

Let's talk about **STRENGTH**

Strength Messaging Insight Report 2021

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About the CSP

The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body for the UK's 60,000 chartered physiotherapists, physiotherapy students and support workers.

Our members have more than 6.8 million outpatient contacts each year in England alone, and a large proportion of these are with people living with long-term health conditions (LTCs).

Patients go to see physiotherapy staff with multiple and complex conditions. They receive help, guidance and support to decrease their pain levels, and improve or maintain their mobility, strength, coordination and cardio-respiratory function.

We work with partners to improve standards of care and enable people to achieve more of their potential and live as well as possible. The CSP convenes the Community Rehab Alliance of over forty charities and professional bodies who are collectively calling on policy makers to ensure there is equal access to high quality community rehab services for all.

Working collectively with partners, our members and understanding patients perspectives, the benefits of this new project will empower our members, and in turn, their patients to become stronger.



1. Introduction

Maintaining and improving muscle strength is crucial to help people live independently as they age and empower them to manage long-term health conditions (LTCs).

But as of late 2019, too few people with LTCs did strengthening on a regular basis, and too little was known about how they could be supported to increase that participation.

Responding to these gaps, the CSP was commissioned by Sport England and the Centre for Better Ageing to tackle the issue.

This summary report shares an overview of the insight and recommendations for strength messaging from people living with LTCs aged 39-64 and physiotherapy staff in the UK from a range of clinical specialities and grades. The full version with further detail is available at www.csp.org.uk/strength

Our project aims and objectives

Previous insight from our ‘Love activity, Hate exercise?’ campaign helped to direct our brief for this project and demonstrated that physiotherapy staff have a direct – and trusted – relationship with a large group of people who would benefit from changing their strength and physical activity behaviours.

This project **aims** to:

1. Create a learning legacy for messaging that best engages our target audience in strengthening activities

2. Identify the opportunities that exist to scale up support from physiotherapy staff and allied health professionals and support the need to enable behaviour change.

The following **objectives** were set:

1. Improve the insight around effective strength messaging for inactive and fairly active people living with LTCs aged 39-64 years.*

2. Identify how physio staff can raise awareness, promote strengthening and support their patients through the behaviour change journey and identify what is needed to achieve this.

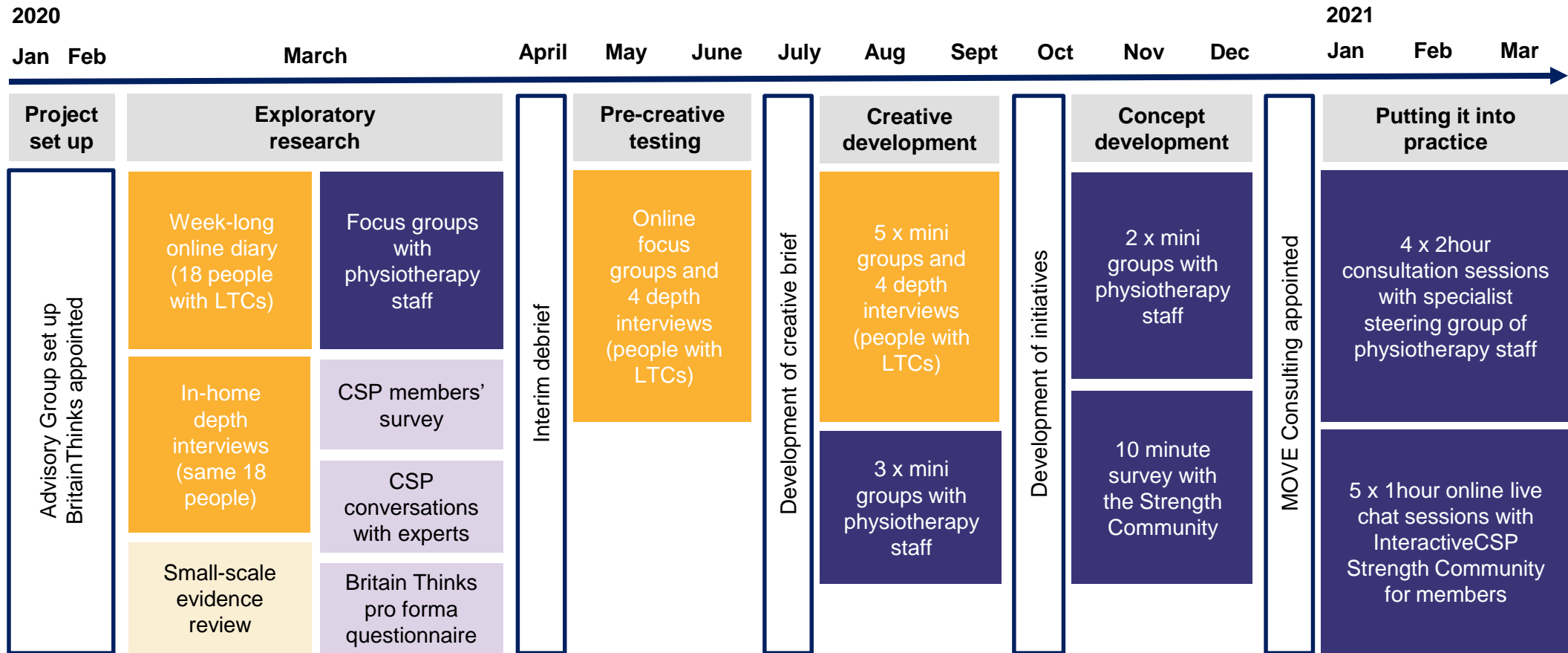
3. Create shareable recommendations on the concepts and messages that are most likely to work, and who within the target audience they are most effective at influencing.

