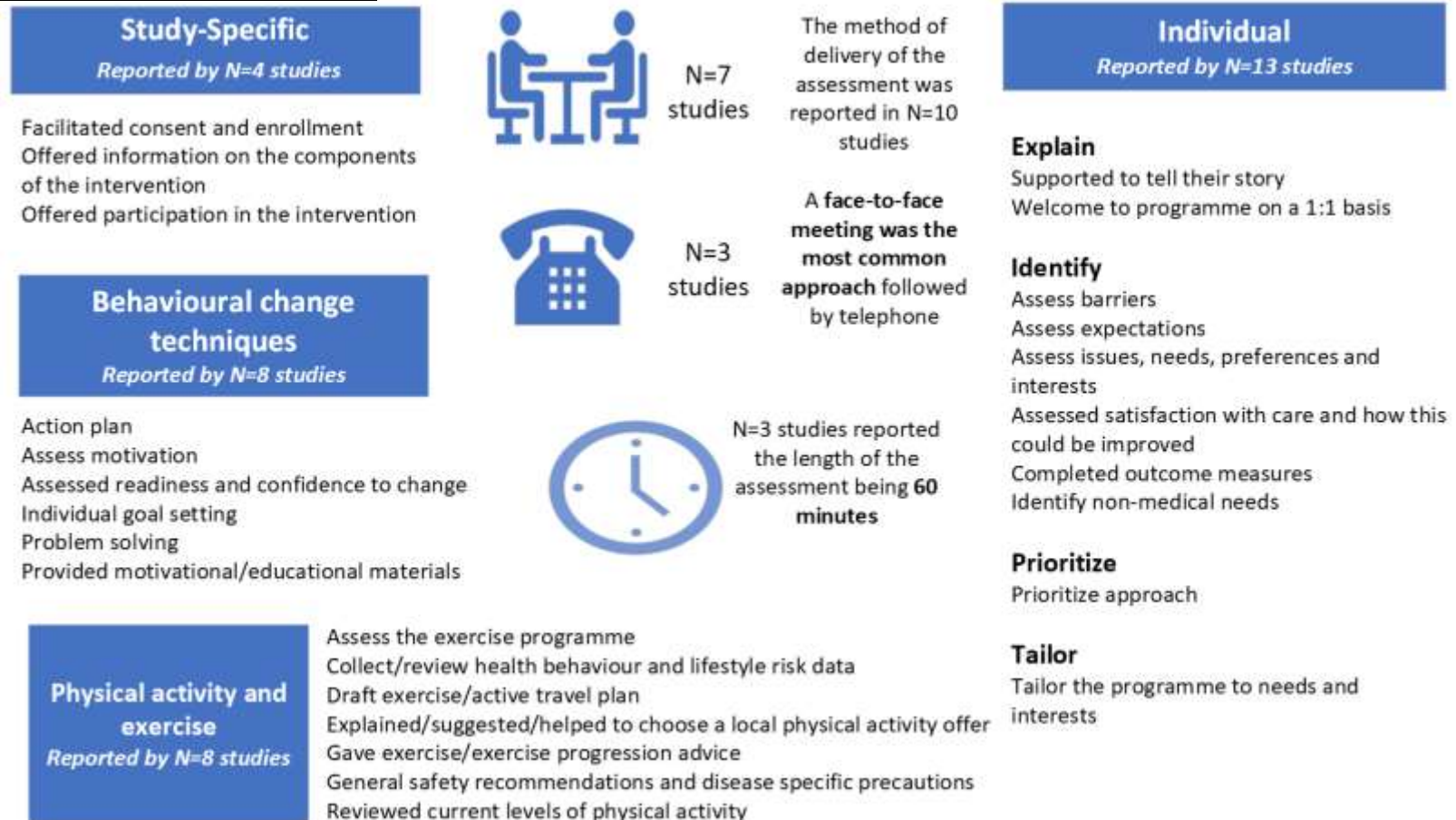


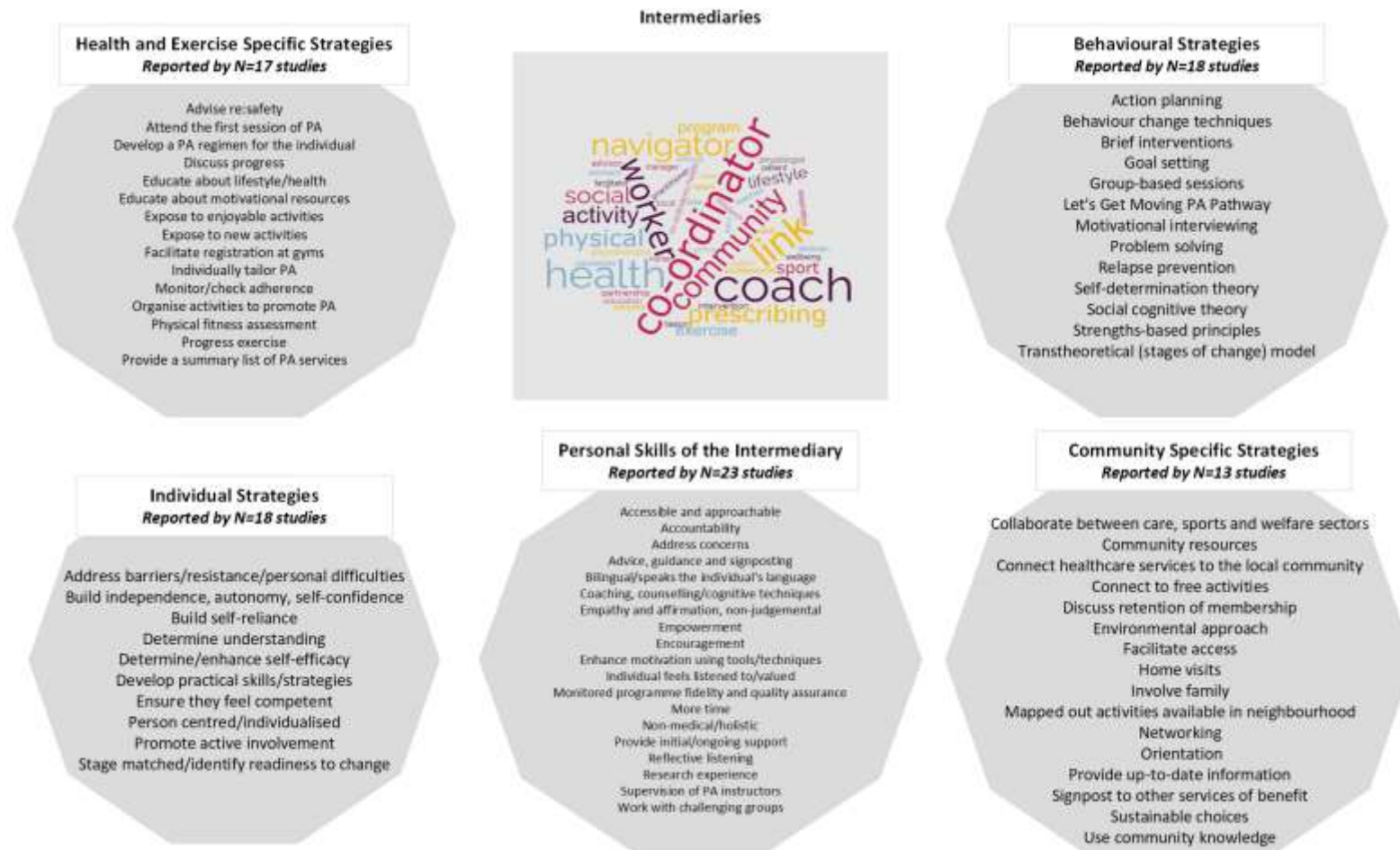
Supplementary File 8: Supplementary graphics

