

# Research Ethics Online

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## Reaching Hard to Reach Women

### Amendments to this application

Ethical considerations were revised with the following points addressed: Application form: 1. Further clarification of how data will be safely stored (section 3.0 and briefly in 7.1). 2. Further clarification of where and when interviews are likely to be held and potential associated risks addressed (section 3.0 and briefly in 6.0). 3. Query of whether HTRW and participants will be involved in the design of the prototype- addressed in section 1.1 and 2.0. Signposted to Appendix A- which identifies that prototype will be designed post data collection and states 'Intervention designed using needs assessment evidence from interviews with HTRW and PA practitioners, alongside underpinning theories and policies.' 4. The option of an answer for HTRW who live with another adult- such as a husband or partner, but not with children, has been added to Q8 in the questionnaire (Appendix C). Consent forms: 1. There are now options in both consent forms which give participants the options to either agree or not agree to have their interview recorded. 2. There is now an option within both consent forms which asks whether the participant agrees to their data being used anonymously in the researchers PhD thesis and other publications. Participant information Sheet: 1. It has now been outlined within the Participant information sheets that participants may agree whether or not to have their interview recorded. Which can then be indicated on the consent form. 2. For more comprehensive information for the participants 1) the expected length of time the questionnaire and/or interview will take is outlined and 2) where and when the interview is likely to take place.

## WILL YOUR RESEARCH STUDY.....?

### Please answer the following:

1 Involve direct and/or indirect contact with human participants?

Yes

2 Involve analysis of pre-existing data which contains personal or sensitive information not in the public domain?

No

3 Require permission or consent to conduct?

Yes

4 Require permission or consent to publish?

Yes

5 Have a risk of compromising confidentiality?

No

6 Have a risk of compromising anonymity?

No

7 Collect / contain sensitive personal data?

Yes

8 Contain elements which you OR your supervisor are NOT trained to conduct?

No

9 Use any information OTHER than that which is freely available in the public domain?

Yes

10 Involve respondents to the internet or other visual/vocal methods where participants may be identified?

No

11 Include a financial incentive to participate in the research?

No

12 Involve your own students, colleagues or employees?

No

13 Take place outside of the country where you are enrolled as a student, or for staff, outside of the UK?

No

14 Involve participants who are particularly vulnerable or at risk?

No

15 Involve participants who are unable to give informed consent?

No

16 Involve data collection taking place BEFORE informed consent is given?

No

17 Involve any deliberate deception or covert data collection?

No

18 Involve a risk to the researcher or participants beyond that experienced in everyday life?

No

19 Cause (or could cause) physical or psychological harm or negative consequences?

No

20 Use intrusive or invasive procedures?

No

21 Involve a clinical trial?

No

22 Involve the possibility of incidental findings related to health status?

No

23 Fit into any of the following security-sensitive categories: concerns terrorist or extreme groups; commissioned by the military;

commissioned under an EU security call; involve the acquisition of security clearances? If yes, see Help for guidance.

No

## RISK CATEGORY 2

### Student Applicants

Your study has been provisionally classified as Risk Category 2.

You must complete the remainder of this application, which will automatically be sent to your Research Supervisor upon submission, who will review your application and decide whether to recommend ethical approval, request revisions or reject the application.

If your Supervisor recommends approval of your project they will refer it to the Local Research Ethics Coordinator (LREC) who will review your project and decide whether to grant ethical approval, request revisions, reject the application or refer it to the appropriate Faculty Research Ethics Committee for review. For security-sensitive research, see the Research Ethics Procedures for details of the approval process.

You will be notified of the outcome by email. You can also view the outcome on the 'My Applications' page of this system.

## PROJECT SUMMARY

### Start date of project

27th June 2016

### Expected completion date of project

29th June 2018

### Externally Funding

Is this project externally funded?

No

### Project Summary

Please give a brief summary of your study (maximum 100 words).

Physical activity (PA) interventions for inactive, Hard-to-Reach women (HTRW) that are effective at recruiting, significantly increasing and maintaining PA increases are limited, with interventions often showing very little effect on PA uptake (Cleland et al., 2012 & Yancey et al., 2006). In order to develop effective PA interventions, the needs of the population group are of utmost importance (Ransdell et al., 2009). Therefore, this project will investigate the PA and Behaviour change (BC) needs of HTRW by exploring the perspectives on PA for HTRW, from both PA practitioners and HTRW. Drawing from this evidence, a Pretotype PA intervention will be designed.

### Project Group Members

Is this a group project?

No

## PROJECT DETAILS

### 1) Project Overview

Please give a brief overview of your study, including a summary of your aims and objectives:

1.0 - Overview

HTRW implies women who it is challenging to access and/or engage by health services, due to specific factors including language, culture, religion, location, education and socioeconomic disadvantage (Cleland et al., 2013 & Sadler et al., 2010). However, HTRW are a priority group for access/engagement by health services as they face heightened risks to health (Bailey et al., 2015; Williams et al., 2011). One key health risk factor that HTRW face is physical inactivity (Cleland et al., 2012; Yancey et al., 2006). When a woman is inactive (< 150 minutes' moderate activity/week, Department of Health (DH), 2011) she is at an increased risk of associated chronic diseases, mortality and reduced life expectancy (DH, 2011; Lee et al., 2012). Yet it has been suggested that women face unique and/or gender

related barriers to PA participation (Sport England, 2015, Koshoedo et al., 2015). Henceforth, in order to confront these issues, this project will be looking at the processes, challenges and transitions inactive Hard-to-Reach women face as they become and continue to be regular PA participators.

Therefore, the aim of the PhD project is to (I) investigate the perspectives on PA for HTRW (II) identify the processes of recent (last 5 years) BC for HTRW (III) identify perspectives of PA practitioners, relating to PA and HTRW, who have or currently work with HTRW (IV) Use the information gathered to shape a pretotype PA intervention for HTRW.

