The Movement, Activity & Sport Workforce Development Project

Framework & Action Plan 2026–2028

Introduction

- There are 400+ organisations across North Yorkshire and York that have a core workforce of people who in their daily lives help residents move, be active and participate in sport.
- They are c40,000 paid and volunteer staff working in roles such as instruction, coaching, personal training, group exercise, outdoor activity leadership, teaching (e.g. swimming), facility operations (e.g. lifeguard), sports development and different types of manager.
- Many of these people know why they have decided to get a job, or forge a career in the sector, and it is vital that we continue to ensure we recruit, develop, progress and retain their talent in the coming 5 years.
- But we also know there are many people in 'allied' occupational roles every day that could – with support, education, training and experiential learning – become even more equipped and confident to embed movement into the way they work with others, whether in education, health, care, wellbeing community and workplace settings.

We need to galvanise this core and allied movement, activity and sport workforce to get North Yorkshire & York moving!

Why this work is important

- Around 1 in 3 men and 1 in 2 women are not achieving recommended levels of activity for good health.
- People with long term conditions twice as likely to be amongst the least active.
- Physical inactivity contributes to 1 in 6 deaths in the UK and costs society over £7 billion annually (NHS, England).
- Exercise is recommended in 98 NICE guidelines, spanning cardiovascular, musculoskeletal, mental health, and post-natal care (Well Nation)
- 1 in 4 patients would be more active if advised by a healthcare professional (NHS, England).
- Sport England modelling shows that activating just a quarter of inactive adults could save the NHS £0.9 billion.
- The NHS faces mounting pressures from chronic disease, mental health challenges, and health inequalities, preventative care is no longer optional, it is essential.
- Movement, physical activity and sport practitioners offer a powerful, under-used resource to support this shift, delivering measurable health benefits, reducing demand on clinical services, and empowering communities to live healthier lives

Why this work is important

The Movement, Activity and Sport sector workforce development project started in 2024. It has been designed to enhance the workforce in North Yorkshire and York between 2025 and 2030 so that it can intentionally contribute towards **improved health outcomes and reduced health inequalities** across our communities and varied contexts.

If we invest carefully and in a coordinated fashion this sector workforce can contribute towards multiple social and economic objectives and ambitions in North Yorkshire & York including:

- increasing movement, activity and sport participation rates amongst residents
- reducing health inequalities
- improving health outcomes
- supporting economically inactive people into work
- helping people stay in work healthier for longer
- reducing health and social care system pressures.

It is a distinct sector in that its main economic output directly benefits the people and communities of North Yorkshire and York i.e. there is very little economic leakage out of the locality. It provides employment to those working in the sector drawn from the local labour market. And those working in the sector support the positive outcomes of residents by helping them to be active with all the associated health and wellbeing benefits that brings to them as individuals and to our local systems. It is different to any sector currently prioritised in the Local Skills Improvement Plan because it doesn't follow those traditional sector selection approaches and it might be useful to explore this for the next LSIP (2029 and beyond).

What this means

To unlock this potential requires a framework and plan of action that can encourage joint investment by stakeholders that desire these outcomes. This means:

1. Understanding and then meeting the pressing unmet needs and gaps in the current workforce (large, medium, small, micro, self-employed individuals).
2. Shaping the competencies of the future workforce to align with the strategic ambitions not just meet the requirements of traditional sport and leisure as we have done in the past.
3. Ensuring a healthy education pipeline and high-quality, ongoing learning, development, training and CPD for the sector.

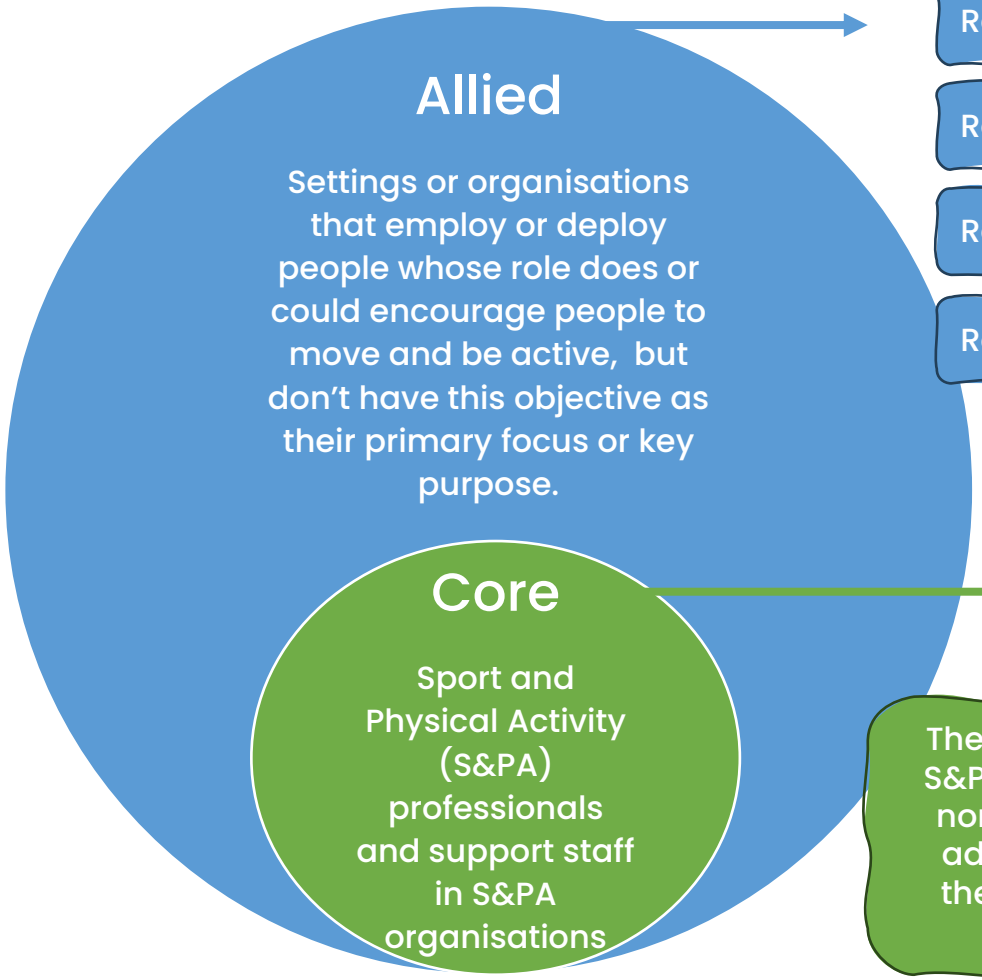
What is the movement, activity and sport sector?

Functional definition of the sector

Roles, organisations and activities that enable people to move more, be physically active, participate in sport, and improve health and wellbeing through movement.

This definition, importantly, allows us to look beyond traditional “sport” roles and include health-, education- and community-facing activity.

What is the movement, activity and sport sector?



- Roles in voluntary and community organisations / settings
- Roles in health, wellbeing, social/care and prevention settings (CYP & adults)
- Roles that have broad resident reach e.g. libraries, housing
- Roles in education settings (e.g early years, schools)
- Roles in 'any workplace' to encourage movement

These S&PA organisations deploy specific S&PA roles (e.g. instructors, coaches) and non-S&PA specific roles (e.g. managers, administration, support). Support for all these roles is necessary to ensure these S&PA organisations are effective.

- Exercise and Fitness
- Leisure Operations
- Community Sport
- Health and Wellbeing
- Adventure Sport
- Performance Sport

The number and size of organisations in the sector

Organisations in the sector

- Based on CIMSPA labour market intelligence there were an estimated 361 organisations in the ‘core’ MAS sector distributed across 6 sub-sectors in 2024
- Organisations classified as exercise and fitness operations dominate – nearly 1 in 2 (46%) of all businesses accounting for 43% of the (then) estimated paid workforce (2,840 individuals)
- Whilst leisure operations accounted for only 34 (9%) of total businesses their workforce represented a third of all paid employees at that time
- 46 organisations operate across more than 1 sub-sector
- 1% of organisations were defined as large businesses (250+ paid employees), 6% medium (50-249), 11% small (10-49)and the majority, 60% micros (1-9)
- This is only a portion of the wider MAS sector footprint as this data is limited to organisations with paid employees only / submitting data to Companies House and does not include MAS sector allied organisations which could include a large volume of VCSEs across North Yorkshire & York. All workforce estimates have since been improved through this Project (see next slides)

CIMSPA Labour Market Intelligence 2024

Note: employee estimates have been revised using new research & modelling through this Project

Businesses in the region: Companies

North Yorkshire + York

COMPANIES	EMPLOYEES	TURNOVER(£)
361	2,840	£200M

Industry breakdown

Adventure Sport	39	268
Community Sport	21	177
Exercise and Fitness	167	1,220
Health and Wellbeing	75	517
Leisure Operations	34	939
Performance Sport	71	774

Whilst the 6 core S&PA industries are identified as being independent of each other, it is quite common for single venues or organisations to operate across multiple industries. Within North Yorkshire + York, the data shows that 46 organisations operate across more than 1 S&PA industry. These organisations are only accounted for once in the overall number of S&PA organisations operating within North Yorkshire + York.

CIMSPA Labour Market Intelligence 2024

Note: we have applied this distribution of organisational size to some of our modelling in this Project to inform extrapolations of new workforce survey data collected since 2024

Businesses in the region: Size

Microenterprises
1 - 9 employees

Small enterprises
10 - 49 employees

Medium enterprises
50 - 249 employees

Large enterprises
250+ employees

60% Micro enterprises
11% Small enterprises
6% Medium enterprises
1% Large enterprises

The remaining 22% of S&PA businesses within North Yorkshire + York not accounted for here are due to either no company financials being available or 0/an unknown number of employees within the business, meaning they cannot be categorised by business size.

The characteristics of the core MAS workforce

Workforce characteristics (core)

- Based on new workforce data collected since that time from local operators, businesses and organisations active in the sector we estimate the paid 'core' MAS workforce in North Yorkshire & York to be in the region of **5,450-6,050** roles
- This assumes that:
  - the 5 largest operators collectively employ 1,705-2,305 individuals
  - 22 medium sized businesses employ an average of 120 individuals (2,640)
  - 40 small businesses employ on average 15 individuals (600)
  - 217 Micro businesses employ on average 2 individuals (434)
  - 78 businesses for whom we have no information employ 1 person (78)

Workforce characteristics (core)

- Sampled data from Skills Diagnostics (2024) suggest a workforce distribution that comprises: 21% full time; 34% part time; 40% casual & 5% freelance roles.
- *NB: In 2026 this distribution may now comprise more FTE and less casual owing to the increase in the employment of a core contracted workforce (rather than use of casuals) and the TUPE in house of several leisure facilities (Harrogate, Richmondshire, Selby and Tadcaster) into North Yorkshire Council for the Active North Yorkshire Service*
- In addition, we estimate there are a mix of **32,500** coaches (a mix of paid and majority voluntary roles)
- **The total core MAS sector workforce is c37,950–38,550 across NY&Y**

The characteristics of the allied MAS workforce

Workforce characteristics (allied)

- There are currently no reliable estimates, or attempts made, to estimate the volume of organisations and people employed and deployed across industries 'allied' with the MAS sector.
- There are several reasons for this; mostly because it would require further definition and identification of roles within different organisations distributed across other industries whose primary purpose is not 'MAS' *e.g. teachers in schools though we might focus on PE teachers for example*
- For the thousands of people working in our health service serving residents across NY&Y we have started to identify key roles where we feel having amplified movement / physical activity literacy could impact similarly thousands of residents through their day-to-day contact and support whether in hospitals, GP practices, homes or in community health contexts.
- The (paid) allied MAS sector workforce is thought to be at least the same size if not larger than the core (paid) MAS sector workforce and are likely to be in daily routine contact with many residents who are inactive or vulnerable.

Workforce characteristics (allied) North Yorkshire Council

- Across directorates of North Yorkshire Council – public health, health & adult services, care (e.g. reablement), Children and Young People's Service – thousands of staff are in communities building relationships with residents, including in their homes.
- All these people are much closer to the populations we want to encourage to move and be active, but we have not attempted to identify precisely how many are in these team.
- If these people were all 'movement' or 'physical activity' literate their potential reach is significant; and they reach people less likely to go to a gym or a leisure centre.

North Yorkshire Council – the opportunity for 'integration' with Directorate workforces to support our MAS strategic objectives

Table 1. Headcount and FTE

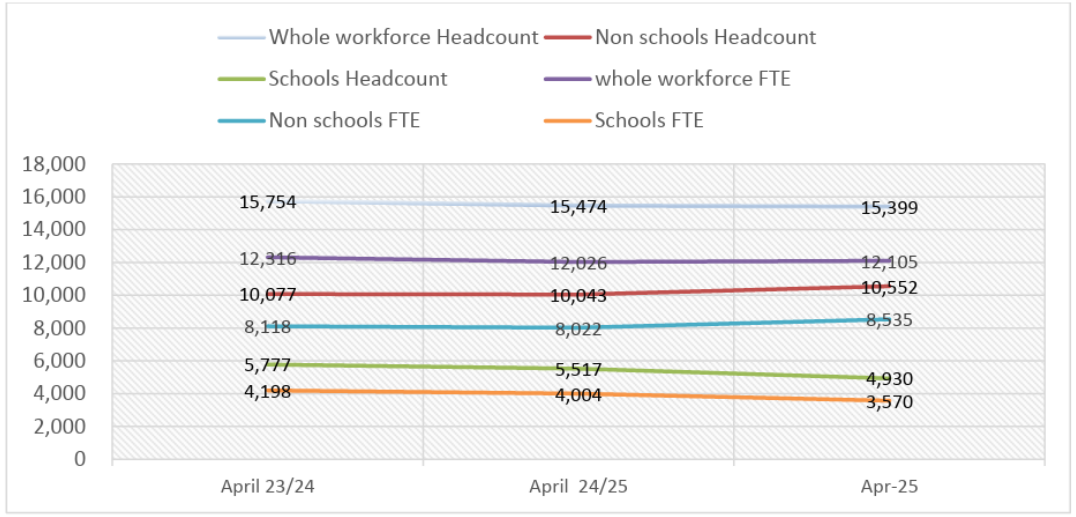
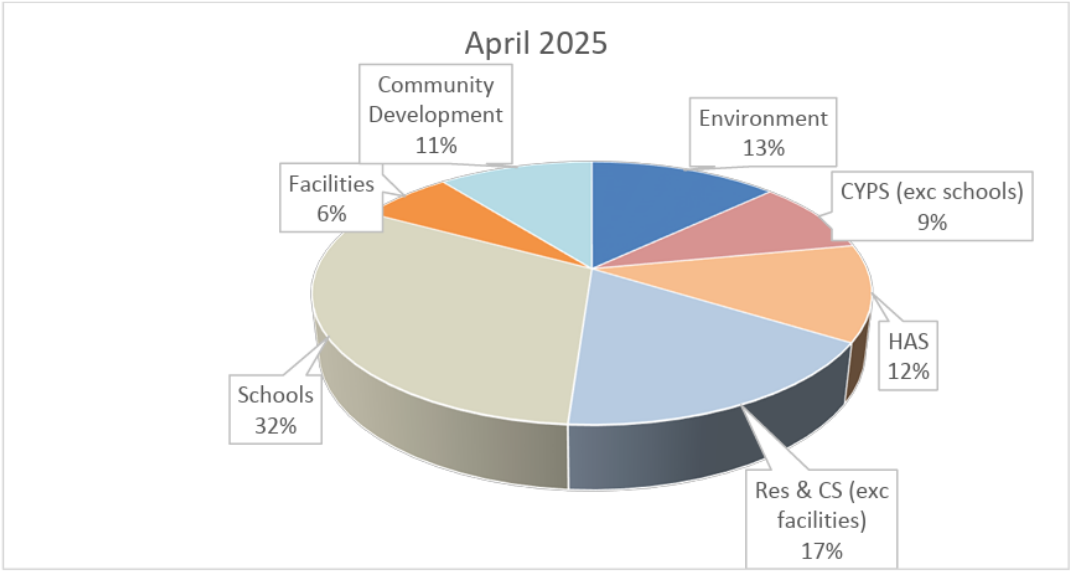


Table 2. Directorate headcount



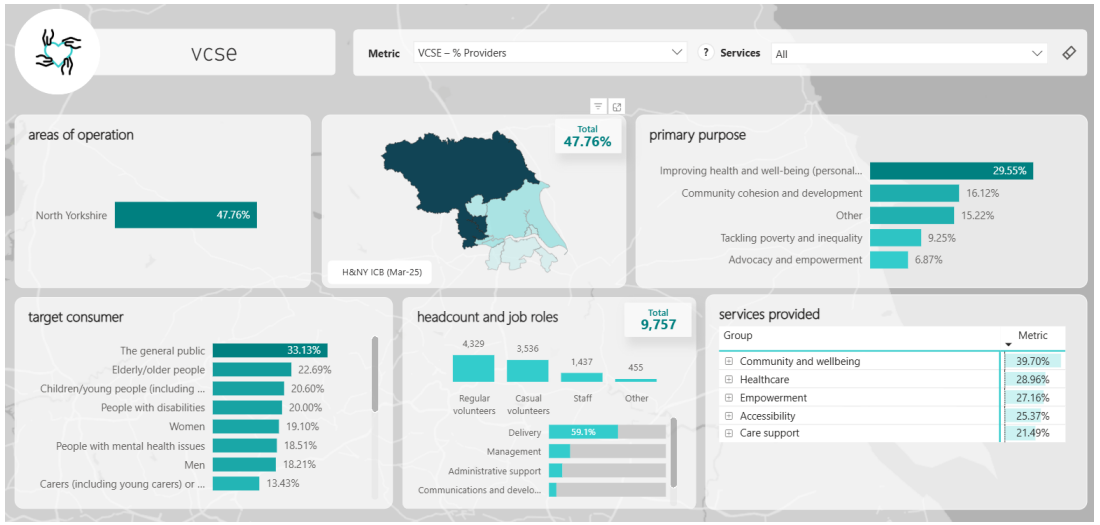
How many people in roles across these different directorates could be upskilled to be movement and physical activity literate?

