Canterbury Christ Church University

# Thrive

## Insight and Impact Report

Canterbury Christ Church University

# Context

# The Problem

## Physical Activity Levels

Close to a quarter *(25%)* of the UK population are physically inactive, engaging in less than 30 minutes of moderate exercise weekly *(Sport England, 2025)*, and just over 36% do not meet the recommended Chief Medical Officer's *(CMO)* guideline of 150 minutes per week *(Sport England, 2025).*

This is particularly concerning given the well-documented benefits of physical activity, which include reducing stress, depression and anxiety, as well as preventing a range of chronic diseases *(WHO, 2024; Ekeland et al, 2018; Kraus et al, 2019).*

## Students

Consistent data on UK student physical activity levels are limited. The 2019 British Active Student Survey *(BASS)* found only 51% of students met the recommended guidelines *(Budzynski-Seymour et al., 2020)*, with levels at Canterbury Christ Church University *(CCCU)* lower at just 28%. The follow-up British Active Wellbeing Survey *(2024-2025)* reported increased activity levels but noted a sampling bias, as respondents were predominantly active students *(British Active Wellbeing Survey, 2025)*. Consequently, the findings may not accurately represent the broader student population.

University students can often struggle to be physically active due to time constraints from studies, work, and social life *(Teuber et al., 2024)*, which is often attributed to pressure and stress *(Guerriero et al., 2025)*. While some interventions show short-term success, evidence of their long-term effectiveness is limited *(Maselli et al., 2018).* As a result, universities are encouraged to invest in sustained physical activity initiatives to support student wellbeing beyond academic outcomes *(Hartman et al., 2020)*.

## Staff

Although most universities provide on-site facilities, resources, and policies which are intended to support staff to be physically active, a significant proportion of staff remain insufficiently active. For example, 21% of university employees do not meet the recommended physical activity guidelines *(Faghy et al., 2021)*, with other UK studies suggesting it may be as high as 42% *(Griggs, et al., 2015).* This is particularly concerning given the well-established benefits of physical activity for staff wellbeing *(Cooper et al., 2016)* and work performance *(Safi 2021).*

Staff face a range of barriers to physical activity, including lack of time, insufficient managerial support, and institutional cultures that do not prioritise movement *(Morris et al., 2022).* Unfortunately, despite awareness of these challenges, the effectiveness of workplace physical activity interventions remains uncertain, with existing evidence both limited *(Zhu et al., 2020)* and inconclusive *(Malik et al., 2014).*

# Funded Opportunity

A key initiative under the BUCS 2023–27 strategy is the Active Wellbeing Fund, which offers grant support to universities for projects improving student and staff wellbeing through physical activity.

Canterbury Christ Church University's Sport and Active Health department successfully applied for the funding in late 2023, with the funding starting from January 2024 for 18 months.

BUCS encouraged universities to adopt a place-based approach, tailoring initiatives to the specific needs of their target audiences while also prioritising the sustainability of projects beyond the initial funding period.

Additionally, universities were expected to demonstrate their institutional need for improving physical activity and wellbeing, as well as providing evidence of the impact achieved through projects supported by this fund.

# Research Collaboration Opportunity

After Christ Church Sport and Active Health received the Active Wellbeing Funding grant from BUCS, a new opportunity emerged. This led to collaboration with a researcher from the University's Research Centre for Sport, Physical Education and Active Research (SPEAR), as the researcher's PhD was focusing on designing and developing a physical activity intervention for university students and staff.

With a background in delivering physical activity interventions, the researcher had been gathering insights from CCCU students and staff to inform the design of a data-driven, insight-informed intervention.

Importantly, the research was intended to be evidence-based and underpinned by theory. The COM-B model *(Michie et al., 2011)* was being adopted as the behavioural framework to understand capability, opportunity, and motivation factors influencing physical activity among the target groups.

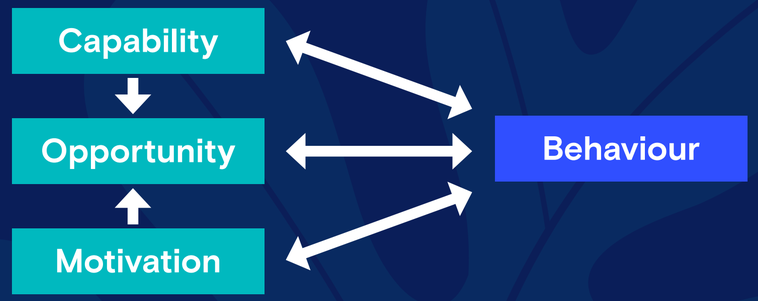
This was supported by the Behaviour Change Wheel (BCW; *Michie et al., 2011*), which was to guide the systematic design of the intervention to ensure effectiveness and theoretical robustness.

# Underpinned by Theory

This collaboration opportunity provided a foundation for stakeholders to co-create an evidence-based intervention shaped by behavioural science. Research highlights that grounding interventions in theory enhances their effectiveness by addressing the multiple factors that influence behaviour (*Lin et al., 2014*). To support long-term, sustainable change, Thrive was therefore rooted in behavioural theory from the outset.

Development was guided by the COM-B model, which recognises that for a behaviour like physical activity to occur, individuals must have the capability, opportunity, and motivation to perform it.

## COM-B Model




# Why Use a Theory?

**It helps understand behaviour**

**-** Theory helps identify the reasons behind people's actions, making it easier to understand what might be helping or preventing someone from taking part (*Atkins et al., 2017*).

**It enhances effectiveness**

- Interventions built on theory tend to have greater impact. Meta-reviews report programmes grounded in well-established behaviour-change models typically outperform non-theoretical approaches (*Davis et al., 2014*).

**It offers a framework for implementation**

- Theories, models, and frameworks, such as the BCW, can provide structure and guidance for selecting appropriate intervention strategies (*Pingree et al., 2020*).

**It enables measurement and evaluation**

- By selecting appropriate tools to measure and evaluate changes in the factors influencing behaviour, progress and effectiveness can be assessed (*Thomas et al., 2024).*

**It supports long-term change**

- By aligning intervention components with theoretical constructs, interventions can promote lasting habits and routines that are sustainable over time. (*Gardner et al., 2023*).

As a result, Thrive is not just user-centered, it is also theory-driven, combining insight with a framework to improve physical activity and wellbeing across the university community.

# COM-B Domains

The COM-B model breaks behaviour down into three main domains: Capability, Opportunity, and Motivation.

**Capability**

Ability to perform the behaviour, both physically and mentally.

**Opportunity**

External factors that make the behaviour possible or easier.

