



# Evaluation of the Together Fund

Final Report – Phases 3 & 4

**Disability Rights UK**

NOVEMBER 2023



## Document information

<b>Client</b>	Disability Rights UK
<b>Title</b>	Evaluation of the Together Fund
<b>Subtitle</b>	Final Report – Phases 3 & 4
<b>Dates</b>	23/11/2023
<b>Status</b>	Released
<b>Classification</b>	Open
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# 1. Introduction

## 1.1. Background

### 1.1.1. Disabled people and physical activity

Prior to the coronavirus (Covid-19) pandemic Disabled people and people with a long-term health condition were twice as likely to be physically inactive than those without a disability or health condition.

The Covid-19 pandemic caused significant challenges for many Disabled people, affecting their wellbeing, health and lifestyle. The number of active Disabled people fell to 17% at the start of the pandemic, down from 21% the year before. The pandemic created new barriers: fears of contracting the virus, concerns around social distancing and self-isolation.<sup>1</sup>

Disabled people were less likely than non-disabled people to have found new ways to be active during the pandemic. Just over half felt they had the opportunity to be physically active (compared to 72% of nondisabled people), half were worried about leaving their home to be active (compared to 39% of non-disabled people), and they were more likely to lack space at home or support to be active.<sup>2</sup>

Demand for physical activity, however, was high after the pandemic: almost 8 in 10 Disabled people said they would like to do more physical activity, compared to 57% of non-disabled people, though challenges still existed after lockdown restrictions eased.<sup>3</sup>

### 1.1.2. Together Fund

[Sport England](#)'s Together Fund was a continuation of the Tackling Inequalities Fund that was set up in April 2020 as part of a support package to help the sport and physical activity sector through the Covid-19 crisis.

The Together Fund saw an additional £20 million of [National Lottery](#) funding committed to support groups that were being disproportionately affected by the pandemic in terms of their ability to be physically active.

The Fund focused on four key audiences: Disabled people, people with long-term health conditions, lower socio-economic groups and culturally diverse communities.

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<sup>1</sup> Sport England. October 2020. Coronavirus research (23-26 Oct update)

<sup>2</sup> Sport England. March 2021. Coronavirus research (26 Feb-1 Mar update)

<sup>3</sup> Sport England. March 2021. Coronavirus research (26 Feb-1 Mar update)

### 1.1.3. Supporting Disabled people to be active

[Disability Rights UK](#) (DR UK) was selected by Sport England as a national delivery partner to distribute funds to Disabled People's Organisations (DPOs) and small community-based organisations that aimed to support Disabled people.

DR UK aimed to fund projects that supported Disabled people and people with long term health conditions to become more active in a way that is right for them. It also aimed to support the recovery and growth of organisations following the Covid-19 pandemic.

In total, DR UK distributed 152 grants totalling £634,498 via the Tackling Inequalities Fund and the Together Fund projects, which directly supported more than 7,530 people.

### 1.1.4. Grant criteria

DR UK established broad grant criteria to support organisations to respond to the needs of Disabled people in their local area.

**Outcomes:** applicants were not required to meet specific any outcomes other than supporting participants to be physically active in the lifetime and/or immediate future of the grant. However, through its work the Fund aimed to contribute to a range of broader physical activity, mental health and community outcomes.

Physical activity outcomes	Mental health outcomes	Community outcomes
Disabled people to return to/maintain pre-lockdown levels of fitness	Improvements in people's mental health, confidence, and overall wellbeing	Community groups and sports providers to be given a "new lease of life" and benefit from new ways of providing support or a service
Disabled people to keep physically well and therefore reduce the likelihood of other illnesses	Reduction in social isolation	Improved relationships between community organisations and the sports sector
Opportunity to try new forms of exercise		Disabled people to be seen as innovators, turning a negative situation into something positive
Opening up exercise to people who didn't participate before		

**Grant size:** the fund provided small and micro community grants (up to £3000) and larger Disabled people-led grants (up to £10,000) for DPOs with a Disabled people led project idea.

**Audiences:** DR UK aimed for 20% of applications to demonstrate genuine engagement with culturally diverse individuals, and encouraged organisations to demonstrate Disabled people led approaches in their application.

## 1.2. Evaluation

### 1.2.1. Background

DR UK commissioned Traverse – a social-purpose consultancy - to help them capture, analyse and share outcomes and learning from their administration of the Tackling Inequalities Fund in 2021.

Traverse supported DR UK to design and implement an evaluation of the Fund. This included using the data that DR UK collected to produce two interim reports:

- a phase one report of the Tackling Inequalities Fund that covered grants distributed between August 2020 and March 2021; and
- a phase two report of the Together Fund that covered grants distributed between August 2021 and August 2022.

Findings from these reports were fed back into the design and delivery of subsequent grant phases.

Traverse closed in December 2022. DR UK subsequently approached the [Better Decisions Together](#) collective as independent learning partners to help them produce a report of the final phases of the Together Fund. This covered grants distributed between September 2022 and September 2023.

### 1.2.2. Phase one and two headlines

The evaluation of the first two phases of the Tackling Inequalities Fund and the Together Fund found that:

- The first two evaluation phases covered 83 projects that directly supported around 2,530 participants.
- Most of these Tackling Inequalities Fund and Together Fund grants were used to develop new activities online and or shift face-to-face activities online. This supported Disabled people to be active at home during Covid-19 lockdowns and immediately after the pandemic when many continued to shield.
- Tackling Inequalities Fund and Together Fund projects reported a range of wellbeing benefits for participants. Projects observed or heard from participants about physical wellbeing (e.g. strength, mobility and fitness) and mental wellbeing (e.g. reduced isolation, confidence and mood) improvements

- Taking part in physical activity online also helped Disabled people to develop digital skills that could help in other parts of their life (e.g. talking with relatives online via Zoom, online shopping etc.).
- Tackling Inequalities Fund and Together Fund projects also reported ripple effects within communities, including where respite care was provided to family members of some Disabled people, where funds were used to hire community spaces that might have otherwise gone unused, and where project roles provided local employment and volunteering opportunities.
- A hybrid or 'blended' model of online and offline activities emerged as the most popular model. This approach helped organisations to cover larger geographic areas, reach new audiences and expand services in a cost-efficient manner, while still meeting the needs of Disabled people who preferred or needed face-to-face support, or who faced other challenges (e.g. digital exclusion).
- The emphasis on Disabled people led activities resulted in many projects that were needs-led, engaging and inclusive. However, genuine co-production was more difficult during the Covid-19 pandemic due to challenges such as emotional barriers, low digital confidence and poor internet connectivity.
- Tackling Inequalities Fund and Together Fund grants were an essential lifeline to the Disabled People's Organisations (DPOs) and community organisations during the pandemic, but most required further funding to sustain or embed their activities.
- DR UK's programme management of the first two phases of the Tackling Inequalities Fund and the Together Fund was widely praised as adaptable, flexible, and supportive of applicants and grant holders.

### 1.2.3. This report

This report is divided into four sections: what we did; what we achieved; what we learned; and what next?