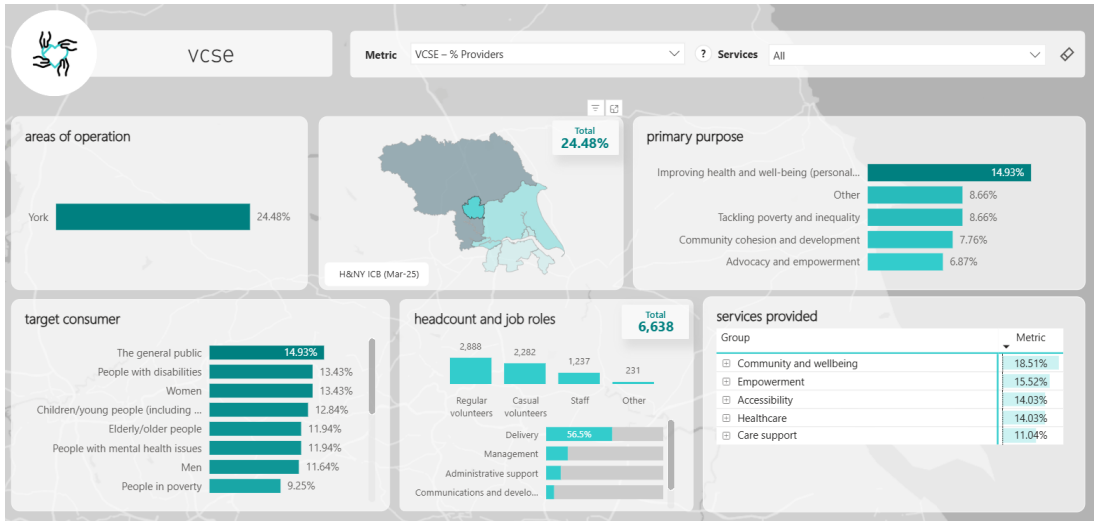
The VCSE sector could help get so many more of our residents moving and being active

- The VCSE sector plays a crucial role in supporting local communities and delivering essential services. We have thousands of voluntary community and social enterprise organisations in North Yorkshire & york with broad local population reach and who hold the trust of residents, including many who will be inactive, managing long term health conditions, disabilities and struggling with their mental health and emotional wellbeing.
- A 2025 survey of the VCSE sector workforce in the Humber and North Yorkshire region found that 85% of VCSEs are micro/small.

Primary purpose is to improve health and wellbeing (person / community)	**North Yorkshire** 99 of 160 respondents (62%) **York** 50 of 82 respondents (61%)

- This suggests there is already a strong base equivalent to 3 in 5 VCSEs pre-disposed to support health and wellbeing outcomes amongst the communities they serve and support. Many will not perhaps associate though with movement, activity and sport.
- This presents opportunity therefore to upskill VCSEs so that they can embed MAS in their day-to-day operations. This in turn can play a part in the strategic objectives system partners have to integrate the VCSE sector workforce in our changing health and social care landscape.





Workforce characteristics (allied) City of York Council

- City of York Council has a total workforce of 2,500. Our Working Group insight suggests that 1,000 of these people would be an appropriate market at which to aim ‘movement’ literacy across the city.
- They are an existing trusted (prevention) workforce including social care staff, support workers, library staff, public health, healthy child service, reablement, local area coordination and housing officers (the latter also being a shared workforce across the local authority and housing trust)
- These people already have relationships with inactive and vulnerable residents – more likely the ones that are less active and less likely to attend a leisure centre or gym. They are deployed in 4 neighbourhood areas (c50-60,000 residents per area)
- Libraries, especially, are a major untapped workforce asset as they attract large numbers of residents, are trusted community spaces and already provide digital and health support. They are evolving into community health hubs and in York staff already help residents use the NHS App; some are providing health kiosks for blood pressure checks and host community activities. Library staff and volunteers could therefore play a role in health promotion and movement activation.
- Equipping them with basic movement and health knowledge could significantly increase reach.
- There are c120 people in public health, 15 Local Area Coordinators and as part of the healthy child service 60 health trainers already thought to be qualified in the Foundation Programme in Public Health (see slide notes) – who, could, if directed to, cascade that learning to the target market of 1,000 workers previously identified.

Workforce characteristics (allied)

The health and care sector is a vital part of the allied MAS sector. People deployed in our sector are ready-made partners to deliver on all four of the NHS's Four Ways Forward framework:

1. Empowering health professionals to promote physical activity.
2. Integrating movement into clinical pathways.
3. Supporting NHS workforce wellbeing.
4. Partnering with the physical activity sector for innovation ('well nation')

Imagine a joined up cross-sector MAS sector workforce by 2030 that:

- Supports population health, wellbeing and prevention of long-term conditions.
- Provides safe, evidence-based physical activity interventions.
- Creates mutual referral and feedback loops between clinical and community settings.
- Operates within consistent quality standards and competency frameworks.

We are working on 'pilot' work aimed at developing a health and physical activity workforce integration model as part of this evolving Project, whilst building on more mature WfD approaches seen in the health and care sector within our region to learn from what works and what creates 'breakthroughs'.

Summary

The workforce development plan to support more residents to be active by 2030, with objectives linked to health inclusion and economic participation needs to have equal focus on:

What does our sector need?

Sources of data and insight

- A 2020/21 sector training needs analysis (57 respondents across 14 occupational roles with a ‘core’ MAS workforce orientation)
- CIMSPA Skills Diagnostics (2024–25) with 24 organisations across c60 sites and consideration of 22 occupational roles, ‘core’ MAS workforce focus, skewed towards larger and medium sized enterprises
- A bespoke MAS Workforce Survey (Dec 2025) covering voluntary, public and private sector organisations, attracting responses mostly from skewed towards VCSEs more likely involved in community sport, health & active wellbeing
- Together, these sources represent insight from **around 100 organisations** in two different time periods (2020/21 and 2024/25) and provide both longitudinal perspective and up-to-date intelligence.

Survey and Skills Diagnostic Evidence

Workforce coverage in the 2020/21 self employed and organisational training needs & anticipated recruitment rates

	Roles covered in the survey	No of employers with these roles	Current headcount for this role	Recruit in next 12 months	Recruitment as a % of headcount	No. of respondents reporting 'top training needs' for this role
1	Lifeguard	12	368	64	17%	4
2	Swim teacher	11	186	44	24%	6
3	Entry manager	20	143	16	12%	6
4	Sports coach	16	102	33	32%	3
5	Group exercise instructor	9	90	18	20%	6
6	Gym instructor	12	86	12	14%	5
7	Recreation assistant	7	68	0	-	7
8	Pool plant operative	6	55	0	-	2
9	General manager	16	49	2	4%	12
10	Assistant swimming teacher	6	48	8	17%	7
11	Sports coach assistant	5	35	18	51%	2
12	Personal trainer	7	29	10	34%	5
13	Senior manager	7	12	3	25%	7
14	Pilates instructor	3	10	5	50%	6
		-	1,281	233	Range 0%-51%-	-

The 2020/21 survey comprised 57 enterprises / individuals
Collectively they accounted for a total workforce of 1,281 people across 14 roles
At the time (post-COVID) they anticipated recruiting 233 roles (18% of the paid workforce)

Workforce coverage in the 2024/25 Skills Diagnostics

Exercise and Fitness	Leisure Operations	Community Sport	Health and Wellbeing	Aventure Sport	Performance Sport

Workforce	NY&Y only, removal of national outliers n= 24 organisations
Full-time (% of paid workforce)	368 (21%)
Part-time (% of paid workforce)	594 (34%)
Casual (zero hour) (% of paid workforce)	717 (40%)
Freelance	94 (5%)
Total paid workforce only	1,773
Volunteer Equivalent % to the paid workforce	430 (24%)
Total workforce (paid & volunteers)	2,203
% of total workforce paid vs unpaid	80% / 20%

	Instructors	Coaches	Aquatics roles	Recreation Assistants	Managers
No. employers needing to recruit	10	12	8	3	7
No. of recruits needed (total: 640)	120	48	370	65	37
Demand for 640 new recruits in 2026/27 is equivalent to 36% of the existing workforce (640 / 1,773 paid staff)					

The 24 organisations had a total paid workforce of 1,773 staff in the past 1-2 years.
An estimated 1 in 5 (361) had left their employment (**20**%)
In that same time 615 new staff had been recruited equivalent to replacing just over a third or **35%** of the entire paid workforce.
More people were recruited than left suggesting growth in the sector.
In 2024/25, these organisations anticipate recruiting 640 new recruits, equivalent to **36%** of the existing workforce (640/1,773)

Workforce coverage in the 2025 MAS workforce survey (VCSE orientation)

Exercise and Fitness (11)	Leisure Operations (5)	Community Sport (11)	Health and Wellbeing (8)	Adventure Sport (2)	Performance Sport (4)

Voluntary and community sector: 13	Public sector: 1	Private sector: 4

North Yorkshire & York current workforce	Paid	Unpaid (voluntary)	Total workforce 2025
All roles	1,144 (74%)	397 (26%)	1,541
Movement, activity & sport roles only	573 (60%)	386 (40%)	959
North Yorkshire & York future workforce (by March 2028)	Paid	Unpaid (voluntary)	Total workforce March 2028
All roles	1,266 (73%)	470 (27%)	1,736
Movement, activity & sport roles only	672 (60%)	451 (40%)	1,123

The 2025 survey (so far) comprises 18 organisations
Collectively they accounted for a total workforce of 1,541 paid and volunteer roles
Of these total roles in their organisation, 959 (62%) were estimated to be MAS roles
By March 2028, these organisations estimate net growth in their overall workforce (+195 net jobs/roles) = +12% net growth (i.e. after accounting for staff turnover in that period)
By March 2028, these organisations also estimate a (higher) net growth in their MAS specific workforce ((+164 jobs/roles) = +17% net growth

Future workforce (2025 survey)

Planning for incremental, modest growth

- 15 of the 18 organisations (83%)said they expected their ‘MAS’ workforce in North Yorkshire and York to increase / grow with the remaining three saying it would remain static by March 2028.
- These growth plans are further validated by these anticipated recruitment behaviours.

North Yorkshire & York MAS sector insights to March 2028	No	%
We will replace all or most people that leave us (e.g. through retirement, natural churn or turnover) in like-for-like roles	9	50%
We will replace all or most people that leave us in terms of headcount but any roles we replace will likely be a bit different and not a like-for-like replacement Note: This insight suggests only a modest amount of shift in the way roles will be described and then recruited for. Without intervention, this won’t lead to a step-change in the workforce capabilities we desire by 2030. meaning sector attractiveness interventions are justified.	2	11%
We won’t replace many or any of the people that leave us	1	6%
Not only do we need to replace anyone who leaves us, but we expect to have to attract more people for brand new jobs / growth to meet our ambitions and demand for our services	10	56%

How the evidence can help us invest in the right people and places at the right time in the MAS sector

Headline findings:
1: The sector is growing

- Secondary research (CIMSPA Labour Market Analysis) suggested annual +5% growth in the core MAS sector
- Primary research with other parts of the MAS sector find that the growth rates are larger with net workforce growth of 12% overall and 17% growth in MAS-specific roles by 2028 (caution: small sample).
- Recruitment activity is high: in recent years 35% of the paid workforce has been recruited, while 20% has left, indicating churn alongside growth.
- Growth is expected to be incremental rather than transformational, placing sustained pressure on recruitment, onboarding and training capacity.
- The way organisations recruit does not signal a step-change in the way people coming into the sector will fulfil the future capabilities ‘we’ desire.
- **Implication: Without coordinated workforce support growth risks amplifying existing shortages, burnout and uneven quality**.

Headline findings:
2: Persistent recruitment challenges in key roles

Across all data sources, the hardest roles to recruit are:

- Aquatics roles (lifeguards, swim teachers)
- Coaches and instructors (including specialist and volunteer coaches)
- Managers and duty managers
- Specialist health, wellbeing and inclusion-focused roles

Skills gaps in candidates are consistent and long-standing:

- Interpersonal and communication skills
- Leadership and management capability
- Customer service and engagement

Implication: Recruitment challenges are not only about numbers, but about work-readiness, confidence and transferable skills.

Headline findings:
3. Upskilling demand is widespread and immediate

- 19 of 22 occupational roles assessed through Skills Diagnostics (2024/25) require upskilling.
- Almost one in two of the current paid workforce requires upskilling (45%)
- Around 800 employees (of 1,773 in the sample) need upskilling in their organisation
- Particularly high upskilling need exists among:
  - Lifeguards (82%)
  - Gym instructors (68%)
  - Coaches (66%)
  - Entry and middle managers (c.60%)

Training needs cut across technical, people and system skills, including:

- Safeguarding (children and adults)
- Mental health and wellbeing
- Risk management and legislation
- Inclusion, equity and engagement of inactive or disadvantaged groups
- **Implication: Workforce development must move beyond mandatory training towards structured, role-specific and progression-linked learning.**

Paid roles with current upskilling needs

(Skills Diagnostics, 2024/25)

	Instructors	Coaches	Aquatics roles	Recreation Assistants	Managers
No. employers with upskilling needs	11	11	9	3	11
No. of employees to upskill (total: 801)	120	129	421	37	94
801 upskilling requirements of 1,773 paid staff means 45% of the paid workforce are thought to have a skills gap in the existing (2025) workforce in NY & Y					

Headline findings:
4. Retention is a bigger concern than attraction

- Two thirds of sampled organisations (2025) say retaining staff is “very important” to achieving their objectives to March 2028.
- Persistent barriers to retention include:
  - Low pay and limited progression
  - Insecure, part-time or unsociable working patterns
  - Seasonal employment and geography
  - Limited access to affordable, relevant training
- Certain roles, notably coaches, managers, leisure attendants and volunteers, are consistently reported as hardest to retain.
- **Implication: Improving retention may offer better value for money than continually recruiting into the same gaps.**

Headline findings:
5. Training investment is uneven and often constrained

- Annual formal training investment per person ranges from under £20 to over £2,000.
- Most organisations invest:
  - £100-£700 per person per year
  - Typically for 1 to 3 days of training
- Smaller VCSE organisations and volunteer-led groups face the greatest barriers due to cost, travel distance and course relevance.

Preferred training models are:

- Short, modular courses
- Blended online learning
- Peer, mentor-led and locally delivered provision.
- **Implication: Flexible, place-based and blended delivery models are essential if training is to be equitable and scalable**

Headline findings:

6. Strong appetite for cross-sector skills and wider impact

Organisations see value in developing workforce knowledge that supports:

- Public health improvement and mental wellbeing
- Reducing health inequalities
- Working confidently with long-term conditions and disabilities
- Behaviour change and motivational engagement
- Partnership working with health, care, education and community sectors

There is also strong interest in shared solutions, particularly:

- Leadership development
- Flexible training models
- Shared mentoring and peer support networks
- **Implication: The MAS workforce is well positioned to contribute to wider economic, health and social priorities, if skills development is aligned accordingly**

Strategic implications for the Working Group and the Project's future focus

The survey evidence suggests five clear priorities:

1. Shift from fragmented training to a coordinated workforce system, aligned across sectors and places.
2. Ensure investment is available for retention and progression, not just recruitment, as they may deliver more cost-effective intervention over time.
3. Invest in leadership, management and people skills and future-focused knowledge alongside technical qualifications.
4. Design flexible, locally accessible CPD and training models that work for volunteers, VCSE organisations and small employers as well as the medium and larger sized employers & deployers in the sector
5. Position the MAS workforce as a wider system asset, supporting health, inclusion, employability and economic participation.

Occupational considerations
Identified qualitatively by the Task & Finish Groups

Occupational roles deemed 'critical' or to be prioritised for early focus for investment between 2026 and 2028

Task & Finish group identified occupational groups where focus on them would yield disproportionately high impact across service quality, continuity, safety, and community outcomes. The rationale for focus on these occupational groups:

• skills shortage vacancies • skills gaps in current workforce • expensive rehire/onboarding costs • scarcity in the system

Attract	Develop	Progress	Retain
Lifeguards & Swim Teachers (aquatics roles)	Exercise Referral Practitioners, Health & Active Wellbeing / Behaviour-Change Practitioners [1]	Specialist Instructors and Coaches	Coaches, Swim Teachers, Gym Instructors
Fitness and Exercise Instructors (including Personal Trainers, Gym Instructors and Outdoor Instructors)	Key Workers and Community-Based Development/Support Roles	Aspiring Leisure and Wellbeing Managers (inc. Duty Managers)	Specialist Instructors
Health & Wellbeing Practitioners including a focus on Specialists	Entry-Level Instructors & Community Activators [2]	Leaders and Managers (across the sector)	School physical activity workforce
Community & Voluntary Movement Leaders	Supervisors, Coordinators and Aspiring Leaders [3]	Primary school teachers and PE Leads	Female Practitioners and Leaders
Female Coaches and Leaders	Frontline Coaches and Leaders	Female Coaches	Female Coaches
Recreation Assistants (in leisure facilities)	Leisure and Facility Managers	Health and Exercise Professionals	Rural and Freelance Instructors
Care and Support Staff in health or social care	Trainers and Assessors	Volunteers and community Activators	Leaders and Managers in organisations
		T&F Group members also discussed the fluidity between certain roles, noting the value of developing role families and clusters to support cross-specialism movement.	Volunteers and community activators transitioning to paid roles
			Mid-career practitioners (30s–50s).
			Older workers / semi-retired professionals.

Additional handouts with summarised data from recent skills diagnostic and workforce surveys provided at the action planning event.

[1] *including social prescribing-linked physical activity roles*
[2] *e.g., gym instructors, group exercise leaders, activators, community sports workers*
[3] *e.g., leisure supervisors, senior community leads, activity coordinators*

What we still don't really know

- How qualified the MAS workforce is (core & allied)
- How important or valued qualifications are to the MAS sector. *This along with the advocacy for professionalisation may be more valued by certain sub-sectors than others*
- How capable the MAS sector is to develop itself as there is likely to be limited HR or 'people' expertise in smaller/micro enterprises. Self-employed individuals may feel disconnected from appropriate and proactive personal development support
- Whether medium to larger employers are interested in shifting their recruitment behaviours to be more holistic and health oriented in future or retain what has always worked for them in the past (i.e. recruiting to the task / qualification but then seeing predictable 'high' staff churn rates for those roles)

Conclusion

Survey evidence when triangulated with all the 'live' sector insight collated through this Trailblazer WfD Project helped by contributions of **over 150 individuals since 2024** finds that:

- The MAS sector in North Yorkshire and York is ambitious, growing and highly committed, but operating within tight constraints.
- Without strategic, joined-up workforce investment, existing challenges will intensify as demand increases.
- With the right support, however, the sector has the potential not only to sustain itself, but to play a significant role in improving population health, reducing inequalities and supporting inclusive economic growth across the region.
- These insights have helped the Working Group agree the framing of strategic objectives and priorities linked to a sector workforce development framework organised around the themes of **'attract', 'develop', 'progress, 'retain'** and **'partnership'** (*place-based, cross-sector and at system levels*).