**Motivation**

Internal processes that influence whether someone wants to do the behaviour.

# COM-B Sub-Domains

To understand the behaviour more precisely, each domain is split into sub-domains.
This makes it easier to identify the real barriers and choose the right support or intervention.

| | |
|---|---|
| **Physical Capability** | Having the physical skills or strength needed. |
| **Psychological Capability** | Having the knowledge, memory, or mental skills. |
| **Physical Opportunity** | External factors like time, resources, or access. |
| **Social Opportunity** | Influence from others, social cues, and norms. |
| **Reflective Motivation** | Conscious decisions, plans, and beliefs. |
| **Automatic Motivation** | Habits, emotions, or impulses. |

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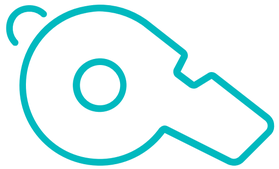
# Designing Thrive

# Co-Creation Panel

A co-creation panel was formed in the early stages and played a **central role** in shaping both the content and delivery of the intervention. This collaborative input helped ensure the design was grounded in diverse perspectives and responsive to the university context.

As the intervention developed, it evolved into a structured programme, one that aimed to be not only effective but also engaging and relevant to the needs of the university population.



## Facilitator or Deliverer

Their practical knowledge of programme delivery ensured the approach was realistic and feasible. They contributed insights into what would work in the university setting, helping to shape the programme design.

## Researcher

Bringing expertise in public health, exercise science, and behavioural psychology, the researcher ensured the programme was evidence-based, aligned with current behaviour change theories, and supported robust evaluation.

## Marketing, Communications & User Experience Specialist

They ensured the user experience was considered at every stage of design and delivery. They ensured the programme reached the intended audience effectively, made exercise appealing, and helped overcome participation barriers.

# Using the COM-B Model and Behaviour Change Wheel

## Theoretical Domains Framework

For the co-creation panel to improve physical activity levels at CCCU, a comprehensive behavioural diagnosis based on the COM-B model was essential.

To enhance the depth and precision of this diagnosis, the Theoretical Domains Framework (TDF; *Cane et al., 2012*) was systematically mapped onto the COM-B model. The TDF breaks down each COM-B component into specific psychological and contextual domains.

This mapping provided a more detailed understanding of the behavioural determinants affecting students and staff, and ensured that the intervention design could target the most influential barriers and facilitators.

| | | |
|---|---|---|
| **Capability** | **Physical Capability** | Skills |
| | **Psychological Capability** | Knowledge, Skills, Memory, Attention and Decision Making, and Behavioural Regulation |
| **Opportunity** | **Physical Opportunity** | Social Role and Identity |
| | **Social Opportunity** | Environmental Context and Resources |
| **Motivation** | **Reflective Motivation** | Identity, Beliefs about Capabilities, Optimism, Beliefs about Consequences, Intentions and Goals |
| | **Automatic Motivation** | Reinforcement and Emotion |

# Using the COM-B Model and Behaviour Change Wheel

## Role of the Behaviour Change Wheel

The BCW played a central role in supporting the co-creation panel throughout the intervention design process. Drawing on behavioural insights derived from the COM-B model and its mapping to the TDF, it guided three key stages: selecting suitable Intervention Types, identifying Policy Options, and applying Behaviour Change Techniques (BCTs).

The BCW provided a theory-driven, systematic framework that enabled the co-creation panel to tailor intervention design specifically to the unique needs and context of CCCU students and staff by:

- **Identifying Intervention Types** that effectively address key behavioural challenges within the university community

- **Selecting Policy Options** aligned with CCCU's structures to support smooth implementation and delivery

- **Choosing specific BCTs** that translate these interventions into practical, actionable strategies customised for the university environment


**Sources of Behaviour** | **Intervention Types** | **Policy Options**

# **Step 1:** COM-B Diagnosis

## Purpose

The purpose of the COM-B diagnosis was to identify what needs to change for regular physical activity to occur among staff and students at CCCU by exploring the three core COM-B behavioural components.

### Capability

Being physically fit enough and knowing how to perform physical activity safely and effectively.

### Opportunity

Having access to spaces, equipment, and social encouragement to be physically active.

### Motivation

Wanting to be active, whether through setting goals, enjoying the activity, or forming active habits.

## Data Collection Approach

A mixed-methods approach provided a complete understanding of the varying behavioural influences:

### Quantitative data

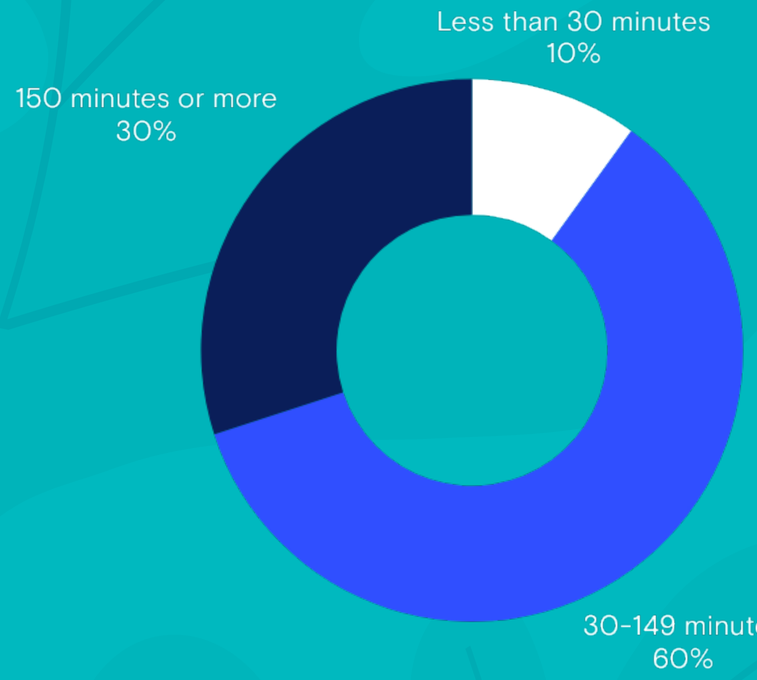
COM-B Physical Activity Questionnaire (COM-B PAQ) with staff (n = 164) and students (n = 405)

### Qualitative data

Focus groups and semi-structured interviews with students (n = 9) and staff (n = 21)