### 1.1 Objectives

- (I) Identify the demographic and health profile of HTRW.
- (II) Describe HTRW's perspectives of PA interventions and PA needs.
- (III) Examine how HTRW have changed any behaviours recently (past 5 years).
- (IV) Describe practitioner perspectives and experiences of HTRW and PA promotion.
- (V) Design a pretotype intervention to meet the PA needs of HTRW.

Please see Table 1 in Appendix A for more details on objectives.

References: Appendix B.

## **2) Methodology**

Please give a description of your methodology, including any data collection and analysis methods:

### 2.0 Instrumentation

Data collection, data analysis and the timing of these processes in relation to each objective is outlined in Table 1 in Appendix A.

Adapted Self-report questionnaires will be administered for demographics and health behaviours using the Premier League Health questionnaire by Pringle et al. (2013) (Appendix C)

Interviews will be semi-structured and analysed using Braun and Clarke (2013) Thematic Analysis. Interview schedules for both HTRW and PA Practitioners can be seen in Appendices D and E.

The pretotype intervention will be designed by the researcher once data collection has been completed (see Appendix A).

Participation is voluntary and data will be collected through written or voice recorded methods and submitted directly to the researcher for analysis. Data will be collected over a 2 year period, beginning June 2016 and ending in June 2018.

References: Appendix B.

### **3) Main Ethical Considerations**

Please give a description of the main ethical considerations involved in the study:

#### **3.0 Ethical Considerations**

The main ethical considerations are:

- To ensure participant's give written voluntary informed consent.
- To respect the anonymity and confidentiality of participants.
- To minimise risk of participants being coerced into taking part in the research.
- To ensure participants take part voluntarily and have the knowledge of the opportunity to withdraw at any time
- To ensure participants are aware that their anonymized data will be made available in the University repository (University policy on data management in development, but expected to come into being for 2017 academic year).

To minimise the risk of potential coercion

- All participants are adults who must have read an information letter (Appendix F and H) detailing the study and completed a consent form (Appendix G and J) before participation. This includes any piloting of data collection.

- Participant data will remain anonymous and confidential, please refer to the information letter and consent form (Appendix F, G, H and J). Participants will be issued with a unique ID code and qualitative data will be presented using pseudonyms. Interview recordings, interview transcriptions, inputted data from consent forms or questionnaires and data that is being or has been analysed will be stored in a password protected computer. The researcher will ensure hard copies of signed consent forms, completed questionnaires, interview transcripts and any copies of data that is in the process of being analysed will each be stored separately in different locked filing cabinets.

-To remain anonymous individual participant data collected will be distinguishable by unique ID number and/or pseudonym.

-The potential for coercion will be minimized as the participants will be informed that participation is voluntary in the information letter and that they do not need to take part. (Appendix F and H). In addition, any Gatekeepers (GK's) involved in PA interventions such as PA leaders who might raise awareness of the research, will be briefed during a meeting with the researcher prior to recruitment and data collection. GK's will also be provided with a GK briefing letter and GK Role Checklist. This approach endorses that participation is voluntary and that the GK must not coerce participants into taking part (see 5.1, Appendix K and L).

Participants will be provided with the self-report questionnaire (Appendix C) and a sealed envelope. The completed questionnaire will be placed within the envelope and sealed before it is given back directly to the researcher. In the event that data is returned to the GK, the GK will be briefed with specific instructions to return the sealed envelope to the researcher without opening, marking or writing on the envelope. This is in order to protect participant anonymity and confidentiality. Please refer to 5.1 and Appendix L for further information.

- Please refer to 5.0 for participant withdrawal and data removal.

Interviews with HTRW will be collected in person by the researcher (see 2.0 and Appendix B). The researcher will inform her DoS/supervisor of where and when data collection will take place, using public settings, therefore there will be no added risk to the researcher or participant. The researcher will be mindful of personal safety and discuss with her supervisor when data collection will take place in unfamiliar community settings and venues.

It is likely that interviews will take place at the same location as the PA intervention, either prior to or after the PA session. Participants will be informed of this in their Information sheet (Appendix F and H).

Potential risks regarding attendance of the interviews have been identified and addressed consequently, in order to safeguard both the participant and the researcher:

i) if it is dark at the end of the interview- the researcher will have ensured previously that both herself and the participant are able to and have arranged a safe journey home, such as driving or being met by a friend/family member. The researcher will also contact a friend, family member or supervisor once she is leaving the interview and when she arrives at her next location safely. She will request that her participant does this also. Where possible, if the participant agrees, the researcher will contact the participant herself later on to ensure she has arrived at her next location safely.

ii) If the interviews take place in an unfamiliar community setting or venue- the researcher will follow the above procedures, as well as letting a friend/family member or supervisor know once she has arrived. She will also prompt the participants to do so too, if the location is unfamiliar to the participant(s).

Participants will receive the contact details for the GK, researcher, and the LREC. If participants feel they have been affected negatively, such as becoming upset, by the research process. If the research study evokes participant concerns regarding their health or welfare they will be directed to the NHS online and You Gov websites respectively. (Appendix F and H).

#### **4) Human Participants**

If your study includes Human Participants (or their data), please give a description of who will be included:

##### 4.0 Human Participants

An estimated 30 HTRW adult participants will be invited to participate in the study.

N=10 PA practitioners will be invited to participate as the project focuses on these target audiences (see 1.0).

Participants are aged 18-64, identified in Appendix C. Anyone under the age of 18 or above 64 will not be invited to take part.

At risk or vulnerable participants or those unable to consent will not be invited to take part.

There will be no further exclusion of participants.