Strategic priorities

Framework 'Pillar'	Strategic Priority	Strategic Objective	Success Measures (by 2030)	Long Term Impact
Attract	Make the sector a compelling and competitive	Strengthem the sectores visibility, appeal and access for a diverse and motivated workforce	Increased percentage of new entrants from underrepresented communities	A skilled and motivated workforce that can contribute directly to: increasing movement, activity and sport participation reducing health inequalities improving health outcomes supporting economically inactive people into work helping people stay in work healthier for longer reducing health and social care system pressures
			Higher applicant-to-vacancy ratios across sector roles	
			Improved perception scores in careers and skills surveys	
Develop	Create a learning 'system' that empowers and equips the current & future	Build a dynamic and accessible training and development system that responds to real-world needs	Reduction in reported skills gaps across priority roles	
			Increased uptake and £p.p in training, CPD and qualifications	
			Percentage of employers reporting satisfaction with training availability and quality	
Progress	Enable meaningful and flexible career progression across sectors and contexts	Create visible and varies progression routes that reflect the sector's contribution to health and wellbeing	Percentage of workforce reporting improved career prospects and pathways	
			Number of professionals in blended or cross-sector roles	
			Increase in senior and specialist roles filled successfully across York and North Yorkshire	
Retain	Support workforce retention through wellbeing, recognition, and fair reward	Improve the long-term retention, recognition and wellbeing of the workforce	Improved retention rates beyond age 35	
			Percentage of workforce reporting job satisfaction and wellbeing	
			Increase in employers adopting structured wellbeing or reward schemes	
Partnership	Build partnerships and shared systems for workforce planning and investment	Establish the partnerships, intelligence and leadership required to sustain change	Active cross-secotr WFD Alliance/Board in operation with delivery oversight	
			Shared data infrastructure for workforce planning and investment	
			Number of jointly funded or delivered WFD initiatives and pilots	

All actions in the costed action plan that will emerge through this Project should align with these objectives and priorities if we are more likely to achieve the long term impacts we desire.

What are the capabilities we desire in the movement, activity & sport sector in future (by 2030)?

Drivers of change for future capabilities

- Looking at the current agendas that could drive workforce change in North Yorkshire & York we need to understand if the current sport and physical activity standards and related curriculum / training provision is preparing our 'core' MAS sector workforce sufficiently.
- Similarly, we need to understand (through partnership) if the standards and curriculum / training provision of those working in the 'allied' MAS sector are preparing them for the vision we have for supporting health, wellbeing, movement and economic participation across our communities and local populations.
- We need a new way of thinking about the future workforce, and this may have implications for standards setting nationally and offer up opportunities for different types of education and CPD provision to meet future workforce needs.
- In addition to the technical competence already thought to be served by existing standards, qualifications and learning provision, based on our review of that landscape some gaps emerge that could usefully be filled in future.
- We have derived a proposed set of **8 capability domains** that would support the desired workforce we wish in North Yorkshire & York by 2030. Without an intentional focus on these the strategic objectives and priorities governing this workforce development focus are unlikely to be achieved at scale.

Proposed future capability domains

These become the norm rather than the exception or a bolt on in terms of people being prepared for, and working in, roles in our sector

- Public health literacy
- Health inequalities & inclusion
- LTHCs / Disability / Mental Health
- Behaviour change & relational competence
- Community & place-based working
- Economic participation & employability
- Leadership & workforce development culture
- Cross-sector movement literacy

What is the education and training landscape like to meet the current and future needs of our sector?

Purpose of this landscape review

1

Conduct desk research to identify the education and training that is currently available to organisations and individuals in the ‘core’ movement, activity and sport sector

2

Identify any training providers that organisations and individuals in North Yorkshire & York have said they use to meet their needs

3

Seek to understand any emerging patterns from the secondary data available

4

Identify the next steps we need to take to better understand to what extent this supply of training and education does, or could meet the sector’s current and future workforce development needs

The approach we have taken

1: Understanding the language of education and training
2: Agreeing the scope parameters for this first stage of research
3: Identifying key sources of published information
4: Understanding what is contained in each source of information
5: Understanding the limitations of each source of information
6: Building a ‘bottom up’ picture from sector employers
7: Creating a first dataset of known sources and provision

Language and definitions used in the review

Language:
What do we mean by Education and Training?

Education

Building foundations and pathways into the sector

- Structured learning that develops knowledge, understanding and progression
- Typically takes place before or at the point of entry into the workforce
- Often longer-term and programme-based
- Supports access to careers, progression and leadership

Examples

- FE and HE courses
- Diplomas, degrees and extended qualifications
- Pre-employment and career-entry pathways

Training

Developing skills and competence in the workforce

- Job-focused learning that builds practical skills and confidence
- Typically undertaken once someone is in work
- Often shorter, modular and role-specific
- Can be regulated, accredited or unaccredited

Examples

- Role-specific qualifications (e.g. fitness, coaching, lifeguarding)
- On-the-job training and inductions
- Mandatory and refresher training

Education helps people enter the sector.

Training helps people perform, progress and stay in the sector.

Types of training and qualifications
How they fit together

Regulated Qualifications

- Government-regulated and quality assured
- On the Regulated Qualifications Framework (RQF)
- Often required for entry, safety or licence-to-practice roles

Examples

- Level 2 Gym Instructor
- Level 3 Personal Trainer
- Lifeguarding qualifications
- Coaching qualifications with a qualification number

Accredited Training

- Quality assured or professionally endorsed
- Not government regulated
- More flexible and responsive to employer needs

Examples

- Professionally endorsed courses
- Sector-recognised certificates

Unaccredited Training

- No formal qualification attached
- Often short, practical and highly relevant
- Widely used by employers

Examples

- Safeguarding training
- Behaviour change and health-focused training
- Inclusion and disability awareness

Continuing Professional Development (CPD)

- Ongoing learning to maintain and improve practice
- Can include regulated, accredited or unaccredited training

Examples

- Annual updates and refreshers
- Specialist or population-specific learning

All regulated qualifications are training, but not all training is regulated.
CPD cuts across all types of learning.

The system in summary

- Education prepares you for entry
- Regulated qualifications often supports compliance, safety and entry to roles
- Accredited learning denotes professional alignment
- Unaccredited learning supports day-to-day capability
- CPD is the ongoing thread of learning throughout an individual’s career

The different provision serving the MAS sector

A complicated landscape supported by an essential 'educator' workforce

Professional Standards	Regulated Qualifications	Awarding Organisations	Accredited learning provision
Non-accredited learning provision	Schools	Further Education	Higher Education
Apprenticeships	Employer owned provision	Independent learning provision	NHS / health sector learning provision

Regulated Qualifications

Regulated Qualifications

What are regulated qualifications?

Learning that leads to a qualification on the Regulated Qualifications Framework (RQF)

- Government-regulated (Ofqual) with defined:
  - Levels (e.g. Level 2-3)
  - Learning hours
  - Assessment standards
- Delivered through approved centres (FE, HE, ILPs, employers)
- Awarded by recognised awarding organisations

Role in the MAS workforce

- Provide the foundation for:
  - Entry into the workforce
  - Licence-to-practice and safety-critical roles
  - Role-specific competence (e.g. coaching, fitness, lifeguarding)
  - Mandatory or statutory (e.g. safeguarding and health & safety)
- Often required for:
  - Employment
  - Insurance
  - Compliance

Regulated Qualifications

Regulated qualifications are essential for entry, safety and consistency but they represent only one part of a broader, blended workforce development system

Scale and profile of provision

- 979 live qualifications relevant to the MAS sector
- Delivered by 83 awarding organisations

Strong concentration at:

- Level 2-3 (70%) supporting entry and early career

Typically:

- Short, modular, role-specific awards (40%), certificates (34%) and diplomas (26%)
- Designed for practical competence rather than long programmes

Regulated provision is strongest in sport, fitness and coaching

- Sport, leisure and recreation (general): 31%
- Coaching and sport development: 21%
- Fitness & exercise instruction (12%)
- Outdoor and adventure (10%)

Strong emphasis on participation, safety & safeguarding too.

- Limited provision at:
  - Higher levels (progression, leadership)
  - Health, wellbeing and prevention-focused roles are under-represented

Awarding Organisations

Awarding Organisations

Role in the system

- Design and award regulated qualifications (RQF) that are:
  - Government-regulated (Ofqual)
  - Nationally recognised and portable
- License approved delivery centres (FE, HE, ILPs, employers)
- Provide the foundation for:
  - Entry into roles
  - Safety, compliance and licence-to-practice

Market concentration

979 live regulated qualifications delivered by 83 Awarding Organisations (January 2026)

- Top 5 awarding bodies = 41% of provision
- Top 10 = 56% of provision

Long tail of smaller organisations offering limited volumes

- Engaging a small number of awarding bodies could influence a large proportion of provision

We have contacted the top 10 Awarding Organisations to gather insights about their provision, but they are not obliged to supply this information mandatorily.

Accredited learning provision

Accredited learning provision

Accredited training refers to learning that is quality assured or professionally endorsed but not regulated by government. It offers quality assurance with a greater flexibility than regulated qualifications.

Accredited training is often chosen where:

- Employers need:
  - Confidence in quality
  - Recognition by peers or professional bodies
- Roles require:
  - Specialism
  - Updated practice
  - Sector credibility rather than statutory regulation

Examples

- Professionally endorsed leadership programmes
- Specialist wellbeing or inclusion training
- Sector-recognised certificates aligned to practice standards

Insight from employer and system intelligence

Employers value accredited training when:

- RQF qualifications feel too rigid
- Practice is evolving faster than regulation
- Accredited provision often complements, rather than replaces, regulated qualifications

Key messages

- Accredited training is often chosen where relevance and responsiveness matter more than formal regulation
- Accredited training is also selected for relevance and professional recognition, particularly where regulation has not kept pace with practice.

Accredited learning provision

CIMSPA Intelligence: mapping the accredited training landscape

The sale of the sector

- **Large & diverse:** beyond regulated (RQF) qualifications, there are over **2,300 distinct course entries** covering coaching, fitness, safeguarding, and health-related learning.

Key sources of data used for this analysis are CIMSPA's Endorsed Training & Qualifications Directory and their Training Academy Directory to provide a description of sector-aligned learning from the professional body.

The CIMSPA priority: quality & relevance

- **Role-based, not level-based:** Training is organised around professional roles and employer expectations rather than rigid RQF levels, to encourage real-world competency.
- **Quality assurance:** Provision is "quality-filtered" by CIMSPA's team through their Training Provider Partner model, bridging the gap between formal education and professional capability.

Key geographic limitations national v local: CIMSPA data illustrates national availability (245 providers on website) but currently doesn't include "place-based" data.

But we're filling the gap: CIMSPA and NYS are about to survey all CIMSPA training providers to get an overview of how active they have been in the past 2 years or would like to be in future in North Yorkshire & York. In advance of this survey CIMSPA identified 9 with a 'quality assurance outcome' status in Y&H

Non-accredited learning provision

Non-accredited learning provision

Non-accredited training refers to learning that does not lead to a formal qualification or accredited certificate but is widely used across the sector.

Key characteristics

- No formal qualification number
- Often:
  - Short
  - Modular
  - Practical
- Delivered by:
  - National governing bodies
  - Specialist charities
  - Private training providers
  - Employers themselves

Why it matters

Highly responsive to workforce needs
Accessible and scalable
Often essential for safe, inclusive and effective practice
It fills gaps that:
Regulated qualifications cannot respond to quickly
Accredited training does not always cover

Key message

Non-accredited training is not low value or peripheral. It is core to workforce functioning and capability.
Non-accredited learning plays a central role in how the MAS workforce develops capability.

What employers tell us about non-accredited training

What employers have been using in NY&Y

Employer intelligence gathered through surveys, skills diagnostics and (where shared by larger organisations) their training plans, shows reliance on non-accredited training for:

- Safeguarding and duty of care
- Behaviour change and health conversations
- Inclusion and disability awareness
- Condition-specific and population-specific needs
- Mandatory refreshers and compliance updates

Often short, modular, practical and regularly updated.

Many of the providers named by sector employers (NGBs, specialist charities, private training providers) do not award regulated qualifications, but are chosen for specialist expertise, practical relevance and credibility.

MAS employers / organisations value non-accredited learning because it is:

- Responsive to emerging needs
- Easier to update
- More accessible at scale
- Often more affordable
- Tailored to specific populations or contexts

Key messages

- Employers appear to rely heavily on non-accredited training to meet day-to-day operational and health-facing workforce needs. We assume this is practical and closely aligned to real roles.
- Unaccredited learning typically offers agility that formal systems struggle to provide which is why we see employers choosing to pay for this kind of training.
- If the training fits their purpose, that appears currently to matter more than formal status.
- Non-accredited learning complements rather than competes with regulated provision.

Schools, further and higher education provision

Schools

- The education landscape / curriculum connections to the MAS sector have not been included in the current scope of the Project but will be important to engage with and understand in future.
- Reference to schools during the WfD Project have been mostly linked to the desire for:
  - More / high quality work experience encounters / placements
  - How schools can act as a pipeline to sector apprenticeships
  - Any connections between pre-NEET students and creating a pathway towards employment for those individuals
- In addition, people in roles within the education sector that do or could encourage movement, physical activity and sport are seen as a crucial part of the MAS ‘allied’ workforce supporting physical literacy in formative stages of young people’s lives

Further Education insights

Current FE provision (what exists)
FE provides a broad entry-level pipeline across the YH region

Key providers members of AoC Sports

- York College
- Selby College (Heart of Yorkshire Group)
- Askham Bryan College
- Harrogate College
- Association of Colleges (Sport)
- Scarborough TEC*
- Choices College York (Natspec)*
- Henshaws Specialist College (Natspec)*

**please see slide notes*

- Craven College also delivers sport qualifications. They have been rebuilding their offer over the last couple of years, after removing their sport offer in 2019/20. They may choose to rejoin AoC Sport as members.

Provision profile

- Level 1–3 Sport & Physical Activity
- Gym instructing / personal training
- Coaching & sport science pathways
- Some Level 4+ (HNC/HND, foundation degrees)
- Strong links to awarding bodies (Active IQ, YMCA, 1st4sport)

Further Education insights

Supply-led, and perhaps narrow in scope

Could the system be more joined up to benefit MAS workforce in future?

- Multiple providers operating independently of one another focusing on what they can and where the demand for their courses exists
- Limited shared planning or coordination between institutions
- Limited visibility of learner flows
- AoC does however usefully convene 'sport' sector FE contacts for curriculum and operational roles (see previous list of AoC Sport members)
- AoC have kindly said they will do a bespoke analysis so we can see how many FE learners are undertaking relevant provision in NY&Y (but have meantime shared national data)
- Provision exists but is not yet aligned to a shared workforce strategy

Relatively narrow curriculum focus

- Emphasis on:
  - sport performance
  - fitness qualification
- Limited focus on:
  - public health
  - community roles
  - prevention
- Limited alignment to:
  - MAS workforce needs
  - local labour market

But incredibly enthusiastic & positive individuals heading up 'sport' provision in the FE colleges that we have engaged during this Project. They have ambitions for their students, want to prepare them for industry and crave meaningful employer engagement in our sector to support their work.

Further Education insights

Suggestions

1: Align curriculum to future roles and desired MAS workforce capabilities

Support the shift from “sport” to “movement in society” and reflect this in future provision where these flexibilities exist; *mindful that the new proposals for T-Levels and V-Levels could affect the ability to ‘flex’ around local needs.*

2. Strengthen pathways & progression

Support the conditions where students can go from FE to HE or FE to employment in the MAS sector. This needs stronger engagement with more MAS employers in Y&NY.

3: Connect FE with HE and employers

Build on the AoC’s existing convening but in addition, consider development of a joint FE, HE, ILP Network that encourages:

- Shared data & planning
- Coordination across providers
- Engagement with MAS sector employers & Public Health
- Work together on embedding future capabilities and real-life experiences / experiential learning as standard for students/tutors

FE is essential for workforce entry but needs amplified coordination and support to help develop future capabilities that the MAS sector will need.

Higher Education insights

Current HE provision (what exists)

HE provides a significant talent pipeline across the YH region

Key providers

- York St John University
- Coventry University (Scarborough)
- Leeds Beckett University

Wider regional universities: Hull, Teeside, Northumberland and Manchester Met (all mentioned by LBU)

Scale

- Key providers have approximately 800–1,200 students at any one time, with annual throughput of c.300-400 though this fluctuates significantly year to year
- Students currently on roll across the key providers is 1,156 (best estimate collected March 2026)
- Large annual intakes (e.g. 150–200 per course in some institutions)

Provision profile

Undergraduate:

- Sport Science
- Coaching
- PE
- Therapy

Postgraduate:

- Performance
- Health
- Rehabilitation

Placement-based learning embedded

Higher Education insights

Strong pipeline

- Large numbers of graduates
- Increasing focus on employability
- Growing health-related pathways

- **Curriculum gaps:**
  - behaviour change
  - public health
  - trust-building
  - Working in / with community
- **Focus remains:**
  - technical
  - performance-led

Employer engagement is challenging

- Limited structured partnerships
- Placement capacity constraints
- Limited coordinated workforce planning

HE produces talent but possibly not yet the workforce the system needs for the future?

HE tutors report excitement and frustrations in equal measure when they consider how some provision felt to be valuable (e.g. that had community elements embedded) were less available now (e.g. sport development)*

Higher Education insights

Suggestions

1. Build structured employer partnerships

- System-wide placement model
- Shared employer network
- Reduce competition between institutions

2. Evolve curriculum towards MAS priorities

- Reflect future desired capabilities
- Reflect real-world workforce roles

3. Expand HE role beyond students

- CPD for current workforce
- Flexible / modular learning
- Support non-linear careers

HE can play a much bigger role in workforce development — with the right system design

Apprenticeships

Apprenticeship insights

Key providers

- Sport Structures
- ActivFirst
- Ignite Sport UK Ltd
- Aspire Training Solutions (UK) Ltd
- Lifetime Training Group Ltd
- Askham Bryan College
- Better GLL

Scale

- Around 2,500 providers at peak (UK)
- Market tightened post-2020 reforms
- Higher compliance burden
- Fewer specialist sport apprenticeship providers now
- Leisure/fitness heavily represented
- Other MAS subsectors under-represented

Provision profile

"On-pitch standards"

- Coaching
- Leisure
- Fitness
- Community sport
- Outdoor

"Off-pitch standards"

- Business admin
- Leadership
- Marketing
- Finance
- CSR
- Management

Apprenticeship insights

Core strengths & opportunities

- **High-value upskilling:** 70–80% of apprentices are existing staff, proving the model is a powerful tool for upskilling the current workforce.
- **“On-Pitch” & “Off-Pitch” scope:** Beyond coaching, standards for Management (L5), Marketing, and Finance are essential business functions for sport organisations.
- **Flexible Delivery:** Providers like *ActivFirst* deliver training on-site, removing the need for college day-release and keeping learning contextually relevant.
- **Health alignment:** Standards like *Community Sport & Health Officer* bridge the gap between leisure and public health/social prescribing.

