



Beat the Street Barnsley Post Game Report 2025





Contents

- 3. Executive summary
- 5. Headline results
- 6. The local picture
- 7. Local engagement
- 9. Digital engagement
- 12. Who took part?
- 15. Findings
- 35. Case studies
- 38. Player feedback
- 40. Conclusion

Executive summary

Across Barnsley, residents face multiple challenges that affect health, wellbeing, and community connectedness. Beat the Street offers a practical and engaging way to respond to these challenges, using a simple, inclusive game to motivate people to move more, explore their local area, and develop small but sustainable changes in daily behaviour. By combining behavioural science with a community-wide approach, the programme turns everyday walking, wheeling, and cycling into a shared experience that connects people to each other and the places they live.

Beat the Street Barnsley aimed to increase levels of physical activity, promote active travel, and improve mental wellbeing, while also supporting local priorities around health inequalities, inclusion, and community cohesion. The programme aligned closely with council strategies for active travel, school sport participation, and the use of green and blue spaces, embedding physical activity within existing local initiatives and community networks.

The programme was commissioned and funded by Barnsley Metropolitan Borough Council and the National Lottery via Sport England. It is being delivered by Intelligent Health in partnership with Barnsley Metropolitan Borough Council, with support from local health and wellbeing partners. Beat the Street also aligns with and supports the delivery of Barnsley Council's Health and Wellbeing Strategy 2024–2028, through which the Council and its partners are committed to creating more opportunities for residents to lead active and healthy lives.

The game engaged over 22,000 participants, with strong representation from children, women, and residents from deprived communities, as well as people living with long-term conditions or disabilities. Through pre- and post-game data, player feedback, and case studies, it is clear that the game encouraged more frequent walking and wheeling, reduced sedentary behaviour, and strengthened feelings of community connection and place attachment.

Local engagement was a central part of the programme. Schools across the borough were actively involved, with assemblies, prize-giving events, and dedicated support for team leaders, while community groups, GP practices, and health partners helped extend reach. Public events, including guided walks and the launch at Barnsley Town Hall with key stakeholders, provided visible opportunities for the community to come together, fostering participation and enthusiasm.

Player stories highlight how Beat the Street created fun, social, and meaningful experiences for people of all ages - from schoolchildren discovering new ways to move, to families and older adults enjoying walks together, and teenagers using the game to connect with friends. These experiences illustrate how simple, inclusive interventions can deliver lasting impacts for physical activity, wellbeing, and community spirit.

Beat the Street helped tackle inequality by narrowing gaps in physical activity, wellbeing, and community connection. The largest improvements were seen among inactive adults, people with long-term conditions or disabilities, and those in deprived areas. Groups who also showed the greatest gains in Health Creation and Community Assets, including stronger trust, optimism, belonging, and connection to local networks and culture. These outcomes show how an inclusive, place-based approach can reduce inequalities while building the confidence, relationships, and assets that sustain community health.

This report demonstrates how Beat the Street Barnsley has supported the outcomes and priorities of local partners and funders, while providing insights to inform future community and physical activity initiatives. The programme shows that a gamified, community-wide approach can create positive behavioural change, tackle inequalities, and strengthen the health and resilience of local populations.



Headline results



22,299 players
(9% of the population
engaged)



115,111
miles travelled



82
primary schools engaged



36
community groups engaged

Physical activity

- Child daily 60+ mins activity increased by 6%-points
- Adult inactivity among those with long-term conditions or disabilities reduced by 5%-points
- Adult sitting time shows a consistent reduction across both weekdays and weekends. On weekdays, average sitting time decreased by 38 minutes per day.

Mental wellbeing

- Adults reported higher life satisfaction, happiness, worthwhileness, and lower anxiety
- WELLBY score incorporated into social value (£494 per returning adult)

Tackling inequalities

- Representation: Strong engagement from residents in deprived areas (top 20% IMD), 17% reported a long-term condition and 6% a disability.
- People with long-term conditions or disabilities: Adults with disabilities saw greater gains in ABCD Maturity, +20%-points more likely to feel part of a local network and +16%-points more likely to say they agree they have stories they can tell that encapsulate the culture and heritage of their community.
- Residents in deprived areas (IMD 1–4): Adults reported Improved optimism (+4.7%), shared values (+3.7%), and neighbourhood safety (+2.9%). Children reported Stronger feelings of safety (+5.6%), belonging (+7.2%), and agency (+6.6%).