The findings in this Phases 3 & 4 report are drawn from 63 projects that completed their activities and took part in the evaluation between September 2022 – October 2023. The data used to compile this report is from:

- 63 project end self-report forms;
- 45 accompanying sets of demographic data; and
- 16 telephone interviews with a sample of project leads of large Disabled people led grants (7) and small and micro community grants (9)

The report does not include data from a further 6 organisations that received grants during this period but did not return project end forms.

## 2. What we did



### Chapter summary

- This report draws on findings from 63 projects that received funding between September 2022 and September 2023.
- These projects directly supported more than 5,000 unique participants, of which demographic data was provided for 1,801.
- Demographic data indicates that 46% of projects directly engaged with culturally diverse individuals.
- 94% of participants self-identified as having a long-term health condition, illness, or impairment.

### 2.1. Project Profiles

**63 projects** provided grant evaluation forms for the period September 2022 to September 2023.

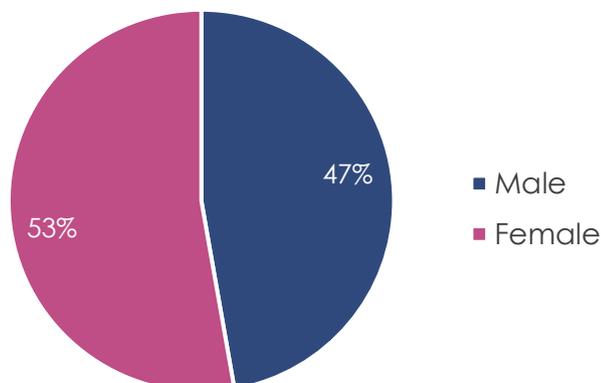
These projects fell into four overlapping categories, based on the services and activities provided:

1. **Sport** – group sessions offering training in a specific sport (e.g., football, swimming, cycling, etc.).
2. **Fitness and yoga** – guided physical activity sessions to get people moving.
3. **Dance and performance** – similar to the above, but with an emphasis on performance and confidence-building.
4. **Mentoring and peer support** – bespoke, person-centred approaches with an emphasis on building inter-personal relationships.

### 2.2. Demographic Data

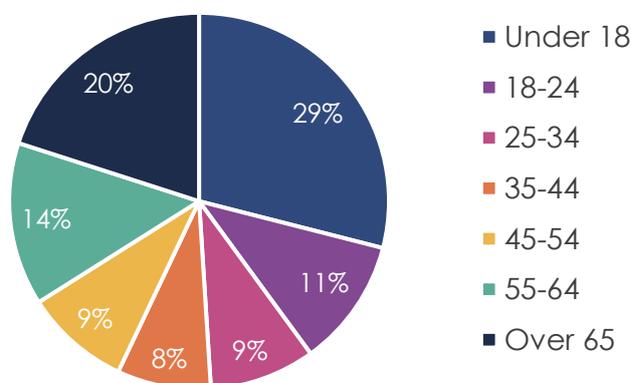
More than **5,000 people** were directly supported by the 63 projects that provided data for this report, with a further 1,000 supported indirectly (e.g., through YouTube engagement).

Some amount of demographic data was provided for 1,801 participants across 45 projects. This data indicates a relatively even split between genders (see Figure 1).



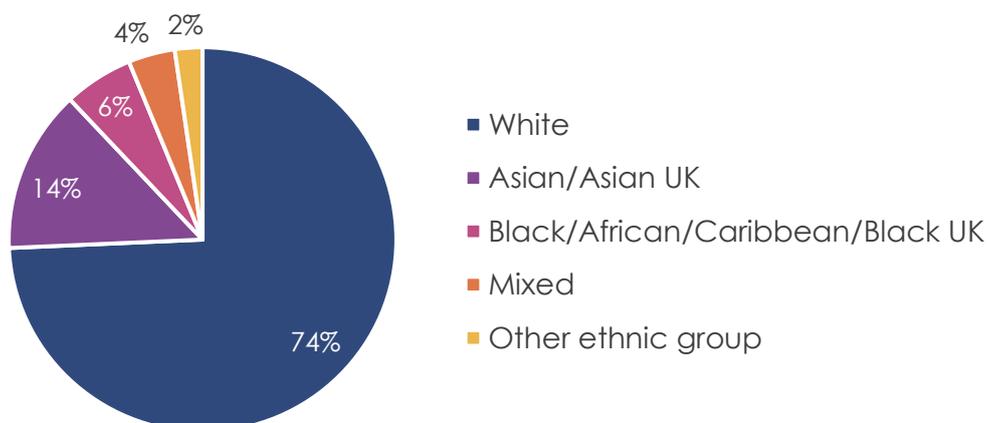
**Figure 1: % of participants by gender**

Under-18s and over-65s were the most represented age groups, accounting for 49% of participants between them. There was a relatively even split between other age groups (see Figure 2).



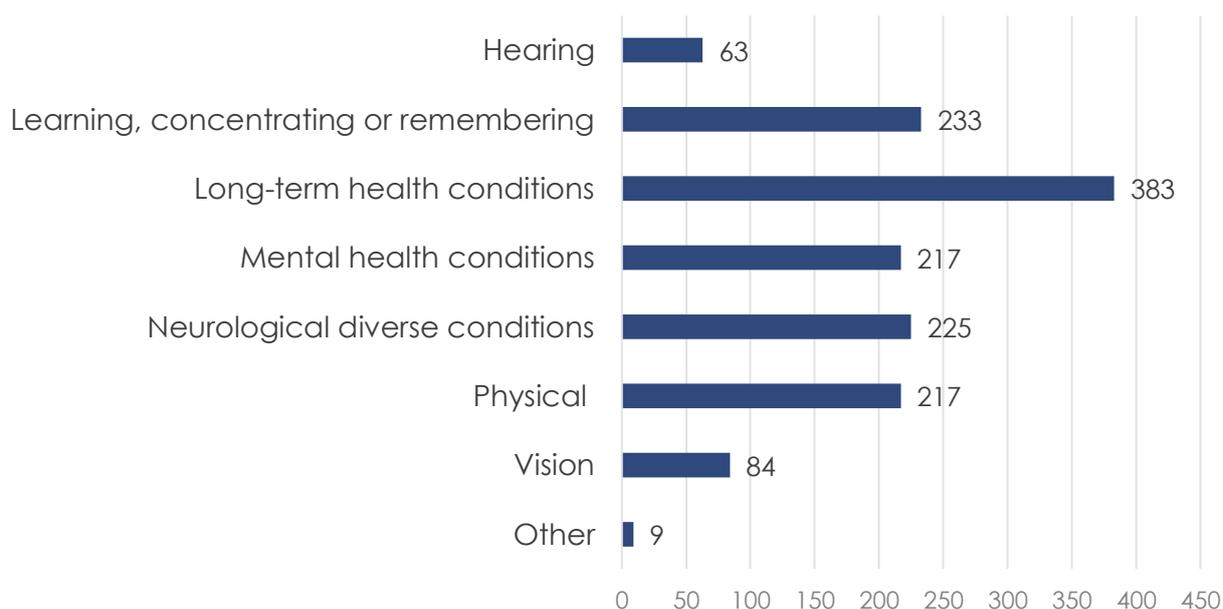
**Figure 2: % of participants by age**

Ethnicity data indicates that individuals from culturally diverse communities accounted for 26% of participants for whom demographic data was provided (see Figure 3). This suggests that they were overrepresented in the sample compared to the UK overall, where culturally diverse individuals account for 18% of the population. Furthermore, 46% of Together Fund projects that submitted ethnicity data reported at least one culturally diverse participant – far exceeding DR UK's target of 20%.