Strategic gaps & barriers

- **The “branding" barrier:** Some negative perception of the term “Apprenticeship.” Many providers now rebrand as “Professional Development” to drive uptake.
- **Operational strain:** The 20% off-the-job training requirement is difficult for lean leisure teams to manage without impacting service delivery.
- **Data invisibility:** There appears to be no clean regional dataset for MAS apprenticeships, making it difficult to track local impact or identify “cold spots” though Yorkshire Learning Provider (YLP) have been helpful in identifying data sources to support this review
- **Structural misalignment with sector reality:** The apprenticeship requirement for stable, 30-hour weekly contracts conflicts with the MAS sector’s reliance on freelance, zero-hours, and portfolio careers, leading many (particularly in fitness) to bypass apprenticeships in favour of **Adult Learning Loans***.

Employer owned provision

North Yorkshire Council: training & staff development provision

- **L&D Solutions (NY Education Services):** A major commercial and internal provider that delivers training for all NYC staff and trades services to external organisations.
- **In-House Technical Accreditations:** Direct delivery of industry-specific qualifications brought on-site to reduce external costs, including:
  - **IOS & RLSS** (Swimming and Lifesaving)
  - **TLC Pool Plant Operations**
- **The Navigator Programme:** A specialised workforce initiative featuring staff qualified to L2 in Career Conversations to support employee retention and internal pathways.
- **Leadership & Governance Training:** Bespoke training to upskill staff in navigating internal procurement, member sign-off, and organisational "checks and balances."
- **Compliance & Operational Training:** Standardised delivery of Health & Safety and First Aid at Work across all Active North Yorkshire sites.
- **Early Career Pathways:** Provision of work experience and placement frameworks developed in partnership with Public Health and NYBEP.

Employer owned provision

Employer owned provision

City of York Council

York's Health Trainer Model

- Established Expertise: A core team of c.60 Health Trainers in Public Health are already supporting behaviour change and health improvement.
- The Strategic Shift: Moving from a reliance on specialists to a distributed workforce model by upskilling frontline staff across the city.

Opportunities therefore exists to empower the frontline (c.1,000 staff)

Upskilling housing, library, and community teams to:

- Identify opportunities: Recognise natural openings to encourage movement during routine visits.
- Provide brief advice: deliver high-impact, short-form physical activity guidance.
- Effective signposting: direct residents toward local wellbeing pathways and community opportunities.

Employer owned provision

Better GLL, York

Partnered with DfE Skills for Life to help adults make the most of training and learning opportunities available to them.

Offer flexible government-funded courses such as:

- Skills Bootcamps
- Apprenticeships
- Higher Technical Qualifications

Independent learning provision

Independent Learning Provision

Learner trends

- **Provider shift:** Employers appear to have been moving away from FE/HE, favouring private Independent Learning Providers (ILPs) for flexible CPD and short courses. We are surveying (130 YLP members to find out more in 2026)
- **Funding shift:** Due to the 30-hour contract requirement of apprenticeships, we see alternative approaches such as Adult Learning Loans potentially suiting freelancers and "portfolio" workers
- **Tailored Learning:** North Yorkshire is a leader in "tailored learning" (non-accredited, community-based) which will also be contributing towards useful individual physical and mental health outcomes (data is being sought from NYC Adult Education)

Systemic barriers

The funding trap: UKSPF and similar pilots create momentum, but work "collapses" when funding ends. This leads to employer frustration and reputational damage.

The rural coordination gap: Unlike urban clusters, North Yorkshire's MAS sector is more dispersed. Collaboration will not happen organically; it requires intentional coordination and drive.

Digital literacy: Identified as a “hidden critical capability." The barrier to activity in rural areas is often not physical inability, but a lack of digital literacy to access services/home-based activity.

Sector Bodies / National Governing Bodies

Examples only:

UK Coaching: national sector body shaping coaching practice and workforce capability, providing CPD, learning frameworks and guidance rather than directly delivering qualifications at scale. Provision spans both regulated pathways (via First4Sport and delivery centres) and a strong non-accredited CPD offer, with a growing emphasis on coaching the individual, behaviour change and people skills.

In North Yorkshire & York, there is currently very limited (effectively absent) local delivery infrastructure for regulated coaching qualifications, with provision largely Leeds-centric and urban-focused. Local workforce development is therefore fragmented, with CPD delivered by multiple organisations (e.g. Active Partnerships, councils, Buddle) and many coaches qualifying via NGB routes, limiting visibility of workforce skills and progression

Strong strategic opportunity identified in the “Award for Activators” (multi-skills, low-cost, community-focused qualification) as an accessible entry point to support VCSE, community settings and place-based workforce hubs, particularly aligned to movement-for-health priorities

Sector body provision

Sector Bodies / National Governing Bodies

Examples only:

National Governing Bodies operate across multiple domains delivering CPD, shaping standards, and contributing to accredited pathways and employer/ workforce development support. They provide accredited and non-accredited learning provision. They deliver endorsed or accredited coaching qualifications. They partner with awarding organisations (e.g. CIMSPA-aligned, 1st4sport, Active IQ). They deliver workshops, short courses, webinars, safeguarding, inclusion, coaching practice and sport-specific CPD and workforce upskilling

Health sector learning provision

NHS / public health sector provision

Humber and North Yorkshire Workforce Transformation

- There is a rich asset of learning resources available in the health sector, some of which is or could be used in the movement, activity and sport sector
- Working Group insight suggests that despite the learning being relevant and available to the VCSE sector, uptake is not optimum and this may have something to do with the NHS branding / associated language acting as a barrier
- Working Group connections will help ensure there are practical links to relevant provision, whether via the People Team, Education & Training Committee and / or 'Breakthrough' groups in our region
- Inspiring resources and workforce bulletins are located on the NHS Future Collaborations Platform

Examples of provision that has been mentioned during this Project include:

- The Oliver McGowan Mandatory Training on Learning Disability and Autism
- the Foundation in Public Health programme which could help roll out public health literacy to the MAS workforce if agreed

NHS Long Term Workforce Plan

Monthly Leaders Briefings

Workforce monthly bulletin

Contact us

Provision into the Health sector

This is an area requiring further research to identify best practice provision that can support health sector capability regards movement and physical activity literacy.

One example of this is ‘PACC’

Other provision of this nature would be helpful to prioritise for the proposed action plan to develop the ‘allied’ MAS workforce from 2026.

Core sport and physical activity sector standards

Review of core sector standards

North Yorkshire & York partners have set a clear strategic ambition:

- To reduce physical inactivity
- To narrow health inequalities
- To increase participation among women, girls, disabled people, people with long-term health conditions and rural communities
- To support economic participation and “healthier working lives”
- To integrate movement more fully into health and community systems
- A time-limited desk-top review examined whether the current national occupational standards framework adequately prepares the ‘core’ MAS workforce to deliver that future.

Overall conclusion

The MAS ‘core’ workforce standards are technically strong but structurally underdeveloped as a public health workforce framework. Public health capability exists but it is concentrated in specialist bolt-ons, and niche roles. It does not appear to be embedded as a baseline expectation across high-volume, core workforce roles.

What is ‘strong’:

Across the standards portfolio (33 roles reviewed), there is strong capability in:

Technical role competence

- Coaching, instruction, aquatics and leisure delivery are clearly defined.
- Safety and safeguarding standards are robust.
- Role boundaries are well articulated.

Behaviour change at an individual level

- Personal Trainers and Group Exercise roles show strong motivational practice.
- Health Navigator and ‘inactive-focused’ standards include engagement approaches.

Workforce development culture (at senior/educator level)

- Management standards emphasise leadership and reflective practice.
- Tutor, Assessor and Coach Developer standards embed quality assurance and CPD. These provide a solid professional base.

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Structural gaps identified

However, when assessed against future system needs (the future capability domains) 5 consistent gaps emerge.

1. Public health literacy is not foundational or embedded

- This means public health orientation is optional, not universal.

2. Health inequalities are recognised but not strategically embedded

- Inclusion and equality are referenced across many standards however targeting of least-active populations is rarely explicit and there is limited expectation that practitioners understand barriers faced by specific groups. Segmentation and inequality analysis are not required competencies in most roles.

3. Economic participation is almost entirely absent

- Across nearly all standards there is no explicit framing of movement as supporting employability or recognition of physical activity's role in workforce retention. This is a significant gap given current national policy direction.

4. Cross-sector literacy is concentrated, not systemic

- Only a small number of standards (notably Health Navigator and safeguarding) demonstrate strong cross-sector awareness. Most roles do not require understanding of Primary Care Networks, reference social prescribing structures, expect fluency in health-system language nor embed integrated care awareness. Yet integrated care and community partnership are central to local strategy.

5. High-volume roles are least public health aligned

- Leisure frontline roles, aquatics roles, many coaching roles and gym instructor have limited public health literacy requirements, do not embed inactivity targeting and do not require community system engagement competence. These roles represent the largest workforce touchpoints with residents.

Risk if unaddressed

If the standards remain unchanged:

- Public health capability will remain niche.
- Integrated care ambitions will rely on small specialist roles.
- Leisure and coaching staff may lack confidence to work with inactive or clinically complex populations.
- Economic participation and prevention objectives may not be fully realised.
- The sector's contribution to reducing health inequalities will be constrained.

Opportunities identified

The desk-top review identifies a clear opportunity to:

- Embed a Public Health baseline across core roles.
- Integrate economic participation framing into relevant standards.
- Strengthen cross-sector ‘fluency’ expectations.
- Enhance educator standards to transmit a public health orientation.
- Develop regional augmentation where national reform is slow.
- **North Yorkshire & York are well positioned to lead this evolution in partnership with professional bodies across sport, physical activity and health.**

What this all means for our sector

The situation in 2026

- The MAS ‘core’ workforce is professional, capable and technically robust *if* it is reflective of the current standards available.
- It now needs a structural shift from sport-led professionalism to population health-aligned workforce capability.
- North Yorkshire & York have both the evidence and the ambition to drive that shift.

Recommendation

Position North Yorkshire & York as a demonstrator for Public Health-ready Movement, Activity & Sport Workforce Development by:

- Developing a NY&Y enhancement ‘module’ aligned to identified gaps.
- Supporting frontline and instructor roles to develop activation capability.
- Strengthening educator and management transmission of public health literacy.
- Aligning workforce development to both health inequality and economic participation objectives (*ensuring alignment with emerging developments e.g. roll out of Work Well*).

What is happening in places that present distinct opportunities for joint workforce development?

Purpose of this work

- To understand how an initial proposal for a training centre in Ripon Leisure Centre could be evolved to meet local population health needs working with other partners in the community
- To understand whether there is opportunity for joint workforce development in Catterick as the new Integrated Care Campus prepares to open its doors in 2026
- To identify other learning that could inform future place-based, cross-sector workforce development in North Yorkshire & York

Ripon

Ripon

A rural town and fringe settlement

- NYC expressed an ambition to create a Training Centre of Excellence in Ripon with a co-located, integrated model bringing together ANY (Active North Yorkshire), NHS teams (e.g., MSK, Physio), and Active Against Cancer.
- It would be important to link this proposal to the WfD Project and its themes of ‘attract’, ‘develop’, ‘progress’ and ‘retain’
- The proposal has evolved through this Project with Active North Yorkshire taking opportunities to share the emerging idea with a wider set of stakeholders, at the 2nd February 2026 event in Harrogate and the 10th March targeted local event in Ripon
- Whilst the ambition to provide a training academy to meet Active North Yorkshire’s needs now and in future remains central, the scope of the proposal has re-oriented to being about how a local system (e.g. range of partners in Ripon) can together meet building skills, confidence and capacity across the collective workforce and communities served.

How the Active North Yorkshire proposal has shifted

Originally:

- A single dedicated training space at Ripon Leisure & Wellbeing Hub

Evolved approach:

- Flexible, countywide delivery
- Use of community venues & sports clubs, libraries, leisure and wellbeing hubs, VCSE hubs
- Hybrid and digital options.

A countywide training academy strengthens prevention and wellbeing

Accessible, flexible, and designed with partners

VCSE voices will shape the curriculum

A long-term investment in our communities

Active North Yorkshire (updated March 2026)

Challenges have been identified that inhibit the sector's performance including:

- Inconsistent access to high-quality training
- Growing demand for prevention and wellbeing support
- VCSE and leisure partners needing accessible, affordable upskilling

Turning this into an opportunity to 'build a shared skills foundation across the county.'

Vision: A countywide learning hub that strengthens internal teams, supports the VCSE sector & grassroots sport, and builds consistent, high-quality behaviour-change skills across North Yorkshire. It needs to be:

- Accessible
- Collaborative
- High-quality
- Community-focused.

What the training academy could deliver

Training examples

- MECC
- Behaviour Change
- Motivational Interviewing
- Understanding Long-Term Conditions
- Safeguarding
- Physical activity pathways
- Active bystander

Additional opportunities

- Volunteer leadership training
- Digital skills & inclusion
- Evaluation & community insight
- Management & supervision skills
- Peer supporter and community connector development

VCSE and stakeholder feedback (10th March)

- The ambition for joint training excited the group c20 organisations. Training is an opportunity to build relationships with other people involved in (face-to-face) courses (not just the competence benefit)
- The VCSEs would like to contribute, not just, benefit from training. They emphasise that everyone in the MAS local system (leisure centres, health partners) needs soft skills to deal with people in communities ('don't necessarily need a qualified person' for this)
- The use of experiential mentors in the model could help VCSE delivery of movement, activity and sport in their daily operations
- At the same time everyone needs to know MAS is safe
- A training course on how to manage risk / assessment 'could be handy' because the danger is we don't take enough risk and residents don't benefit because we didn't try (MAS) – the image (right) used by Karen, Dementia Forward, sparked a super conversation about 'risk' and importance of risk taking.

VCSE and stakeholder feedback (10th March)

- Training should match with local need so it's very important to be listening to our community
- We all (VCSEs) probably need training on how to access funding
- Could the model include opportunities for our volunteers to be trained and self-employed individuals in the sector?
- Could we find out if 'Extend' – a past project helping VCSEs deliver low level exercise – still exists or has a new form?
- The model would work if we don't just think of the space at Ripon Leisure Centre – it would be better if we can think about how the ambition can include other people and local assets including village halls and libraries ('look at how 'Moving Masham' has evolved over 10 years for example')

Empowering Your Community Through Movement: A Conversation for VCSE Leaders & Teams 10th of March 2026

Prototype MAS WfD conversation at a local level

- Low level movement @the event
- Local population health data context shared
- Inspiration from Dementia Forward and generous sharing of MAS feasibility study findings
- Co-design space for the Active North Yorkshire proposal for a training academy
- New 'VCSE' MAS upskilling ladder shared
- Practical suggestions for embedding MAS in VCSE organisations pre-prepared by the WfD Project team/NYS
- Slide deck and workshop notes shared afterwards
- Connection to each other facilitated by NYS convenor
- Light lunch and time for networking

Preparation:

- 6 months in the making!
- Pre-work with NYC Localities Team to establish local channels to Ripon VCSE sector, subsequent support from HADCA to reach and communicate the event to the Connecting Ripon Network.
- Dedicated leaflet, speaker briefings and research to design with 'new' MAS upskilling ladder concept and practical actions for immediate take-away
- Reinforcement messaging tactics aiming for 20 participants

22 attendees on the day and everyone was brilliant!

Dementia Forward Feasibility Study

Aims

- Build knowledge and community capacity so people living with dementia and their carers can maintain fitness, independence and wellbeing.
- Understand the practicality and benefits of integrating regular physical activity into daily life.
- Identify barriers, motivators and opportunities to increase participation in movement and activity.

Method

- Surveys completed by:
  - 155 people living with dementia
  - 188 carers
  - 26 professionals
- Explored key themes including:
  - exercising at home
  - motivations for activity
  - community participation
  - barriers and enablers
  - how benefits could be increased

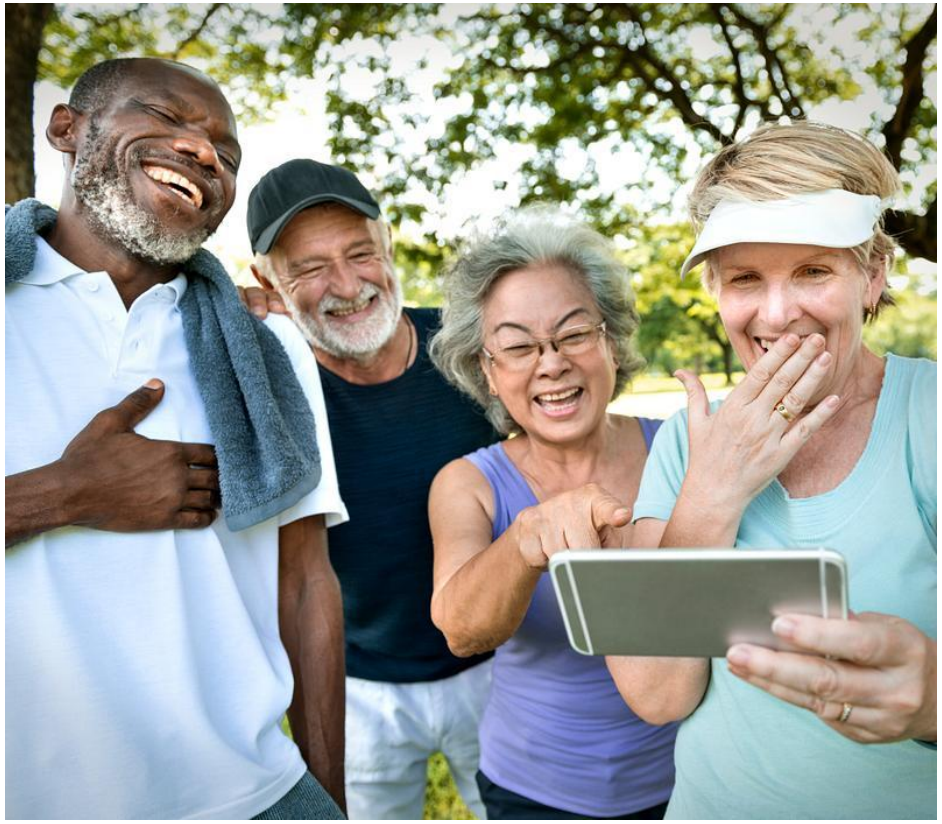
Dementia Forward Feasibility Study: key insight

Movement already happens in many ways including:

- walking
- gardening
- household tasks
- chair-based exercise
- swimming, cycling and dance.