4. Determine the size and scale of opportunity to increase awareness and change behaviour amongst the target audience via physiotherapy staff.

5. Develop recommendations for phase 2: which messages/concepts go the widest and should be developed and scaled up in real world settings, how and by who.

* Including people experiencing at least three common symptoms of a LTC (pain, fatigue, breathlessness, lack of strength and reduced mobility). Out of scope: frailty issues and rehabilitation after an injury or fall.

Approach



2. Exploratory Research

We started working with Britain Thinks in January 2020. We gathered insight from published research, stakeholders, our member survey and focus groups to understand more about our members' experiences of talking about strength.

We sought crucial perspectives from people living with LTCs through online diaries, in depth interviews and focus groups to understand more about their experiences, what motivates them and their barriers.

We know that there are significant inequalities in relation to activity levels and LTCs. Inactivity levels amongst women are disproportionately higher than those of men. There are health inequalities related to developing LTCs, with people from BAME communities, and people from lower socioeconomic groups at higher risk. Representation across these groups was therefore a fundamental recruitment requirement.

Exploratory research | Sample and methodology: people with LTCs

Online diary

- Total of 18 participants
- 1 week-long diary exercise to explore daily routines, impact of health condition and extent of physical/strengthening activity
- Completed online or on pen/paper for those with accessibility issues

- All with long-term health condition (musculoskeletal, neurological, oncology, cardiorespiratory)
- Spread of locations (6 x London; 6 x Sutton Coldfield; 6 x Cheddar)
- Mix of gender (9 x women; 9 x men)
- Mix of age (3 x age 30 – 38; 6 x age 39 – 44; 6 x age 45 – 64; 3 x age 65 – 74)
- Mix of SEG (9 X ABC1; 9 x C2DE)

Core method

In-home interviews

- Same 18 participants as online diary
- 45-60 minute depth interview in participants' homes
- To explore experiences, understanding, motivations and barriers related to strengthening

- Mix of ethnicity reflective of local population (5 x BAME in total)
- Mix of fairly active and inactive; none doing strengthening exercises regularly
- Mix of household composition



Evidence review

- Small-scale review of existing evidence sources
- To explore existing insights about the audience, guidelines for communicating with them, and relevant campaigns to test

Supplementary method used to triangulate and cross-reference findings

Exploratory research | Sample and methodology: physiotherapy staff

Mini focus groups

- 4 groups, each lasting 75-minutes and with 4-5 physio staff per session
- To explore attitudes to strengthening, experiences of providing advice and understanding of patients with LTCs

- 17 participants in total
- 2 x groups in Leeds; 2 x groups in London
- 2 x groups bands 7+; 2 x groups bands 4 – 5
- Mix of gender within each group
- Mix of specialisms (musculoskeletal, neurological, oncology, cardiorespiratory)
- Mix of settings (acute, community, tertiary)

Physiotherapy staff self-selected to participate in the research; all had prior knowledge that the research was on strengthening.



Core method

Additional pro-forma responses

- Short, open-text questionnaire (key questions from focus groups) shared with physiotherapy staff who expressed interest but were unable to participate in focus groups
- Completed by 12 physiotherapy staff

CSP members survey

- Online survey with 6,267 CSP members
- Selected questions on subject of strengthening

Interviews with industry experts

- Conversations with 5 industry experts completed by CSP

Supplementary method used to triangulate and cross-reference findings

Key insights from people with LTCs

1


There is no 'typical' inactive person with a long-term condition: this is a highly diverse audience both in terms of the nature and impact of health condition and also in terms of mindset, experiences of physical activity, demographics and lifestyle.

 Physical health

"I've got so used to it I don't even recognise the pain, it's sort of part of me now."

 Experience of physical activity

"Maybe a bit when I was younger, but I've never done much exercise and right now I never really want to."

 Mental health and mindset

"I've had MS for 13 years, but I think it started when my brother died [...] I don't do many [hobbies], it's hard to see the point."

 Lifestyle

"I used to do more exercise to help me with MS. I stopped when I was worried about whether or not it would affect my next PIP assessment."

2

The concept of strengthening activity is much less front-of-mind than cardiovascular exercise / physical activity more broadly, while baseline awareness and understanding of strengthening guidance is very limited.

This lack of awareness and understanding is the most overarching barrier. When asked what came to mind when thinking about strengthening activity, associations tended to relate to four themes: building muscle; lifting weights and going to the gym; bodybuilders; recovering from injury.

"Strengthening activity is lifting weights or doing something like that or doing stretches."

3

There is considerable potential for confusion when providing strengthening guidance and a risk of conflation with moderate physical activity more broadly, with the CMO/NHS guidelines perceived to be vague and unhelpful.

"I've not heard of any guidelines related about that. There's a lot telling you about how much you should drink and about food, but not about exercise."

"What does that [CMO guidelines] mean? It doesn't provide any time [or] guidance!"

Key insights from people with LTCs cont.

4

There is some underlying desire to do more general physical activity and interest in understanding more about strengthening activity – suggesting some potential motivation to change behaviour for the CSP initiative to tap into.

“I tell myself, ‘if you want to be slim and sexy like Kate Moss, go on up the stairs.’”

“I know strengthening your body has got to help you, hasn't it? But there's just this thing of some days I could do it and other days I couldn't.”