## Insight

### CCCU Students

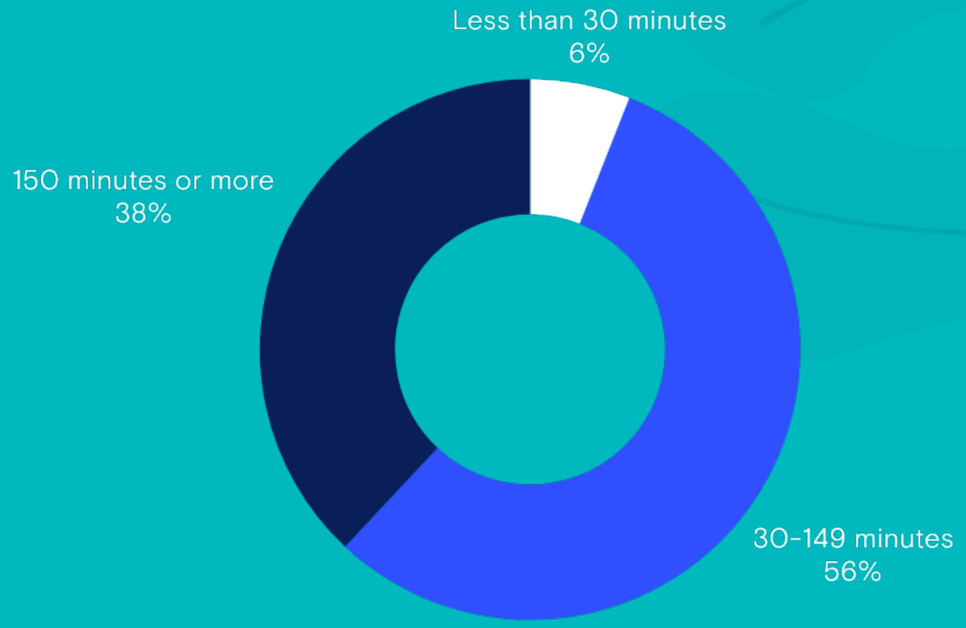



**70%**

are **not** physically active

**Lack Capability and Motivation**

### CCCU Staff




**62%**

are **not** physically active

**Lack Motivation**

## Our community's voice

Feedback from our community about their relationship with being more active

> I think it is a psychological barrier for a lot of people. A lot of people might be willing to try it but don't want to feel that stigma of not feeling good enough.

> I need to be in a better mentality where I can be committed and stick to it, and also have that accountability thing.

> Sporty people just don't seem to be my people.

> In my relationship with activity, I found that it needs to be fun, it needs to be enjoyable. A treat, not a chore, not a tick box. Otherwise, I won't do it... I will resent the hell out of it...

# **Step 1:** COM-B Diagnosis

## How the COM-B diagnosis was established

### Qualitative analysis

Thematic analysis of participant data provided rich insights into the real-world barriers and facilitators affecting physical activity.

Data were mapped to COM-B sub-domains and further aligned with TDF constructs like Beliefs about Capabilities, Emotion, Reinforcement, and Environmental Context.

This qualitative approach captured contextual nuances and individual experiences that quantitative data alone might overlook.

### Integration of findings

Merging quantitative and qualitative results created a comprehensive understanding of what drives or hinders staff and students' physical activity behaviour.

Triangulating these data sources allowed validation of findings, ensuring both statistical robustness and practical relevance.

The combined evidence pinpointed the most relevant and modifiable behavioural and contextual factors to target.

### Quantitative analysis

Backward elimination regression on COM-B PAQ data was used to identify the strongest behavioural predictors of physical activity among staff and students.

This method systematically removed less significant variables, resulting in a parsimonious model that highlights key factors influencing behaviour.

### Implications for intervention development

Grounding the intervention in both empirical data and behavioural theory ensured it addressed factors that are both important and changeable.

This approach aligns with established best practices in behavioural intervention development, enhancing the likelihood of intervention effectiveness and real-world applicability (*Michie et al., 2014*).

By targeting modifiable influences supported by evidence, the intervention is better positioned to achieve meaningful and sustainable behaviour change.

# **Step 1:** COM-B Diagnosis

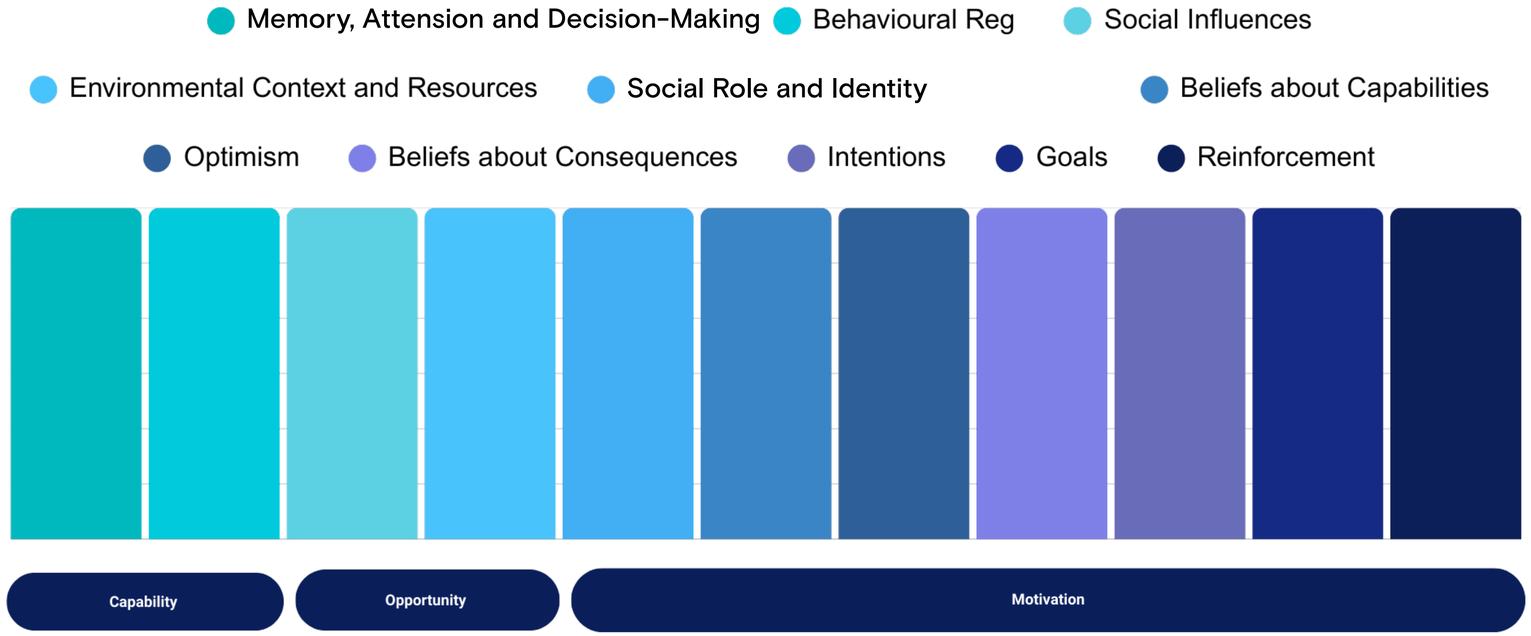
## Identified TDF domains available to target

At this stage, analysis identified 11 relevant TDF domains linked to the COM-B components of Capability, Opportunity, and Motivation.