#### **5) Recruitment and Participation**

If your study includes Human Participants, please give a brief description of the recruitment process, how you will ensure voluntary participation, if (and how) informed consent will be obtained prior to participants taking part in the study, and the right of withdrawal from the research process:

##### 5.0 Recruitment, Voluntary Participation, Consent and Right to Withdraw

###### 5.1 Recruitment Process

###### Recruitment of host organisations

Consent has been gained from host organisations where this research may be located such as Leeds Rhinos Foundation and Kirklees Council Sport and Physical Activity Department for the researcher to attend interventions whereby the recruitment of HTRW as voluntary participants will take place. (Appendix M). If any further host organisations are identified as suitable for this project by the researcher, the recruitment process will follow the same procedures as outlined within this proposal.

###### Recruitment of research participants (HTRW)

HTRW attending the above interventions will be invited to participate in this research. In order to facilitate researcher access to participants, the researcher aims to recruit PA practitioners who work at the host organisations running interventions in the form of a Gate Keeper (GK). The role of GK involves introducing the research to potential HTRW participants and directing any queries that participants have to the researcher before the research starts. The GK may also deal with any initial questions from potential participants. In order to do this effectively the GK will be briefed accordingly. The initial approach to the GK will be made via email (appendix L). In this communication, the role and responsibilities of the GK will be made clear. If they agree to participate in this role, this will be followed by a meeting between the researcher and GK. This will take place prior to the commencement of the research. GK's will be briefed using a briefing protocol. GK's will also receive a role checklist (Appendix K) via email.

Due to a potential power dynamic that may exist between HTRW participants and PA practitioners acting as GK's, there may be a risk of coercing participants into engaging with the research. However, to reduce this risk, the GK's will be briefed on the 'do's and don'ts' of the research using the briefing protocol. They have also been informed of this in the GK information letter and briefing checklist (Appendix K and L).

A key aspect of this role is that the GK must not attempt to persuade or encourage participants into taking part (Appendix K and L). The researcher will brief GK's on key aspects of protocol when they meet participants at the intervention. This will cover the topic of coercion and how this will be avoided.

Following briefing, the GK will raise the notion of the research study with potential recruits. The researcher will then attend community PA/health interventions. At this point participants will be invited by the researcher to participate in the PhD study.

#### Recruitment of PA practitioners

In addition, the researcher will be recruiting PA practitioners who have worked with HTRW to take part as a participant in the research. Recruitment will be undertaken via e-mail/phone or a meeting. In this email, phone call or meeting the researcher will invite these individuals to participate in a one-to-one interview exploring perceptions and experiences of PA and behaviour change for HTRW.

As these practitioners (research participants) may also be acting as GK's, the recruitment of PA practitioner's will be undertaken once all the HTRW participants have completed questionnaires and/or interviews. This aims to minimise the risk of coercion, for example practitioners who have also acted as GK's who inadvertently encourage HTRW to take part in the research.

## 5.2 Consent



The participant must read the information sheet and consent form and following this sign a consent form (Appendix G and J) before being allowed to commence with the study.

- All participants will receive full information about the project with an information letter that must be read before data is collected (Appendix F and H).

### 5.3 Voluntary Participation

- There will be no covert research or deliberate deception.
- An explanation that participation is voluntary can be seen in the information letters and consent forms in Appendices F, G, H and J.

### 5.4 Right to Withdraw

- All Participants will be informed they have the right to withdraw at any stage without providing a reason; this can be seen in the consent form (Appendix G and J). Participants will be made aware of how they can withdraw from the research (Appendix F and H).
- Any data from participants that withdraw will be removed using official Leeds Beckett procedures up to the point that analysis takes place. If the first analysis has started it will continue until completion and then original data files will be removed. This can be undertaken at any time and information provided to participants on this point can be seen in the information letter and consent form in Appendix F, G, H and J.

## **6) Risks and Benefits**

Please give a brief description of how, when and where the research will take place and whether there are any risks and/or benefits involved:

### 6.0 Risks and Benefits

Data will be collected using self-report questionnaires and semi-structured interviews which have been identified in 2.0 as the measurement method for this study. The collection of data will hold no identified risks to participants.

The researcher will ensure the risk of participant coercion is minimized using the processes discussed in sections 3.0 and 5.1 and that the confidentiality and anonymity of the participants is also respected (see 7.2 and 7.3).

As the study involves participants completing a one off questionnaire and/or interview, with no other changes to their lifestyle, this means data collection from participants at interventions will have limited impact on everyday behaviour. Therefore, the study presents minimal risk to their health and safety or normal daily routines.

Potential risks of attending interviews have been addressed in 3.0.

No expenses or incentives will be offered to participants, therefore reducing the risk of participant coercion.

Data collected will be used to design an intervention to increase PA levels (see 1.0), which aims to inform future PA practice.

Participants and the GK will be offered a summary of the study when completed if they feel this may be beneficial (Appendix F, H and L)

This study will be beneficial as it will inform PA practice and policy, in turn helping people become active, improving quality of life.

This study involves no conflict of interest.

### **7) Personal Data, Anonymity and Confidentiality**

Please specify what type of information/data will be collected/analysed and the source(s). In addition, specify if and how you will ensure the anonymity of participants and keep information confidential:

#### **7.0 Sensitive Data, Anonymity and Confidentiality**

##### **7.1 Sensitive Data**

Data to be collected/analyzed can be seen in 1.0, Appendices A, C, D and E.

All data, including sensitive data, will be stored in a password protected file within a password protected computer system.

An anonymised data set will be made available on the university repository in line with the University's forthcoming data management policy

##### **7.2 Anonymity**

No names or ways of identifying participants will be included within the raw data or finalized thesis.

Individual participant data collected will be distinguishable by unique ID number. The information letter and consent forms also informs participants that they will remain anonymous (Appendices F, G, H and J)

##### **7.3 Confidentiality**

Data will be stored in a password protected file within a password protected computer system. The information letter and consent forms (Appendices F, G, H and J) also informs participants that their data will remain confidential. More information on data storage can be seen in 3.0. Data will be stored for up to 10 years and after which disposed of using the LBU processes for the disposal of confidential materials.