5

Short-term benefits of strengthening related to ‘doing more’ (e.g. ability to complete daily activities) and ‘feeling better’ (e.g. managing the condition, improved mood or self-esteem) tend to be more motivating than longer-term medical benefits.

“If it [strengthening activity] worked, it would help with drying my hair. It takes me so long because I haven't got the strength to keep my arm up.”

“For me, it's psychological. If I feel like I've done something, even if it's a bad day, I feel better.”

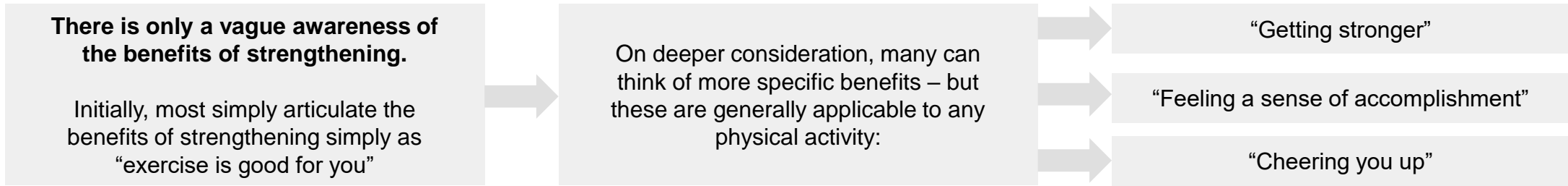
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In addition to low awareness and understanding of strengthening activity, a perception that their condition inhibits activity or would deteriorate as a result is widespread – though there is a wide range of additional barriers faced by this audience.

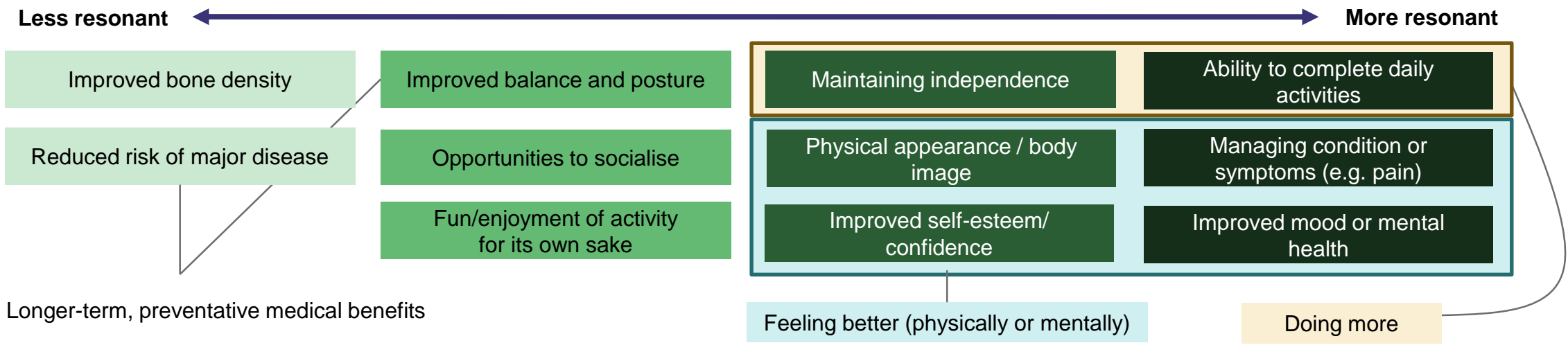
“I am worried about pain - having pain, being in pain and then having a bigger issue to deal with later that needs further attention.”

“It impacts on everything - you always have at the back of your mind what you can do, what you can't do... You physically retreat because you don't want to push it too far and have problems.”

Motivations for people with LTCs

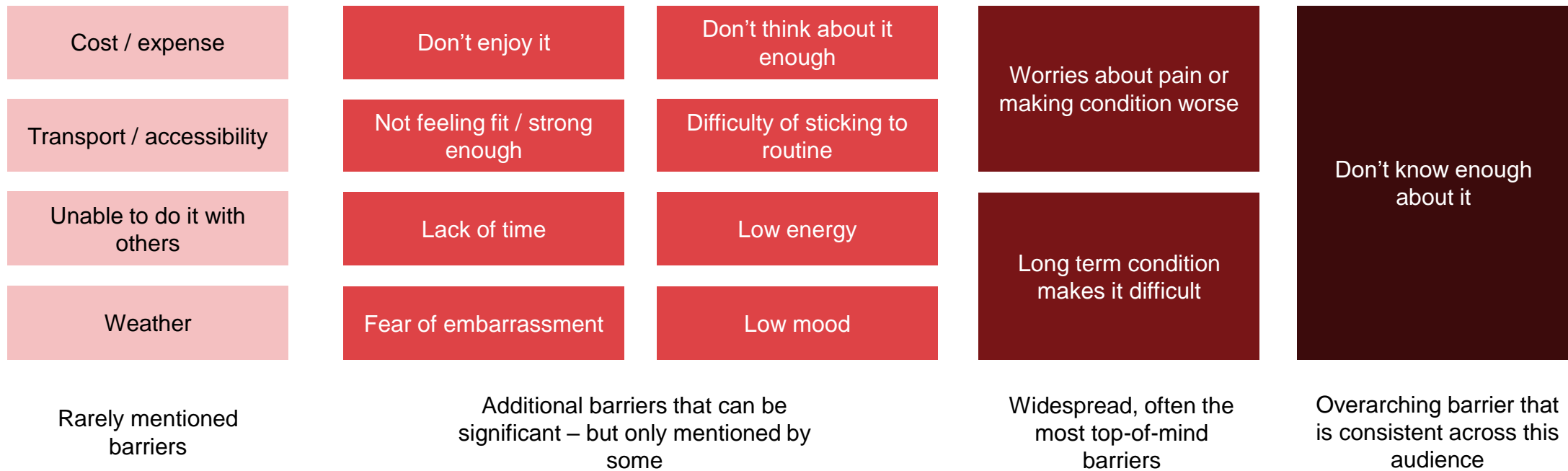


After prompting with potential benefits, the most resonant were short-term and related to either ‘doing more’ or ‘feeling better’.