**Figure 3: % of participants by ethnicity**

94% of participants for whom demographic data was submitted identified as having a long-term health condition, illness, or impairment. A breakdown of these by type – where that information was provided – can be seen below (Figure 4).



**Figure 4: No. of long-term conditions by type**

## 3. What we achieved



### Chapter summary

- All projects supported Disabled People to participate in physical activity.
- Projects reported improved mobility and fitness among participants, as well as other positive health outcomes such as improved pain management.
- Projects were successful in reducing isolation among Disabled participants, as well as improving their self-confidence and overall mental health.
- Together Fund projects reported increased capacity and resilience to financial pressures, and improved quality of care for participants.
- Projects were able to reduce pressures on families and carers of Disabled people and to strengthen ties with the wider community.

### 3.1. For participants

#### 3.1.1. Physical activity

All Together Fund projects reported that they had supported Disabled people **to take part in physical activity**.

This was accomplished through using funding to remove barriers to participation and tailor provision to participant needs, such as by designing activities and sessions to suit their abilities and using equipment and resources designed specifically for Disabled participants. This helped to create safe and supportive environments where Disabled people could engage in physical activity without fear of pressure or stigma.

As in the first two phases of the Tackling Inequalities Fund and the Together Fund, most projects also helped Disabled people to continue to take part in physical activity through the twin pressures of the Covid-19 pandemic and the ongoing Cost of Living Crisis, by offering digital delivery where appropriate and by removing financial barriers to participation respectively.

Projects again reported **increased levels of mobility and fitness** as a direct result of Disabled people taking part in Together Fund-financed activities. Project leads reported participants moving more freely and easily, and exercising for longer periods of time over the course of their involvement with the project. Some projects also reported improvements in specific physical attributes such as strength and balance. Such improvements were captured either anecdotally through participant

feedback, or through measurement against bespoke targets tailored to individuals' needs and goals.

Several projects in this round of funding found that participants experienced previously unreported **positive health outcomes** after taking part in the services and activities provided. These included reduced pain levels, and/or an improved ability to manage chronic pain, as well as a tendency for participants to make healthier life choices in their daily lives (e.g., healthier diets, regular exercise, etc.).



"For quite a lot of Disabled people who come to our services, it gives them the confidence to then go on and access other physical activity services that they wouldn't have thought they were able to do before coming to us."

**Large grant recipient**

### 3.1.2. Mental health and wellbeing

As in the first two phases of the fund, there was evidence to suggest that provision Disabled-focused physical activity sessions through the Together Fund had helped to **reduce isolation** among Disabled people. This responded to a pressing challenge identified by Disability Rights UK, Sport England and other organisations during and in the immediate aftermath of the Covid-19 pandemic.

Together Fund projects provided Disabled people with opportunities to socialise and to connect with others with comparable lived experience, with many forming new friendships and finding new hobbies that continued even beyond the scope and lifetime of the initial project.



"What's been really nice about it is that friendship groups have been created through them coming together through the walks, so they'll then be meeting up outside of our project."

**Small grant recipient**

Most Together Fund projects in the third and fourth phases also saw **improvements in the mental health and wellbeing** of Disabled people as a result of their increased physical activity. This echoed findings from the first two evaluation phases. Participants spoke of reduced levels of stress and anxiety, as well improved mood (i.e., a more positive outlook and/or ability to live and act "in the moment") and motivation (i.e., to participate in activities and/or to engage in self-care). In some cases, increased physical activity was associated with improvements in memory and

retention among older people and/or those struggling with learning, concentrating, or remembering.

Many project participants were said to have **improved their confidence and self-efficacy** through taking part in Together Fund-financed activities. Participants self-reported feeling more confident and capable when participating in physical activity, particularly when they found they were able to do something that had previously seemed impossible, with the accompanying sense of achievement providing a boost to their self-esteem and sense of self-worth. Project leads and trainers similarly observed that participants became engaged – and thus more likely to express themselves and share their views, opinions, and concerns – over the course of the project. Several participants of Disabled-led projects also reported being inspired to undergo further training with a view to leading similar activities themselves in the future.



"They're learning to do things that they haven't ever done, and self-esteem as well – they're feeling much better about themselves as a result of learning new things and being successful."

**Small grant recipient**

Some projects, particularly those with a focus on team sports, were also found to have helped Disabled people to have **improved "soft skills"** in areas such as communication, teamwork, problem solving and leadership, which in turn were expected to positively impact participants' personal and professional lives.

### 3.2. For organisations

The main outcome for organisations receiving funding through this phase of the Together Fund was an **increase in capacity**, which in turn allowed them to sustain or expand their physical activity offer for Disabled people.

The extent and impact of this increase appeared to be dictated not simply by the size of the grant received in isolation but by its size relative to the organisation and project – that is, larger, resource-rich organisations in some cases appeared to benefit less from a large grant than smaller organisations to whom a small grant a greater proportion of their overall financial capacity.

For many projects, particularly those run by larger organisations, Together Fund money was used to hire and train additional staff, and/or to buy or rent equipment, thus **increasing the number of potential participants** – either by increasing the number and/or frequency of sessions, or by increasing the size of sessions to accommodate more participants. Some projects used the funding to expand in

different ways, such as **widening their geographic scope** or **extending their offer** to include new activities and audiences.



"The funding enabled us to expand our reach and focus on engaging youth and individuals with various Disabilities."

#### Large grant recipient

Similar to the first two evaluation phases, many smaller organisations and projects reported **increased resilience** to financial pressures as a result of Together Fund support. It enabled them to sustain projects that would otherwise have ended due to financial unviability (e.g., lack of funding, insufficient attendance, etc.). As above, the extent of this increased resilience was largely dictated by the size of the grant relative to the existing capacity of the organisation and project in question.

For many projects, Together Fund support enabled them to **provide services free of charge**. This removed a significant barrier to participation for Disabled participants during the lifetime of the projects in question, although in most cases projects had to revert to "pay to play" models at the end of the funding period.

The funding meant that projects were **less reliant on attendance** to cover costs and therefore could sustain activities with smaller groups and/or at less popular times, ensuring that projects would remain open to participants without placing additional financial burdens on organisers. This, however, did not necessarily translate into project sustainability beyond the lifetime of the Together Fund.

In contrast, some projects saw a marked **increase in attendance** as Together Fund support raised their profile within local and/or Disabled communities. As in previous evaluation phases, for these projects Together Fund support enabled increased marketing budgets and space to develop relationships with potential, established partner organisations, which drove interest and recruitment from existing Disabled communities and networks. Again, however, this did not necessarily indicate increased sustainability in the long-term.

Several organisations in this phase reported that their Together Fund support led to **improved quality of care** for participants, as providers became more aware of participants' needs – whether individually or as a group – and so tailored their provision appropriately, regularly adjusting delivery based on feedback (e.g., adjusting frequency, intensity and format of sessions as required). Furthermore, the additional funding allowed some projects to offer wraparound support (e.g., mental health and wellbeing services, transport options, etc.), and to more effectively signpost participants to external support and resources as required.