The local picture

Physical activity levels

Barnsley Council's Active in Barnsley 2022–26 strategy reports that physical activity levels in the borough are “significantly lower than the national average,” with adults more likely to be inactive than in England overall. More recent local data shared by the Council indicates promising progress, with an estimated 61% of adults and 51.1% of children now meeting recommended activity levels. These improvements sit alongside ongoing challenges: Barnsley continues to experience higher-than-average levels of child poverty, a factor closely linked to long-term health inequalities and reduced access to opportunities to be active.

Health inequalities

Barnsley faces significant health inequalities, with over 60% of Lower Super Output Areas (LSOAs) in the top 20% most deprived nationally. Health deprivation and disability, along with education, skills, and training, are the most significant domains contributing to this deprivation. These disparities underscore the importance of targeted interventions to promote physical activity and improve health outcomes across the borough.

Strategic initiatives

To address these challenges, Barnsley Council has implemented the “Active in Barnsley” strategy, aiming to increase physical activity levels across the population, with a focus on those in greatest need. This strategy aligns with the Barnsley Health and Wellbeing Strategy and the Barnsley 2030 Plan, emphasising a collaborative approach to promote active living as part of everyday life for everyone. Additionally, the “Barnsley Big Idea” initiative seeks to directly support at least 20,000 residents to increase their physical activity and improve their health and wellbeing. This programme focuses on hyperlocal engagement, with community connectors ensuring that resident voices shape local delivery plans and interventions.



Local engagement

School engagement

Local engagement for Beat the Street Barnsley was led by members of Barnsley Council's Sport and Physical Activity Team. Mollie Oxley and Adam Simmonite played a key role in coordinating community involvement, building relationships with local organisations, schools, and groups to encourage participation across the borough. Their efforts helped ensure the programme reflected local needs and created lasting opportunities for residents to get active and connected through Beat the Street.

In Barnsley, 82 schools participated in Beat the Street, with 21 assemblies delivered at the start of the game to encourage sign-ups and build excitement. Many primary schools had previously identified team leaders through the Active Schools programme, and the assemblies strengthened these relationships, making staff more receptive to ongoing engagement. Communication with schools continued throughout the game via regular emails, providing check-ins, social media, and encouragement for pupils and parents.

Active Travel promotion was integrated throughout, including guidance on walking, wheeling, and scooter safety. Schools were supported with Beat the Street walks, helping pupils experience the game while encouraging more sustainable travel habits.

Community engagement

Local engagement extended beyond schools through strong partnerships with community organisations such as Barnsley Trust, BPL, Age UK, council teams, libraries, Barnsley Civic, and Glassworks. 26 community and workplace teams took part, with teams such as Dodworth Miners ARLFC u12s, and Barnsley Libraries. Joining the community teams were 10 cycling and running clubs such as Barnsley Harriers and the Sole Sisters.

Cards, posters, and leaflets were widely distributed, reaching clubs, groups, and sports teams across the borough. Key health centres, including New Street Health Centre, Monk Bretton Health Centre, Spectrum Community Health, and the Town Centre Walk-In also received materials to promote participation.



Events and publicity

The launch event at Barnsley Town Hall brought together local stakeholders, including the Mayor, councillors, Olympic champion Ed Clancy OBE, NHS representatives, and SYMCA. The event featured speeches, launch day statistics, active travel promotion, and a guided walk to experience Beat the Street first-hand.

During the game, three community point builder walks were held and additional promotion occurred at larger events such as Disability Week (100 attendees), the Barnsley 10K (5,000 attendees), and What's Your Move Day (2,000 attendees). Merchandise, Bonus Boxes, and flyers were used to maintain interest and engagement throughout the six-week game.