Barriers for people with LTCs

Least significant ←————→ Most significant



COM-B analysis suggests that barriers relating to perceived capability are the most prominent

Most trusted messengers on the topic

Most trusted



Least trusted

Health charities
Physios
GPs
The NHS
Nurses
Social media support groups
Social media influencers
Leisure centre officer
Gym instructors

Medical/health spokespeople are seen to best understand the target audience's needs and capabilities related to strengthening.

Not all of the target audience have used physios (and some have a narrow understanding of their work) – but those who have used physios before generally see them as a relevant and trustworthy source of information and advice.

Facebook support groups are often heavily used for general advice related to health conditions – but there are reservations as to how expert the advice related to strengthening would be on such forums.

Social media influencers are not seen as credible due to being paid to promote certain messages, while leisure centre officers and gym instructors are often closely associated with traditional exercise and not seen as sufficiently knowledgeable about health conditions.

Key insights from physiotherapy staff

1

Physio staff all strongly believe strengthening to be important, have a detailed understanding of the benefits and claim to frequently provide strengthening advice to patients. They are likely to be willing messengers for the initiative.

“The root cause of pain is often due to muscle tightness and weakness so it can improve their pain through addressing that.”

“It improves physical function - strength, balance, hypertrophy – and reduces falls.”

“It helps maintain function and mitigates against loss of muscle mass and bone density.”

2

Knowledge of the CMO strengthening guidelines is only mixed and there is considerable criticism of them in terms of how useful, clear and instructive they are. This means that they are rarely used in practice when providing guidance.

3

Instead, the strengthening advice that physio staff provide varies considerably. Some of this is due to a requirement to be patient-specific – but there is also significant inconsistency in terms of motivating message and supplementary resources.

“You have to give them a meaningful, personal goal for them to work towards.”

“Try to highlight their decreased strength with a functional task, for example sit to stand. Educate them on why they may be weak.”

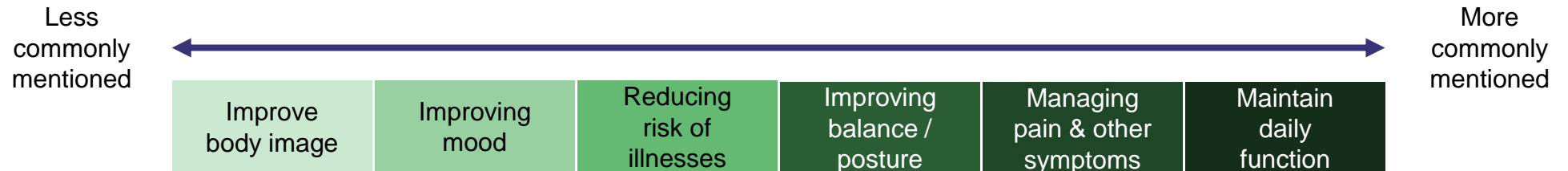
Key insights from physiotherapy staff cont.

4

Physio staff – particularly NHS staff – perceive a number of challenges to providing strengthening advice, including low patient understanding and motivation, lack of time in patient contact, lack of resources and contradictory advice from other HCPs.

5

Most physio staff have a good understanding of the motivations and barriers faced by the target group – but can underestimate softer, more emotional motivators (e.g. body image, self-esteem) and barriers (e.g. embarrassment, low mood).










6

Physio staff are often narrowly associated with short-term treatment of injury and recovery, with patients not looking to them for longer-term health, lifestyle and behavioural advice.

- Most patients are often receptive to advice during appointments, but it is perceived to be ignored or not followed sufficiently outside of that setting
- While most advice is assumed *not* to lead to behaviour change, certain groups are perceived to be more motivated and likely to undertake strengthening:
 - Those who experience a sudden, traumatic health 'event'
 - Private patients (who may have proactively sought out physio support and where time is less constrained)
 - Those who notice an improvement in their condition and continue to be motivated by this

Recommendations

	Make messaging relatable	Messages and supporting concepts should feel relevant to the target group, both in terms of having messy, imperfect lives and as people with long-term conditions.
	Provide tailored guidance	A strong sense that 'my circumstances are unique' leads to a strong demand from the target group for guidance that is tailored rather than generic.
	Set a specific, memorable target	This helps to clarify the ongoing ask and make it easy to remember. Physios also say goal-setting is important: achieving an emotive ambition (e.g. being able to lift a grandchild) can be a powerful motivator.
	Raise widespread awareness	Physio staff call for a broader increase in understanding – among the general public and HCPs – of strengthening to lay the groundwork for specific, targeted advice for those with long-term conditions.
	Ensure inclusivity and accessibility	Physios are also keen to stress that the initiative should be inclusive and accessible in terms of channels as a significant proportion of the target group are older and may have less access to online resources.
	Appointment times*	Increasing appointment time is mentioned by most physio staff and would help them provide comprehensive advice, education and demonstrations to the target group.
	Provide more resources*	Resources and referral options are felt to encourage participation; increased access to these would be helpful for physio staff.

