that the levels of physical activity have improved across the county. And even if we had seen a change in physical activity, would we be able to say that it was because of 'we can move'? Again, I'm not sure. It's a very difficult thing to try and evaluate the impact of, especially because we're so used to collecting data on people who showing up to sessions and things like that. 'We can move' works at a different level; it's less tangible. I can really see the value of being part of it, but it is sometimes hard to justify this to our managers if the benefits are hard to quantify. That's not Active Gloucestershire's or 'we can move's' fault, that's more a reality of our organisation and how it is set up.

Let's see what the rest of 2021 has in store for us. We definitely want to get more involved again, it's just a question of how and when.

Conclusions

The NIHR ARC West evaluated WCM between April 2019 and April 2021. The evaluation focused on answering three questions using a range of methods. Questions included: 1) what learnings are associated with implementing WCM and the Theory of Change? 2) what outcomes and impacts are observed across WCM? and 3) how could WCM and the Theory of Change be developed in the future? Whilst the findings were presented in separate sections in this report to make it easier for them to be shared, many consistencies were evident. This conclusive section brings together the learning from all aspects of the evaluation. The impact of COVID-19 should also be accounted for when reading these conclusions.

What are the learnings associated with we can move?

The importance of the local context

The **local conditions in Gloucestershire were conducive** to WCM being conceptualised and implemented. Organisations were familiar with systems approaches and there was broad support from the local authorities, the clinical commissioning group, the voluntary and community sector, and the respective leadership that these approaches were needed in the future. The same was true of place-based and asset-based approaches. WCM was pushing on a door slightly ajar.

Active Gloucestershire was also already a **well-established, well-respected, and well-connected organisation** in the county. This placed them in a good position to become the backbone organisation for WCM. Many interviewees commented on the organisational strengths of Active Gloucestershire.

The key ingredients of WCM

The strongest theme from the interviews was on the **importance, and role, of the backbone organisation**. In the initial interviews with 10 Active Gloucestershire staff members, many said that they wanted to start facilitating the WCM movement, rather than solely focusing on project delivery. From the 31 stakeholder interviews it was clear that Active Gloucestershire were facilitating the movement. They held a multifaceted role, one that included relationship brokering, sharing of expertise and knowledge, supporting the development of wider stakeholders and organisations, and holding a bird's-eye view of the system. This had implications for how they worked with stakeholders.

Social movement building is a core part of WCM's Theory of Change. Although deemed to be one of the greatest challenges facing WCM implementation, many interviewees highlighted how WCM – and Active Gloucestershire – **engages with wider stakeholders**. It was important to identify the “right” people to work with, people who had a personality, mindset and vision that aligned with that of WCM. These people could then act as conduits for WCM to spread into other organisations or to communities. To support this conduit role, interviewees suggested that these people should have a broad social network – referring to them as “social butterflies”. As the backbone organisation, Active Gloucestershire were able attend or deliver networking events which were often catalytic in enabling action to occur. There is more work required though to enable wider stakeholders and organisations to meaningfully contribute to WCM.

Other aspects of the **Theory of Change** were important mechanisms that supported WCM implementation. The audit, interviews and stakeholder surveys suggested that systems mapping was particularly useful in bringing stakeholders together, to think holistically about a problem, and to help understand what their role in WCM could be. The COM-B and Behaviour Change Wheel workshops also encouraged a deeper understanding of a problem, but additionally provided a robust and transparent approach to developing interventions. Several challenges also emerged around this.

Barriers and challenges faced

Social movement building was initially perceived by Active Gloucestershire staff as nebulous and was often cited as the most difficult part of WCM to explain and implement. In the stakeholder interviews, Theory of Change audit, and surveys, stakeholders wanted to become more involved in WCM but did not know how to do so. There was not a clear process to become more involved and to move up the Ladder of Engagement. If stakeholders were involved in WCM or its associated projects, then understanding their roles and responsibilities was also often difficult. **COM-B and the Behaviour Change Wheel** were often seen to require too much time and expertise to implement fully as part of WCM, and despite its robustness, its future integration into the Theory of Change was questioned.