This shows that activity for people living with dementia often happens through everyday movement rather than formal exercise programmes

Dementia Forward Feasibility Study: key insight



People value enjoyment and connection

- People living with dementia prioritised social connection and enjoyment, rather than health benefits.

Barriers exist but are manageable
Common barriers included:

- tiredness
- mobility challenges
- fear of falling
- lack of confidence
- transport or needing accompaniment.

Interestingly, professionals perceived barriers as greater than clients and carers did.

Psychological safety matters
People are more likely to participate when there is:

- a welcoming environment
- familiar people
- supportive settings.

Dementia Forward Feasibility Study: actions

1: Increase awareness of the benefits of movement

- videos and accessible information for clients and carers

2: Develop dementia-friendly activity environments

- support gyms and activity providers to adapt services

3: Create opportunities for carers and clients to exercise together

4: Build workforce confidence
help staff and volunteers feel confident supporting movement in daily activities

5: Work collaboratively with community activity providers

Empowering Your Community Through Movement
Ripon event: key discoveries and themes

1. There is already a huge amount of reach through VCSE organisations

Collectively, the organisations in the room reach thousands of residents across North Yorkshire, often people who would not typically engage with sport or leisure services.

Examples shared included:

- dementia support hubs and cafés
- seated exercise and mobility groups
- cycling programmes for disabled people
- outdoor activity and nature programmes
- community volunteering combined with movement
- exercise groups for older adults
- youth nature engagement projects.

“Just bringing 20 of us together has lifted the lid on how much talent and activity there already is.”

Empowering Your Community Through Movement
Ripon event: key discoveries and themes

2. The VCSE sector holds trusted relationships with residents

Many organisations work with people who:

- live with long-term health conditions
- are socially isolated
- are carers
- have dementia
- have disabilities
- are older adults
- or are excluded from mainstream activities.

Because of this trust, VCSE organisations are often better placed than formal sport settings to introduce movement and are reaching residents least or less likely to be routinely active in their daily lives – or attend a formal setting such as a centre/gym.

“VCSEs hold the trust and relationships with many residents across North Yorkshire.”

Empowering Your Community Through Movement
Ripon event: key discoveries and themes

3. Movement does not need to look like sport

Participants repeatedly highlighted that movement should be framed in accessible ways. Examples included: gardening, walking, household tasks, chair-based movement, dancing, cycling, conservation work and social activity combined with movement.

The Dementia Forward MAS feasibility study presented during the session found that people with dementia and their carers did not talk about health benefits first they talked about enjoyment and social connection.

“Clients wanted enjoyment and social benefits not the medical benefits professionals talk about.”

This reinforced the importance of language and framing.

Empowering Your Community Through Movement
Ripon event: key discoveries and themes

4. The biggest barriers are practical and psychological

Psychological barriers: fear of falling, lack of confidence, gyms feeling intimidating and anxiety about “doing it wrong”.

Practical barriers: transport, cost, lack of awareness of opportunities and carers having no time for themselves.

One participant summarised a key issue:

“We can overcome the anxiety of coming along… but if people physically can’t get there because of transport, they still can’t take part.”

Empowering Your Community Through Movement
Ripon event: key discoveries and themes

5. Movement can be embedded in everyday services *(see next slide)*

A major insight was that movement does not require new programmes or facilities.

Examples included:

- encouraging small movements during home visits
- embedding movement in social activities
- incorporating exercise into existing hubs and cafés
- helping people build movement into daily routines.

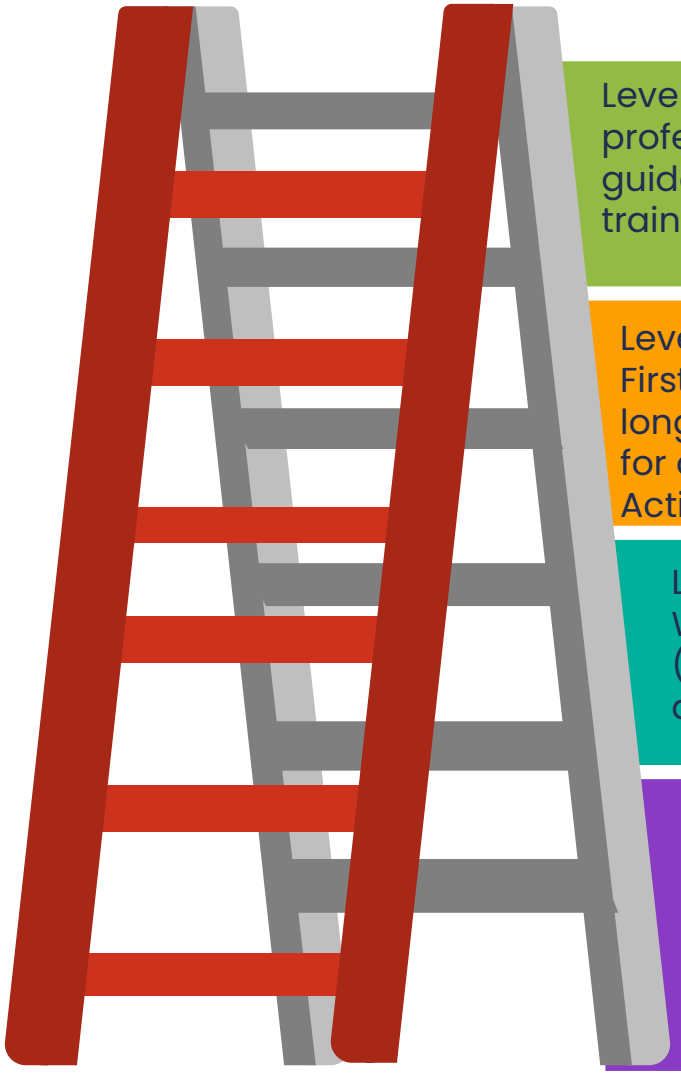
One idea from Dementia Forward was to encourage small everyday actions such as:

- making a cup of tea themselves
- standing up regularly
- walking short distances.

This reframes movement as part of daily life rather than a formal exercise programme.

An upskilling ladder for VCSEs as you embed movement, activity and sport in your day-to-day operations & or services

Authors:
Skyblue Research Ltd with North Yorkshire Sport, March 2026



Level 4 - Recognised sector standards (when VCSEs want to professionalise delivery). CIMSPA professional standards to guide roles/training pathways. UK Coaching safeguarding training options where relevant. L1 Award for Activators.

Level 3 - Delivering regular sessions for specific groups. First aid (appropriate to context), inclusive delivery for long-term conditions/disability. Safeguarding awareness for adults/children in activity contexts. L1 Award for Activators.

Level 2 - Leading low-risk activity
Walk leading basics + proportionate risk assessment (templates help). Simple warm-up/cool-down, pacing, adapting for different abilities

Level 1 – Person centred, everyday movement confidence (no specialist delivery). Inclusive prompts, chair-based options, “opt in/opt out” language. Finding enjoyable movement, with a focus on breaking up sedentary behaviour. Basic premises safety checks (clutter, cables, trip hazards)

How to embed movement, activity and sport within day-to-day VCSE operations across York & North Yorkshire

Example (what it looks like in practice)	Works well for…	How to introduce it with low cost & low fear	Risk & reassurance	Workforce upskilling / support needed
"Movement moments" baked into sessions (2-5 minute stretch, shake-out, chair-mobility, music-and-move)	Advice services, community hubs, food banks, peer support groups	Add at the start/end of meetings; offer seated + standing options; make it optional and normalised (*"join in or just watch"*)	Treat as everyday movement, not "sport". Do a simple session risk check (space, trip hazards).	Basic confidence: inclusive prompts, chair-based options, spotting who should take it gently.
Active waiting rooms / reception nudges (posters, "walk and talk" prompts, simple step challenges)	Any VCSE with a physical site	Put footprints to key points (water, toilets), *"walk to the window and back"* prompts, *"choose the stairs"* signage	Minimal additional risk if pathways are clear; the risk control is mostly housekeeping (clutter-free floors).	None beyond premises checks; nominate a **"movement champion"** to keep it alive.
Walk-and-talk as default (instead of seated 1:1 where appropriate)	Befriending, mental health support, employability coaching	Start with 10-15 min routes near the building; offer indoor corridors on bad-weather days	Use proportionate walking risk assessments/templates from walking organisations; keep pace slow, stick together.	Staff/volunteer confidence on pacing, inclusion, and when not to walk (mobility, weather, safeguarding).
Volunteer-led wellbeing walks (free, short, friendly group walks)	Social isolation, carers, older adults, community connectors	Partner with Ramblers Wellbeing Walks[1] locally; or replicate their "short + easy + welcoming" model	Ramblers provides risk assessment resources and walk-leading guidance.	Walk leader basics (route planning, risk assessment, group management). Consider basic first aid.
Nature-based "movement through doing" (gardening, conservation tasks, litter picks: activity hidden in purpose)	Environment, mental health, employability, community development	Link with The Conservation Volunteers Green Gym model[2]; start with light tasks and "do what you can" culture	Evidence base exists for wellbeing benefits; tasks are adaptable and self-paced.	Tool-safety briefing, task risk assessment, inclusive task design (light/heavy options).
Active volunteering model (people "help" while moving: deliveries on foot, community errands, practical tasks)	Community connectors, neighbourhood support, multi-agency hubs	Copy elements from GoodGym[3] (movement + social purpose) in a non-running way (walking groups, gentle tasks)	GoodGym has published evaluation work showing benefits of combining movement and social action.	Volunteer coordination, task matching, lone-working policy, and safeguarding basics.
Digital movement support using a tablet-based personalised programme	Organisations supporting people with LTHCs, mobility challenges, older adults, rehabilitation groups, warm spaces, community wellbeing services	Train a staff member or volunteer as a (tablet) facilitator / activator who can help residents use the tablet-based programme[4].	The programme provides personalised exercises designed for people with different health conditions and abilities. The VCSE role is facilitation and support rather than technical instruction.	Short facilitator training to learn how to support people using the platform and tablets.

[1] Wellbeing Walks
[2] Green Gym - Outdoor Exercise That Makes A Difference With TCV
[3] GoodGym - Do Good, Get Fit | GoodGym - Do Good, Get Fit
[4] Individuals then follow their own AI-personalised movement programme either poolside (in aquatic settings) or in community spaces on land. The VCSE supports access and encouragement rather than delivering exercise sessions. Activities can be self-paced and adapted to the individual.

Practical examples table: How to embed movement in "day-to-day VCSE operations"

Example	Works well for…	How to introduce it	Risk & reassurance	Workforce upskilling
A small box of movement equipment[1] people can use while they're together	Day centres, disability organisations, warm spaces.	Keep a small box; "borrow while you chat"; add QR codes to 60-second demos.	Low risk if equipment is simple and instructions are clear; keep to seated/low-intensity options.	Short briefing for staff/volunteers on safe use and adapting for pain/fatigue.
Inclusive chair-based activity groups (seated strength/balance, gentle dance)	Older adults, long-term conditions, disability groups.	Use short routines; invite a qualified instructor monthly and let volunteers facilitate in-between.	This is gentle movement; screen for red flags; keep emergency plan. Safeguarding guidance available for activity settings.	Consider a light-touch qualification pathway[2] or partner instructor; basic 1st aid strongly advisable.
"Social sport taster" partnerships (one-off tasters: bowls, walking football, badminton, dance)	Any VCSE wanting "sport" without owning delivery.	Bring in local clubs/coaches for tasters; VCSE hosts and focuses on welcome + inclusion.	Delivery risk largely sits with the sport provider if they lead the session; VCSE manages venue safety and safeguarding expectations.	Hosting skills: inclusive welcome, removing barriers, referral pathways.
Movement embedded in cultural/faith/community settings (activity woven into existing trusted spaces)	Faith/community organisations, youth groups.	Copy learning from programmes like Join Us: Move Play (JU:MP)[3] that embedded movement across settings.	Whole-system approaches show strong outcomes when local partners co-design delivery.	Co-design facilitation, community engagement, trauma-informed/inclusive practice.
Cycling/trishaw experiences[4] (for connection and joy)	Older adults, dementia support, care homes, loneliness work.	Partner with local chapters of Cycling Without Age[5] where available.	Evidence and evaluation resources exist; volunteers are trained to pilot trishaws.	Specific volunteer training for pilots; safeguarding, route planning, manual handling awareness.
"Safe systems" wrapper[6] for anything active (policies/templates that remove fear)	Any VCSE, especially those anxious about trips/falls.	Provide a 1-page pack: risk assessment template, incident form, inclusion checklist, insurance check prompts.	NCVO guidance: make sure volunteers are properly covered (employers'/public liability) and use proportionate risk assessment.	Trustee/staff confidence: risk assessment literacy and knowing what to tell insurers.

[1] A small box of simple items that help people move gently while they chat, wait, or take part in activities – enables simple stretch, move or play e.g. resistance bands, soft balls or beanbags, scarves for gentle arm movements, seated pedal exercisers, balance cushions, table games and simple stretching cards

[2] Short training courses are available to help staff and volunteers feel confident facilitating gentle, inclusive movement activities (such as chair-based exercise or balance sessions). These typically focus on safe facilitation rather than specialist coaching, and organisations may also choose to partner with a qualified instructor.

[3] https://joinusmoveplay.org/

[4] Programmes where passengers sit in a specially designed cycle (a trishaw) and are taken out for rides by trained volunteer "pilots."

[5] https://cyclingwithoutage.org/

[6] Some organisations feel more confident once they put a few simple safety basics around activities, things like a short risk check, an incident log, and making sure volunteers are covered by insurance. We sometimes call that a 'safe systems wrapper', but really it just means thinking things through before you start. It's about putting simple safeguards in place so people can move safely.

Empowering Your Community Through Movement
Ripon event: key discoveries and themes

6. Workforce development should focus on people skills

The session explored the idea of a North Yorkshire training academy for movement, activity and sport. A strong theme emerged that **technical qualifications alone are not enough**.

Participants emphasised the importance of empathy, communication skills, confidence working with vulnerable people, behaviour change techniques and understanding health conditions.

One participant captured this well:

“It’s not about finding the most qualified fitness instructor it’s about finding people who are passionate about the people. We want people in the MAS sector that are good at social connection and passionate about the people not just the activity.”

Another reflected:

“You might already have staff who know the clients and could be trained to deliver activities.”

Empowering Your Community Through Movement
Ripon event: key discoveries and themes

7. Collaboration across organisations could unlock solutions

Participants identified opportunities for:

- sharing training
- sharing equipment
- sharing transport
- joint funding bids
- connecting existing programmes.

“Working together on training and swapping skills could be really exciting.”

Empowering Your Community Through Movement
Ripon event: next steps

1: Create an informal Ripon movement, activity & sport network

2: Share resources from the workshop

3: Capture the workforce training needs

4: Encourage collaborative working and funding bids (Mayor's MAS fund and Mayor's Active Travel fund)

5: Explore practical pilot projects

- adaptive cycling sessions for dementia groups
- embedding movement in community hubs
- activity during home visits
- shared transport solutions

Ripon: Key opportunities

- Evolve the Active North Yorkshire proposal further still so that it ‘fits’ neatly into the locally system of assets (people, indoor & outdoor spaces and places, partnerships) aimed at improving local health and wellbeing of the population (Ripon parish: c16,000)
- Develop the proposal into a ‘workforce development hub’. This extends the vision beyond training, and instead reimagines a connected set of people and places across Ripon where joint activity can routinely happen across the domains of ‘attract’, ‘develop’, ‘progress’ and ‘retain’
- Engage the new VCSE and wider stakeholders that attended the prototype MAS WfD workshop in March 2026 as a local network to co-design the ‘workforce development hub’ together in the next 2 years, being careful to include health system partners such as those co-locating at the leisure centre, but also GP practices and other locally identified ‘key roles’ that can support the local vision
- Trial ways of embedding the new ‘VCSE’ upskilling ladder
- Encourage collaborative MAS Fund and Active Travel Fund collaborative bids to support this catalytic work and actions supporting priorities to encourage MAS in rural locations (Ripon is classed as a ‘rural town and fringe settlement’)

Catterick

Catterick
Population profile and local context

Catterick has a distinct population profile compared with most of North Yorkshire.

- Young, military-influenced population
- c80% of serving personnel are under 40
- Harewood Medical Practice: 34.7% of patients aged under 20
- Only 9.1% aged 65+ (vs 26.5% PCN average)
- Complex health needs within working-age population
- 71.1% report a long-standing health condition
- Female life expectancy among lowest 20% nationally
- Higher obesity and smoking prevalence than England

Musculoskeletal & trauma burden

- Higher incidence of MSK injury
- Complex physical trauma and mental health trauma linked to military context

Implications for Workforce Development

Catterick
Population profile and local context

Implications for Workforce Development
Catterick requires a prevention-capable workforce, not simply clinical care.

Movement, activity and sport (MAS) can contribute to:

- MSK rehabilitation
- long-term condition management
- mental wellbeing
- community connection
- prevention pathways.

Catterick Integrated Care Campus (CICC)

The Catterick Integrated Care Campus (CICC) will bring together multiple services to deliver integrated care for the local population.

Vision: A purpose-built health and wellbeing campus providing integrated primary, community and specialist care for military and civilian populations.

Key partners located within the campus include

- Primary care
- community nursing
- physiotherapy
- mental health services
- local authority services
- social prescribing and VCSE partners.

The campus will support:

- multidisciplinary care
- integrated service pathways
- neighbourhood health approaches.

Estimated workforce

- 300–350 staff from multiple organisations working within the campus environment.

Catterick: cross-sector collaboration opportunities

The CICC provides a major opportunity to align NHS, VCSE and movement, activity & sport sectors.

Collaboration could:

Improve patient outcomes

- community activity programmes
- falls prevention
- long-term condition self-management
- peer support groups.

Reduce pressure on health services

- prevention programmes
- social prescribing pathways
- community-based recovery support.

Address health inequalities

- military families
- rural communities
- disadvantaged groups.

Complement NHS services

- clinical expertise + community trust + flexible delivery models.

Catterick: practical integration opportunities

CICC sits c1km from Catterick Leisure Centre creating opportunities to embed movement within care pathways.

Examples include:

Prevention and long-term condition pathways

- GP referral to community activity
- diabetes and cardiovascular activity programmes
- weight management support.

Rehabilitation and recovery

- MSK rehabilitation programmes
- cardiac rehabilitation (Phase 3–4)
- cancer prehabilitation.

Mental health and social prescribing

- group activity programmes
- community walking groups
- targeted support for military families.