Suggested by
people with LTCs

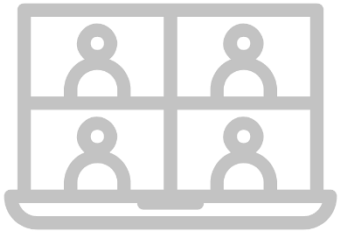
Suggested by physiotherapy staff

3. Pre-creative testing

As the Covid-19 pandemic developed we recognised the need to explore the impact of lockdown on our target audience and, to help enhance the findings from the insight, test some draft stimulus. This included testing of visuals, tone and narrative.

In May 2020 we carried out this 'pre-creative testing' phase, using online methods to ensure the project remained on track and on time.

Pre-creative testing | Sample and methodology: people with LTCs



2 online mini focus groups

- 75-90 minute sessions with 4-5 participants in each
- Explored impact of Covid-19 and tested a range of stimulus ideas via materials shared on screen

- Groups split by perceived ability to do strengthening: one group feeling more able, one feeling less able
- Mix of long-term health conditions; mix of inactive and fairly active participants; none frequently doing strengthening
- Participants from London, Walsall and Lancashire
- Mix of gender, SEG and ethnicity



4 telephone depth interviews

- 45-60 minute one-on-one interviews
- Explored impact of Covid-19 and tested a smaller number of stimulus ideas over the phone

- All participants infrequent users of the internet
- Mix of long-term health conditions; mix of inactive and fairly active participants; none frequently doing strengthening; mixed perceived ability to do strengthening
- Mix of locations and demographics as above

We tested several pieces of stimulus to inform the development of effective messaging



These stimulus ideas were explored more briefly than others, and existing campaigns were not explored in the telephone depths

Definitions of strengthening

1. Strengthening involves lifting, pulling and pushing things – anything that makes your muscles work harder than usual.
2. Strengthening involves using resistance, whether that is your own bodyweight, resistance bands, a chair or even a bag of rice.
3. Strengthening means doing a small number of short, repetitive exercises using a resistance.
4. Strengthening is simple and easy to do at home: you can start small and increase your activity as you get stronger.
5. Strengthening activity doesn't need to involve big muscles, lifting very heavy weights, expensive equipment or going to the gym.
6. Strengthening activity is not the same as cardiovascular exercise: it doesn't involve going for long runs or high-intensity fitness classes.
7. Strengthening activity makes your muscles feel warmer or more tense - the next day, or day after, you can 'feel' the muscles that were doing the activity

BritainThinks | Private and Confidential

Sources of information about strengthening

BritainThinks | Private and Confidential

Effective messaging | Key considerations

1. Make inclusivity and relevance explicit

- Often this audience feel excluded from communications about physical activity and can instinctively disregard them
- It is often necessary to explicitly state that anyone can do strengthening and that it is possible and beneficial particularly for people with health conditions

2. Avoid negatives and focus on positives

- Messages with negative terms or tone (e.g. difficulty of life with LTC) can be off-putting to this audience, who are looking for uplifting and positive inspiration
- Whilst showing understanding of challenges of living with a health condition increases relevance, it is best to position these positively (e.g. 'it is easier on some days' rather than 'it is more difficult on some days')

3. Remind of the (future) benefits

- Many of the benefits of strengthening are deemed credible and motivating, particularly in terms of 'doing more', but are not often front-of-mind
- However, messaging about 'doing what you used to be able to do' is deemed unrealistic and can be a negative reminder of their loss of ability and health

4. Avoid references to 'pain' or 'tiredness'

- Language that references 'pain' or 'tiredness' involved in doing strengthening is strongly off-putting, with the idea of short-term sacrifice for longer-term improvement disputed or challenged
- Many already feel in pain or tired as a result of their condition and the idea that 'not all pain is bad pain' is deemed crude (with many believing they know their bodies better than such blunt, generic advice)

Effective messaging | Key considerations cont.

5. Use the notion of starting small and improving

- The idea of 'starting small' is very positively received as it allays fears around a high barrier to starting strengthening in terms of ability, expertise and fitness
- The notion of making incremental steps and slowly improving ability is also strongly motivating

6. Offer a range of options for strengthening

- Choices, ranges and options (e.g. for activity types or guidance) make the target audience feel more empowered and in control: the term 'whatever works for you' is a particularly convincing one
- It can reinforce the idea that strengthening offers 'something for everyone', as the audience can tailor any advice to themselves, their specific condition and their ability

7. Avoid use of 'technical' language

- References to technical exercise terms – e.g. dumbbells, squats, lunges – are off-putting for the least able/active within this audience and can feel exclusionary to this audience
- They are less off-putting and more relevant to more active individuals – and it is possible to use more technical terms in conjunction with more accessible options as part of a range of activities (e.g. tin of beans or a dumbbell)

8. Use a target but ensure it is realistic and flexible

- Participants find having a numerical target to aim towards motivating and clear
- However, participants feel that it should be realistic for individuals with health conditions and also want a degree of flexibility (e.g. *around* 30 minutes) so they don't feel demotivated if they miss the target on some days

4. Creative development

The findings to date were fed into a creative brief for Four Communications. Five possible creative routes were developed with different conceptual approaches to support the initiative.

In August 2020 we obtained feedback on these, along with recommendations on the most effective approach to deliver them.