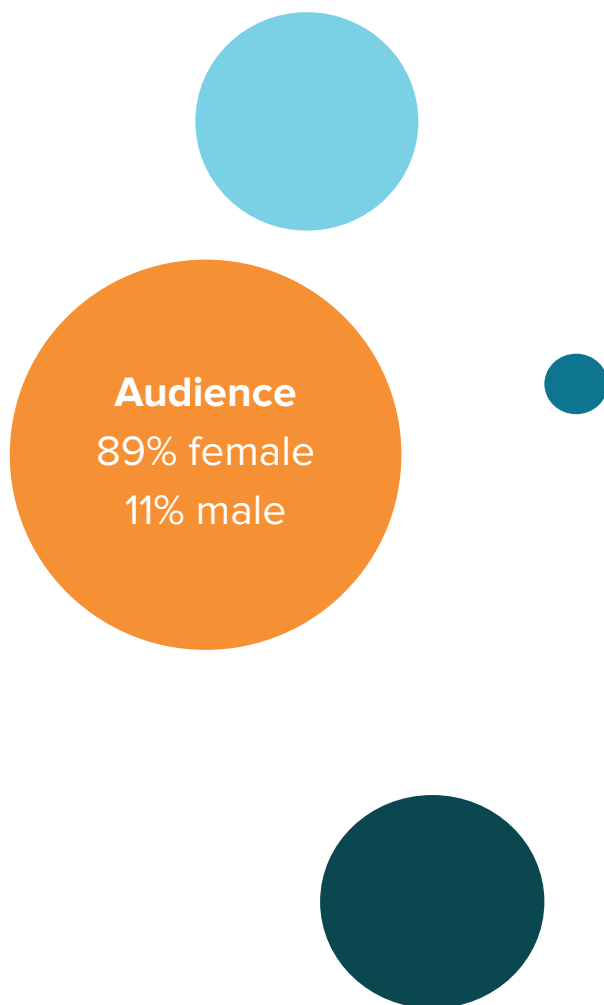
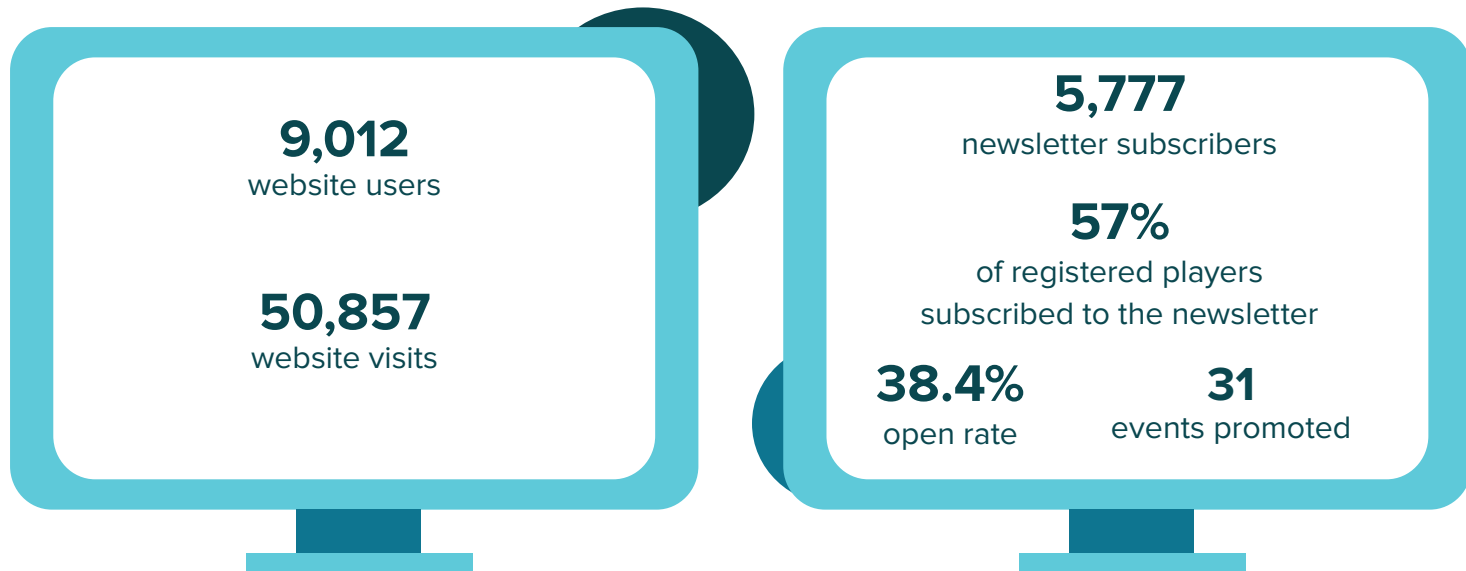
Local engagement - reflections

The local engagement team reported strong successes, particularly in primary school engagement and high participation in community walks. Launch day generated visibility and online engagement, and Beat the Street walks were positively received by participants.

Challenges included lower participation from business teams, occasional rule breaking, and difficulty connecting with less active schools. These were addressed through targeted outreach, reminders of game rules, and in-community appeals to capture participant stories.



