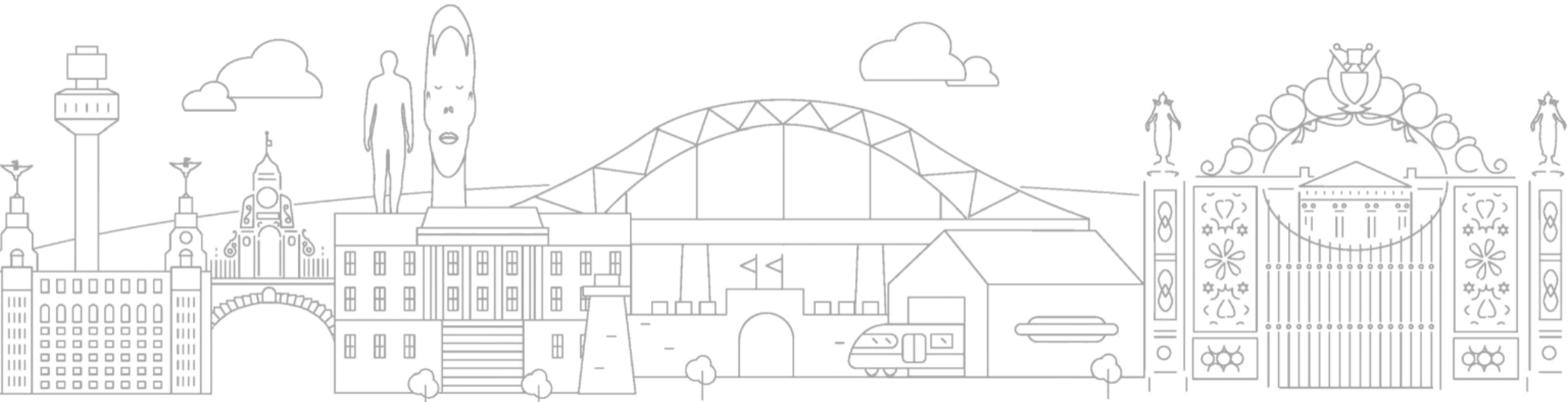


ALL TOGETHER ACTIVE

RESEARCH PLAN

SUMMARY



Maternity – sports active families produce sports active children, the ultimate start well

[Click here for the full research paper](#)

Pregnancy		Perinatal		New parents (children under 4)	
Essential	Desirable	Essential	Desirable	Essential	Desirable
Supporting mental health	Normalise and support removing guilt	Supporting mental health	Emphasis being a role model	Supporting mental health	Emphasis being a role model
Developing secure relationships supports parent and infant mental health	Education on benefits and support to prioritise time for health	Developing secure relationships supports parent and infant mental health	Support PA into existing educational classes such as baby massage, nutrition for mothers, introducing solids etc.	Developing secure relationships supports parent and infant mental health	Active with children
Walking – ideally as a family		Family leisure	Active with children	Walking – ideally as a family	Family leisure
Collaborative cross-sector partnerships		Combined with education information, exercise advice or counselling	Messaging to start small and build where relevant	Awareness of feeling state benefits regardless on child presence	Training combining with and without child present
		Walking – ideally as a family	Training combining with and without child present	Build up to 150 minutes moderate exercise per week 12 months post birth	Normalise and support removing guilt
		Social connections	Normalise and support removing guilt	Social connections	
		Collaborative cross-sector partnerships		Collaborative cross-sector partnerships	

CONSIDERATION: Of connectivity between stages here. Consistent support, relationship building from conception for 1001 days (age 2). Education around PA and awareness raising crucial throughout

Start Well

Click here
for the full
research paper

School based interventions		Interventions in other settings		Intervention characteristics	
Essential	Desirable	Essential	Desirable	Essential	Desirable
Multicomponent PA with: nutrition, healthy body image, health education and family engagement	Age: onset of anxiety (11 years old), early secondary school. Transition primary - secondary	Normalisation that PA is a preventative mental health strategy	Specific groups: single-gender, overweight/obese	Multi-component: PA combined with diet, health education, mental health literacy	Inclusion/educational components most successful embedded in curriculum
Yoga in improving symptoms of anxiety	Age: Mood disorders manifesting late adolescence	Duration: contribute to or exceed recommended 60 mins PA per day	Biggest impact and most at need adolescents over children	Variety in exercise : move away from “school sport”, inclusion of resistance based exercises, HIIT and Yoga	
Multiple offers of PA intervention: aerobic, yoga, resistance, team sports etc	Age: Primary QoL, wellness and happiness. Self worth for obese children.	Aerobic exercise over sport based intervention		Session of at least 30 mins, 2-3 times a weeks for yoga – but still hitting PA guidance 60 mins per day	
Collaboration between teachers, families and peers	Technology (web-based intervention and wearable devices)	Multicomponent: learning and alternative exercise including yoga		Duration: 3m to 1 year	
	Targeting specific groups together e.g. single-gender, overweight or obese				

Live Well

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for the full
research paper

Overweight and Obesity		Type II Diabetes		Hypertension	
Essential	Desirable	Essential	Desirable	Essential	Desirable
Combine diet with PA intervention	App use and/or digital self monitoring	Time of day and fasted state essential consideration	Counselling	Land and water based aerobic exercise	Over 24 weeks
Walking to meet PA guidelines – frequency is key	Behavioural Therapy	Supervision	Aerobic and resistance progressions	Walking 20-40 mins 3-5 sessions per week	Combine with weight loss
Combined training – aerobic training/ continuous	Progression to resistance training and/or HIIT	Duration	Yoga and balance	Tai Chi	HIIT progression (not starting point)
Behaviour change support	Longitudinal monitoring	Behaviour change techniques		Minimum 3-6 months	
Brisk walking		Self reporting PA		Eligibility to suit exercise intensity and progressions	
		Frequency (approximately 5 per week)			
		Walking			

AVOID: High Intensity Exercise (especially as a start point) due to risk of increased dropout

Age Well

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research paper

Exercise		Setting		Support	
Essential	Desirable	Essential	Desirable	Essential	Desirable
Combined exercise: Walking (aerobic) and home based resistance training. Stretching, balance, aerobic and strength training	Structure and routine over self prescription	Community -based		Qualified instructors	Specialised instructors that understand aging populations and can educate on exercise and perceptions e.g. of resistance training
Exercising in nature – mainly walking	Yoga or Tai Chi and dance – for those it appeals to (supportive for dementia)	Supervised and unsupervised mix		Support self-perception of aging alongside Physical Activity intervention	
Classes and group activity for socialisation	Swimming – consideration to age appropriate sessions/ classes/ support	Combined with social activity (e.g. coffee morning)		Pitching is essential	
Classes/sessions offered during daylight time	Progressive exercise to suit individuals			Information availability – e.g community hubs, existing groups	
	Team sports – walking football and walking netball, appeal to some				
	Same classes/sessions offered at different times in the week				

Full Research Reports

- Maternity ([click here](#))
- Start Well ([click here](#))
- Live Well ([click here](#))
- Age Well ([click here](#))