Creative development | Sample and methodology: people with LTCs

5 mini focus groups with target audience

- 75 minutes, with 4-5 participants per group
- 4 out of 5 groups of 'inactive' participants and split by SEG, life-stage and age:
 - 1 x ABC1, aged 39 – 55, live with children under 18
 - 1 x ABC1, aged 50 – 64, do not live with children under 18
 - 1 x C2DE, aged 39 – 55, live with children under 18
 - 1 x C2DE, aged 50 – 64, do not live with children under 18
- 1 group of 'fairly active' participants, including a mix of SEG, age and life-stage

4 in-depth interviews with target audience

- 45-minute, one-on-one interviews
- All participants were infrequent users of the internet, none used social media
- All were inactive
- Mix of SEG representation

- All had at least one long-term health condition (musculoskeletal, neurological, cancer, cardiorespiratory) that has an impact on their daily life
- None were currently doing strengthening activity
- Mix of gender and BAME representation (6 BAME participants in total)
- Participants drawn from London, Peterborough, and the outer-Leeds area (e.g. Wakefield)

Creative development | Sample and methodology: physiotherapy staff

3 mini focus groups with physiotherapy staff

- 75 minutes, with 4-5 participants per group
- 2 x groups higher seniority (bands 7+)
- 1 x group lower seniority (bands 4 – 5)
- Mix of gender within each group
- BAME representation (3 BAME participants)
- Mix of specialisms across the sample (musculoskeletal, neurological, oncology, cardiorespiratory)
- Mix of setting across the sample (acute, community, tertiary)
- **Physiotherapy staff self-selected to participate in the research; all had prior knowledge that the research was about a campaign to encourage strengthening activity.**

We tested five possible creative routes

BY ANY BEANS NECESSARY.

ANY WHICH WAY. I CAN

Maintaining and improving your strength is vital to your wellbeing and independence. No matter your age, health condition or lifestyle, it's easy to find strengthening activities that work for you.

All recommended by your physiotherapist. Whatever way you do it, you'll be surprised at how quickly you will see results - ask your GP surgery how to get started.

Who says life should be any less lively with a health condition?

You can do strengthening activity in your own home with what's around you, like using your dining chair for calf raises or lifting small water bottles - start from as little as 10 minutes, a few times a week and gently increase.

A programme of strengthening activities that I have a say in designing with my physiotherapist. Ask your local surgery about what works for you. You'll be surprised how quickly you'll feel the results, and how life can still be...

BETTER WITH STRENGTH

STRONGER REWARDS

Maintaining my strength is vital to help me manage my health condition. It means a lot to my family too.

Dancing at my niece's wedding, walks in the country - just taking part in everything. I do my strengthening activity with things I have at home. Like using my dining chair for calf raises, or climbing the stairs for as little as 10 minutes, a few times a week and gently increase.

Start off by chatting with your physiotherapist or your GP about what works for you. **Because stronger rewards everyone.**

Stronger my way

At last, a programme of strengthening activities that you have a say in designing. No fancy kit or outfits, just easy to do activities, using the everyday items you have in your home. And every session is physiotherapist-approved.

You can share your routines with friends and maybe even borrow a few of theirs. Celebrate your successes together and carry on to your next very personal best - ask your surgery how.

Getting stronger has never been so you.

OWN MY OWN STRENGTH

Maintaining my strength is vital to help me manage my health condition. I do my strengthening activity with things I have at home. Like lifting grocery bags or food tins, starting from as little as 10 minutes, a few times a week, then I gently increase.

A programme of strengthening activities that I have a say in designing with my physiotherapist. **Strengthening. Own it.**

Recommendations

1. Choose between 'Better with strength' and 'Stronger My Way' to take forward – but incorporate the best of both.

- Whilst these two routes performed well with both audiences, the preferred route will depend on how the campaign is implemented:
 - 'Better with Strength' is (just) preferred by the target audience, suggesting it may be more appropriate in a wider, direct public-facing campaign.
 - 'Stronger My Way' is (slightly) preferred by physiotherapy staff, suggesting it may be more appropriate in the context of being used shared by physios as messengers/intermediaries.
- Consider incorporating the best elements of the 'other' to maximise the campaign's appeal, e.g. adding the emotionally-appealing benefits of strengthening more prominently into Stronger My Way.

2. Select the lead visual very carefully to ensure it is engaging, relevant and clear.

- As the visual has the power to engage the audience and convey the key message, ensure:
 - The person depicted is relevant and relatable to the target audience in terms of age, body type, clothing, and health condition.
 - It is positive and uplifting (e.g. through the use of colour, family scenes).
 - It clearly shows *either* strengthening activity (which is sufficiently exerting and repetitive for physios) *or* something you can do as a result of being strong.
 - If possible, that there are different iterations with different types of people (in terms of e.g. health condition, gender, age).

3. Balance the need for tailoring with a lack of expertise and confidence.

- Show that activities can be tailored to the target audience's specific health condition to make the advice feel relevant and strengthening activity achievable.
- However, do not place the responsibility of designing a programme on the target audience, who prefer to rely on medical expertise to know what is best for their condition.

Recommendations cont.

4. Explain *how* strengthening activity can be done.

- Strengthening is not well understood and conflation with general cardiovascular activity is common. Explain how strengthening can be done using a range of carefully selected, varied examples and an achievable target to aim for.
- Make sure examples are positioned as indicative suggestions rather than a definitive list to avoid rejection and an excessive focus on the specific activities listed.