The case for joint workforce development in Catterick

Despite co-location of services at CICC, there is no single integrated workforce model. Each partner organisation remains responsible for its own workforce. Without deliberate alignment, opportunities may be missed to:

- strengthen prevention capability
- embed physical activity in care pathways
- build trauma-informed community support
- reduce avoidable demand
- may be missed.

Therefore Catterick requires intentional cross-sector workforce planning across MAS, health and VCSE sectors.

Catterick: 5 workforce development opportunities (2026–2028)

Build MSK and rehabilitation capability

- Strength and conditioning for rehab
- Falls prevention
- Cancer prehabilitation
- Joint CPD with physiotherapists.

Develop trauma-informed and military-aware skills

- Cultural competence
- military family awareness
- mental health trauma understanding.

Embed brief physical activity advice across CICC workforce
Train clinicians, receptionists and care navigators.

Use town regeneration space as a 'workforce [development] hub'
The £21m town centre regeneration project includes a new community and enterprise facility. Potential uses: training, peer learning, CPD, real-life observation/experiential learning, local peer networking, mentorship and apprenticeship development.

Create a place-based talent pipeline

NEET employment routes, apprenticeships and cross-sector career pathways.

Catterick: immediate next step

A positive development has emerged through discussions with the ICB.

North Yorkshire Sport has been invited to join the CICC **neighbourhood health workstream.**

Purpose:

- share MAS workforce development work
- explore alignment with neighbourhood health priorities
- identify opportunities for place-based workforce collaboration.
- This provides a formal entry point into the integrated care planning process.

Emerging idea: place-based workforce [development] hub

Across North Yorkshire discussions are emerging as a direct result of this Project around the concept of **“workforce [development] hubs**”.

Concept: A shared learning environment where organisations collaborate to:

- attract new entrants
- develop workforce skills
- support career progression
- retain specialist expertise.

Possible locations in Catterick:

- CICC shared learning spaces
- Catterick Leisure Centre
- new town regeneration community facility.

The goal is to create experiential learning, mentoring and cross-sector collaboration rather than traditional classroom training.

MAS workforce hub

Rehabilitation and prevention
- MSK recovery
- long-term condition management
- falls prevention.

Trauma-informed practice
- military family awareness
- mental health and wellbeing.

Behaviour change
- brief physical activity advice
- referral pathways between health and community services.

Workforce pipeline
- apprenticeships and youth entry routes
- cross-sector career pathways.

Catterick Integrated Care Campus (CICC)
Integrated primary care, community health, mental health and social care services. ~**300–350 staff across partner organisations** working in the building. Opportunity for: neighbourhood health approaches, prevention and rehabilitation pathways and cross-sector learning and collaboration.

Catterick Leisure Centre, located approximately 1 km from **CICC**. Facilities include: gym and functional training spaces, swimming pools, group exercise programmes and sports hall and community activity space. **Potential rol**e: MSK rehabilitation programmes, cardiac and cancer rehabilitation activity, community wellbeing programmes and step-down support after clinical treatment.

Town Centre Regeneration Project £21m regeneration programme. Includes: new town square, improved public spaces, **community and enterprise facility and** flexible community spaces and event areas. **Potential role:** shared workforce training space, community wellbeing programmes, peer learning and mentoring, community activity hub.

Cross-sector workforce opportunity. These facilities together with local VCSE assets create the potential for a **Place-based MAS workforce hub** connecting:
- NHS and primary care teams
- leisure and sport sector professionals
- voluntary and community organisations
- education and training providers.

Leading to a prevention-capable local workforce

Catterick: conclusion

This is not about: “Sport supporting health.”

It is about designing a place-based workforce that is prevention-capable, culturally competent and integrated across sectors.

Catterick provides a strong test-bed for this model because of:

- its unique military-influenced population
- complex MSK and trauma needs
- major new health infrastructure
- town regeneration investment.

That said, CICC suggests the importance of coordinating any ‘new’ proposal such as the workforce hub idea through the mechanism of the neighbourhood health workstream locally. This will be fine so long as other interests and influence are ‘in the same place’ to consider such ideas i.e. Town Centre Regeneration planners, the voluntary and community sector, the local leisure centre as well as health system partners (PCNs/GPs/social prescribers).

York: Context for Workforce Development

York has a strong local system for movement, activity and wellbeing, with multiple cross-sector partners already working around the lives of residents.

Key assets include:

- Community Stadium complex where there is already co-location of leisure, health and community services
- City of York Council public health and prevention programmes
- Voluntary and community organisations supporting wellbeing and inclusion
- Further Education and University partners (e.g. York College, York St John University and Askham Bryan College)

This reflects a broader ambition across York & North Yorkshire to strengthen the Movement, Activity and Sport workforce as part of a prevention-focused system. However, workforce development across these sectors is not yet systematically coordinated at place level.

Opportunity: Connecting York's system assets

York already has multiple places where health, leisure and community services intersect including the Community Stadium, leisure centre and physical activity provision, health and wellbeing services, community engagement programmes, partnerships focused on population wellbeing.

Neighbourhood assets across the city

- community centres and libraries
- VCSE hubs
- parks and outdoor activity spaces.

These assets create an opportunity to establish a distributed **"Workforce Development Hub"** model across the city.

Purpose:

- shared learning environments
- cross-sector training
- mentoring and experiential learning
- stronger referral pathways between sectors.

Distinct feature in York: education pipeline opportunity

Interviews with York College and York St John University highlighted a key issue - employer engagement with the Movement, Activity and Sport sector is relatively under-developed.

Consequences include:

- limited placement opportunities for students / tutors needing experience
- weaker links between training and real-world employment
- reduced awareness of careers in the sector.

Yet York has significant education capacity, including:

- FE sport and coaching programmes
- undergraduate and postgraduate sport and health courses
- apprenticeships and vocational routes.

This creates an opportunity for a city-based workforce hub model focused on talent development.

York

York Workforce Hub Concept

The York model could focus on education, placements and talent pipelines. Potential functions:

Attract

- youth and student pathways into MAS careers
- volunteering and community leadership opportunities

Develop

- cross-sector training
- behaviour change and health literacy skills
- placements in leisure, health and community organisations

Progress

- apprenticeships
- cross-sector career mobility
- specialist instructor development

Retain

- peer networks
- mentoring and communities of practice.

This would complement existing prevention and wellbeing priorities across the city.

Opportunity: Building a health & movement-aware workforce across York

Discussions with Public Health, City of York Council highlight a significant opportunity to embed movement and health literacy across the wider workforce. City of York Council and partner organisations employ large numbers of staff who interact with residents every day, including:

- housing staff
- community development workers
- libraries and cultural services
- neighbourhood teams
- social care teams
- housing association staff.

Together this represents a potential workforce of c1,000 people who could be supported to become:

- public health / inequalities / condition aware
- movement and physical activity literate
- confident in having simple wellbeing conversations with residents.

Doing more prevention through everyday workforce roles

Key existing asset: York's Health Trainer model, which already supports behaviour change and health improvement. There are c60 Health Trainers in Public Health (York)

Potential approach: Train and support frontline staff to:

- recognise opportunities to encourage movement
- give brief physical activity advice
- signpost residents to local opportunities
- understand local wellbeing pathways.

This could create a distributed prevention workforce embedded across the city, rather than relying solely on specialist practitioners. Examples of everyday opportunities:

- housing visits
- community support interactions
- library services
- neighbourhood engagement activities.

Key opportunities for the York MAS Workforce

1: Use the Community Stadium as a workforce development 'anchor' (whilst other assets mature in York across 4 'neighbourhood' areas that have been defined – North, East, West and Central)

- co-location of partners
- shared learning environments
- cross-sector collaboration
- experiential learning for students and staff

2: Strengthen MAS sector employer engagement with further & higher education

- placements
- apprenticeships
- industry mentoring
- joint curriculum design with employers

3: Develop a City-Wide workforce hub model

- link assets across north, east, west and central York
- connect leisure, health, VCSE and education partners
- create shared training and peer learning opportunities

4: Build a health & movement-aware workforce across the City

- Working with City of York Council Public Health
- Opportunity to train c1,000 frontline staff to be public health aware, movement and physical activity literate, confident in wellbeing conversations. Potential sectors include: housing, libraries, VCSE organisations and community connectors.

Place-based cross-sector workforce development summary

Where **Catterick** represents a health-integration opportunity, **York** represents a talent pipeline and education-led workforce opportunity, **Ripon** represents a community activation opportunity, where strong voluntary and community organisations can embed movement, activity and wellbeing into everyday services. Together they demonstrate how place-based workforce [development] hubs could take different forms depending on local assets and needs.

As the event in Ripon has demonstrated, the inclusion of VCSE partners in the co-design of local workforce hubs is essential to complement the voices and power held by public and private sector assets (including outdoor spaces & estates) serving these communities.

In recent cross-sector systems leadership learning facilitated by North Yorkshire Sport as part of their Place Universal offer, 'workforce' has been identified as one of the top 3 priorities in **Selby** and **Scarborough** too. We hope some of the learning from this WfD Trailblazer Project can inform, influence and be influenced by local learning in these two further localities.

Interviews with Coventry University (Scarborough) campus in March 2026, confirmed that 'MAS' does not exist as a sector of focus (yet) but talks are 'live' with Active North Yorkshire; and meantime, CU have invited NYS to be part of their existing **'Health & Social Care Partnership'** as welcomed.

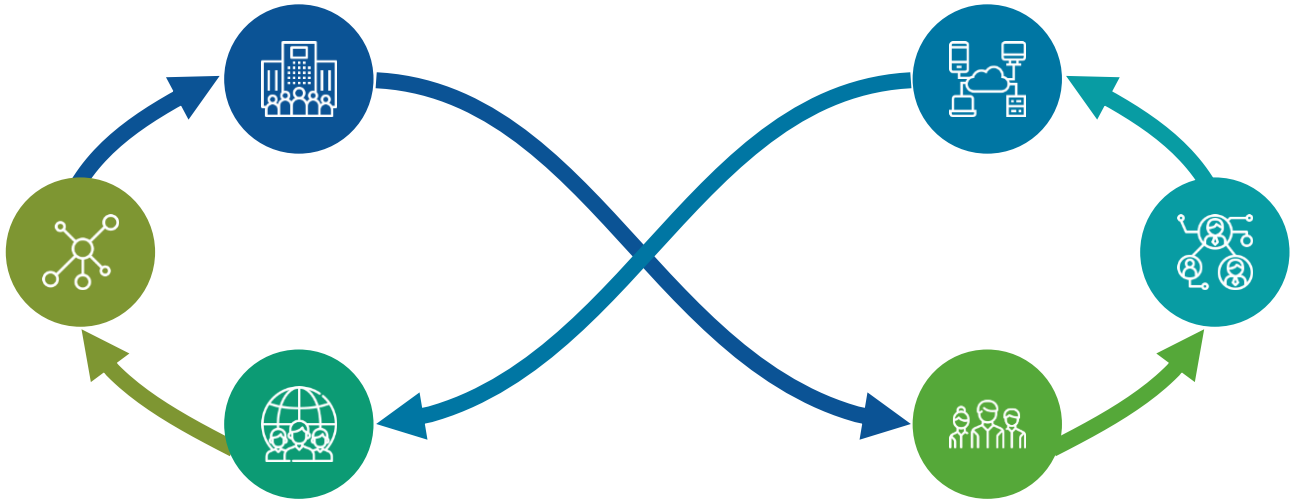
New workforce hub model that could be developed across North Yorkshire & York

Local Workforce Development Hub

Attract
- Convening space(s) for schools, colleges and universities to consider youth pathways
- NEET programmes (coordination / planning)
- Space for recruitment activity e.g job interviews
- Volunteers supported into MAS sector roles
- Sector attractiveness briefings / sharing case studies and personal stories with future entrants
- Space for students doing work placements to enhance that experience
- Reskilling activity to support entry into the local MAS workforce

Develop
- Join learning / training / upskilling
- Cross-sector (movement, activity, sport, health, care, allied professions)
- Space(s) for delivering blended learning experiences
- Targeted CPD e.g. health literacy, movement literacy, trauma informed practice
- Lived experience involvement – LTHCs, people with disabilities
- Experiential learning
- Mentoring space(s)
- Convening space for local employers, deployers & self-employed individuals
- Cross sector good practice sharing
- Current and future workforce planning space at a local system level
- Local insight to inform future curriculum design

Local Population Need



Capable prevention workforce

Progress
- Delivery / support space(s) for
- Apprentices, cross sector placements
- CPD pathways
- Clinical / community referral understanding
- Leadership development
- Convening space for peer network

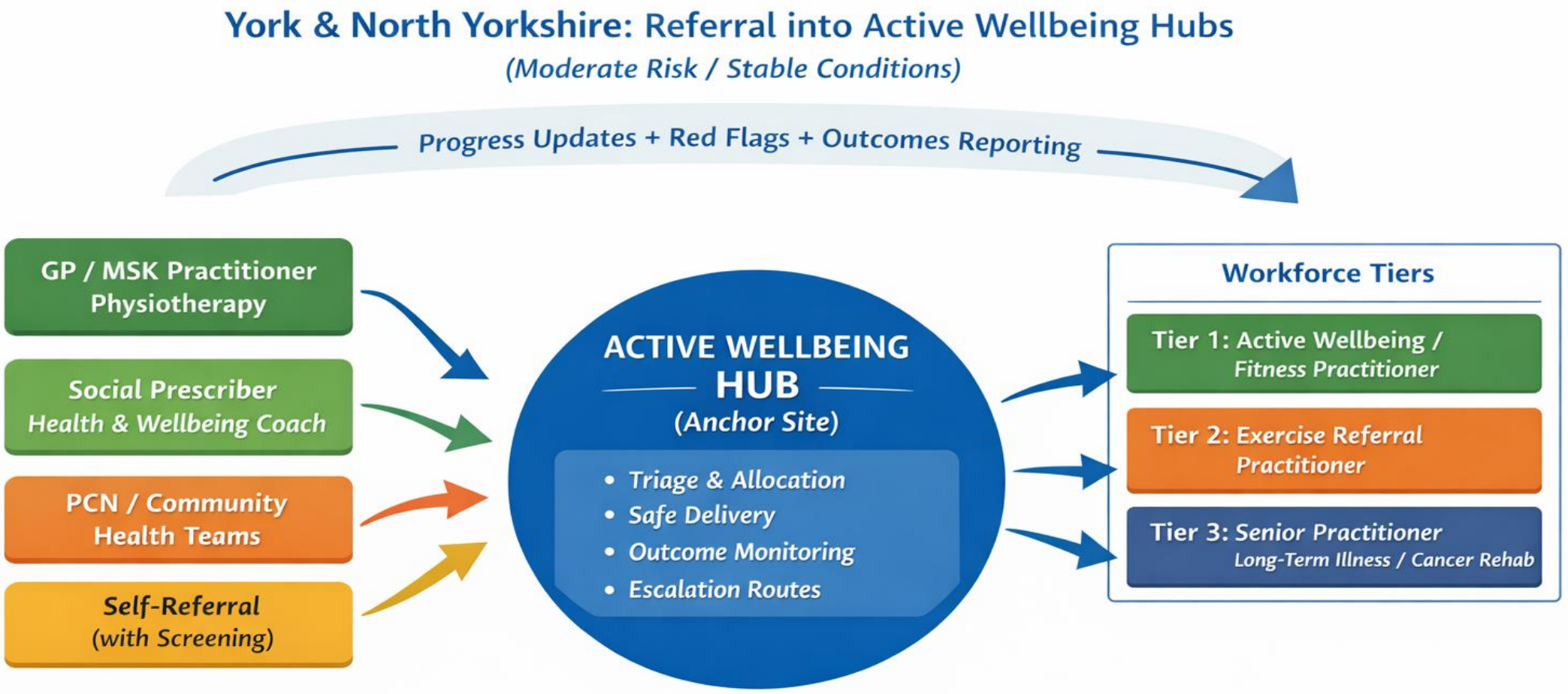
Retain
- Peer networks e.g. specialist instructors
- Convening space for shared practice and delivery of career mobility across sectors
- Professionalism advocacy & activity
- Workforce wellbeing best practice shared across sectors
- Communities of practice

Complementary concepts:

MSK Hubs

Complementary concepts: Active Wellbeing Hub

CIMSPA, 2nd February 2026 WfD Event, Harrogate Cricket Club



Ripon Pilot – Future Workforce Roles

Stable / moderate-risk clients - Place-based prevention & rehabilitation workforce

Complementary concepts: Active Wellbeing Hub. CIMSPA, 2nd February 2026 WfD Event, Harrogate Cricket Club

ENTRY PIPELINE (workforce supply)

Build a sustained, local workforce into Ripon

160 apprenticeship Starts and upskilled staff (L2/3 – 4)

100 Volunteers and activators

Workforce Skills diagnostic:

- Employers delivering apprenticeships and volunteering opportunities
- Employers willing to host placements
- Connect Employers for support and education providers

CIMSPA PROGRESSION PATHWAY (Ripon)