Several **evaluation-related challenges** were identified, and these issues have persisted since the initiation of WCM. WCM came about in response to the failings and frustrations of previous transactional approaches. These traditional approaches were somewhat straight forward to evaluate because they involved specific services being delivered to specific populations. Many elements of WCM do not focus directly on individuals and population groups, and instead, they seek to remove barriers (e.g. environmental, social or political) that prevent people from being active. Interviewees said that it therefore becomes more difficult to demonstrate the impact of WCM, which often led to difficulties between those with new (i.e. systems) and old (i.e. transactional) mindsets regarding the purpose of evaluation. This was frequently compounded by pressures within organisations to generate meaningful, tangible and quantifiable impacts. The challenge around evaluation is how to satisfy multiple stakeholders, from commissioners, programme managers and supportive organisations. All have different values for what matters in any evaluation, reflecting these values through their own, and specific, interests in WCM and its anticipated outcomes.

The last key and consistent challenge was a conceptual one, **differentiating Active Gloucestershire from WCM**. Again, this appears to have been persistent throughout WCMs implementation. Initially, Active Gloucestershire staff spoke about the difficulty in understanding what was in and out of WCM's remit. The findings from the wider stakeholder interviews verified that this was still an issue; many were confused as to what WCM is and how it differs from Active Gloucestershire. Several interviewees only spoke of their involvement with Active Gloucestershire rather than seeing this as part of WCM.

Future requirements for WCM

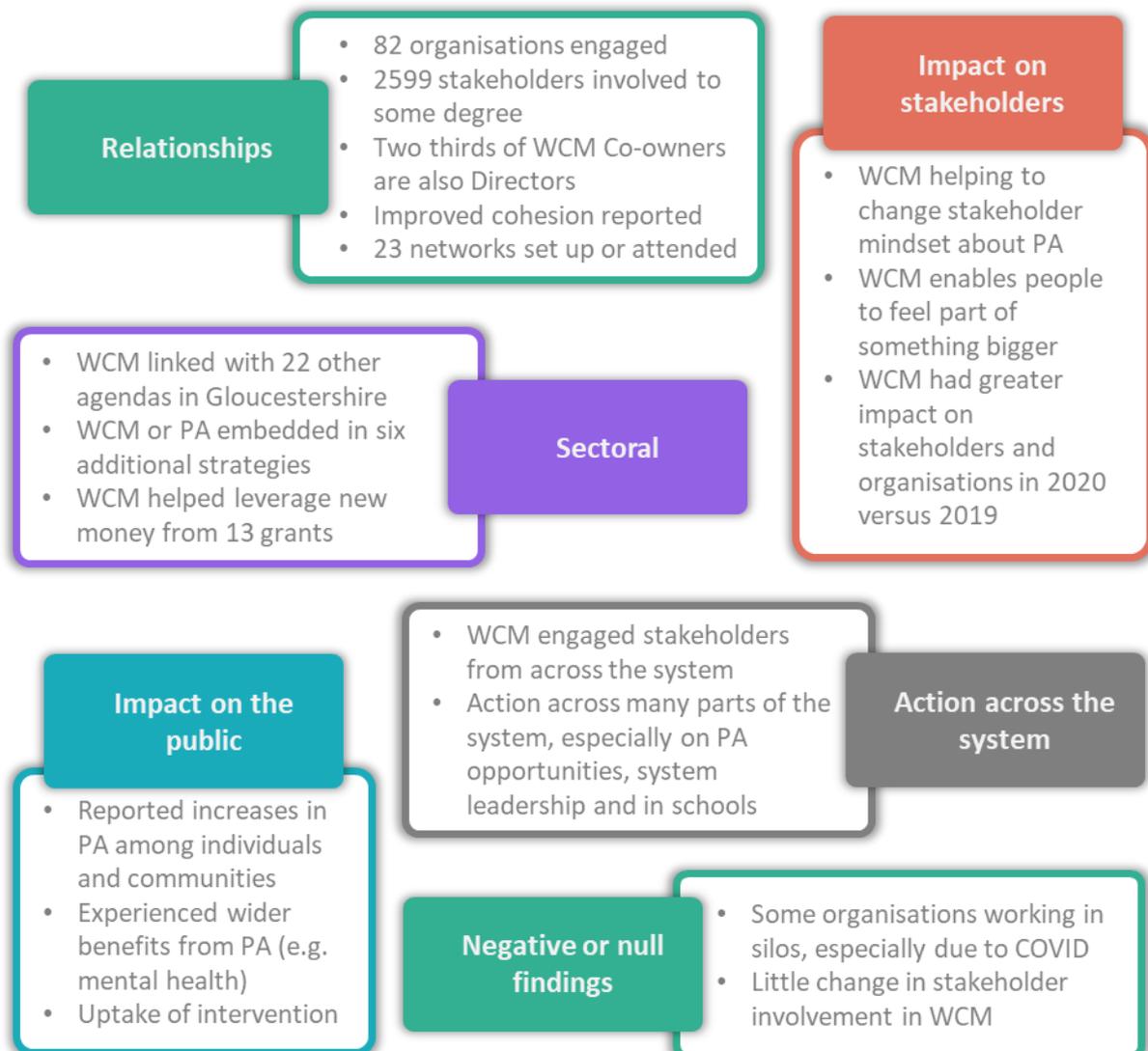
Many of the adaptations required stem from the challenges faced by WCM. The results from the interviews, Theory of Change audit and stakeholder surveys suggest that there needs to be **more opportunities, and a clearer process, for stakeholders to become involved in WCM**. This has been called for since completing the Active Gloucestershire staff interviews in September 2019. Creating a clearer process for stakeholder engagement in WCM should also help to clarify the roles and responsibilities for stakeholders wishing to be more involved. Interviewees also wanted more feedback and regular communication from Active Gloucestershire following their attendance at an event (e.g. workshop or meeting). Through these adaptations, stakeholders hoped that they could have a greater role in WCM. Given that a central aim of WCM is to share power and control with other organisations, these proposed adaptations align with the ethos of WCM.