5. Reassure physiotherapy staff that they will have control over the process.

- Physiotherapy staff are wary of giving away too much control to the target audience and concerned that activity undertaken will not qualify as strengthening – so the campaign should provide some reassurance that physios still retain some control, e.g:
 - Emphasising that any suggested activities are a point of entry for the target audience, rather than a prescriptive programme or definitive list.
 - Communicating the role of the physiotherapy staff in the process (e.g. ‘speak to your physiotherapist’).

6. Signpost to further resources to achieve behaviour change.

- The creatives were able to raise awareness and understanding of strengthening, as well as providing *some* apparent motivation to undertake it – but, in themselves, were unlikely to lead to lasting behaviour change.
- The specific call to action (e.g. speak to a physio or GP) referred to was not considered especially relevant, appealing or feasible.
- The use of supplementary resources (e.g. example activities on a website; a social network to share advice; an app to provide a structured programme of activity) felt more useful, practical, appropriate and accessible – and therefore more likely to drive behaviour change.

Strength messaging dos and don't's



Do...

- ✓ Say 'gradually increase'
- ✓ Say both 'maintaining' and 'improving' strength
- ✓ Use everyday, simple language (e.g. raising your leg)
- ✓ *Convey* that strengthening is easy
- ✓ Provide a target and show strengthening is accessible (i.e. at home, with everyday items)
- ✓ Talk about choosing from 'approved' exercises
- ✓ Refer explicitly to strengthening and to the audience having health conditions



Don't...

- x Say 'gently increase'
- x Only say 'maintaining' or 'improving' strength
- x Use words seen as jargon/technical (e.g. calf raises)
- x *Explicitly say* strengthening is easy
- x Use unnecessarily patronising terms (e.g. lifting 'small' bottles)
- x Ask the audience to 'design' a programme of strengthening
- x Be vague about the target audience or message

5. Concept development

We plotted the findings from people living with LTCs and physiotherapy staff against the COM-B model of behaviour change.

Using the leading creative concepts from the previous stage, two initiatives were developed to address the specific barriers identified in the research, incorporating the recommendations given.

In October 2020 the concepts were tested with physiotherapy staff. The aim of this stage of research was to understand what would support our members to encourage behaviour change among the target audience.

Concept development | Sample and methodology: physiotherapy staff



Quantitative survey

- 10-minute online survey (via SurveyMonkey)
- 136 members of the Strength Community



2 mini focus groups

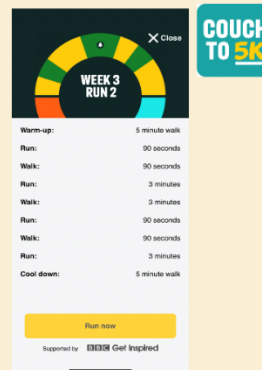
- 75 minutes, with 5 participants per group
- 1 x group higher seniority (bands 7+)
- 1 x group lower seniority (bands 4-6)
- Mix of gender within each group
- Mix of specialisms across the sample (musculoskeletal, neurological, oncology, cardiorespiratory)
- Mix of setting across the sample (acute, community, tertiary)
- **Physiotherapy staff self-selected to participate in the research; all had prior knowledge that the research was about an initiative to encourage strengthening activity.**

We tested two concepts for the overarching intervention to increase strengthening with the target audience

Option 1: A tailored, progressive strengthening programme that builds towards achieving a meaningful, quality-of-life goal set by the patient and supported by physiotherapy staff.

- The patient and the physio together establish a goal that's focused on the patient's quality of life e.g. being able to achieve an activity important to them such as lifting a grandchild or walking up a set of stairs in their home.
- The physio then develops a programme with the patient by choosing strengthening activities from a menu of options on a digital platform, accessible via an app or a website, with a printed equivalent resource for patients not online.
- All strengthening activities can be done at home without the need for specialist equipment and take advantage of everyday items, such as bags of rice or tins of beans.
- The digital platform serves as a hub for the initiative and could include features such as: an online library of exercises; video demonstrations; case studies; a chat bot; and community areas to share experiences with other patients taking part.
- Training would be included for physios in motivational interviewing and behaviour change.
- Promotional literature would support the programme, such as posters, leaflets and social media content

Similar to:



Option 2: A communications campaign to encourage strengthening that is built around informative, inspiring resources that physiotherapy staff can use to support their conversations with patients.