Digital engagement



Media

BBC

- [Street game with prizes back to get people active](#)
 - [Council's active street game a hit with families](#)
-

Barnsley Chonicle

- [Beat the Street makes a return for summer](#)
 - [Thousands took on Beat the Street challenge](#)
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We are Barnsley

- [Double points up for grabs as Beat the Street ends](#)



Capturing data

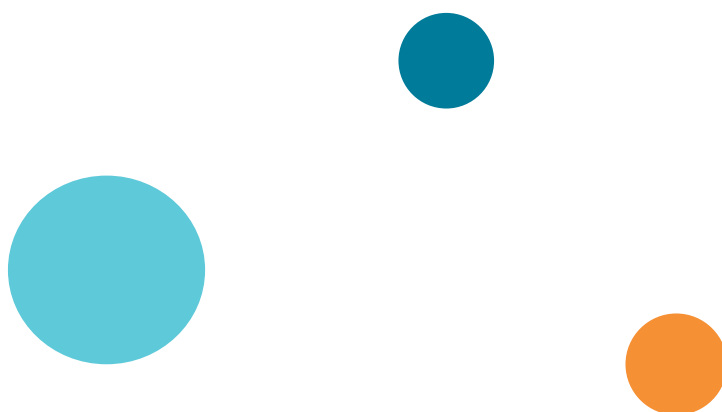
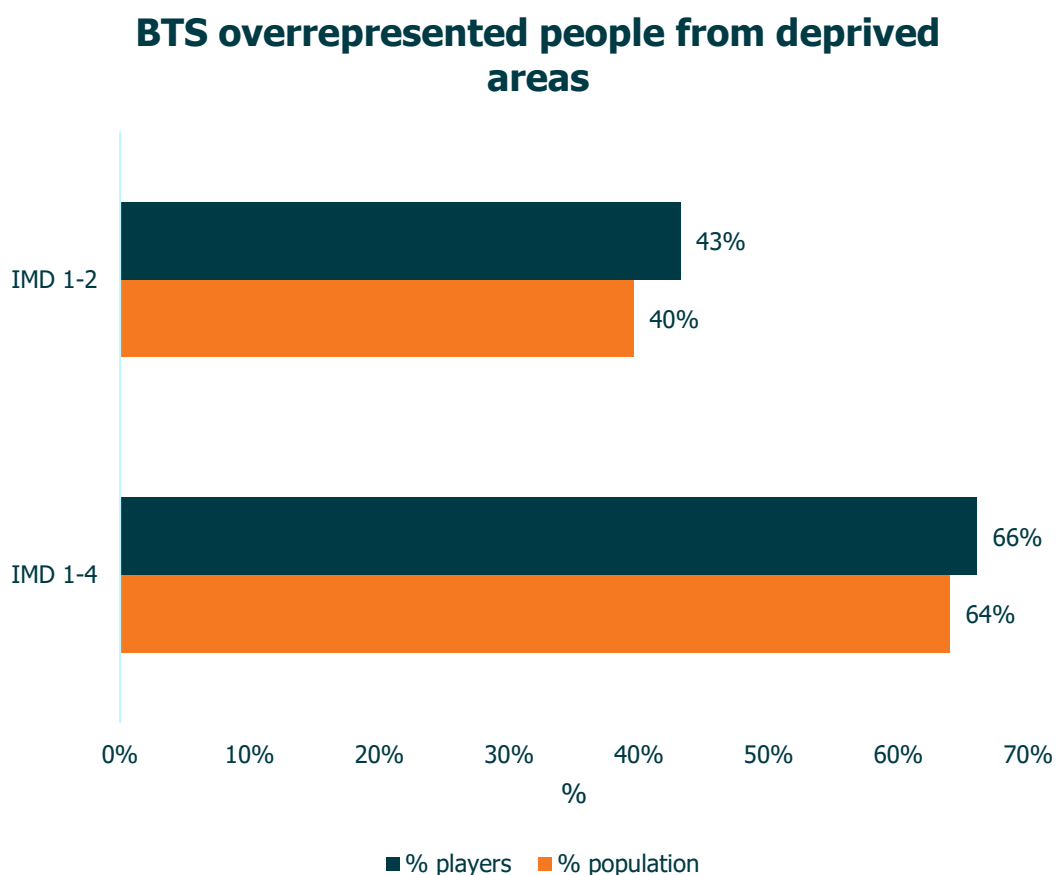
Registration data was collected on 18,830 people at the start of the game, providing audience insight into who was taking part; their age, gender, ethnicity and postcodes. Of these, 11,779 people completed an optional survey on their physical activity levels, long-term conditions, disabilities and mental wellbeing.