### **8) Reporting and Dissemination**

Please give details of the planned dissemination and specify if the findings from the research will be published and whether any permission is required for this:

#### 8.0 Reporting and Dissemination

Findings will be published within the researcher's PhD thesis, in peer reviewed journal articles and presented at conferences.

Participants will be notified findings are for a PhD thesis and asked for consent for findings to be published (Appendices F, G, H and J).

### **9) Location of research**

Will the research take place outside of the country where you are enrolled as a student, or for staff, outside of the UK?

No

### **10) Collaborative Projects**

Is the research is a collaborative project (ie, it involves more than one institution):

No

### **11) Any other permission or external ethical approval required to undertake the project**

Please specify if the project requires any other ethical approval or permissions not mentioned previously in this application and how and when these will be obtained:

N/A

## **RISK CATEGORY 2: DECLARATION**

### **Comply with Policy and Procedures**

**Yes** : I confirm that I have read the Research Ethics Policy and relevant sections of the Research Ethics Procedures and will adhere to these in the conduct of this project.

### **Confirmation**

**Yes** : I confirm that I will undertake this project as detailed in the application. I understand that I must abide by the terms of this approval and that I may not make any substantial amendments to the project without further approval. I understand that research with human participants must not commence without ethical approval.

### **Benefits**

**Yes** : The results of the research should benefit society directly or by generally improving knowledge and understanding. Please tick this box to confirm that your study has a potential benefit.

Note: If you cannot identify a benefit you must discuss your project with your Research Supervisor to help identify one or adapt your proposal so the study will have an identifiable benefit.

### **Learned Societies**

I have read an appropriate professional or learned society code of ethical practice:

Yes

Where applicable, give the name of the professional or learned society:

Leeds Beckett University

## SUBMISSION CHECKLIST

**Please indicate the supporting documents submitted by ticking the appropriate boxes below:**

For projects involving human participants, you must submit, where appropriate, the Participant Information Sheet/consent form. You must also submit every communication a participant will see or receive. Failure to do so will cause delays to the application.

**Yes** : Participant Information Sheet(s)

**Yes** : Consent Form(s)

**No** : Assent Form (usually for children participants)

**No** : Recruitment documents eg, posters, flyers, advertisements, email invitations, letters, web pages if online research

**Yes** : Measures to be used eg, questionnaires, surveys, interview schedules, psychological tests

**Yes** : Screening questionnaire

**Yes** : Letters/communications to and from gatekeepers/third parties

**No** : Evidence of any other approvals or permissions eg, NHS research ethics approval, in-country approval

**No** : Research proposal/protocol (no more than 2-3 A4 pages): It is not a requirement that this is included, however, if this would help the understanding of a complex project by the reviewer(s), please include

**No** : Risk assessment from: Some projects may require a risk assessment form: see the Procedures document for details (eg, projects involving a physical intervention, collecting data off-campus)

**No** : Approval documentation for projects involving ionising radiation

**No** : Confirmation of insurance and indemnity cover: Some projects need to be referred to the Insurance & Risk Officer: see the Procedures document for details

**No** : Other document/s

### File uploads

Please upload your files here:

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Name	File Size	Date Uploaded
<a href="#">KB PhD Ethics Appendix- revised2.docx</a>	391.83 KB	03-JUN-16

**Appendix A - Table 1: Research Objectives Mapped by Instrumentation and Method of analyses**

Objective	Collection method	Data Collected	Analysis	When
Identify the demographic and health profile of HTRW.	Self-Report Questionnaire	Age, ethnicity, gender, living, education, employment status, income, PA level, health risk factors, height and weight.	Descriptive statistics using SPSS	Pre-Interview
Describe HTRW's perspectives of PA.	One to One Semi-structured interviews in person.	PA/exercise history, what PA/exercise means to them, their determinants involved in taking part in a PA programme or PA in their own time.	Data recorded and transcribed verbatim. Analysed using coding and Braun and Clarke thematic analysis (2013)	Post Questionnaire
Examine how HTRW have changed any behaviour recently (past 5 years).	One to One Semi-structured interview in person.	What the HTRW know they do well at in life and about any behaviour change successes they have experienced recently (past 5 years)	Data recorded and transcribed verbatim. Analysed using coding and a thematic framework.	Post Questionnaire
Include case studies exploring PA Practitioner experiences of HTRW and PA promotion.	One to One Semi-structured interview. In person or by phone.	Personal knowledge of PA interventions/promotion for HTRW. Experiences 'Reaching' HTRW, challenges, successes, as well as perspectives on the Reach/ Adoption/ Implementation elements of a PA intervention design for HTRW.	Data recorded and transcribed verbatim. Analysed using coding and a thematic framework.	Post Questionnaire

Design a prototype intervention to meet the PA needs of HTRW.	N/A	N/A	Intervention designed using needs assessment evidence from interviews with HTRW and PA practitioners , alongside underpinning theories and policies.	Post data collection
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## Appendix B - References

Bailey, K., Ryan, A., Apostolidou, S. & Fourkala, E. (2015) Socioeconomic Indicators of Health Inequalities and Female Mortality: A Nested Cohort Study within the United Kingdom Collaborative Trial of Ovarian Cancer. *BMC public health*, 15, p.253-263.

Clarke, V. & Braun, V. (2013) *Successful qualitative research*. London, SAGE.

Cleland, V. and Ball, K. (2012) What might work? Exploring the perceived feasibility of strategies to promote physical activity among women living in socioeconomically disadvantaged neighborhoods. *Health Education Research*, 28 (2) p.205–219.