This broad mapping reflects patterns seen in similar university-based studies where multiple TDF domains are typically identified during the initial diagnostic phase (*Curran et al., 2021; Ndupu et al., 2023*), then refined to a manageable number during BCT selection to inform intervention design.

The next step was to refine these domains by mapping them to appropriate Intervention Types, Policy Options and BCTs using the BCW. Some domains may be deprioritised if no directly applicable BCTs were available (*Connell et al., 2019*).

This process helped ensure the final intervention focuses on domains that are both influential and practically actionable in the university setting.



# Applying the APEASE Criteria

To ensure during the next steps the proposed strategies were evidence-based and contextually appropriate, the APEASE criteria were applied.

These criteria guided the selection of suitable Intervention Types, Policy Options and BCTs identified through the BCW and COM-B diagnostic steps.

APEASE stands for Affordability, Practicability, Effectiveness and cost-effectiveness, Acceptability, Side-effects/safety, and Equity.

By assessing feasibility, relevance, and impact, APEASE ensured the final intervention design was not only theoretically robust but also realistic, ethical, and inclusive within the university setting.

| | |
|---|---|
| **Acceptability** | To what extent is the intervention likely to be supported or accepted? |
| **Praticability** | Can the intervention realistically be delivered as planned? |
| **Effectiveness** | Does the intervention achieve the desired outcomes and offer good value? |
| **Affordability** | Can the intervention be delivered within the available budget? |
| **Spillover Effects** | Are there any unintended positive or negative consequences? |
| **Equity** | Does the intervention reduce or worsen inequalities? |

# **Step 2:** Selecting Intervention Types

## How the Intervention Types were selected

After identifying which COM-B and TDF domains had the highest influence of physical activity among CCCU staff and students, suitable Intervention Types were selected using the BCW matrix and the APEASE criteria.

### How this was achieved:

A comprehensive list of potential Intervention Types was generated using the BCW matrix, which links each COM-B and TDF domain to the most relevant and effective Intervention Types for consideration.

The APEASE criteria were applied systematically to filter and prioritise the most context-appropriate Intervention Types.

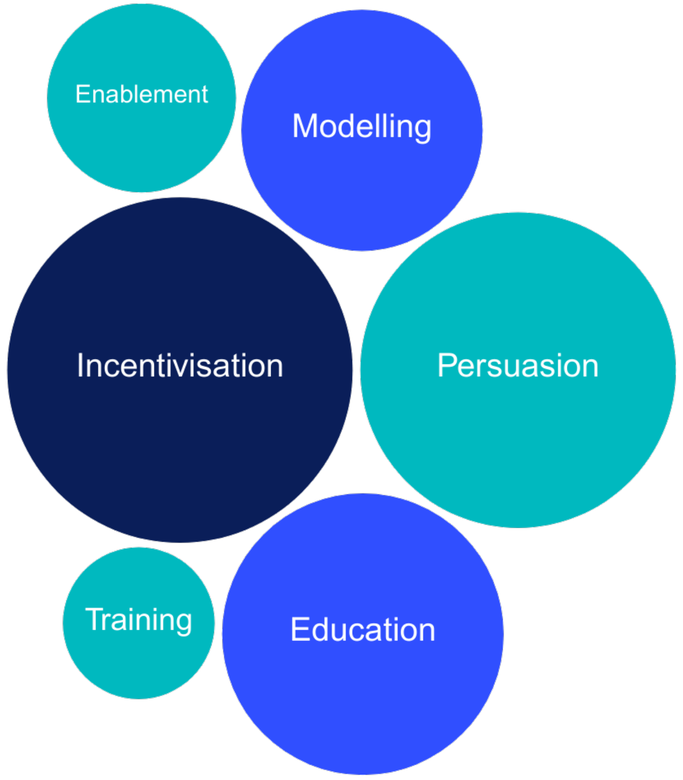
This selection process was conducted collaboratively through a series of workshops, involving members of the co-creation panel.

### Our Intervention Types:

Coercion and Restriction were excluded due to concerns around acceptability, effectiveness, and practicality.

Environmental Restructuring was retained only where practical and affordable.

**Six Intervention Types** remained for the co-creation panel to draw on when designing **Thrive:**



# **Step 3:** Identifying Policy Options

## How the Policy Options were identified

The next step was to select Policy Options that would support the delivery of the chosen Intervention Types.

### How this was achieved:

Each selected Intervention Type was mapped to relevant Policy Options using the BCW matrix, forming a potential list for consideration.

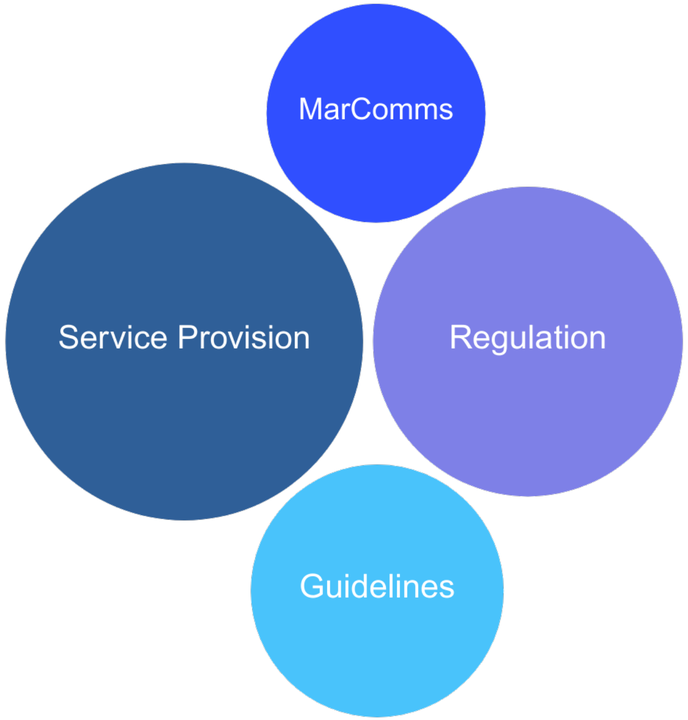
The APEASE criteria were applied to assess the suitability and feasibility of each Policy Option within the university context.