Clear scope, standards and progression across tiers

TIER 1 — CIMSPA Practitioner

Gym Instructor Practitioner — **£20–26k**

Engagement, confidence, behaviour change, low-risk support

TIER 2 — CIMSPA Advanced Practitioner

Exercise Referral Practitioner — **£27–33k**

Stable LTCs / moderate risk: tailored plans, adherence, outcomes reporting

TIER 3 — CIMSPA Senior Practitioner

LTCs / Cancer Rehab — **£34–42k**

Complex caseloads; symptom-aware progression; clinical liaison; governance

SKILLS & FUTURE CAPACITY SIGNALS

Use demand and training data to shape the pilot

100+ completions in health / referral CPD

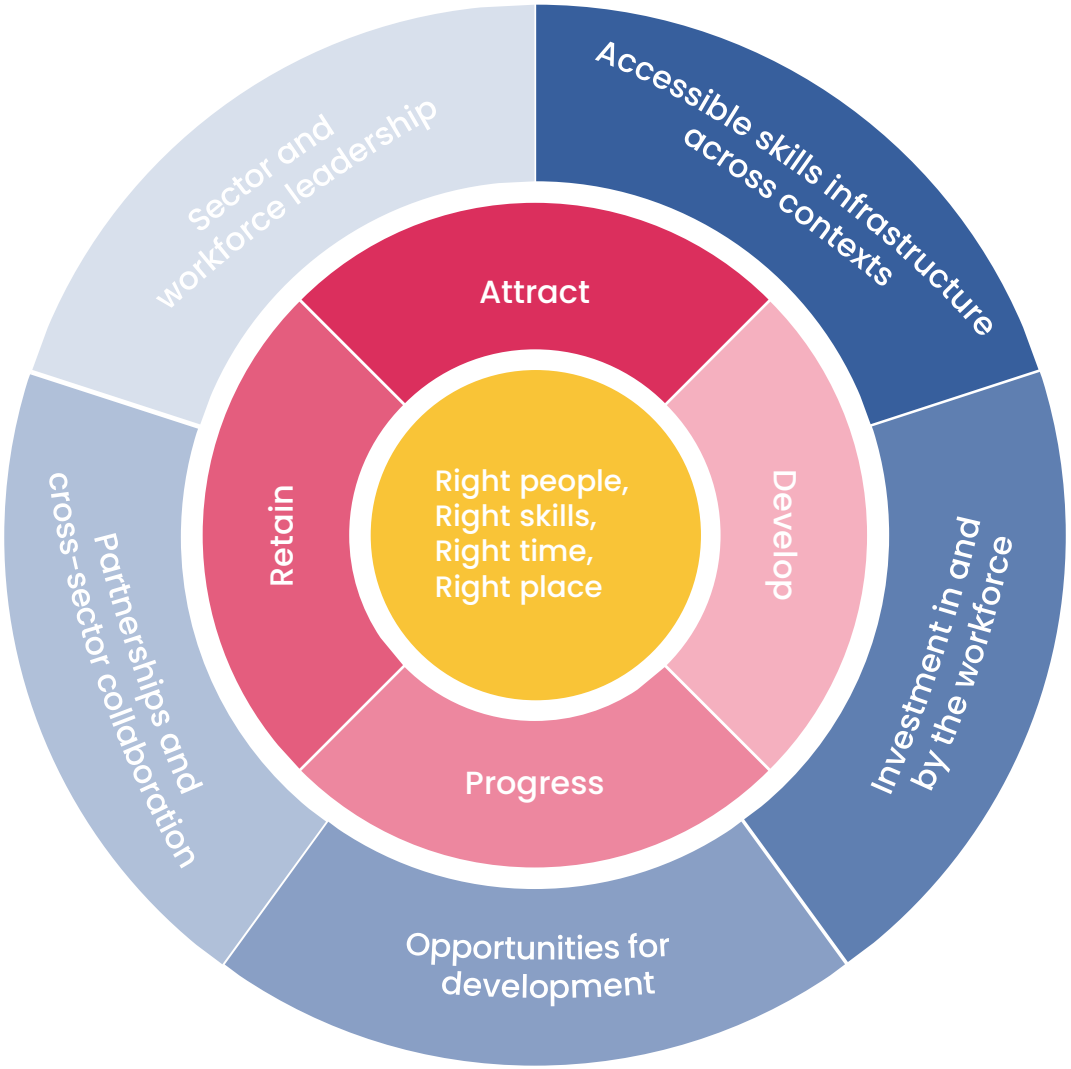
Impact: embeds physical activity in prevention and improves referral readiness.

100+ Specialist practitioner roles developed across the sector

Signal: growing need for higher-risk / clinical-bridging capacity (Tier 2–3).

What is the movement, activity and sport workforce development framework?

Sport & Active Wellbeing Workforce Development Framework for York & North Yorkshire



System pre-conditions

Positive market conditions to support a thriving sport & active wellbeing workforce.

Cross-sector workforce activity that benefits people & communities in YNY.

A supply and demand system that meets current and future needs.

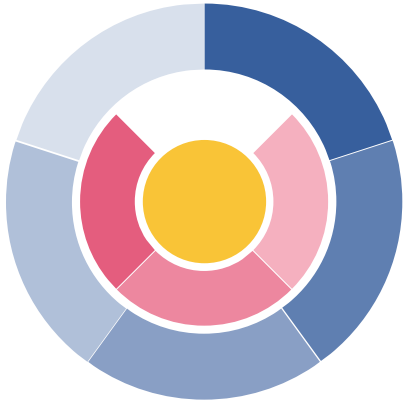
Appropriate and adequate investment.

Sector collaboration on skills

Attract

Sector Attractiveness activities e.g.

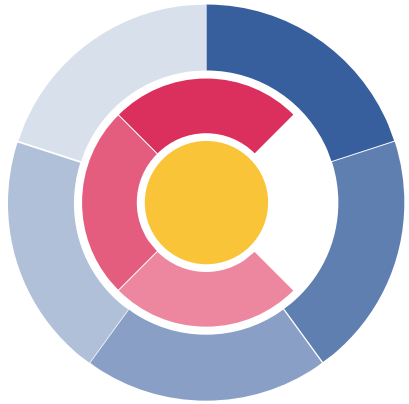
- Design a Sector Value Proposition
- Compete for diverse talent
- Showcase career pathways (with health)
- Imaginative targeted campaigns
- Access to pre-requisite skills & qualifications
- Encourage inclusive recruitment
- Improve salary and benefits
- Develop Apprenticeship offer
- Education & careers outreach
- Offer high quality industry placements



Develop

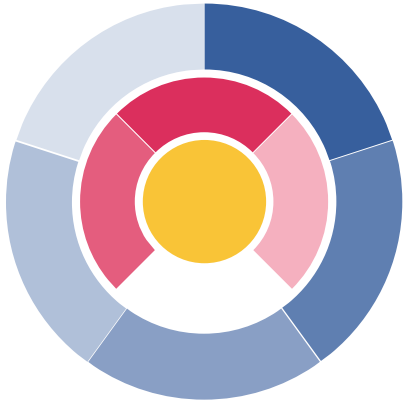
Supporting the competence of the existing future workforce through relevant:

- Education (real world curricula)
- Quality assured training (upskilling & reskilling)
- Role specific training programmes (a mix of transferable and specialist skills & knowledge)
- Learning and development (experiences)
- Qualifications (recognition & certification)
- Accessible CPD
- Programmes designed with employers
- Joint training & practice sharing with health (from clinical through to holistic approaches)
- Apprenticeships (linked to blended roles)
- Place based L&D to better serve community needs and residents' stated preferences



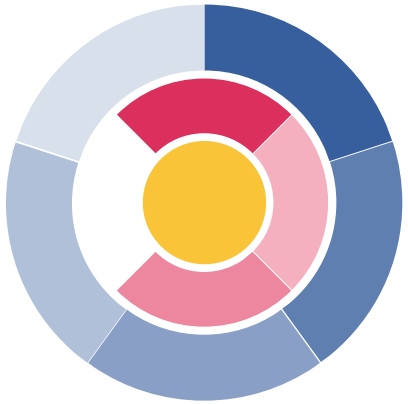
Progress

- Clearly communicated & defined career pathways
- Professional Standards, Qualifications and recognition
- Legitimacy, credibility & trust building with the health workforce
- Role diversification making career paths more varied
- Peer support and mentorship interventions (specialist instructors)
- Contextualised (cross-sector) leadership development programmes
- Cross-sector learning experiences (e.g., shadowing, co-location)
- Improve progression opportunities in & from volunteer-driven settings



Retain

- Workforce wellbeing
- Professional recognition strategies
- Fair compensation structures
- Investment in retraining & reskilling
- Better recognition & reward systems
- Talent transfer strategies
- Community engagement and wealth building (local workforce)
- Clear career pathways
- Inclusive work environments
- Inclusive and diverse workforces
- Promoting work life balance
- Job satisfaction & psychological rewards



Trailblazer Project Engagement & Development of the Action Plan

2024–2026

Highlights from the process

Phase 1: Feasibility work

- Working Group established
- Secondary research and skills diagnostics completed (CIMSPA)
- Size and scale of the sector estimates developed
- Communities of Practice / focus groups moderated
- Sector workforce development framework created & published
- HEADLINE SUMMARY - Sport & Active Wellbeing WfD Framework LOGOS.pdf

Highlights from the process

Phase 2: Sector engagement & action plan

- Strategic priorities, objectives & success measures signed off by Working Group
- Engagement of **c150 people** in 2025/26 through mixed methods:
  - 50 people aligned to 4 task and finish groups (attract, develop, progress and retain)
  - 50 people attending the WfD action planning connection & learning event (2nd February 2026)
  - 8 inspiring speakers / 6 prioritised WfD topics to highlight good practice (2nd February 2026)
  - 20 conversations with individuals in 'support' organisations with offers to connect with the MAS sector
  - 22 people attending a pilot local conversation connecting VCSEs with public and private sector around how to embed MAS in daily operations; and to co-design place-based working (10th March 2026)
  - 20 more organisations engaged via a new, ongoing sector workforce survey
  - 10 face-to-face conversations with HE, FE and independent training providers & ongoing survey work
- Health & physical activity integration model T&F group initiated (c10 people engaged)
- Dedicated work to identify place-based opportunities for MAS WfD in Ripon, Catterick & York
- Connective work e.g. T&F Group for Youth Work Workforce proposals in NY&Y
- Education and training landscape review initiated (ongoing and supported by partners)
- New learning resources generated through the process (WfD Event; Ripon event)
- Costed action plan visualised as a MAS WfD 'programme' (two scenarios: catalytic; at scale)
- The process has contributed to encouraging applications from the sector to the Mayor's MAS Fund including specific workforce development proposals. Round 1 decisions have included some organisations involved with this Project and more are anticipated when Round 2 opens.

Highlights from the process

- All this effort has led to the development of a ‘minimum’ recommended costed action plan that can act as the basis for joint investment in the next 2 years. This plan is costed at £500,000.

- Some of the minimum plan has already started to be funded and delivered via successful applications by organisations applying to the Mayor’s Movement, Activity and Sport Fund. We estimate that over £300,000 of investment via Round 1 has already started to align with the minimum recommended action plan and Round 2 may helpfully contribute further towards these actions though there will be gaps that need to be resourced through other means.

- Should the minimum recommended action plan prove achievable, the appetite may grow amongst strategic stakeholders and our sector’s employers to build towards a larger plan costed at £1.5 million that can reach more people in the current and future workforce – in turn reaching more residents in North Yorkshire & York.

Investment alignment

- Connections are being made to investment/funds deployed by strategic members of the Project's Working Group including North Yorkshire Council, City of York Council, York & North Yorkshire Combined Authority and Humber & North Yorkshire Integrated Care Board.
- Sport England's priorities for workforce are also an important consideration in the positioning of this proposed programme.
- Organisations with influence and expertise relating to local skills investment, supporting people into employment or staying well in work are also engaged (DWP, MOD, NHS, Chamber of Commerce [Local Skills Implementation Plan] but more can be done to align the proposed programme with these organisation's ambitions for mutual benefit between 2025 and 2030.
- A portfolio investment approach is required to optimise the proposed programme, especially if partners agree they would like to see the benefits at scale across York & North Yorkshire.

Detailed Minimum Recommended Costed Action Plan

2026–2028

Visualisation: Movement, activity and sport workforce development programme for health inclusion and economic participation

Strategic Purpose: To strengthen the Movement, Activity & Sport workforce across North Yorkshire & York so it can:

grow participation

reduce health inequalities

support economic inactivity into work

contribute to prevention and wellbeing outcomes

Estimated workforce requirements

Core MAS workforce

- 6,000 paid roles
- 1,800–2,000 hires required by 2028
- 2,500 roles needing upskilling.
- 32,500 coaching roles

Allied MAS workforce

- A large ‘untapped’ workforce across the public, voluntary and community sectors that could be equipped with movement and physical activity literacy to reach many inactive, vulnerable residents through their routine day-to-day relationships

Overall programme structure

01

Attract – Entry and recruitment pathways

02

Develop – Workforce capability and inclusive practice

03

Progress – Career pathways and specialisms

04

Retain – Workforce culture and career sustainability

05

Place-Based Cross-Sector Workforce Development

Minimum recommended action plan

Pillar	Allocation
Programme Infrastructure	£70k (14%)
Attract	£100k (20%)
Develop	£160k (32%)
Progress	£80k (16%)
Retain	£40k (8%)
Place-Based Cross-Sector	£50k (10%)
Total	£500k

Pillar / Workstream	Action	Description	Budget	Indicative Outputs
Programme Infrastructure	Programme coordination	Programme manager (0.6 FTE equivalent), alliance convening, light evaluation and reporting	£70,000	Programme coordination, biannual MASWA forums, employer and education networks convened
ATTRACT	Entry Qualification Access Fund	Subsidised lifeguard, swim teacher and gym instructor (or other NGB L2) qualifications with travel bursaries	£50,000	135+ qualifications completed
	NEET Pre-Employment Programme	Short pathway into MAS employment linked to Youth Workforce programme	£20,000	20 young people supported into training or employment
	Women Coaching Recruitment	Bursaries and mentoring support to recruit and retain women coaches	£30,000	30 women supported into coaching pathways
DEVELOP	VCSE Movement Embedding Programme	Training and micro-grants enabling VCSE organisations to embed movement into everyday services	£60,000	20 VCSE organisations embedding MAS programmes aligned to maturity / need (tiered funding model)
	Dementia, Long-Term Health Conditions & Inclusion Training	Workforce training focused on inclusive activity delivery for LTHCs, disabilities and dementia	£30,000	150 practitioners trained
	Public Health Capability CPD	Behaviour change, health inequalities and community engagement training	£30,000	110 practitioners trained e.g. fitness instructors (40); community sport coaches (30); health programme facilitators (20); leisure centre staff (20)
	Allied Workforce Movement Literacy Programme	Equip non-MAS professionals with basic movement, health and inequalities literacy	£40,000	250 people trained; multiple teams in local authorities (North Yorkshire Council & City of York Council), VCSE and health sector (
PROGRESS	Specialist Instructor Peer Network	Mentor network with £500 CPD voucher per mentor	£30,000	40 mentors supporting emerging workforce
	Leadership Development Programme	Leadership and management development for emerging sector leaders	£40,000	50 leaders supported
	Apprenticeship Incentives	SME incentives to support apprenticeships	£10,000	25 apprenticeship placements supported
RETAIN	Mid-Career Retention Toolkit	Employer support resources and career progression guidance	£25,000	15 organisations supported
	Workforce Wellbeing Support	Peer support groups and workforce wellbeing resources	£15,000	Reduced burnout and improved retention
PLACE-BASED CROSS-SECTOR	Ripon Workforce Hub Pilot	Ripon workforce hub integrating local system partner assets for joint workforce development activity	£40,000	Joint workforce development activities across attract, develop, progress & retain – 100 beneficiaries
	Catterick Workforce Hub Pilot	Health-aligned workforce development linked to Integrated Care Campus	£- tbc	Discovery work continues in 2026 through neighbourhood health workstream
	York Workforce Hub Pilot	Education-led workforce pipeline coordination	£10,000	Employer & education provider joint WfD / engagement; placement pathways developed: 20 beneficiaries
TOTAL PROGRAMME INVESTMENT			£500,000	

Investment balance

Pillar	Allocation
Current workforce	£270k (54%)
Future workforce	£110k (22%)
System infrastructure	£120k (24%)
Total	£500k

Scenario 1: Workforce impact

People Upskilled (existing workforce)

Intervention	People
VCSE embedding	120
Dementia/LTC training	150
Public health CPD	110
Allied workforce literacy	250
Mentor network	40
Leadership development	50
Total upskilled	**720 people**

People Entering Jobs / Pathways

Intervention	People
Qualifications fund	135
NEET pipeline	20
Women coaching	30
Apprenticeships	25
Total entering jobs	**210 people**

Total workforce impact

Metric	Volume
People upskilled	720
People entering jobs	210
Total workforce impacted	**930**

Residents reached:
Estimate: 5,000 – 8,000

Programme infrastructure

Item	Cost
Programme manager (0.6 FTE equivalent coordination)	£48k
Alliance events & convening	£16k
Light evaluation/comms/admin	£6k
Total	£70k

Non-financial quick wins achieved through continued convening of the ‘alliance’

If we agree our approach to ongoing engagement with the ‘alliance’ we have informally created through the Trailblazer funded project, it is likely that programme infrastructure officer time/ convening could support other actions deemed ‘quick wins’ by participants and contributors including:

Attract

- Creating a compelling Sector Value Proposition through discussion & creative facilitation with input from marketing, communications and HR specialists in our sector

Develop

- Continued collection of workforce intelligence
- Alignment of training supply & employer* demand (through engagement events / bi-annual ‘Forum’ / networks that support a dynamic dialogue
- Curriculum co-design (to prepare for future capabilities) emerging from the engagement activity

Progress

- Further refinement of a leadership and career pathway development programme connecting with existing good practice / CPD in the market
- Career conversations / development culture / personal development plan good practice cascaded through the sector

Retain

- Reflective practice groups may emerge naturally across organisations / places (Community of Practice) and / or connect to existing support
- Cascading of existing good retention practice across the sector

Coordination also enables workforce intelligence, employer engagement, and alignment with national skills and employment programmes.

**denotes employers, deployers and individuals in our sector*

Connection to existing support

- It will be important for our sector to connect with existing support that can help them with their workforce development
- Many of these support providers have been engaged through the Project already and whilst some had time limited offers (to March 2026), some will likely evolve between 2026-2028
- Making it easy and relevant for our sector's employers, deployers and individuals to access these offers should be an integrated part of the programme delivery
- At the same time, it will be important to raise the awareness and understanding of our sector's needs and capability requirements for the future with these support services and (often funded or subsidised) offers

Programme coordination will ensure support services are visible to the MAS sector

- Employer Support Programme
- Inclusive Employment support
- York and North Yorkshire Wage Subsidy Scheme
- Adult Learning North Yorkshire services & solutions including Navigator Training, Multiply, Inspiring potential in 50+, Life Chats
- MSK Hubs across North Yorkshire
- Interchange
- Skills Bootcamps
- Workplace Wellbeing

Attract

Focus: future workforce; filling anticipated vacancies/job roles in the core sector with inequities orientation; improving applicant/job ratios (🡻 £ for employers)

A1 Entry qualification access fund

- 135+ entry qualifications completed for key shortage vacancies
- Variable cost per qualification from £200-£800 p.p
- Total: £50,000

A2 NEET Pre-Employment Pipeline

- 20 young people
- £1,000 allocation p.p.
- Total: £20,000

A3 Women Coaching Entry Programme

- 30 women supported into the sector
- Bursary (£750p.p) + mentoring circles (£250p.p) - £1,000 p.p
- Total: £30,000

Attract

A1: Entry qualification access fund - subsidised qualifications
Focus: removing entry barriers and widening recruitment.