### 3.3. For communities

Most projects reported that Together Fund-financed activities had also helped to **support the families and carers** of Disabled participants. This echoed findings from the second evaluation phase.

In the case of sessions led by trained staff members (as opposed to unsupervised or self-guided activities), these provided welcome respite for families and carers, many of whom used the **opportunity to socialise and build relationships** with others with complementary lived experience. This in turn created an environment in which they could share their stories and expertise through informal peer support networks, thereby enhancing their ability to navigate the challenges and barriers faced by Disabled people and their families and carers.

Some projects were also able to **reduce financial pressures on families and carers** through the provision of practical and logistical support, such as transport to and catering during activities.

Several projects also reported **improved profile and perceptions of Disabled people** within local communities. As participants became more active in community organisations, these contributions in turn brought them into more frequent contact with other members of the community, encouraging more positive attitudes towards Disabled people.

For some organisations, the Together Fund provided opportunities to **strengthen ties with the wider community**. Projects that built on pre-existing initiatives were often able to consolidate – and even expand – their relationships with specialist organisations and community groups that acted as recruitment partners and/or additional sources of support for participants. Projects that recruited from, or delivering activities in, Special Education Needs (SEN) schools, in particular, frequently reported extending their delivery to include more education providers.



"We work with the wider community at large so the local community benefits from our work. An example is going into a care home to deliver the course and activity sessions."

**Large grant recipient**

Finally, as in the first two evaluation phases, those organisations that made use of local venues and resources were seen to be supporting and strengthening the local economy, and thus saw **improved relationships with local businesses** and the private sector more broadly.

## 4. What we learned



### Chapter summary

- Building relationships with partner organisations and directly engaging with potential participants were key enablers of successful project design.
- Challenges encountered in recruiting participants – motivation barriers, fluctuating attendances, and lack of transport options – were broadly in line with the existing evidence base.
- Projects faced significant challenges around resource and capacity.
- Digital delivery improved project accessibility but brought its own set of challenges in implementation.
- DR UK's administration of the Together Fund was broadly praised for its adaptability and "light touch".
- Data collection was a particular challenge and was inconsistent across projects.

### 4.1. Project design

#### 4.1.1. Recruiting participants

Project leads highlighted a range of methods and approaches that were successful in driving participant recruitment, as well as a number of challenges that were broadly in line with the existing evidence base regarding recruitment of Disabled people.

The most common enabler of success was to **build relationships and work with existing specialist organisations** in the voluntary and community, health and social care, and education sectors to publicise the project to their contacts and clients. Similar to findings in the previous reports, this allowed projects to capitalise on the relationships and reputations of those established organisations, thus building trust with and among their target audiences.

Other recruitment approaches aimed to remove common barriers to engagement for Disabled people. New to this phase of projects was a more explicit focus on proactive **outreach approaches**, in which providers took their offer to potential participants rather than waiting for them to come forward. Examples of this approach included attending meetings of existing support groups, providing activities in schools, and taking provision into (potential) participants' homes. Others utilised clear and accessible referral mechanisms, which had broad entry criteria and allowed for self-referral. Similarly, several projects expanded their offer from

impairment-specific to pan-disability activities to widen the recruitment pool and prevent people being excluded for having the “wrong” type of impairment.

A further tactic to drive recruitment was to **keep activities free** or, at the very least, affordable (i.e., under £5 per session) in recognition of the financial barriers faced by Disabled people, particularly in the context of the ongoing Cost of Living Crisis. This, however, was not feasible for all projects – particularly those with smaller budgets or with lower attendance rates.



“Some people are put off by the fact that we do charge, but we have to – we’re such a tiny charity.”

**Small grant recipient**

Projects with larger budgets (i.e., primarily – but not exclusively – large grant recipients) were also able to devote more money to **marketing and branding** tools, such as promotional videos, in order to drive recruitment.

However, a far wider range of recruitment barriers were reported in this phase of the evaluation. **Motivation** was a significant barrier for some projects: Disabled people could be reluctant to engage with projects due to a perception of physical activity as not being for them, and/or fear that their involvement would cause them to lose access to benefits. Several projects reported issues with low recruitment and attendance at the outset, which challenged their viability. A common response to this was to **work with volunteers** to bolster attendances – this allowed the sessions to run even with smaller groups, and for early participants to feel engaged. This in turn created positive feedback loops, as these early participants shared their positive experiences with other Disabled people, thus driving recruitment to the point of project viability.

In contrast, a small number of projects faced the opposite challenge of **over-subscription**. In such cases, and in the absence of opportunities to increase organisational capacity, projects found that the problem could be lessened through careful management of waiting lists. By regularly contacting those waiting for a place, providers could ascertain their suitability (and signpost to alternative services as required) and keep them engaged until such time as a place became available.

**Attendance could also be unpredictable**, with some sessions attracting bigger groups than others, often without warning (sign-ups rates frequently did not reflect attendance). The mental and physical health of participants could change between sessions, leaving them unable to engage from one week to the next. Factors such as weather and time of year also impacted attendance, particularly for outdoor projects.

**Lack of suitable transport options** was another common barrier to recruitment and attendance. In the absence of affordable and accessible public transport options,

participants struggled to attend – particularly when venues were outside residential areas. In the case of projects where participants travelled from outside the immediate local area, train strikes were frequently referenced as a recruitment challenge.

### 4.1.2. Generating buy-in

Many providers **engaged directly with potential participants** to ascertain their needs and goals before designing projects in order to ensure the suitability of their offer for their target audiences (or, in the case of ongoing projects, adjusting delivery based on feedback from participants).



"We basically have to shape it completely to their needs, even though the game might not run as planned, or as successfully. We have to shape it in a way that works for them."

**Small grant recipient**

As with recruitment, this was most effective in cases where project leads **worked with established partner organisations** with strong understandings of, and links to, target groups and demographics. This was easier for projects that continued existing initiatives, as these relationships had likely been developed beforehand, but new projects required a significant time investment at the outset to build trust between providers, partners, and participants.

Many providers also prioritised **building trusting relationships with individual participants** at the outset of projects as a means of generating buy-in and driving sustained participation. Participants were given licence to set their own goals and targets so as to avoid unnecessary pressure or expectation, and were empowered – within reason – to steer group sessions to meet their priorities. This flexibility in session design was a key enabler of success across session types and participant groups. Several project leads also emphasised the importance of rapport between trainers and participants, particularly for activities aimed at children and young people – in cases where this was done well, carers and providers noted marked improvements in participant motivation and engagement.

A higher proportion of projects in this phase involved face-to-face activities, compared to the previous phases delivered during and immediately after the pandemic. Projects that delivered in communities reported that the **choice of venue** was also key to the success of many projects. While chosen spaces and facilities needed to be accessible for Disabled participants, a number of providers found that using mainstream spaces – as opposed to spaces specifically designed for Disabled people – helped to generate buy-in among both participants and the wider community. The use of such spaces allowed Disabled participants to feel part of the

community, rather than being segregated from it, and furthermore meant that participants were seen to be contributing to the maintenance of spaces enjoyed by their non-disabled peers. Such an approach was not always feasible – depending on availability and participant need – but was thought to be a key enabler of success when used appropriately.