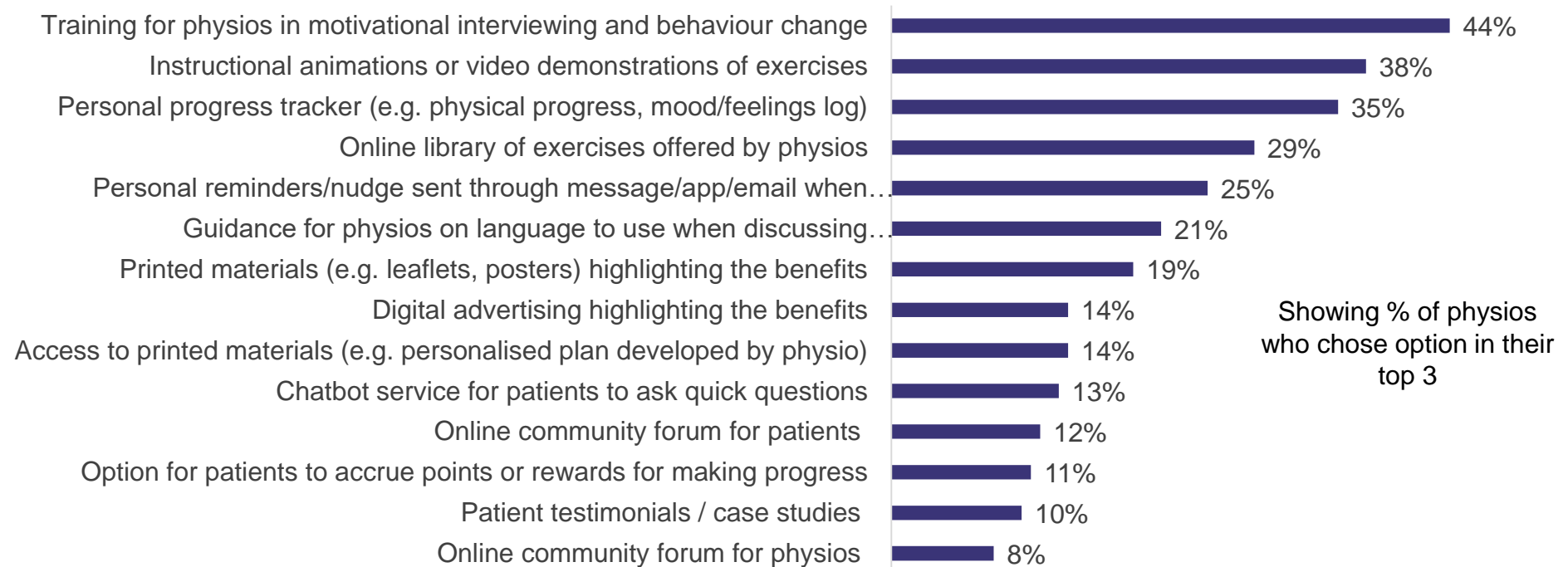
- A public-facing campaign that aims to motivate and encourage the target audience to take part in strengthening activity.
- The campaign would provide basic information about strengthening and highlight that it is accessible to all (e.g. can be done at home without specialist equipment).
- It would encourage them to engage with a physiotherapist or via resources such as a website or app.
- The campaign could take a number of forms, e.g. leaflets and posters in healthcare settings or digital advertising (e.g. on social media).
- Training would be included for physios in motivational interviewing and behaviour change.

Similar to:



The most popular resources were training for physios and tools that patients could engage with independently

Which resources would be most useful to support you personally in encouraging people with long-term conditions to undertake strengthening activity more regularly?



Key insights

1

The Covid-19 pandemic has made the need for strengthening more important (due to deconditioning and restricted access to medical support) – but has also made it harder for physios to test patients' strength and encourage them to do more strengthening.

2

Of the two concepts, there was an overwhelming preference for Option 1 – the strengthening programme: physios felt giving patients a personal quality-of-life goal would be motivating, while giving physios a clear role in helping patients achieve this goal was seen to more effectively drive behaviour change.

3

Option 2 – the communications campaign – was felt to fill an important gap in public health messaging about strengthening – but there were concerns about whether it would effectively cut through to the target audience and inspire genuine change.

4

All of the supporting resources tested were popular, though physios particularly liked motivational training and guidance on how to talk about strengthening with patients facing challenges.

5

Physios felt that any intervention should feature an online hub as a one-stop-shop for the different resources, whilst including offline alternatives for patients with lower digital access.

Recommendation: the idea of a ‘one-stop-shop’ online hub was regarded as crucial to the success of the initiative

This was seen as particularly helpful during the pandemic, where online tools have become more important. Perceived advantages of this approach included the following:



Resources would sit under one ‘roof’ and be interlinked



It could drive engagement by being visually appealing and interactive



Physios could use it as a tool during appointments, and/or easily signpost patients to it



Other, new resources could be integrated within it – for example, including access to live, online classes

“If it’s a slick system, you can use it to prescribe exercises in clinic. You go on the website, instead of giving them a leaflet or videoing them.”

“You could have things around it – I don’t know maybe a mixed exercise type group as well? If they need that extra motivation, come and do exercise with that social support and facilitation, but still have a physio there.”

There was, however, some concern about whether it would be possible to deliver all aspects of the intervention in an offline format for patients with less digital access.

6. Putting it into practice

In December 2020, we allocated budget to support the development of the leading concept, Stronger My Way.

Move Consulting, specialists in behaviour change, are working with a steering group of physiotherapy staff from all parts of the profession to understand the real world application of the project's learning.

This partnership will identify and test products and tools that support engagement and adherence in strength-based activities for their patients.

At the moment...

We are working with MOVE Consulting to support physiotherapy staff to develop a 'proof of concept' for products and tools to support engagement and adherence in strength-based activities for their patients.

The **outcomes** sought from this phase are:

1. Identify design characteristics for a strength based behaviour change product/tool.
2. Highlight good practice / tools utilised in existing programs and campaigns.
3. Co-design strength advice, targeting physiotherapy staff across multiple settings.
4. Identify, co-develop and test resources and tools to support delivery of strength advice.
5. Provide a project report, detailing 'proof of concept' for influencing practitioner behaviour.
6. Create 'Phase Two' recommendations to support scalability of the project.

The findings of this phase will be presented in late April.

7. Next steps

Our vision is to convert all of the learnings into a concise creative brief that can take us to a national activation of **'Stronger My Way'**.

We want to work with partners to develop those plans and support a sustainable rollout...

... and we want to create a legacy for this project **that empowers people living with long-term conditions to get stronger, their way.**



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