Cleland, V., Granados, A., Crawford, D., Winzenberg, T. & Ball, K. (2013) Effectiveness of Interventions to Promote Physical Activity among Socioeconomically Disadvantaged Women: A Systematic Review and Meta-Analysis. *Obesity reviews* : an official journal of the International Association for the Study of Obesity, 14 (3) March, pp. 197–212.

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Health and Social Care Information Centre (2013) Health Survey for England 2012. Volume 1: Chapter 2 – Physical activity in adults. Leeds: Health and Social Care Information Centre.

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Scarborough, P., Bhatnagar, P., Wickramasinghe, K., Allender, S., Foster C, Rayner M (2011) The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006–07 NHS costs. *Journal of Public Health*, 33 (4): 527-535.

Sinclair, A. and Alexander, H. (2012) Using outreach to involve the hard to-reach in a health check: what difference does it make? *Public Health*, 126 p. 87–95.

Sport England (2015) *Go where women are; Insight on engaging women and girls in sport and exercise*. Sport England, England. [Internet] available from < [http://www.sportengland.org/media/806351/gowherewomenare\\_final\\_01062015final.pdf](http://www.sportengland.org/media/806351/gowherewomenare_final_01062015final.pdf)> [Accessed on 11<sup>th</sup> November 2015].

Williams, E., Stamatakis, E., Chandola, T. and Hamer, M. (2011) Physical activity behaviour and coronary heart disease mortality among South Asian people in the UK: an observational longitudinal study. *Heart*, 97 (8), p.655-659.

Yancey, K., Ory, M., and Davis, S (2006) Dissemination of physical activity promotion: interventions in underserved populations. *American Journal of Preventive Medicine*, 31, 4, pp.82-91.



**Appendix C – Draft Questionnaire**  
**Investigating Physical Activity Perspectives and Successful Behaviour Change**

Demography and Health Behaviour Questionnaire

Demographic Profile

1. Which of the following age groups do you belong to?

18-24       25-34       35-44   
45-54       55-64

2. Which of the following best describes your ethnic background?

White British	<input type="checkbox"/>	Asian Chinese	<input type="checkbox"/>	Black British	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	White Caribbean	<input type="checkbox"/>	Asian Bangladeshi	<input type="checkbox"/>
White European	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Asian Pakistani	<input type="checkbox"/>
Black African	<input type="checkbox"/>	White African	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Black other	<input type="checkbox"/>	Other	<input type="checkbox"/>

3. What is your primary language?

4. What is the first half of your postcode?

5. What is the highest level of education you have completed?

Some Secondary school  Secondary school  Some college  University   
other

6. What is your current employment status?

Full-time  Part time  Volunteer  Unemployed   
Not working due to ill health/disability  other

7. What is your yearly household income?

Under £13,000  £13,000 to £16,000  Over £16,000  I prefer not to say

8. Which of the following best describes you?

I live alone  I live with children  I live with children and adult (s)  I live with  
another adult (e.g. husband, partner)  I live with friends

9. How many children live in your household?

None  One  Two  Three  Four or more

10. What is your current Height?

Cm /  Feet and Inches

11. What is your current weight?

Kg /  St and lbs.

Lifestyle

12. How many portions of fruit and/or veg do you eat on an average day?

None  one  two  three  four  five  more than five

13. Which of the following best describes your current smoking status

Never smoked  former smoker  current smoker

14. Do you drink alcohol?

Yes  No

15. If yes, how much alcohol do you consume each week on average?

Pints of lager or beer  small glasses of wine (175ml)

Large glasses of wine (250ml)  shots of spirits (25ml)

16. Would you say you do enough physical activity to be healthy?

Yes  No

17. On how many days of the week do you undertake moderate physical activity (e.g. brisk walking, gardening, cycling) totaling 30 minutes or more?

Never  one day  two days  three days  four days

Five days  six days  seven days

18. Please estimate the average time you spend sitting each day:

Hours  minutes

19. Do you consider yourself to have any health problems that stop you from safely doing physical activity?

Yes  No

20. When did you last access a health service (e.g. Doctor, nurse, exercise referral?)

Within the last 5 years  Over 5 years ago

## **Appendix D- Interview Schedule for HTRW**

### Reaching Hard to Reach Women

Introduction to the research

Hello, my name is Kathryn Brook and I am a student at Leeds Beckett University studying for my PhD in Physical Activity and Health.

The aim of my PhD is to investigate what physical activity means to you, your views on physical activity interventions and how you have successfully changed any behaviour recently- these do not have to be only physical activity related. The purpose of the research is to gain important information which will be used to redesign a physical activity intervention for women with the intention of improving health.

Please be assured that you will not be named in my research and nothing will be linked back to you. Everything you tell me will be treated as confidential. However, should you mention something that leads me to believe that you and/or someone else is at risk of serious physical and/or emotional harm, I will have to pass this information into my Director of Studies.

If you wish to receive further support you may contact either myself, my Director of studies, the Local Research Ethics co-ordinator or please contact your GP or visit NHS livewell at <http://www.nhs.uk/livewell/Pages/Livewellhub.aspx>. or NHS One You at <https://www.nhs.uk/oneyou>. These contacts are on the information letter you will have been given initially (the researcher will also bring copies to the interview).

The interview should take around 30-40 minutes

Are you happy to take part in the interview today? You are free to withdraw from the interview at any point if you wish to.

Do you have any questions before we start?

Are you happy for me to record our conversation? As this will help with my project.

### Questions

#### Perspectives of PA

1. What PA do you participate in at [name of PA intervention]?
2. Could you give me any other examples of what you think of when I say PA? (Could you give me any other examples of PA that are not sport related?)
3. How much PA do you think should be done each week?
4. What is the earliest memory you can think of in which you are being physically active? What are your feelings about this memory?
5. Can you tell me any positive experiences of being Physically Active?
6. Can you tell me any negative experiences of being active?