This selection process was also conducted collaboratively through a series of structured workshops, involving members of the co-creation panel.

### Our Policy Options:

Fiscal Measures, Legislation, and Environmental / Social Planning were excluded as they were not considered relevant or feasible within the CCCU context.

**Four Policy Options** remained available to inform the design of **Thrive:**



# **Step 4:** Selecting BCT’s

## How the BCT’s were selected

Following the recommendations from the BCW guide, the next step was to select appropriate BCTs linked to the identified TDF domains being targeted.

BCTs were selected at this stage to ensure the techniques aligned with the intervention approach.

### How this was achieved:

All BCTs linked to the TDF domains identified to target were mapped.

BCTs were systematically reviewed, noting overlaps across multiple domains, and considering ones most frequently used, relevant or prioritised.

The APEASE criteria were applied to filter BCTs to ensure they were suitable for the CCCU context.

Filtered BCTs were aligned with the selected Intervention Types.

### Our BCT’s:

Sixteen BCTs were selected to support the intervention, based on their relevance to the targeted TDF domains, alignment with the identified intervention types, and suitability within the CCCU context.

# **Step 4:** Selecting BCT's

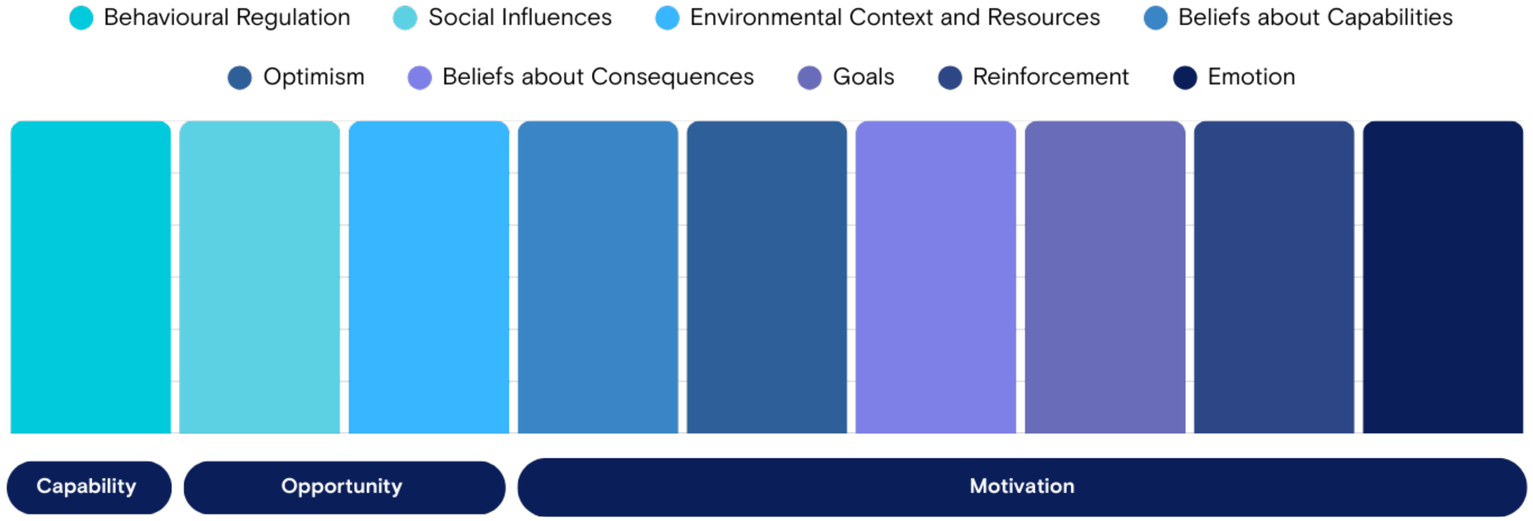
## Final TDF Domains: Outcome of BCTs selection

The final stage of the process, using the BCW framework, identified 9 domains to target in developing a physical activity intervention for staff and students at CCCU.

No suitable BCTs were identified for the domains Memory, Attention and Decision Making or Social Role and Identity so these were excluded.

With the 9 target domains established, the next step was to translate these into practical intervention components.

The design phase focused on how these techniques would be implemented in real-world settings. This included careful consideration of the mode of delivery and policy support.



**Step 5:** Intervention Design

# Deciding on the intervention components

Designing effective intervention components required careful attention to the nuances of how each element would function in practice, both in terms of what was delivered and how it was experienced by participants. To support this, decisions about the intervention components were informed by data gathered through the focus groups.

Intervention design was approached collaboratively, working together to develop components that would effectively support selected BCTs.

Some components were designed to meet the criteria of multiple BCTs simultaneously. For instance, the introduction of a buddy system was developed to align with the BCTs' Social Support (General, Emotional and Practical).

## Mode of delivery

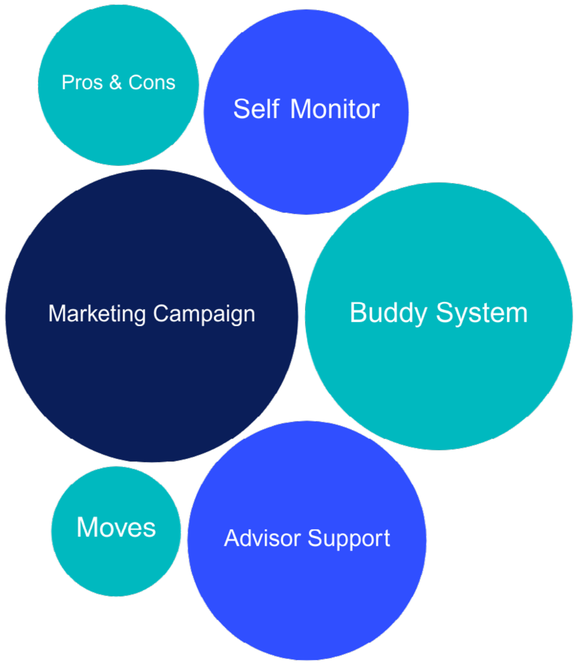
Appropriate modes of delivery for each intervention component were considered throughout the design process. The final approach combined multiple formats, including app-based and digital tools, posters, leaflets, group sessions, and individual support.