There is also a need for **greater discussion with stakeholders (including commissioners) on evaluation**. Given the difficulties created by misaligned perceptions of what to expect from an evaluation, all stakeholders should come together to create a collective, agreed upon, evaluation framework. The purpose of the evaluation should be agreed upon by all stakeholders. Another recommendation was for the involved stakeholders, and particularly those involved in implementation, to regularly reflect on progress against the evaluation plan. If WCM or a specific project adapts in response to this progress check, then the evaluation framework may also need to change accordingly too. A flexible evaluation framework would allow this to happen.

Lastly, as was regularly mentioned in the Active Gloucestershire interviews and in the Theory of Change audit, clarity is required on **how to implement the WCM Theory of Change**. In the audit, respondents suggested that the Theory of Change is re-packaged as a toolbox rather than a process. Those using it could then choose which elements of the Theory of Change (i.e. which tools) are most suitable to their circumstances. However, what became clear in the audit is that inconsistent approaches are being taken when implementing the Theory of Change, which points towards the need for greater clarity throughout. A clearer process was deemed to be more pressing if it is expected that external organisations can apply it independently. Clarity here might also help stakeholders to understand what WCM entails, and therefore, to differentiate it more easily from Active Gloucestershire.

What is the value from the investment in WCM?

Just over £3.1 million was required for WCM to be implemented between April 2018 and April 2021. Over half of this investment was required for staff costs. This part of the conclusion summarises what came out from the investment in WCM, drawing on impacts and outcomes reported in surveys, interviews, ripple effects mapping, and analyses of WCM stakeholder databases.



Implications and future thinking

Implications for we can move

1.

Reflect on the collective learning from this evaluation to identify opportunities for WCM to improve in the future. This should include: a) clarifying the difference between WCM and Active Gloucestershire; b) questioning how wider stakeholders can become more integrated into WCM; c) reflecting on whether WCM is focusing its efforts on the right parts of the system; and d) thinking about conversations with partners on evaluation and how to align expectations around WCM.

2.

Reflect on the Theory of Change and the extent to which its component parts are deemed fit for purpose. If external organisations are expected to implement the Theory of Change, then further clarification is needed around purpose and process. Evaluation could also become a core part of the Theory of Change considering the challenges raised.

3.