A small number of organisations found that having **projects designed and/or delivered by Disabled people** was a key enabler for participant buy-in. Participants felt more confident that such projects would be truly accessible. In some cases, project leads reported participant feedback to the effect of seeing Disabled people leading the projects had inspired them to engage not only with the project but with the activities themselves, remaining involved in some capacity beyond the lifetime of the project.



“Participants say they feel inspired by seeing as Disability-led activity, which gives them aspirations of being able to become a leader themselves.”

**Large grant recipient**

### 4.1.3. Recruiting staff and volunteers

Staff recruitment was a particular challenge for some projects, particularly those in receipt of small grants, due to the associated costs.

The **recruitment of specialist staff** – i.e., those with expertise in a specific physical activity and/or in supporting Disabled participants – was necessary for many projects but finding such staff was necessarily more difficult and incurred a higher cost, compared to recruiting staff without specialist skills.

Several project leads reported **staffing requirements exceeding their original projections** due to over-subscription and/or Disabled participants' need for more in-depth training and supervision than anticipated (although the latter issue was significantly less common among DPOs than community-based organisations without extensive prior experience). The costs of recruiting and paying these additional staff members therefore diverted costs from project delivery, which in turn necessitated a reduction in the number of sessions provided and/or participants supported.

The cost of recruiting specialist staff meant that most projects were limited in the number of employees they could support and were therefore **reliant on volunteers** for delivery. This was financially beneficial to projects but presented further challenges for recruitment. Projects found that they could drive volunteer recruitment by providing added value, such as by additional training that improved volunteers' skills and long-term employability.

## 4.2. Project delivery

### 4.2.1. Resource and capacity

Questions of resource and capacity were key considerations for Together Fund projects.

Staff and volunteer availability was particularly challenging for smaller projects and those catering to multiple demographics. In the latter case, project leads found that different groups often required sessions to be held at different times to accommodate other commitments (e.g., school, work, etc.), which caused issues with **staffing availability**. Some projects successfully overcame this by recruiting a larger pool of volunteers with different external commitments, although this was not always feasible either due to limited capacity for recruitment or a lack of (access to) suitable candidates.

A related issue for the smallest projects – i.e., those primarily run by a single person or by a small core team – was a **lack of oversight** when aspects of those projects were outsourced or where they were expanded to the point where the primary organiser could not coordinate the day-to-day delivery of all activities. Without that consistent oversight, such projects were prone to insufficient recruitment and delays in delivery timelines.

Several project leads reported issues with **venues increasing their prices or closing** during the course of the project – often citing increases in rent and utility costs associated with the Cost of Living Crisis – leaving organisers to negotiate new terms or look for alternatives. Where this was not successful, a small number of projects reconfigured their services accordingly – such as providing movement and strength training when swimming pools were not available.

In a small number of cases, **equipment fundamental to project delivery was stolen or vandalised**. Bikes, in particular, were a common target for thieves. The loss of equipment in this manner negatively impacted timelines, with projects forced to delay or cancel scheduled sessions, and incurred financial costs.



"Our cycle hub was broken into, and a lot of damage was done to our building, which had to be fixed before we reopened. A range of cycles and tools were also stolen, which set us back a little."

### Large grant recipient

Many projects utilised some form of digital delivery to increase accessibility for people who were unable to attend in-person sessions.

This builds on findings from the first two evaluation phases, where a shift to digital services in the response to the pandemic supported many Disabled people to continue to access activities, as well as opening up activities to new audiences (e.g., people who felt socially anxious).

Most organisations had experience of delivering services remotely during the Covid-19 pandemic and had decided to continue this due to a recognition that some Disabled people were **more able – or more willing – to engage with services delivered remotely**. A number of project leads did note, however, that digital delivery incurred **additional costs** through the need to provide and set up devices, particularly for older people who were unfamiliar with the technology. This also echoed challenges around digital inclusion (e.g. skills, confidence, access) in the earlier phases of the evaluation.

**Video conferencing platforms** such as Zoom constituted the most common form of digital delivery for Together Fund projects, although a small number of providers also offered alternatives – such as **pre-recorded videos** – for people who were uncomfortable attending a live remote session. These alternatives drove recruitment and engagement with activities but were costly to produce and necessarily did not bring the social benefits associated with live sessions. This emphasises the importance of hybrid or 'blended' models – as reported in the second evaluation phase.

## 4.3. Grant administration

### 4.3.1. Grant conditions and DR UK support

Most Together Fund project leads spoke positively about the **“straightforward” grant application process**. This continued the positive feedback received in the previous two rounds.



"We found the whole process seamless and straightforward. The support we got was just at the right level and enabled us to concentrate on the important stuff – delivering the project!"

**Small grant recipient**

DR UK, and Elliot Watson in particular, were praised for their **helpful and supportive approach** – multiple project leads found Elliot to be approachable and communicative both during the application process and over the lifetime of the Fund. While project leads knew that they could come to DR UK with any issues, they generally appreciated the lack of unsolicited communication or micromanagement (although this very occasionally was interpreted as uncommunicativeness, with requests for advice and guidance being overlooked).

A small number of project leads in this phase disliked **being asked to answer further questions and provide additional supporting evidence** after their application had been submitted. The associated delays were felt to have led to tight turnaround times between the grant being awarded and the start of the project, which in turn negatively impacted recruitment.

DR UK's approach to evaluation (agreed with Traverse prior to its closure) elicited quite different responses from large and small grant recipients. Large grant recipients frequently praised the **“light touch” approach to evaluation**, with the use of standardised evaluation forms particularly appreciated by those projects with small administrative teams and/or a lack of evaluation experience.

In contrast, several small grant recipients complained of a heavy **administrative burden relative to the amount of money** received. (A minor, but common, complaint across both groups was that evaluation forms asked project leads to specify the “purpose of grant, as per grant offer letter” – however in multiple cases no such information could be found on the offer letter in question.)

### 4.3.2. Data collection

Data collection was a particular challenge across multiple projects. Despite the removal of the healthcare service utilisation questions based on feedback received in the previous evaluation phases, most projects did not feel that they could ask Disabled people to complete **surveys or questionnaires** aimed at measuring their progress due to the time this would take and the degree of supervision required. Some projects were not even able to track the **number of participants** due to the number of participants and heavy staff workload.



"There is a challenge for us in keeping track of exact numbers of unique beneficiaries. Our sessions can be very busy, and there are a large number of tasks our volunteers and session workers need to carry out."

**Large grant recipient**

Several projects found that **DR UK's Together Fund reporting requirements** regarding participant demographics were incompatible with their own data collection practices (i.e., using different categories to capture age, ethnicity, and health conditions).

For a small number of projects, Traverse's closure in December 2022 meant that they **could no longer access online project surveys** completed as part of previous evaluations and so lost useful data on participant outcomes and demographics.

## 5. What next?



### Chapter summary

- Most projects expressed a desire to continue in some form beyond the lifetime of the Together Fund, although many were unable to do so due to an absence of funding.
- Short-term funding pots and an emphasis on new initiatives over proven projects were seen as significant barriers to sustainability.
- Funded projects could improve their sustainability by coordinating with partner organisations and diversifying their target audiences.
- Project leads suggested several ways in which national government and specialist organisations such as DR UK could address inequalities in physical activity participation rates between Disabled and nondisabled people.

