# **Supplementary File 8: Supplementary graphics**

# Processes of assessment by an intermediary

# Study-Specific

Reported by N=4 studies

Facilitated consent and enrollment Offered information on the components of the intervention Offered participation in the intervention

# Behavioural change techniques

Reported by N=8 studies

Action plan Assess motivation Assessed readiness and confidence to change Individual goal setting Problem solving Provided motivational/educational materials



N=3 studies reported the length of the assessment being 60 minutes

N=3

studies

The method of delivery of the assessment was reported in N=10 studies

A face-to-face meeting was the most common approach followed by telephone

# Individual

Reported by N=13 studies

## Explain

Supported to tell their story Welcome to programme on a 1:1 basis

### Identify

Assess barriers Assess expectations Assess issues, needs, preferences and interests Assessed satisfaction with care and how this could be improved Completed outcome measures Identify non-medical needs

### **Prioritize**

Prioritize approach

#### Tailor

Tailor the programme to needs and interests

Physical activity and exercise Reported by N=8 studies Assess the exercise programme Collect/review health behaviour and lifestyle risk data Draft exercise/active travel plan Explained/suggested/helped to choose a local physical activity offer Gave exercise/exercise progression advice General safety recommendations and disease specific precautions Reviewed current levels of physical activity

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

#### Health and Exercise Specific Strategies Reported by N=17 studies

Advise re-safety
Attend the first session of PA
Develop a PA regimen for the individual
Discuss progress
Educate about lifestyle/health
Educate about motivational resources
Expose to enjoyable activities
Expose to new activities
Facilitate registration at gyms
Individually tailor PA
Monitor/check adherence
Organize activities to promote PA
Physical fitness assessment
Progress overcise
Provide a summary list of PA services

# Individual Strategies Reported by N=18 studies

Address barriers/resistance/personal difficulties
Build independence, autonomy, self-confidence
Build self-reliance
Determine understanding
Determine/enhance self-efficacy
Develop practical skills/strategles
Ensure they feel competent
Person centred/individualised
Promote active involvement
Stage matched/identify readiness to change

#### Intermediaries



#### Personal Skills of the Intermediary Reported by N=23 studies

Accessible and approachable Accountability Address concerns Advice, guidance and signposting Bilingual/speaks the individual's language Coaching, counselling/cognitive techniques Empathy and affirmation, non-judgemental Empowerment Encouragement Enhance motivation using tools/techniques Individual feels Estened to/valued Monitored programme fidelity and quality assurance More time Non-medical/holistic Provide initial/ongoing support Reflective listening Besearch experience Supervision of PA instructors Work with challenging groups

#### Behavioural Strategies Reported by N=18 studies

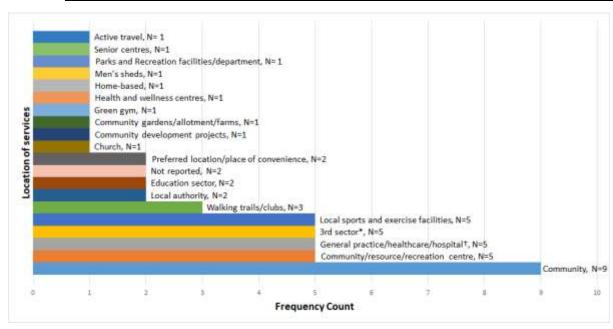
Action planning
Behaviour change techniques
Brief interventions
Goal setting
Group-based sessions
Let's Get Moving PA Pathway
Motivational interviewing
Problem solving
Relapse prevention
Self-determination theory
Social cognitive theory
Strengths-based principles
Transtheoretical (stages of change) model

#### Community Specific Strategies Reported by N=13 studies

Collaborate between care, sports and welfare sectors Community resources Connect healthcare services to the local community Connect to free activities Discuss retention of membership Environmental approach Facilitate access Home visits Involve family Mapped out activities available in neighbourhood Networking Orientation Provide up-to-date information Signpost to other services of benefit Sustainable choices Use community knowledge

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

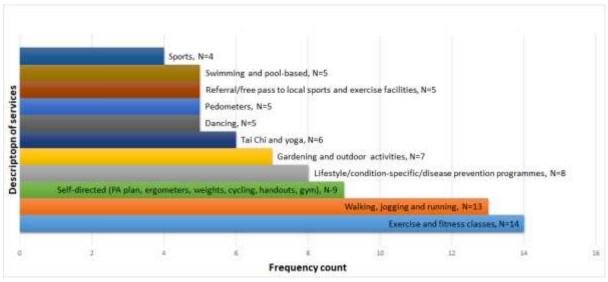
# Description of local PA and exercise services, location of these services, and how these were identified



now services were identified.			
	Ν		%
Not reported		9	32%
Identified by staying up-to-date with pre-existing community resources		7	25%
Mixed‡		5	18%
Networking with community partners	1		
Identified through third party	1		
Individual's personal preference/ability	1		
Access to resources	1		
Designed themselves or by third party	2		
Identified by staying up-to-date with pre-existing community resources	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%

28 100%

How services were identified:



Included studies often utilised several PA services, therefore numbers in the graphs represent a frequency count. \*3<sup>rd</sup> 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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