## Our Intervention Types:

At this stage, discussions focused on identifying the most appropriate Policy Options to support delivery of the intervention components. Of the four initially considered, only two were deemed suitable:

- Communication / Marketing (Marcomms)
- Service Provision

## Seven Intervention Components



# **Step 6:** Co-design Group

## Why a co-design group was created?

Involving users in the design process ensured the intervention was genuinely shaped by the people it intended to support. This approach placed participants at the centre, helping to create a programme that reflected their lived experiences, needs, and preferences.

Co-design allowed the team to go beyond assumptions and build an intervention that was not only evidence-based but also relevant, relatable, and engaging.

## How did it work?

There were separate student and staff feedback sessions, and they involved individuals who were not typically physically active. They explored different aspects of the programme, including branding, communication preferences, activity options, and advisor characteristics.

## Feedback & findings

**Name, tagline, and imagery:** Names like Thrive and Bloom were preferred for their encouraging and non-clinical tone. Visuals featuring nature (especially green and blue tones) and non-sporty, diverse individuals were suggested to make the programme feel welcoming. Taglines such as “Ditch the self doubt” and “Take control of your wellbeing” resonated most.

**Communication preferences:** WhatsApp was the favoured method of contact due to its informality and ease of use.

**Advisor role:** Participants wanted advisors to be approachable, relatable, and supportive, ideally people with life experience (e.g. parents), rather than sports professionals. A non-intimidating tone and appearance (e.g. not wearing gym gear) were key.

**Activities and environment:** There was a strong preference for social, enjoyable activities like rounders, dancing, and table games, rather than gym-based sessions. Environments such as cafés or parks were preferred for meetings.

**Rewards and motivation:** Tangible, meaningful rewards (e.g. cake, café vouchers, T-shirts, badges, massages) were considered more motivating than virtual rewards.

# End Result...

| | | | | |
|---|---|---|---|---|
| **Capability** | Physical Capability | Behavioural Regulation | Self Monitoring | Physical activity check-in |
| **Opportunity** | Social Opportunity | Social Influences | Social Support | Buddy System |
| | | | Social Support (Practical) | Buddy System |
| | | | Social Support (Emotional) | Buddy System |
| | | | Modelling or Demonstration | Buddy System & Marketing Campaign |
| | Physical Opportunity | Environmental Context and Resources | Learned Cue | Moves Reward App |
| **Motivation** | Reflective Motivation | Reinforcement | Incentive | Moves Reward App |
| | | | Material Reward | Moves Reward App |
| | | Emotion | Social Support (Emotional) | Buddy System |
| | Automatic Motivation | Beliefs about Capabilities | Verbal Persuasion | Advisor Support & Marketing Campaign |
| | | | Focus on Past Success | Advisor Support |
| | | Optimism | Verbal Persuasion | Advisor Support & Marketing Campaign |
| | | Beliefs about Consequences | Pros and Cons | Decisional Balance Task |
| | | | Salience of Consequences | |
| | | Goals | Goal Setting (Behaviour) | Short & long using SMART |
| | | | Goal Setting (Outcome) | Short & long using SMART |
| | | | Review of Goal Setting (Behaviour) | Short & long using SMART |
| | | | Review of Goal Setting (Outcome) | Short & long using SMART |

# Final Considerations

To support effective delivery and achievement of desired outcomes, several key elements were embedded into the programme. These included comprehensive staff training, a strong evidence-based evaluation framework, and a responsive, iterative approach to development and refinement.

**This section highlights the final considerations that underpinned the programme:**

## Training Needs

To ensure fidelity and effectiveness, the following training was provided for staff:
- Behaviour Change Principles Course
- Motivational Interviewing
- Mental Health & PA delivery (Level 4 Cert)
- CPD sessions

## Evaluation

Bringing expertise in public health, exercise science, and behavioural psychology, the researcher ensured the programme was evidence-based, aligned with current behaviour change theories, and supported robust evaluation.

## Pilot, Review & Amend

- A small-scale pilot explored feasibility, gathered feedback, and identified challenges
- Continued co-creation panel meetings supported an iterative review process
- Participant feedback, collected through a six-week questionnaire informed changes to content and delivery

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# What is Thrive?

# About Thrive

## Thrive makes it easier to stay active, feel good, and find balance in everyday life.

**Thrive** is a tailored physical activity programme designed to support university students and staff in becoming more physically active. The initiative aims to improve physical activity levels while enhancing health and wellbeing.

**Thrive** is around a six-month programme, with more intensive support provided during the first six weeks. During this period, users engage in one-on-one catchups with trained Thrive Advisors who help design personalised goals, facilitate access to a wide range of free activities, and create routines that work for individual lifestyles.

As **Thrive** is underpinned by the **COM-B model**, it ensures it addresses users' capability, opportunity, and motivation for sustained behaviour change.

# Intervention Components

### Marketing Campaign

Developed using focus group and survey insights, Thrive's marketing approach uses persuasive communication techniques such as verbal encouragement, relatable examples, such as seeing people like them engaging in activities, and showcasing how being active can improve their life. The campaign is designed to resonate with students and staff and encourage engagement with the programme.

### Pros and Cons

This component encourages users to reflect on the advantages and disadvantages of being physically active. It helps users identify their own motivations and potential barriers, facilitating internal decision-making and hopefully deeper engagement with the programme.

### Goals

Users set both behaviour and outcome goals that are tailored to their preferences, abilities, and lifestyles. This approach drives progress and accountability through clear goals and personal ownership.

### Self Monitor

Users track their physical activity and reflect on their progress throughout the programme. Self-monitoring is integrated into advisor check-ins and encourages awareness, autonomy, and behavioural reflection.

# Intervention Components

## Rewards

Thrive includes a rewards mechanism using the Moves+ platform, where users earn points by engaging in activities. In addition, Thrive Advisors can award extra points and rewards based on user engagement and achievement, for example, reaching a milestone or showing consistent effort. These incentives serve to reinforce positive behaviour and acknowledge users' efforts over time.

## Buddy System

The buddy system provides users with practical and emotional support through peers or designated figures that are a relatable individual who supports and motivates peers. This approach provides a supportive environment and encourages engagement by connecting users with someone who understands their journey and can inspire them from a place of shared experience.

## Advisor Support

Each user receives one-on-one guidance from a trained Thrive Advisor. This includes weekly active check-ins during the initial six weeks to review progress, adapt goals, and provide encouragement. Advisor support is designed to be personal, motivational, and flexible to individual needs.

# User Journey

### Sign-up

The programme offers flexible booking options, allowing users to arrange meetings at times and locations that suit them best, whether that's a coffee shop, library, or any other comfortable space.

### Welcome Session

Users attend a session to receive essential programme information. During this session, they complete initial forms to understand their capability, opportunity and motivation to be active, reflect on the pros and cons of being active, set personalised goals, and plan their activities. If applicable, they are also introduced to relevant free apps to support their journey.