### 5.1. Sustained activities

Most Together Fund projects indicated an **intention or desire to continue** in some way beyond the lifetime of the Fund.

In many cases, however, this was often limited to low or no cost activities. As with the previous evaluation phases this often focused on a specific (i.e., non-resource intensive) aspect of the project – such as continuing to offer one type of physical activity rather than a range – and/or continued access to/use of equipment, resources and materials without the wider project infrastructure.

Where projects were discontinued or downsized, this was primarily due to an **absence of further funding**. This was more pronounced among small grant recipients, where around two thirds of projects reported requiring additional funding to continue. Among large grant recipients, it was closer to an even split between those projects that had found at least partial funding and those that had not yet done so.

Despite their relative struggles in obtaining funding, small grant recipients were more likely to report **continuing relationships with partner organisations** and/or to announce intentions to **expand the reach or scope** of the project beyond the lifetime of the Fund. However, the reasons behind this pattern were unclear.

## 5.2. Improving project sustainability

### 5.2.1. Suggestions for grant administrators

Several project leads suggested that grant administrators should consider **providing long-term funding** (i.e., 3-5 years) for established projects with proven impacts. Such an approach would allow projects to maintain momentum and prevent them losing access to participants, staff and/or resources during unfunded periods.



"Funding should be about longer-term objectives, rather than just funding something for 12 months. It takes a lot of energy to navigate everything that needs to be done to deliver a project – then it stops, and you have to re-apply and start all over again."

**Large grant recipient**

In the absence of long-term funding, grant administrators could similarly improve project sustainability by **reducing funding gradually over time** (rather than coming to a complete stop) and/or by **streamlining the application process for repeat funding** to reduce the administrative burden on service providers.

### 5.2.2. Suggestions for service providers

The findings from this latest grant period suggest that funded projects **developing relationships with partner organisations** is a key enabler of sustainability. This allows service providers to share costs (allowing funding to go further), grow their profile, reach and impact (increasing the likelihood of securing alternative funding), and upskill other providers to offer the same service (ensuring service provision is not reliant on the continued existence of a specific project or provider).

A further suggestion from some project leads was that providers could **diversify their target audience** – from impairment-specific to pan-disability – thus making them eligible for funding from a wider range of sources.

## 5.3. Addressing inequalities in participation

### 5.3.1. Representation

Several project leads argued that **representation of Disabled people among service providers** – as well as participants – is vital to addressing inequalities in physical activity participation rates.

The makeup of projects at the leadership, management, coaching and administration levels should ideally reflect that of the participants themselves. However, grant administrators must be mindful of the additional challenges faced by Disabled people in running projects and should provide appropriate support where required.



"I wonder if they really understand what it's like to run an organisation as a Disabled adult with impairment – there's a real impact on my health. They say, 'we want you to be Disabled and have impairment', but there's no additional support."

**Small grant recipient**

### 5.3.2. Promotion

Some project leads suggested that **grant administrators should use their significant platforms and budgets** – relative to service providers – to promote physical activity projects designed for and by Disabled people. Grant administrators such as DR UK were felt to be best placed to do this due to their specific focus on disability, as opposed to larger potholders – i.e., Sport England – which could be seen as “faceless” and “intimidating”.

### 5.3.3. Legislation

A small number of project leads argued for **legislative approaches to addressing inequalities in participation** between Disabled and nondisabled people. Such proposals included expanding Disabled people's personal budgets to cover physical activity (although this is already the case – suggesting a need to improve some DPOs understanding of the rules around personal budgets), and incentivising provision of services for Disabled people as a necessary precondition of public funding.



"You have to legislate that nobody gets government funding or Sport England funding money or whatever, unless they have some sort of Disabled offering. It's like a sugar tax – no one's going to decide they should stop eating sugar. The government's just going to have to make it so expensive that people stop."

**Small grant recipient**

## 6. Conclusions

### 6.1. Fund outcomes

The table below summarises this report's findings regarding the Together Fund's primary physical activity, mental health, and community outcomes (see Chapter 1).

The conclusions largely align with and build on the evidence from the first two evaluation phases, but also go beyond to add nuance to those reports' conclusions and some additional findings from this latest grant evaluation period.

Outcome	Result	Strength of evidence	Summary
<b>Disabled people to return to / maintain pre-lockdown levels of fitness</b>	Unknown	n/a	Health, fitness and activity data was not included in the evaluation design to minimise burden, but evidence that projects put in place a range of delivery models to support people at home and in the community, and reports of improved physical health.
<b>Disabled people to keep physically well and therefore reduce the likelihood of other illnesses</b>	Unknown	Low	While all projects supported Disabled people to participate in physical activity, any data regarding retention rates and health outcomes is purely anecdotal – we therefore cannot draw conclusions as to the long-term health impacts for participants.
<b>Opportunity to try new forms of exercise</b>	Partially achieved	Medium	Some projects expanded their offer to introduce new forms of physical activity – however, most used the funding to sustain their provision of activities with which they had prior experience.
<b>Opening up exercise to people who</b>	Achieved	Medium	Most projects reported bringing in new participants who had previously been inactive or had not previously

<b>didn't participate before</b>			engaged with the project or the physical activity on offer.
<b>Improvements in people's mental health, confidence, and overall wellbeing</b>	Achieved	High	Most projects reported that they had observed, or participants had spoken of, improved mood, motivation, self-confidence and self-efficacy, and reduced stress and anxiety from taking part in physical activity.
<b>Reduction in social isolation</b>	Achieved	High	Projects provided Disabled people with opportunities to socialise and to connect with others with comparable lived experience, with many reports of new friendships and new hobbies that continued beyond the scope and lifetime of projects. Some projects also helped connect families and carers of Disabled people.
<b>Improved relationships between community organisations and the sports sector</b>	Partially achieved	Medium	Most projects created or strengthened relationships with partner organisations from the health, education, VCSE and private sectors. While this contributed to improved perceptions of the projects themselves, the long-term impact on the relationship between community organisations and the sports sector is unknown.
<b>Community groups and sports providers to be given a "new lease of life" and benefit from new ways of providing support or a service</b>	Partially achieved	High	The Fund provided critical financial support during a period of extreme financial pressure for organisations due to Covid-19 and Cost of Living Crisis. It also supported some organisations to build new partnerships and reach new audiences. However, most projects were subsequently downsized or discontinued due to the absence of (or failure to identify) further funding by the end of the grant.

<b>Disabled people to be seen as innovators, turning a negative situation into something positive</b>	Not achieved	Medium	Although there were Disabled people led projects there was little evidence this had changed other people's perception of Disabled people as innovators. However, several projects reported improved profile and perceptions of Disabled people within local communities as activity brought more frequent contact between Disabled people and other community members.
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## 6.2. Key lessons learned

### 6.2.1. Recruitment

The overarching lesson from the Together Fund, with regards to recruitment, is the need to – and value of – meeting Disabled people where they are. This applies both in a literal sense – proactively reaching out to potential participants through community networks and specialist organisations – and in terms of circumstances (e.g., providing low-cost activities to overcome financial barriers, offering alternative delivery models to ensure accessibility, etc.).