Following the game phase, participants were invited to complete another survey containing additional questions which has allowed us to measure the behaviour change and impact that Beat the Street has had on individuals.



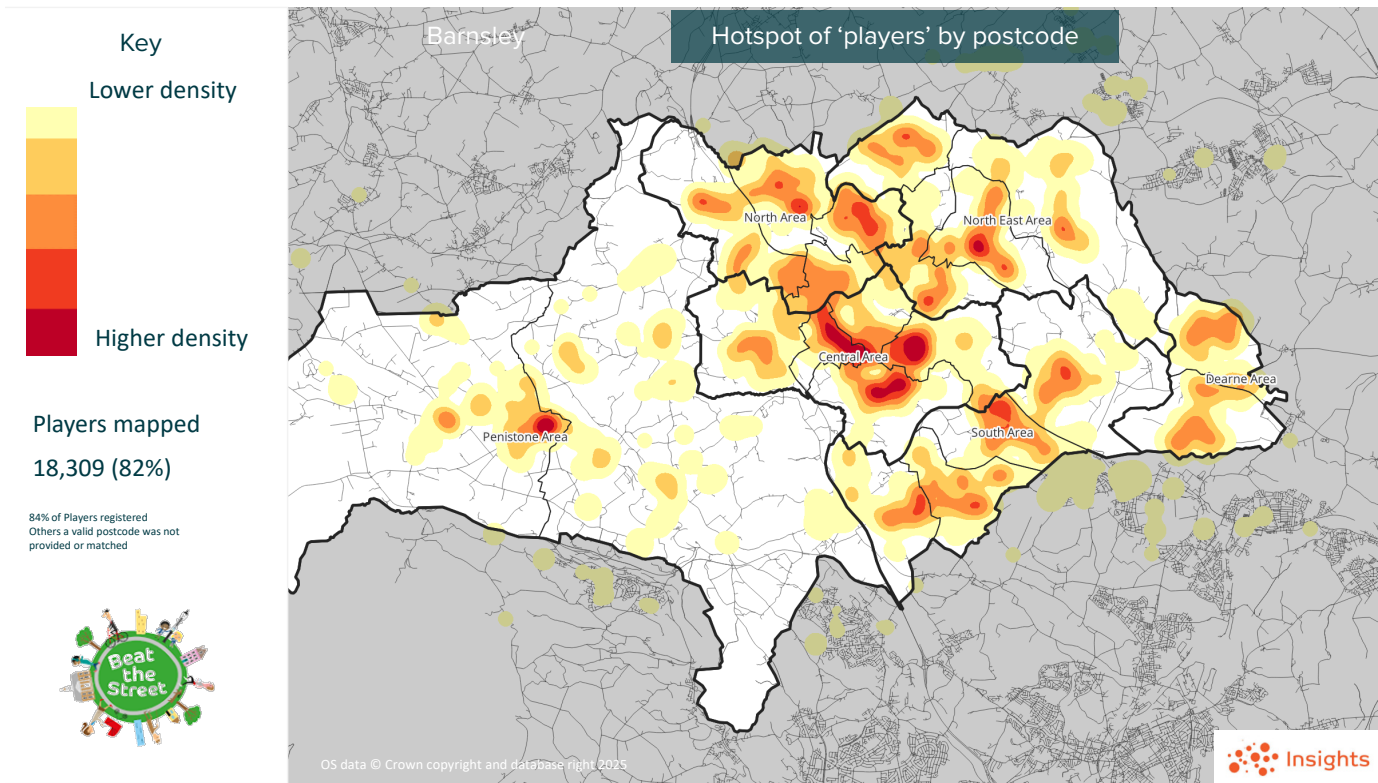
Who took part?

Of the 22,299 players who took part in Beat the Street, 52% were children aged 0-17 years and 73% were female. Players from areas of deprivation (IMD 1-2) were over represented compared to the local profile as shown in the graph below. Furthermore, 9% of players were from a culturally diverse community, and 23% stated they had a long-term condition and/or disability.