### First 6 Weeks

- Weekly active check-ins with the advisor (e.g., walks, gym sessions, croquet)
- Informal catch-ups to check wellbeing and maintain momentum
- Self-monitoring and reflection integrated into discussions
- Staff-based or peer buddy support

### Post 6 Weeks

- Ongoing, gradually less frequent advisor contact
- Continued access to activities and opportunities

### 6 Months

A plan is developed to support ongoing engagement and help users establish and maintain a physically active lifestyle beyond Thrive.

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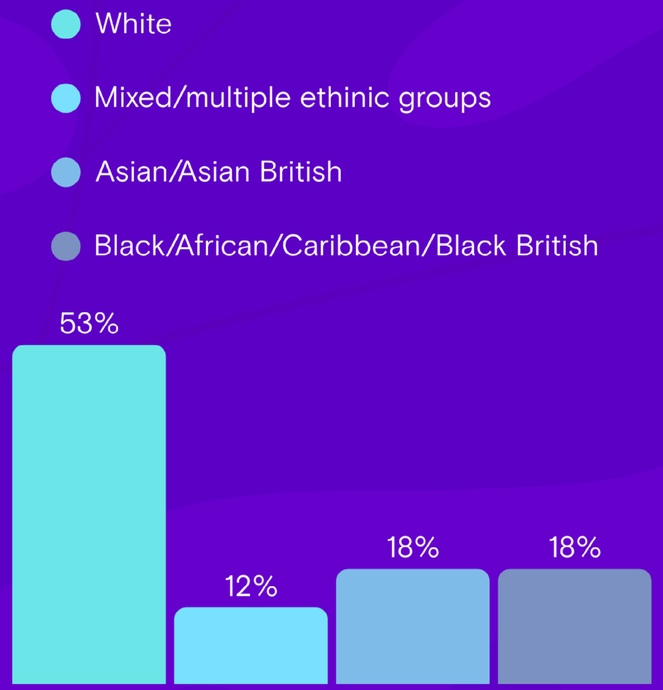
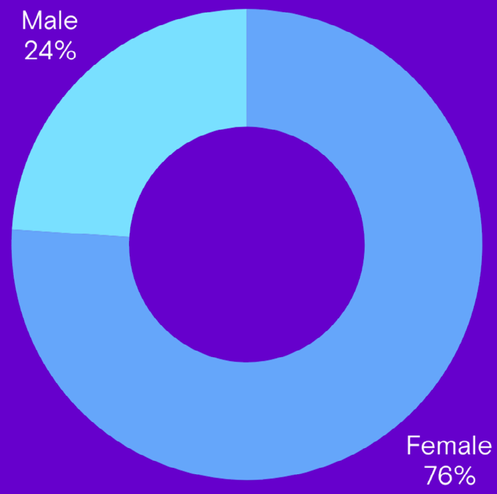
# Engagement

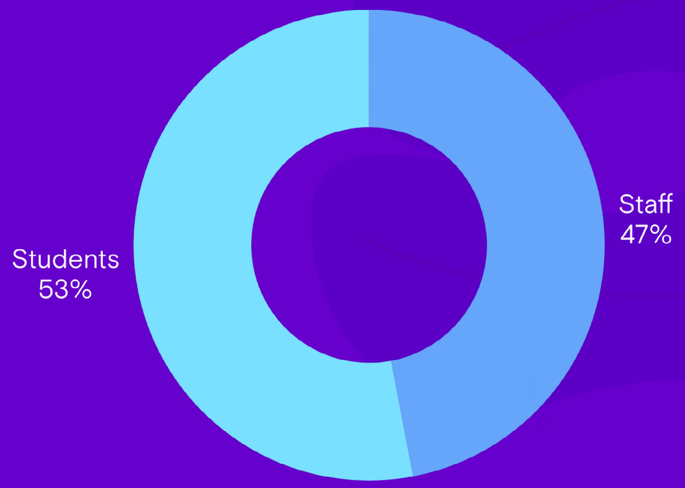
## Ethnicity




## Gender




## Staff V Students




**11%**

of students commute

**11%**

of students are international

**50%**

of staff work for student wellbeing services

***Engagement numbers:*** *This data reflects the participation of 17 staff and students involved in the pilot phase of the programme.*

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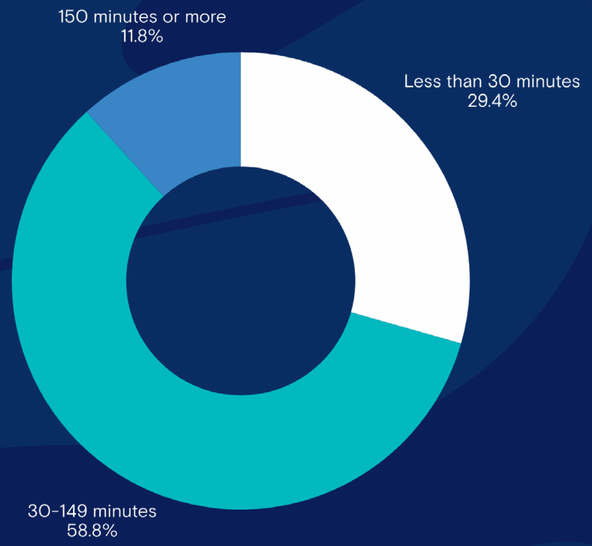
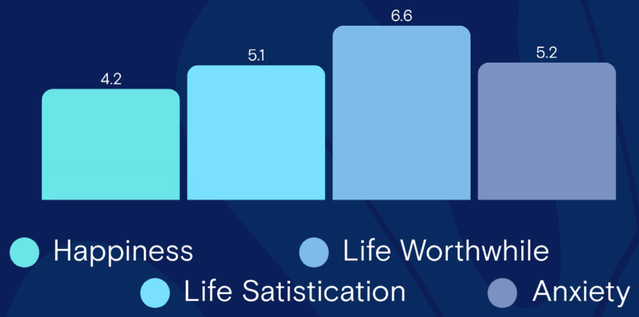
# Impact