### 6.2.2. Resource and capacity

Project lead feedback gathered for this report demonstrates the risks of designing projects to produce the maximum capacity for the minimum cost. Such an approach is understandable – funders may inadvertently encourage an approach that prioritises quantity of beneficiaries over quality of services – but leaves little room for flexibility and means projects are more likely to underdeliver than overdeliver.

### 6.2.3. Digital delivery

Digital delivery is an important tool for organisations delivering services for Disabled people but presents additional financial and logistical challenges – namely, the time and money required to develop digital resources and the digital skills gap between Disabled and nondisabled people (research suggests that Disabled people are 35% less likely to have essential digital skills their nondisabled peers).<sup>4</sup>

<sup>4</sup> Lloyds Bank. 2019. Consumer Digital Index.

### 6.2.4. Project sustainability

Despite their desire to continue Together Fund projects beyond the lifetime of the Fund, most organisations were not able to do so. Feedback suggests that funders' emphasis on new activities rather than proven projects, the use of short-term funding pots, the tendency for funding to come to a complete stop rather than reducing over time, and the lack of effective signposting to alternative funding present significant barriers to project sustainability.

### 6.2.5. Difficulties measuring outputs

Robust data collection presents challenges for organisations providing services for Disabled people. Standard output measurement approaches – such as participant surveys - are not always appropriate for Disabled beneficiaries; data requested by funders and evaluators may not be reconcilable with providers' internal data collection approaches; and large-scale or resource-intensive projects may struggle to capture exact numbers of unique beneficiaries.

## 6.3. Ideas for action

### 6.3.1. Improve understanding of personal budget use

DR UK could use its significant profile to improve understanding among Disabled people and DPOs of personal budgets' eligibility for use in physical activity. Despite apparent perceptions among project leads to the contrary, personal budgets can be used – for example – to pay for physical activity services, adaptive equipment, and travel and support costs. In turn, this could enable providers to charge (subsidised) fees at no cost to participants.

Personal budget information is available on the [Get Yourself Active website](#), but could perhaps be more visible or more readily signposted.

### 6.3.2. Prioritise quality over quantity in service delivery

An implied requirement for projects to maximise capacity relative to costs may lead grant recipients to overpromise and underdeliver target participant numbers. DR UK, and/or Sport England, could adjust their decision-making criteria to give greater weight to quality of services provided, over number of participants reached, thus improving the quality of care for beneficiaries and enabling projects to better meet their targets.

### **6.3.3. Provide support for Disabled project leads**

Potholders and grant administrators that prioritise Disabled people led projects and services must also recognise the additional challenges Disabled people face in delivering said projects. DR UK could use its specialist knowledge to identify these challenges and account for the specific barriers faced by Disabled project leads, ensuring relevant support is available and that delivery targets are appropriate for Disabled people led projects.

### **6.3.4. Enable sustainability through financial modelling support**

Long-term financial sustainability is a clear issue for many physical activity projects designed and delivered for and by Disabled people. DR UK could use its relative expertise in this area to work with DPOs to develop their skills in financial modelling early in the grant cycle, enabling them to better plan for projects' continuation beyond the lifetime of a given Fund. DR UK could also advocate for larger funders, such as Sport England, to prioritise funding for grassroots, non-sport sector physical activity services.

### **6.3.5. Upskill providers in proportionate evaluation methodologies**

DR UK could draw on its evaluation expertise and resource to build DPO capacity and confidence in undertaking proportionate, service provider led evaluation. Upskilling providers in evaluation methodologies – whether through direct support or improved signposting to relevant resources on DR UK's DPO Support Hub – could enable them to better design projects with data collection and evaluation in mind.

## 7. Appendix A: Project List

Organisation	Project name	Grant size	Purpose	No. of "direct" beneficiaries
Adaptive Yoga LIVE CIC	Online Adaptive Yoga Classes	Small (<3k)	Provide 12 weeks of online adaptive yoga classes for adults living with physical impairments and/or carers who would like to learn how to assist someone in their yoga practice.	48
Adaptive Yoga LIVE CIC	Online Adaptive Yoga Classes	Small (<3k)	To provide two online adaptive yoga classes for 12 weeks for both adults and children	109
Alive West Norfolk	Ability Counts - Multi Sport	Small (<3k)	Inclusive multi-sport sessions for adults and children (including seated volleyball, boccia, goal ball and gymnastics)	70 (core group of 10-25)
Allsorts Gloucestershire	Football Club	Small (<3k)	Tackle inequalities in physical activity, experienced by disabled people and people with long term health conditions, during the Covid-19 pandemic.	23

ArtWorks SY	Active for Life x ArtWorks	Small (<3k)	To help disabled people and people with long term health conditions to get active during the challenging times of the covid-19 pandemic.	72
Asian People's Disability Alliance (APDA)	Moving Moments	Large (<10k)	Promote movement and fun sporting activities that improves healthy lifestyles and better health outcomes for both physical, mental and emotional wellbeing.	45
Autism Bedfordshire	Yoga, Dance/Movement and Kickboxing sessions for autistic adults in Bedfordshire, Milton Keynes and Hertfordshire	Small (<3k)	To tackle inequalities in physical activity, experienced by disabled people and people with long term health conditions, during the Covid-19 pandemic	28
Basketball4All	3 Counties Learning Disability project	Small (<3k)	Establishing Learning Disability Basketball in Kent and Berkshire and running a joint event for all our sessions.	40
Birmingham Disability Resource Centre (DRC)	Fit for Life (FFL) - Physical Activity Sessions	Large (<10k)	Tackle inequalities in physical activity, experienced by disabled people and people with long term health conditions, during the Covid-19 pandemic.	119

Bradford Disability Sports and Leisure	Inclusive Cycling	Small (<3k)		57
Brading Town Youth Football Club	Invicta Match Days	Small (<3k)	Off-Island travel to disability football events.	90
Brading Town Youth Football Club	Invicta Match Days - Completing the Season	Small (<3k)	Off-Island travel to disability football events.	90
Cancer United	Cuffitterextra	Small (<3k)	Tackling inequalities fund.	35
Colostomy UK	Active Ostomates Walk It	Large (<10k)	New walking project to encourage activity among people with stoma.	114
DanceSyndrome	Keep Dancing	Large (<10k)	Support DanceSyndrome to re-establish face to face dance delivery following the pandemic	196
DanceSyndrome	Everybody Dance Lancashire	Small (<3k)	The purpose of the grant was to support DanceSyndrome to set up two new sessions in Blackburn and Wigan.	14
Disability Sheffield	Disability Sheffield Centre for Independent Living	Large (<10k)	Purchase three new Easy Rider trikes.	~60
FitMind	Personal training for people with mental health problems	Small (<3k)	Expert fitness training for people with mental health problems.	15
Grenfell Club	Health and Wellbeing	Small (<3k)		25