Qualification	Unit cost	Volume	Cost
Lifeguard NPLQ	£300	50	£15k
Swim teacher	£500	30	£15k
Gym instructor L2	£800	15	£12k
Other NGB qualifications / sectors e.g. outdoors as needs are confirmed	£200	40	£8k
Total	£200-£800	135	£50k

If the configuration above can be dynamic local FE/HE say subsidising NGB (L2) qualifications at an average cost of £200 per student would significantly increase their job acceptance rates with employers in the MAS sector and reduce the likelihood of them not being employed / seeking employment in an alternative sector i.e. the budget should flex to meet local need; could be routed through FE/HE based on a simple application process supported by Heads of Department. *This qualification fund should ideally be delivered alongside sector outreach and career pathway promotion with schools, colleges and youth employment partners*

Attract

A2 NEET Pre-Employment Pipeline

Pre-employment small pilot programme linked to Youth Workforce programme and learning from previously funded UKSPF projects in North Yorkshire
Focus: entry level jobs

Output	Unit cost
20 young people	£1,000
Total	£20k

Includes:

- safeguarding
- inclusive coaching
- movement basics
- work placements
- apprenticeship pathways

Attract

A3 Women Coaching Entry Programme

Focus: Addresses barriers identified in women's coaching research

Output	Unit cost	Cost
30 bursaries	£750	£22.5k
Mentoring circles	£250 p.p	£7.5k
Total		£30k

Develop

Focus: Upskilling the current and future core and allied MAS workforce in ways that lead directly to increased reach with (inactive / vulnerable) residents whilst also improving the overall impact on health for active residents

D1 VCSE Movement Embedding Programme	D2 – Dementia, Long-Term Health Conditions & Inclusion Training	D3 Public Health Literacy CPD	D4 – Allied Workforce Movement Literacy Programme
• 20 VCSEs supported (tiered funding model based on the 'upskilling ladder') • 80 volunteers/40 staff upskilled / trained • Total: £60,000	• 150 staff upskilled • £200 per person • Total: £30,000	• 110 (core) workforce practitioners trained • £300 per person • Total: £30,000	• 250 people trained (across local authorities, VCSE and health [clinicians]) • £160 p.p. inc. mix of workforce engagement, training (Foundation in Health and PACC training) • £40,000

Develop

D1 VCSE Movement Embedding Programme. Focus: Equipping allied MAS workforce to reach 1-2,000 residents

Level	VCSE maturity	Example activities	Funding guide	Organisations
Level 1 – Everyday movement	Organisation embedding movement informally	Movement moments, chair stretches, walk-and-talk meetings	£100-£300	8 organisations
Level 2 – Volunteer activation	Organisations starting structured activity	Wellbeing walks, volunteer activity leaders	£500-£1,000	6 organisations
Level 3 – Regular activity delivery	Organisations delivering sessions for specific groups	Chair-based classes, inclusive activity groups	£2,000-£3,000	4 organisations
Level 4 – Professional delivery	Organisations running structured programmes	Hiring an instructor / specialist programme	£5,000-£10,000	2 organisations
Total			£60,000	20 VCSEs

Component	Budget
Level 1 micro-grants (8 orgs × £250)	**£2,000**
Level 2 volunteer activation (6 orgs × £1,000)	**£6,000**
Level 3 delivery development (4 orgs × £3,000)	**£12,000**
Level 4 programme grants (2 orgs × £10,000)	**£20,000**
Training / workshops / support sessions	**£10,000**
Programme coordination and mentoring	**£10,000**
Total	**£60,000**

What this delivers

Output	Estimated
VCSE organisations supported	**20**
Volunteers upskilled	**80**
Staff trained	**40**
Regular activity sessions created	**15–25**
Additional (inactive) residents reached	**1,000–2,000**

Rather than assuming every organisation needs a large grant, we will support around 20 VCSE organisations at different stages of readiness. Some will simply embed everyday movement in their services, while others may develop structured activity programmes. See ‘upskilling’ ladder next.

Develop

D2 Dementia, Long-Term Health Conditions & Inclusion Training

Focus: Embedding inequities knowledge in current and future workforce

Component	Cost
150 staff trained	**£200 each**
Total	**£30k**

Based on Dementia Forward feasibility insights and Physical Activity Alliance good practice scaled to other organisations (including ideally every successful MAS (workforce fund) applicant organisation

Develop

D3 Public Health literacy CPD

Focus: The primary audience for D3 is the core MAS workforce

Component	Cost
100 practitioners	£300 each
Total	£30k

Participants	Example
Fitness instructors	40
Community sport coaches	30
Health programme facilitators	20
Leisure centre staff	20
Total	110 practitioners trained

Topic	**Purpose**
Understanding health inequalities	Understanding who is least active and why
Behaviour change techniques	Supporting people to adopt and sustain activity
Working with long-term health conditions	Safe activity for people with diabetes, CVD, COPD etc
Mental health & physical activity	Using activity to support emotional wellbeing
Trauma-informed and inclusive practice	Supporting vulnerable populations

Develop

D4 Allied & Clinical Workforce Movement Literacy

Focus: Equip both allied public service professionals and healthcare clinicians with the knowledge and confidence to promote physical activity and movement in their routine interactions with residents and patients.

The MAS workforce is not just instructors and coaches. Thousands of workers across local authorities and community organisations already support residents every day. By equipping them with movement and health literacy we can embed activity into routine services and prevention across our system. This approach works because many of these professionals:

- conduct home visits
- run community services
- provide advice and support to vulnerable residents
- interact with patients at key moments in the healthcare pathway.

Embedding movement literacy in these interactions enables physical activity to become part of routine prevention and wellbeing conversations

Element	Description
Purpose	Equip allied public service professionals and healthcare practitioners with the knowledge and confidence to promote movement, physical activity and health improvement in routine interactions with residents and patients
Target workforce	Local authority staff, VCSE practitioners, housing officers, library staff, reablement teams, community connectors and healthcare professionals
Delivery model	Short accredited learning programmes combined with practical workshops and cascade learning through local teams
Training model	Foundation in Public Health Programme, contextualised movement literacy workshops, and Physical Activity Clinical Champions (PACC) training for healthcare professionals

Develop

D4 Allied & Clinical Workforce Movement Literacy

Component	Budget
Foundation in Public Health course licences / places	£15k
Movement literacy workshops for allied workforce	£10k
PACC clinical champion training sessions	£5k
Cascade training resources (toolkits, facilitation packs)	£5k
Programme coordination and evaluation	£5k
Total	£40k

Output	Estimated
Local authority staff trained	150
VCSE practitioners trained	50
Healthcare professionals trained (PACC)	50
Teams reached through cascade learning	20
Residents indirectly influenced	5,000+

The Foundation in Public Health Programme provides a strong foundation for allied workforce development because it covers health inequalities and population health, prevention and wellbeing approaches, system collaboration and understanding how professional roles can support behaviour change.

Audience: Allied workforce (local authority / VCSE)

Alongside this, the Physical Activity Clinical Champions (PACC) programme supports healthcare professionals to develop the knowledge and confidence to have effective conversations about physical activity with patients and promote behaviour change through brief clinical interventions. Together, these interventions help embed movement and physical activity promotion across both community and clinical settings.

Audience: Doctors, nurses, physiotherapists, Allied Health Professionals (AHPs) & NHS Clinicians

Progress

Focus: career progression for people in the core workforce with appropriate connection to the allied MAS workforce

P1 Specialist Instructor Mentor Network	P2 Leadership Development	P3 Apprenticeship Incentives
•10 mentors – up to 40 mentees •£500 CPD vouchers paid to mentors per person mentored •Network facilitation •Total: £30,000	•50 practitioners •£800 per person •Total: £40,000	•25 SME incentives •£400 per person •Total: £10,000

Retain

Focus: workforce wellbeing and career sustainability.

R1 Mid-Career Retention Toolkit	**R2 Workforce Wellbeing Support**
•Toolkit development •Employer training •Check if this solution already exists or could be contextualised from existing employer support offers •Total: £25,000	•Peer support groups •Evaluation •Total: £15,000

Place-based cross sector workforce development activity

Strategic Purpose

- To develop place-based 'workforce hubs' that connect the MAS core and allied sectors enabling a wider workforce to support movement, physical activity, sport, active wellbeing and prevention.
- Joint workforce development must focus on building trust and confidence between sectors such that it effects referral processes for residents e.g. technical mapping work exploring how to understand and respect the competence of core MAS workforce staff and people working in healthcare settings (which may include a focus on professionalisation and chartership models stewarded by respective professional bodies
- Sharing of capital and revenue resources/assets in place to serve a defined local population ultimately contributing to a reduction of pressure on health and care systems in North Yorkshire & York
- Mechanisms to bring employers, deployers, self employed individuals working in the core and allied sectors alongside education and training providers will focus on behaviour change capability and real-world learning, not only qualifications.

PBCS1: Workforce Hub developments

Component	Budget
Ripon workforce hub pilot Joint WfD activity	£40k 100 beneficiaries
Catterick health workforce pilot	Discovery work continues via neighbourhood health workstream in 2026
York education pipeline coordination	£10k 20 beneficiaries

‘Workforce Hubs’ will not be identical they will be place-context specific

Ripon Community Activation Workforce Hub

Characteristics:

- strong voluntary and community sector
- ageing population
- prevention and independence focus.

Hub anchor assets:

- leisure centre (co-location of NYC, hospital/MSK and VCSEs in one building)
- Local community organisations serving the health and wellbeing of hundreds if not thousands of (active / inactive / vulnerable) residents in the Ripon Parish
- Dementia and carers networks
- Organisations with outdoor spaces / estates

Workforce focus

- community volunteers
- VCSE practitioners
- activity leaders
- social prescribing partners.

Priority training themes:

- chair-based activity
- dementia-friendly practice
- community engagement
- behaviour change.
- See others listed in Active North Yorkshire’s ‘training academy’ concept slides and key insights from the Ripon (10th March 2026) ‘empowering your community through movement’ event

Catterick: Health & rehabilitation workforce hub

Characteristics:

- military population
- high MSK injury and trauma
- new Integrated Care Campus.

Hub anchor assets:

- Catterick Integrated Care Campus
- Town centre regeneration site.
- Leisure centre
- Local VCSE sector serving health and wellbeing of local population

Workforce focus:

- physiotherapists
- rehabilitation practitioners
- leisure professionals
- VCSE organisations.

Priority training themes:

- MSK rehabilitation support
- trauma-informed practice
- recovery and prehabilitation
- military-aware workforce capability.

York education & system coordination workforce Hub

Characteristics:

- strong university and FE ecosystem
- large public health infrastructure.

Hub anchor assets:

- York College
- York St John University
- City partners
- Community Stadium model bringing core and allied sector partners into one space with person-centred health, care and leisure services for residents

Workforce focus:

- students
- apprentices
- public health workforce
- community organisations.

Priority themes:

- workforce pipeline
- placements and apprenticeships
- cross-sector learning
- public health workforce development.

Shared workforce capability framework

Across all workforce hubs the programme should emphasise the desired capabilities we would like in the MAS workforce by 2030

These capabilities apply to core and allied MAS workforce staff

Expanded Action Plan Scenario

Scenario 2

Pillar	Allocation
Programme Infrastructure	£100k (7%)
Attract	£300k (20%)
Develop	£430k (29%)
Progress	£280k (19%)
Retain	£190k (13%)
Place-Based Cross-Sector	£200k (13%)
Total	£1.54 million

Pillar / Workstream	Action	Description	Budget	Indicative Outputs
Programme Infrastructure	Programme coordination	Programme manager (0.6 FTE equivalent), alliance convening, light evaluation and reporting	£70,000	Programme coordination, biannual MASWA forums, employer and education networks convened
ATTRACT	Entry Qualification Access Fund	Subsidised lifeguard, swim teacher and gym instructor (or other NGB L2) qualifications with travel bursaries	£50,000	135+ qualifications completed
	NEET Pre-Employment Programme	Short pathway into MAS employment linked to Youth Workforce programme	£20,000	20 young people supported into training or employment
	Women Coaching Recruitment	Bursaries and mentoring support to recruit and retain women coaches	£30,000	30 women supported into coaching pathways
DEVELOP	VCSE Movement Embedding Programme	Training and micro-grants enabling VCSE organisations to embed movement into everyday services	£60,000	20 VCSE organisations embedding MAS programmes aligned to maturity / need (tiered funding model)
	Dementia, Long-Term Health Conditions & Inclusion Training	Workforce training focused on inclusive activity delivery for LTHCs, disabilities and dementia	£30,000	150 practitioners trained
	Public Health Capability CPD	Behaviour change, health inequalities and community engagement training	£30,000	110 practitioners trained e.g. fitness instructors (40); community sport coaches (30); health programme facilitators (20); leisure centre staff (20)
	Allied Workforce Movement Literacy Programme	Equip non-MAS professionals with basic movement, health and inequalities literacy	£40,000	250 people trained; multiple teams in local authorities (North Yorkshire Council & City of York Council), VCSE and health sector (
PROGRESS	Specialist Instructor Peer Network	Mentor network with £500 CPD voucher per mentor	£30,000	40 mentors supporting emerging workforce
	Leadership Development Programme	Leadership and management development for emerging sector leaders	£40,000	50 leaders supported
	Apprenticeship Incentives	SME incentives to support apprenticeships	£10,000	25 apprenticeship placements supported
RETAIN	Mid-Career Retention Toolkit	Employer support resources and career progression guidance	£25,000	15 organisations supported
	Workforce Wellbeing Support	Peer support groups and workforce wellbeing resources	£15,000	Reduced burnout and improved retention
PLACE-BASED CROSS-SECTOR	Ripon Workforce Hub Pilot	Ripon workforce hub integrating local system partner assets for joint workforce development activity	£40,000	Joint workforce development activities across attract, develop, progress & retain – 100 beneficiaries
	Catterick Workforce Hub Pilot	Health-aligned workforce development linked to Integrated Care Campus	£- tbc	Discovery work continues in 2026 through neighbourhood health workstream
	York Workforce Hub Pilot	Education-led workforce pipeline coordination	£10,000	Employer & education provider joint WfD / engagement; placement pathways developed: 20 beneficiaries
TOTAL PROGRAMME INVESTMENT			£500,000	

Scenario 2: investment balance

Pillar	Allocation
Current workforce	£820k (55%)
Future workforce	£420k (28%)
System infrastructure	£260k (17%)
Total	£1.5 million

Scenario 2: Workforce impact

Upskilled workforce

Intervention	People
VCSE embedding	300
Public health CPD	600
Dementia inclusion	500
Mentor network	100
Leadership academy	220
Cross-sector CPD	200
Total upskilled	**1,920**

People Entering Jobs

Intervention	People
Qualification fund	500
NEET pipeline	60
Women coaching	90
Apprenticeships	90
Total entering jobs	**720**

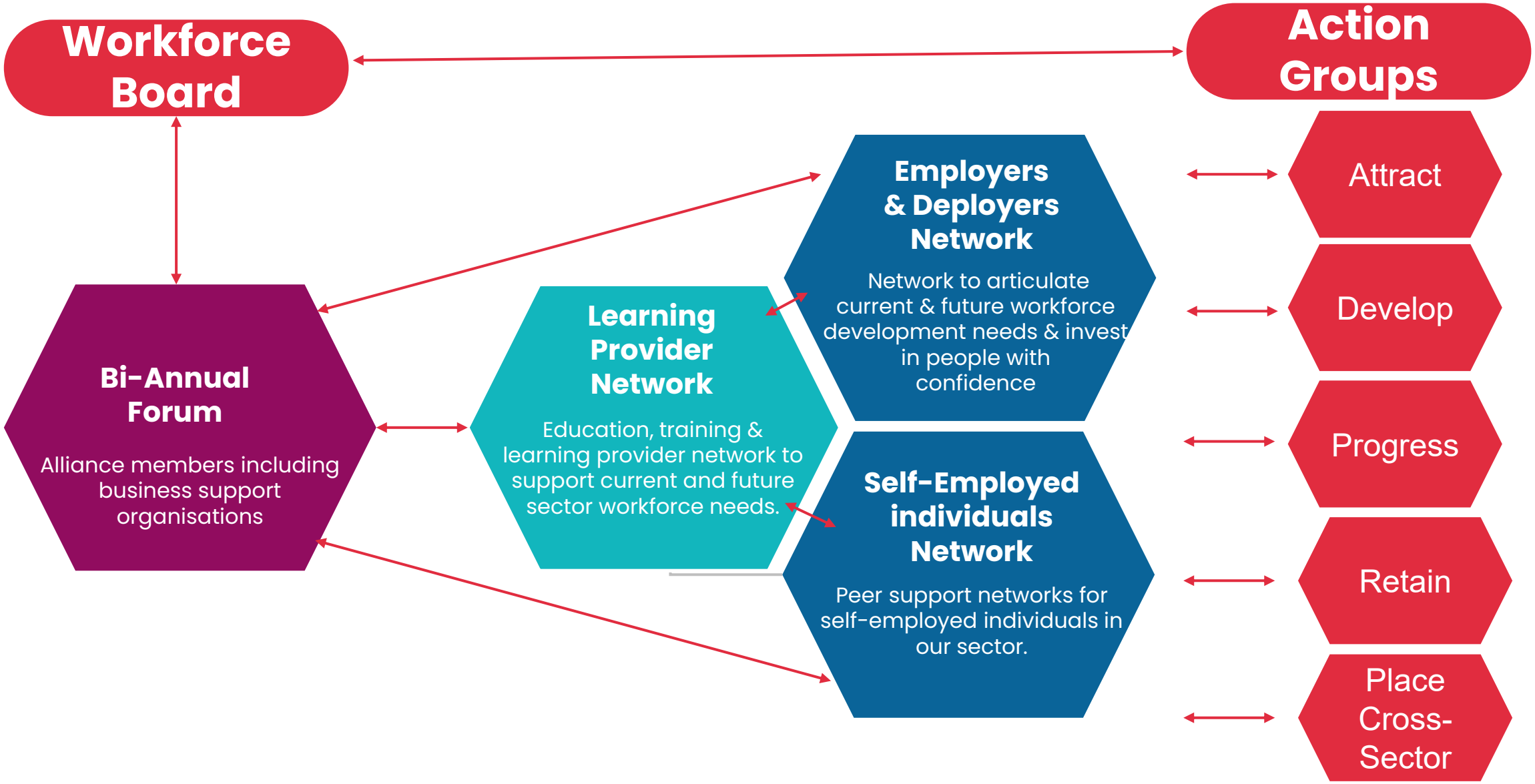
Total workforce impact

Metric	Volume
People upskilled	1,920
People entering jobs	740
Total workforce impacted	**2,660**

Residents reached:
Estimate: 15,000 – 25,000

Proposed structure to ensure the Workforce Development Framework and Action Plan can be realised in future

Movement, Activity & Sport Workforce Alliance (MASWA)



Want to know more about the MAS sector in North Yorkshire & York please visit

https://northyorkshiresport.co.uk/what-we-do/working-age-adults/**workforce-development**