Members of the backbone organisation should regularly revisit and update their Ripple Effects Mapping outputs. Dedicated time should be spent questioning why things happened, whether they achieved the anticipated result, and how things could be modified in the future. This will feed into the continuous improvement of WCM.

4.

Consider which parts of the system may have been most affected by COVID-19 or may be at greatest risk in the COVID-19 recovery period. How may this influence the direction of WCM and how could WCM support these parts of the system? Have ways of working, or impacts, arisen because of COVID-19 that want to be continued?

Considerations for those investing in systems approaches

5.

Commissioners and investors are key stakeholders in systems approaches. They should be part of the approach rather than beneficiaries of it. It is important to work with the backbone organisation to implement, learn, and adapt the approach as required.

6.

All stakeholders, which includes commissioners and investors, should have conversations as soon as possible to align expectations about what is achievable within given timelines. This will have implications for what can and cannot be evaluated, and this should be agreed on by all stakeholders.

7.

By their design, systems approaches such as WCM should benefit multiple agendas simultaneously (e.g. mental health, air quality, health inequality). This may challenge traditional commissioning structures which often focus on single issues. Alternative ways of commissioning could be required if systems approaches are to be adopted.

Considerations for those wishing to implement systems approaches

8.

It is imperative to assess the local conditions before aiming to implement a systems approach. In Gloucestershire, there was already broad support around systems approaches and place-based approaches – including from senior leaders in the county. This readiness within the system will have made it easier to implement WCM.

9.

There need to be clear opportunities and mechanisms for people to get involved in systems approaches. Establishing networks and events can kick start this, but processes should then be in place to help integrate these people into the approach.

10.

The evaluation of systems approaches is challenging and those wishing to implement systems approaches should be aware of this. A broad range of methods and methodologists are likely to be needed. A flexible and adaptable evaluation framework is needed to move with the ever-changing nature of a systems approach. Stakeholders should develop a collective agreement, as soon as possible, on what can be expected from an evaluation and indeed a systems approach.

References

1. Sport England. *Active Lives Adult Survey - May 2019/20 Report*. London, UK. 2020.
2. Department of Health and Social Care. *UK Chief Medical Officers' physical activity guidelines*. London, UK. 2019. p. 66.
3. Gloucestershire County Council. *Population Profile 2020*. Gloucestershire, England. 2020.
4. Rutter H, Cavill N, Bauman AB, F. Systems approaches to global and national physical activity plans. *Bulletin of the World Health Organisation*. 2019; 97:162-5.
5. International Society for Physical Activity and Health (ISPAH). *ISPAH's Eight Investments That Work for Physical Activity*. 2020.
6. Sport England. *People and places; the story of doing it differently*. London, UK. 2021.
7. Kania J, Kramer M. Collective Impact. *Stanford Social Innovation Review*. 2011.
8. Better Evaluation. *Theory of Change 2021* [Available from: https://www.betterevaluation.org/sites/default/files/Theory_of_Change_ENG.pdf].
9. Michie S, van Stralen MM, West R. The Behaviour Change Wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science*. 2011; 6(1):42.
10. Chazden S, Emery M, Hasden D, Higgins L, Sero R. *A Field Guide to Ripple Effects Mapping*. Minneapolis, USA: University of Minnesota Libraries Publishing. 2017.
11. Nobles J, Wheeler J, Dunleavy-Harris K, Holmes R, Inman-Ward A, Potts A, et al. Ripple Effects Mapping: An Adapted, Applied Approach for Evaluating Systems Change Efforts in Public Health. In preparation.
12. Public Health England. *Whole systems approach to obesity programme: A guide to support local approaches to promoting healthy weight*. London, UK. 2019.
13. Indig D, Grunseit A, Greig A, Lilley H, Bauman A. Development of a tool for the evaluation of obesity prevention partnerships. *Health Promotion Journal of Australia*. 2019; 30(1):18-27.
14. Korn AR, Hennessy E, Hammond RA, Allender S, Gillman MW, Kasman M, et al. Development and testing of a novel survey to assess Stakeholder-driven Community Diffusion of childhood obesity prevention efforts. *BMC Public Health*. 2018; 18(1):681.