#### Perspectives on PA Interventions

1. How did you find out about this PA intervention?
2. Why did you decide to come to this intervention?
3. What do you think is good about this intervention?
4. What do you think could be improved?
5. Do you ever find attending this intervention easy? Why?
6. Do you ever find attending this intervention difficult? Why?

7. Have you ever had to overcome any challenges to attend this intervention? Day to day things? Big events?

### PA Needs

1. Does anything or anyone encourage you to do PA?
2. Does anything help you to do PA? Day to day or in this intervention?
3. Are there any barriers that stop you from being active? Day to day or in this intervention?
4. If you could make any changes so it was easier to do PA regularly what would they be?
5. In an ideal world what PA would you do? Who with? Where? How often?

### Behaviour change in the last 5 years

1. Think about the last five years, have there been any big changes in your life- what? Any small changes- what?
2. Can you think of any behaviours you have started doing in the last 5 years? (examples: eating more fruit/veg, started this intervention) why?
3. Can you think of any behaviours you have stopped doing in the last 5 years? (examples: stopped smoking, stopped taking the bus) why?
4. Can you think of any behaviours that have changed in the past 5 years (examples: used your phone more, cooked more/less, more/less PA)
5. Have there been any new or different behaviours you started then stopped soon after? Why?
6. Have you had any changes in your behaviour that you are proud of in the last 5 years? What/why?

Do you have any questions or would you like to add anything else to your responses?

Thank you very much for participating in this research.

## Appendix E - Interview Schedule for PA Practitioners

### Reaching Hard to Reach Women

Introduction to the research

Hello, my name is Kathryn Brook and I am a student at Leeds Beckett University studying for my PhD in Physical Activity and Health.

The aim of my PhD is to investigate Hard-to-Reach Women (HTRW) and Physical Activity. You are invited to participate in this research by providing information relating to your experiences of Hard-to-Reach Women and Physical Activity and/or Behaviour Change.

The purpose of the research is to gain important information which will be used to redesign a physical activity intervention for women with the intention of improving health. The benefits are to improve practitioner knowledge, inform practice and policy and help HTRW in particular become more active.

Please be assured that you will not be named in my research and nothing will be linked back to you. Everything you tell me will be treated as confidential.

The interview should take around 30-40 minutes

Are you happy to take part in the interview today? You are free to withdraw from the interview at any point if you wish to.

Do you have any questions before we start?

Are you happy for me to record our conversation? As this will help with my project.

Questions

#### Experience working as a PA Practitioner

1. How long have you been working as a PA practitioner?
2. How many PA interventions have you worked on? What were these?
3. Is this a full time/part time or volunteer role?

#### Experience working with HTRW

1. What is your understanding of the term 'Hard to Reach'? (the researcher will discuss her understanding of the terminology with the practitioner at this point)
2. How many interventions have you worked on that have included HTRW?
3. Have any of these solely included HTRW? What were they?

#### Perspectives of working with HTRW in PA interventions

1. Can you identify any aspects of PA interventions aimed at HTRW that often appear to be successful? Examples?
2. Are there any aspects that might not be as successful?
3. Tell me about how you recruit or have recruited HTRW into the interventions, or how you understand they are recruited. Does this work? Do you think it could be improved?
4. Tell me about women returning week to week- does this usually happen? Do you have any idea why HTRW either do or don't return weekly?
5. Have any women stopped coming altogether? Can you think of reasons?
6. What, if anything, do you think needs to be improved in either this or for other PA interventions in the future for HTRW?

Do you have any questions or would you like to add anything else to your responses?

Thank you very much for participating in this research.

## Appendix F - Participant Information Sheet – Hard to Reach Women

### Investigating Physical Activity Perspectives and Successful Behaviour Change

Hello, my name is Kathryn Brook and I am a student at Leeds Beckett University studying for my PhD in Physical Activity and Health.

The aim of my PhD is to investigate what physical activity means to you, your views on physical activity interventions and how you have successfully changed any behaviour recently- these do not have to be only physical activity related. The purpose of the research is to gain important information which will be used to redesign a physical activity intervention for women with the intention of improving health.

The research involves the option of a questionnaire, followed by the option of an interview. Please be aware you do not have to participate. If you do want to participate, you will be asked to sign a consent form at the beginning of the study which will show that you have agreed to take part.

If you choose to participate you will be invited to complete a questionnaire, comprised of demographic (such as age, ethnicity, and income) and health and lifestyle related questions. You will also be invited to join the researcher for a one-to-one interview (with the exception of a translator being present if needed). You may choose whether you do or do not wish for this interview to be recorded by indicating your preference on the consent form.

It is most likely that the venue you currently attend PA sessions at will be used for you to complete the questionnaire and interview, either just before or after your session. I will only arrange to meet somewhere and at a time both of us are happy with. I will arrange and confirm the time and place with you at a later date.

*You may choose to withdraw from of this study at any time and need not give a reason for doing so. You can do this by contacting the researcher (details at the bottom of this page). If analysis has begun, original data will be disposed of once this is completed.*

If you agree, you will be invited to complete a questionnaire which will take around 10 minutes to complete, you will place this into a sealed envelope and only I (and a translator if needed) will see the completed questionnaire. If you agree to an interview this will take around 30-40 minutes, only I (and a translator if needed) will listen to your interview, this will be anonymous. I will keep your answers and your recorded interview (if consented to) on a password protected computer.

By taking part you are contributing to research which aims to benefit you by improving physical activity interventions and therefore health. There are no identified risks for your participation.

The data collected will be kept strictly confidential. No names or ways of identifying you will be used in my report or seen by any other individuals. The data will be analysed by myself and used for my PhD Study, including within academic journal articles and presented at academic conferences. If you wish to view your data or to have a summary of my findings once I have completed my study, please don't hesitate to contact me using the details provided on the next page.