Processes of assessment by an intermediary



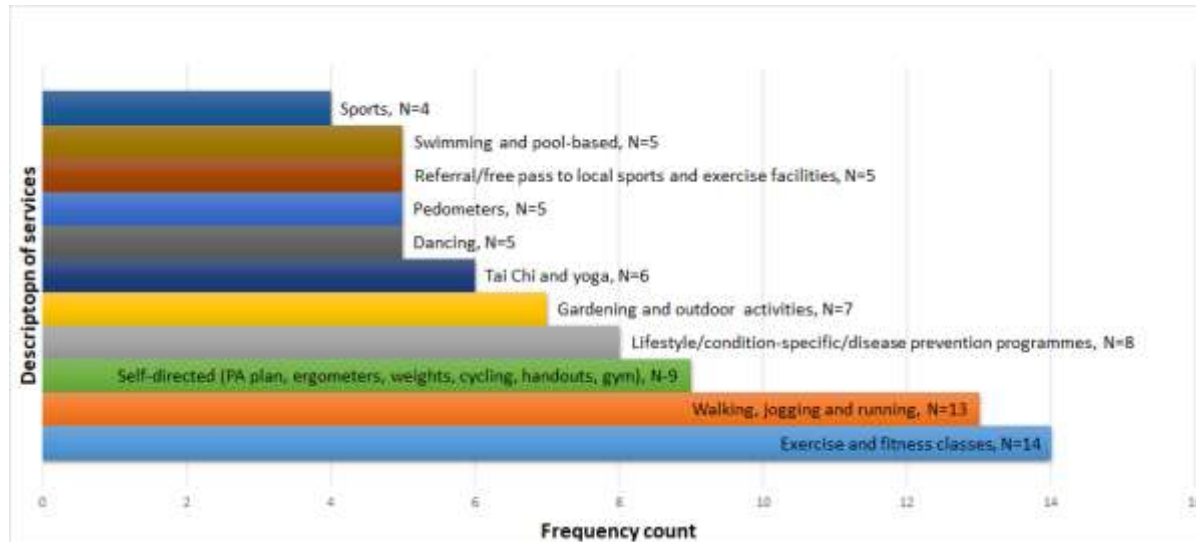
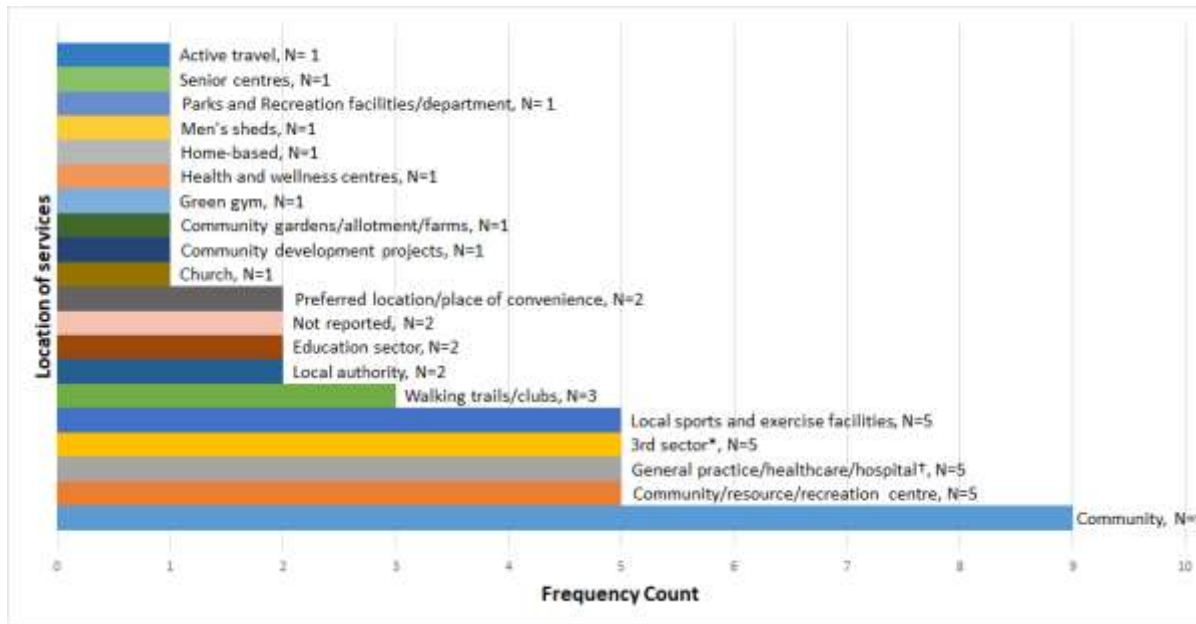
This figure shows the various processes of assessment used by an intermediary during the initial meeting/consultation with the referred individual. Individual factors are further categorized by identifying, tailoring, prioritizing and explaining. Many studies reported more than one assessment process, therefore each process is reported as a frequency count. The process of assessment was either not described or was carried out by the research team in N=9 studies (32%) [1-9].

Strategies used by the intermediaries to facilitate uptake of local PA and exercise



This figure shows the word cloud summarising the different titles describing the role of 'intermediary', and the strategies used during follow-up to connect referred individuals to local PA and exercise. Many studies reported more than one strategy and/or skill category, therefore each category is reported as a frequency count. Strategies and skills were not reported in N=3 (11%) studies [2, 5, 10]. Abbreviations: PA – physical activity

Description of local PA and exercise services, location of these services, and how these were identified



How services were identified:

	N	%
Not reported	9	32%
Identified by staying up-to-date with pre-existing community resources	7	25%
Mixed‡	5	18%
<i>Networking with community partners</i>	1	
<i>Identified through third party</i>	1	
<i>Individual's personal preference/ability</i>	1	
<i>Access to resources</i>	1	
<i>Designed themselves or by third party</i>	2	
<i>Identified by staying up-to-date with pre-existing community resources</i>	3	
Individualised options	2	7%
Individual's personal preference/ability	2	7%
Access to resources	1	4%
Designed themselves or by third party	1	4%
Service completes an accreditation process	1	4%
Sum:	28	100%

Included studies often utilised several PA services, therefore numbers in the graphs represent a frequency count. *3rd sector locations included YMCA gyms [11], and services delivered/provided by third sector organisations with no other information given [12-14]. †Local PA and exercise services located in healthcare settings included attending healthcare-based exercise on a short-term basis prior to participating in community-based PA [15], “hospital-based fitness programmes” [16], Veteran’s Association prevention programmes [17] general practice-based exercise classes [14] and walking groups [14, 18]. ‡How services were identified, and a frequency count of each, are included for these N=5 studies.

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