Hartlepool United Community Sports Foundation	Movers and Shakers	Small (<3k)	Run a project which offers exercise to people with Parkinson's.	38
Hartlepool United Sports Club Foundation	Movers and Shakers Part 2	Small (<3k)	To expand our current delivery of Parkinson's exercise sessions in Stockton on Tees.	27
High Strive Wellbeing Hub CIC	Let's Get Moving	Small (<3k)	Sports equipment	10 to 20 per session
IgniteYou CIC	1:1 dance sessions	Small (<3k)	Deliver 1:1 and 2:1 dance sessions to build confidence and then integrate people back to community classes.	6
Improving Lives Plymouth	Happiness in Health	Small (<3k)	To help tackle inequalities in physical activity, experienced by disabled people and people with long term health conditions, during the Covid-19 pandemic.	128
Inspire Fitness Academy	IFA All-Inclusive, SEN and Disability Boxing and Fitness Club	Small (<3k)		194
Just Row Gloucestershire	Together on the Water	Small (<3k)	To get more people on the water.	1614
Khalsa Youth Football Academy	Special Needs Project (Asian Adult Multi-Sports Centre)	Small (<3k)	Fund venue and 2 co-ordinators part time supporting the program.	12

Living Options Devon	Get Active Together	Large (<10k)	Enable us to continue to work with Deaf BSL users as well as pilot our volunteer buddy model to begin to work with autistic and disabled people. We would also like to trial a new approach to engage more directly with our participants through a matching process.	73
Look Ahead Care and Support	AnyBODY Can Dance	Small (<3k)	'To help tackle inequalities in physical activity, experienced by disabled people and people with long term health conditions, during the Covid-19 pandemic.'	76
Love Community CIC	Game Changer	Small (<3k)	To enable continuation of "GameChanger" gaming project for neurodiverse people project (which ran 05/06/2023 until 17/07/2023)	200+
LW Flyerz – pan disability hockey	Outreach provision of hockey to individuals who have any disability or Deaf / Hard of Hearing	Small (<3k)		

LW Flyerz – pan disability hockey	Outreach provision of hockey to individuals who have any disability or Deaf / Hard of Hearing and / or Visually Impaired	Small (<3k)		
Misgav	Splash 2 Get Fit	Large (<10k)		16
Mountbatten Centre Charity Trust	Accessible Climbing and Archery	Small (<3k)	Provision of accessible climbing/archery activities to young people with physical/mental disabilities	69
Neurokinex	The Neurokinex Charitable Trust	Small (<3k)	Tackle inequalities in physical activity, experienced by disabled people and people with long term health conditions, during the Covid-19 pandemic.	8
Neurokinex	Paralysis Recovery Programme	Small (<3k)	We would use this funding to provide 10 beneficiaries with 4 free 1-hour therapy sessions who are struggling to start, to continue, to or to restart rehabilitation due to financial limitations brought about by the Cost of Living Crisis.	10
Nurtured in Nature CIC	All Abilities Bushcraft and Eco-therapies	Small (<3k)	Funding towards buying an Lfor Williams trailer to carry equipment for	n/a

			bushcraft and eco-therapies	
Orpington Football Club	SEN Stallions	Small (<3k)	Deliver weekly SEN Stallion football training sessions, buy bibs and training tops	19
Orpington Football Club	SEN Stallions (Extension)	Small (<3k)	To provide more Young Leader training and medals and kits for SEN stallions.	14
Our Barn Community	Tackling Inequalities- Multisport and Dance	Small (<3k)		19
Papworth Trust	Exercise for OWL	Small (<3k)	1. To provide "Inclusive Activity Programme Training" for all 16 OWL Activity Facilitators - delivered by Activity Alliance/UK Coaching. 2. To purchase the equipment to encourage and facilitate regular and low impact exercise in daily activities for all customers.	113
Parkside (Aldershot & District Learning Disability)	Friendship Football Group	Small (<3k)	Support a group of people with a learning disability play football and engage in physical activity.	10

Reaching CIC	Stepping Out	Small (<3k)	help tackle inequalities in physical activity, experienced by disabled people and people with long term health conditions, during the Covid-19 pandemic.	33
Sheffield Mencap and Gateway	Group Fitness for Adults with a Learning Disability	Small (<3k)	To design and deliver twice weekly group fitness activities for adults with a learning disability for 24 weeks. Each week will offer a mixed fitness group and a sports group of either football or cricket.	56
Simply Cycling	Winter Cycling at Boggart Hole Clough	Small (<3k)	Simply Cycling – Winter Cycling at Boggart Hole Clough 16.1.23 to 15.5.23	>700
Skills 4 Work (Gateshead) Ltd	Walking Group	Small (<3k)	<ul style="list-style-type: none"> <li>• 24 sessions to run from 6th March – 25th August</li> <li>• 2 hours per session plus lunch provided after the session</li> <li>• 2 staff members and 1 project lead</li> <li>• Lunch cost covered and transport costs</li> </ul>	15
Speakup Self Advocacy	Train, Walk, Relax	Large (<10k)		77
Step by Step	Swimming Stimulus	Small (<3k)	To provide swimming booster sessions for our users, to rework	30

			skills they lost over lockdown.	
Step by Step	Football Fun	Small (<3k)	Football session	20
Stephen Harrison Academy	Snookerbility	Small (<3k)	Staff wages and Venue Hire	22
Sunderland Community Action Group	Roker Adapted Cycle Club	Large (<10k)	To tackle inequalities in physical activity.	103
Tandem Trekkars	Residential 2023	Small (<3k)	To facilitate a residential weekend for blind and visually impaired cyclists.	22
Tees Valley Wheelchair Sports Club	Aiming High for Fitness	Small (<3k)	To improve the fitness, health and wellbeing of our members.	26
THINK18	ThinkSaturday	Small (<3k)	To help tackle inequalities in physical activity, experienced by disabled people and people with long term health conditions, during the Covid-19 pandemic.	68
Timebanking UK	Golfing Together All Year Round	Large (<10k)	Tackle inequalities in physical activity among disabled people/people with long-term health conditions, in context of C-19.	89
Turn About Pegasus	On Your Bike	Small (<3k)	Provide a pedal powered electric tricycle to encourage physical activity and for clients to go longer than they would	44-110

			have done on a normal bike.	
Vision of Adventure	Fit for Adventure	Large (<10k)	Providing opportunities for visually impaired adults to take part in physical activity.	64
Wakefield RDA	Meet & Greet	Small (<3k)	To tackle inequalities in physical activity, experienced by disabled people and people with long term health conditions, during the Covid-19 pandemic	35
Walk Talk Action	Listen & Learn: Together is Better!	Small (<3k)	To help us deliver a community project to get people active, with paid staff, resources and refreshments.	168
Wheels for Wellbeing	Dare to Ride Extension	Large (<10k)	Weekly group rides to build physical fitness, increase stamina, enjoy fresh air and social interaction.	20
Wild Gathering CIC	Mindful Walks Programme	Small (<3k)	To set up and run a programme of 10 mindful walks for people with mental health issues, in green and blue spaces in Worthing and the surrounding area. There were two walks a month March 2022 – July	22

			2022. Referral pathways were West Sussex Mind and social prescribing.	
Wild Gathering CIC	Mindful Walks Programme	Small (<3k)	We will offer a programme of 18 mindful walks over 11 months, between November 2022 - September 2023.	25
Yoga4All	Yoga4All	Small (<3k)	Delivery of yoga classes, 10 weeks at an LD day centre, 10 weeks online LD and 6 weeks online health conditions.	31



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