If you have any further questions about this study, please do not hesitate to contact any of the following:

Name	Designation	Contact Email	Telephone Number
Kathryn Brook	PhD Researcher	K.b.brook@leedsbeckett.ac.uk Leeds Beckett University, Fairfax Hall, Headingley Campus LEEDS LS6 3QS	0113 8124020
Stephen Turrell	Health Improvement Officer	Stephen.turrell@leedsrhinosfoundation.org <b>Leeds Rhinos Foundation</b> Leeds Rugby Academy Clarence Field, Bridge Road Leeds, LS5 3BW	0113 239 9185
Dr. Andy Pringle	Director of Studies	a.pringle@leedsbeckett.ac.uk Leeds Beckett University, Fairfax Hall, Headingley Campus LEEDS LS6 3QS	0113 8127409
Professor John O'Hara	Local Research Ethics Committee	j.o'hara@leedsbeckett.ac.uk Leeds Beckett University, 107, Cri Facility, Headingley Campus LEEDS LS6 3QS	0113 81 25239

Furthermore, if a health issue has arisen from considering or participating in this study please contact your GP or visit NHS livewell at <http://www.nhs.uk/livewell/Pages/Livewellhub.aspx>.or NHS One You at <https://www.nhs.uk/oneyou>



## Appendix G - HTRW Participant Consent Form

### Investigating Physical Activity Perspectives and Successful Behaviour Change

Please read the following statements carefully and answer each of them with **YES** or **NO** in the boxes provided.

I have read and understood the participant information sheet dated 2016

I am satisfied with the information given about this study

If I had questions I am satisfied these have been answered

I agree to take part by completing the questionnaire and providing accurate information

I agree to take part by attending an interview and will provide accurate information

I agree to the interview being recorded

I do not agree to the interview being recorded

I understand that all information given is anonymous and confidential

I understand how my data will be used

I understand that I am free to withdraw from this study at any point, even after signing this consent form, without having to explain my reasons for stopping and know how to do

so

I agree that my involvement in this study is entirely voluntary

I agree to take part in this study and have read the information sheet

I have been provided with contact details on the Information letter which has given me an opportunity to ask any questions

I agree to my data being used anonymously in the researcher's PhD thesis and other publications

I am aware data from participants who have not withdrawn from studies will be stored for up to 10 years and disposed of using official Leeds Beckett University procedures

Participant

Participant name

Sign

## Appendix H - Physical Activity Practitioner Information sheet

### Investigating PA Practitioner Perspectives on Physical Activity and Hard to Reach Women

Hello, my name is Kathryn Brook and I am a student at Leeds Beckett University studying for my PhD in Physical Activity and Health.

The aim of my PhD is to investigate Hard-to-Reach Women (HTRW) and Physical Activity. You are invited to participate in this research by providing information relating to your experiences of Hard-to-Reach Women and Physical Activity and/or Behaviour Change.

The purpose of the research is to gain important information which will be used to redesign a physical activity intervention for women with the intention of improving health. The benefits are to improve practitioner knowledge, inform practice and policy and help HTRW in particular become more active.

The research involves a one-to-one interview. You may choose whether you do or do not wish for this to be recorded by indicating your preference on the consent form. Please be aware you do not have to participate. If you do want to participate, you will be asked to sign a consent form at the beginning of the study, indicating that you have agreed to take part.

If you agree to an interview this will take around 30-40 minutes, only I will listen to your interview, this will be anonymous. I will keep your answers and your recorded interview (if consented to) on a password protected computer.

It is most likely that the venue you currently run PA sessions at will be used for the interview, either before or after a session. I will only arrange to meet somewhere and at a time both of us is happy with. I will arrange and confirm the time and place with you at a later date.

*You may choose to withdraw from this study at any time and need not give a reason for doing so. You can do this by contacting the researcher (details at the bottom of this page). Data will be disposed of according to official Leeds Beckett procedures. If analysis has begun, original data will be disposed of once this is completed.*

The data collected will be kept strictly confidential. No names or ways of identifying you will be used in the report or seen by any other individuals. The data will be analyzed by myself and used for my PhD Study, including within academic journal articles and presented at academic conferences. If you wish to view your data or to have a summary of my findings once I have completed my study, please don't hesitate to contact me using the details provided on the next page.

If you have any further questions about this study, please do not hesitate to contact any of the following:

Name	Designation	Contact Email	Telephone Number
Kathryn Brook	PhD Researcher	K.b.brook@leedsbeckett.ac.uk Leeds Beckett University, Fairfax Hall, Headingley Campus LEEDS LS6 3QS	0113 8124020
Dr. Andy Pringle	Director of Studies	a.pringle@leedsbeckett.ac.uk Leeds Beckett University, Fairfax Hall, Headingley Campus LEEDS LS6 3QS	0113 8127409
Professor John O'Hara	Local Research Ethics Committee	j.ohara@leedsbeckett.ac.uk Leeds Beckett University, 107, Cri Facility, Headingley Campus LEEDS LS6 3QS	0113 81 25239

## Appendix J – Physical Activity Practitioner Consent Form

### Investigating Physical Activity Perspectives and Successful Behaviour Change

Please read the following statements carefully and answer each of them with **YES** or **NO** in the boxes provided.