# Before Thrive...

## Physical Activity Levels




## Mental Wellbeing

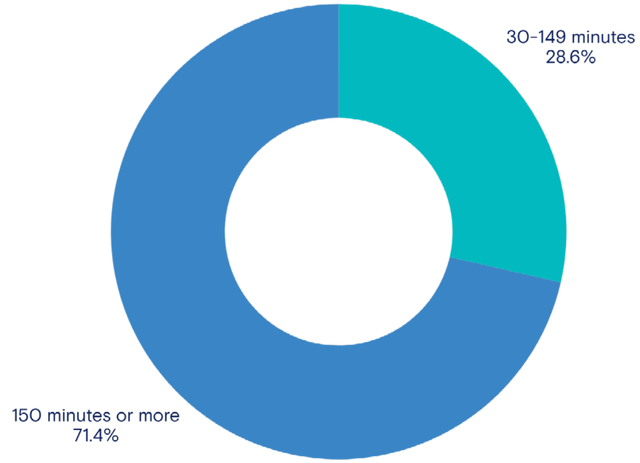



## Loneliness

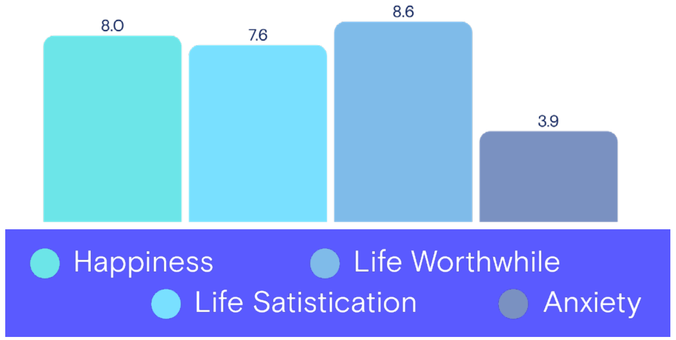
**3 in 5 reported feeling lonely**
*'often' or 'some of the time'*

# After Thrive...

## Physical Activity Levels




## Mental Wellbeing




## Loneliness

**No one reported feeling lonely**
*'often' or 'some of the time'*

**Increases in capability, opportunity and motivation**

Biggest increase in motivation

**Increases in perceived health**

# 100%

Report feeling better after taking part in Thrive

# 100%

Report how Thrive helped develop a work/study-life balance

# 100%

Are better able to cope and manage stress

# 86%

Report Thrive has helped them find new ways to be active

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# Challenges and Learnings

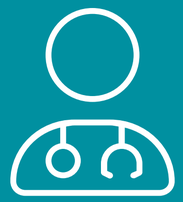
# Design and Development

## Collaborative Working (Co-Creation)

Cross-departmental collaboration played a crucial role in shaping both the design and delivery of the programme. Involving a diverse range of stakeholders brought valuable perspectives and specialist knowledge, resulting in a programme that was well-rounded, responsive, and more likely to be impactful in practice. A key challenge, however, was balancing competing priorities across departments. Limited capacity and differing levels of availability occasionally hindered the consistency and depth of stakeholder engagement.

## Extensive Development and Design Process

The design phase was longer than planned, delaying delivery, but allowed for a more considered and tailored approach. Using data and theory ensured the programme was intentionally built for effectiveness, rather than based on assumptions. Although future processes could be more efficient, this was the first time a co-created, evidence-informed approach was used, which required additional time to collectively develop the steps and process. Involving stakeholders early also improved clarity around purpose and long-term impact.



## Evidence-Based Approach

A key learning from the programme was the value of combining theory and insight to guide intervention design. The use of the COM-B model provided a structured, evidence-based framework that ensured each element of the programme addressed specific behavioural drivers. Alongside this, drawing on insight from stakeholders, and staff and students helped tailor the approach to the specific context, enhancing relevance and engagement. The process has underscored that being theory-informed is not just about academic alignment, but about creating purposeful, targeted action that is more likely to succeed.

# Design and Development

### Person-Led, not Service-Led Approaches

Personalised support, such as one-to-one sessions and tailored activities, was key to engaging those with negative experiences of traditional sport or exercise. Flexibility also played a crucial role by allowing the approach to meet people where they were, though it was sometimes challenging to maintain when staff capacity was limited.

### Staffing Resources

The personalised, tailored nature of the Thrive delivery model placed significant demands on staff capacity, making it challenging to support delivery at scale.

### Variety of Activities Offered

Offering non-traditional, non-gym-based options helped make the programme more inclusive and appealing. This approach attracted individuals who were less likely to engage with structured sport or exercise settings, providing alternative, more accessible ways to be physically active.

### Developing Rapport

Establishing rapport with participants was seen as essential to their engagement, helping to establish a connection and a sense of being understood. However, this process required time and a genuine understanding of individual needs.

### User Communication

Communication via email and Teams was time-consuming and lacked immediacy, making it harder to engage participants. WhatsApp, suggested by the co-design group, was seen as a more accessible option that aligned better with users' habits. Unfortunately, it was not permitted to use at CCCU, though other universities with the necessary permissions found it effective and user-friendly.

### Word-of-Mouth

Informal promotion among participants played a key role in engagement; positive experiences often led to word-of-mouth referrals.

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# Recommendations

### Co-Creation and Stakeholder Engagement

Consider maintaining stakeholder involvement at multiple levels, from strategic oversight to on-the-ground delivery.

Look to develop a structured plan for ongoing co-design, feedback, and evaluation to ensure the programme remains aligned with its intended outcomes.

Consider incorporating regular reviews, training sessions, and opportunities to share success stories to help sustain engagement and motivation.

### Resourcing and Capacity-Building

Consider ways to integrate delivery into existing staff workloads to support sustainability.

Explore the potential of a tiered support model to manage resource demands, such as offering one-to-one support for higher-need participants, while others engage through small groups or digital formats.

Any adaptation should remain consistent with the evidence-based principles that underpin the programme's design.

### Embedding the Novel Approach

Continue to embed collaborative approaches, such as co-creation panels, across the service by drawing on diverse expertise and aligning relational, iterative ways of working with strategic priorities.

Showcase this valuable approach as one that brings together a broad range of expertise. It prioritises stakeholder engagement and evidence-based, theory-grounded, context-sensitive intervention design, advancing beyond standard practices.

Where possible, continue to adopt an evidence-informed, data-driven, and theory-grounded model to enhance relevance and impact.

### Community Access and Expansion

If expanding the programme to community members, consider conducting pre-implementation insight work (e.g., COM-B analysis) to understand motivations, needs, and barriers.

Explore partnerships with local service providers to broaden activity options, while ensuring the capacity to deliver is maintained.

Piloting a community version of Thrive may help test its transferability and inform necessary adaptations to suit the local context.

### Scaling Opportunities

Consider documenting the core intervention components and delivery approach to maintain integrity during scale-up.

Explore options for additional staffing or adapting delivery to meet demand without compromising the evidence-based, person-led design.

Continue to explore hybrid methods, such as online check-ins or messaging groups alongside in-person touchpoints, to ease staff demands at scale.

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