I have read and understood the participant information sheet dated 2016

I am satisfied with the information given about this study

If I had questions I am satisfied these have been answered

I agree to take part by attending an interview and will provide accurate information

I agree to the interview being recorded

I do not agree to the interview being recorded

I understand that all information given is anonymous and confidential

I understand how my data will be used

I understand that I am free to withdraw from this study at any point, even after signing this consent form, without having to explain my reasons for stopping and know how to do

so

I agree that my involvement in this study is entirely voluntary

I agree to take part in this study and have read the information sheet

I have been provided with contact details on the Information letter which has given me an opportunity to ask any questions

I agree to my data being used anonymously in the researcher's PhD thesis and other publications

I am aware data from participants who have not withdrawn from studies will be stored for up to 10 years and disposed of using official Leeds Beckett University procedures

Participant

Participant name

Sign

## Appendix K - Gatekeeper Role Checklist: Investigating Physical Activity Perspectives and Successful Behaviour Change

### Gatekeeper Role Checklist

This is a checklist to those acting as a Gate Keeper and highlights important considerations when supporting this research

- Please emphasize the voluntary nature of participation in the study.
- Please do not persuade or encourage potential participants to participate.
- Please do not attach any personal opinion or other information that may persuade participants to take part.
- If a participant contacts you about completing the study, please ensure they have read the information sheet and consent form.
- If you are unsure about any aspect of the research, please contact Kathryn Brook.
- If a participant who has read the information and consent form asks you more about the questionnaire or interview, please advise them you had no part in the design or content of the study and refer them on to Kathryn Brook.
- Please highlight the contact details on the information letter if a participant is interested in further assistance.
- Kathryn Brook will be present and provide instructions when data collection takes place.
- The participants should be left to complete the questionnaire in their own time and should not feel pressurized
- Please attend the briefing session by Kathryn Brook.

Name	Designation	Contact Email	Telephone Number
Kathryn Brook	PhD Researcher	K.b.brook@leedsbeckett.ac.uk Leeds Beckett University, Fairfax Hall, Headingley Campus LEEDS LS6 3QS	0113 8124020

## Appendix L – Gatekeeper Briefing Letter

### Gatekeeper Briefing Letter

Dear .....

My name is Kathryn Brook and I am a student at Leeds Beckett University studying for my PhD in Physical Activity and Health.

The aim of my PhD is to investigate Hard-to-Reach Women (HTRW) and Physical Activity (PA).

The purpose of the research is to gain important information which will be used to redesign a PA intervention for women with the intention of improving health. The benefits are to improve practitioner knowledge, inform practice and policy and help HTRW in particular become more active.

Therefore, I am requesting your help to act as a gatekeeper (GK) for myself to attend the PA interventions aimed at HTRW that are currently run by your organization. This is in order to gain access to the HTRW and invite them to become participants in the research. The role of the gatekeeper is outlined below:

- As the GK to this study your role will be a bridge between myself as a researcher and the potential participants.
- Before communicating with participants about the study please read the GK checklist. If following this you have any questions, please contact Kathryn Brook.
- **Please make sure you do not attempt to persuade or encourage participants to take part at any point**
- Participants must have read the information letter and consent form and signed the consent form, which must be returned to myself before completing the questionnaire or taking part in an interview.
- Once a participant has returned the consent form, I will then provide them with the questionnaire to complete.

- Participants will also be provided with an envelope to place completed questionnaires in. As I will be attending all data collection sessions, I will collect these in. To protect anonymity and confidentiality this must be sealed instantly by the participant and will be given back directly to Kathryn Brook. In the event the questionnaire is handed back to yourself, please make sure the envelope remains sealed, is not marked or written on and is handed straight to Kathryn Brook.
- Once the participant has completed the questionnaire I will invite participants who have consented to take part in an interview and assuming they are still happy, conduct a one-to-one interview (with the exception of a translator being present). The information gathered in the interview will be confidential.
- If participants have any questions when I am not present, please direct the participant to the information sheet and consent form. If further advice is needed please advise them to contact myself, my supervisor or the Local Research Ethics Coordinator
- As previously discussed, I have also included your contact details on the information sheet.

If you wish to have a summary of my findings once I have completed my study, please don't hesitate to contact me using the details provided.

Many Thanks,  
Kathryn Brook

Name	Designation	Contact Email	Telephone Number
Kathryn Brook	PhD Researcher	K.b.brook@leedsbeckett.ac.uk Leeds Beckett University, Fairfax Hall, Headingley Campus LEEDS LS6 3QS	0113 8124020
Dr Andy Pringle	DoS	a.pringle@leedsbeckett.ac.uk	01138137409

## Appendix M - Gate Keeper Permission Letter



### **Communities & Leisure**

4th Floor South  
Civic Centre I

High Street  
Huddersfield HD1 2YU

Alison Morby  
Sport & Physical Activity Development  
Manager

Tel : 01484 221000  
[www.kirklees.gov.uk](http://www.kirklees.gov.uk)

Our Ref: AM/DS/LET807  
16<sup>th</sup> March 2016

To whoever it may concern ,

I am writing regarding Kathryn Brook, student at Leeds Beckett University currently studying for a PhD in Physical Activity and Health.

Kathryn has approached Kirklees Council to request access to some of the local Physical Activity/Health interventions to recruit women, as appropriate, and conduct the questionnaires and semi-structured interviews to support her research.

I am pleased to confirm that this access can be granted and Kathryn will be given the appropriate support to enable this to happen.

Yours sincerely

A handwritten signature in black ink that reads "Alison Morby". The signature is written in a cursive style and is positioned above a horizontal line.

**ALISON MORBY**  
Sport & Physical Activity Development Manager



## Appendix H Continued



Mon 07/03/2016 13:28

Stephen Turrell <Stephen.Turrell@leedsrhinosfoundation.org>

RE: My PhD Ethics Application

To: Brook, Kathryn

Action Items

+ Get more app

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**From:** Stephen Turrell <[Stephen.Turrell@leedsrhinosfoundation.org](mailto:Stephen.Turrell@leedsrhinosfoundation.org)>

**Sent:** 07 March 2016 09:15:08

**To:** Brook, Kathryn

**Subject:** RE: My PhD Ethics Application

Morning Kathryn,

Thanks for your email.

With regards to your data collection and utilising our PA sessions I would be happy for you to attend in order to recruit participants for your data collection.

Are you hoping to come to every session or are you happy to attend towards the back of the intervention? Our programme is currently funded for 20-weeks.

Thanks,

Stephen