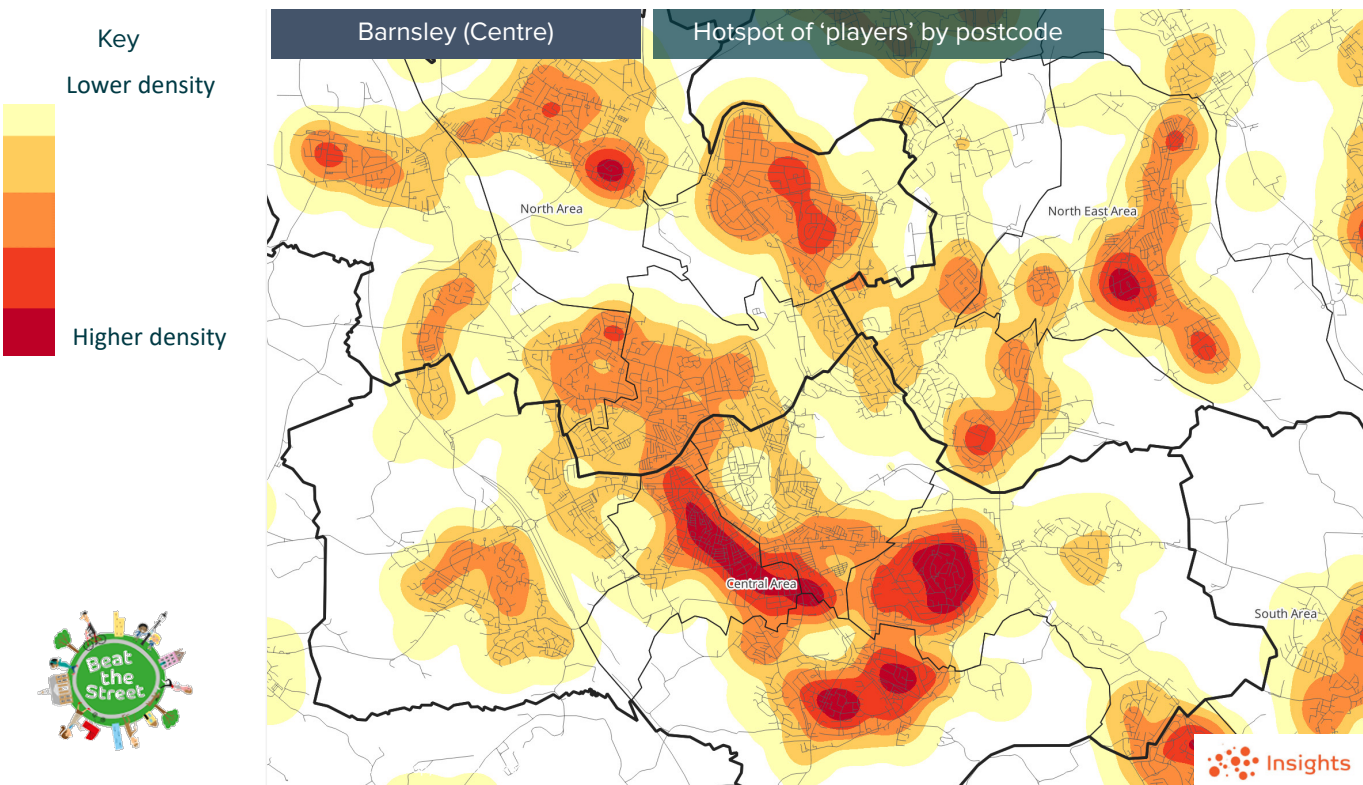


Gameplay

The map shows the level of participation throughout the Barnsley game area. Red areas highlight those with the highest density of participation. We see a clear pattern of engagement across the whole of the game area.

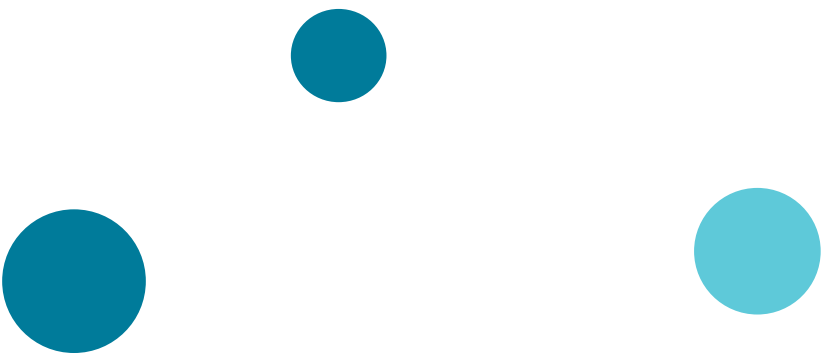
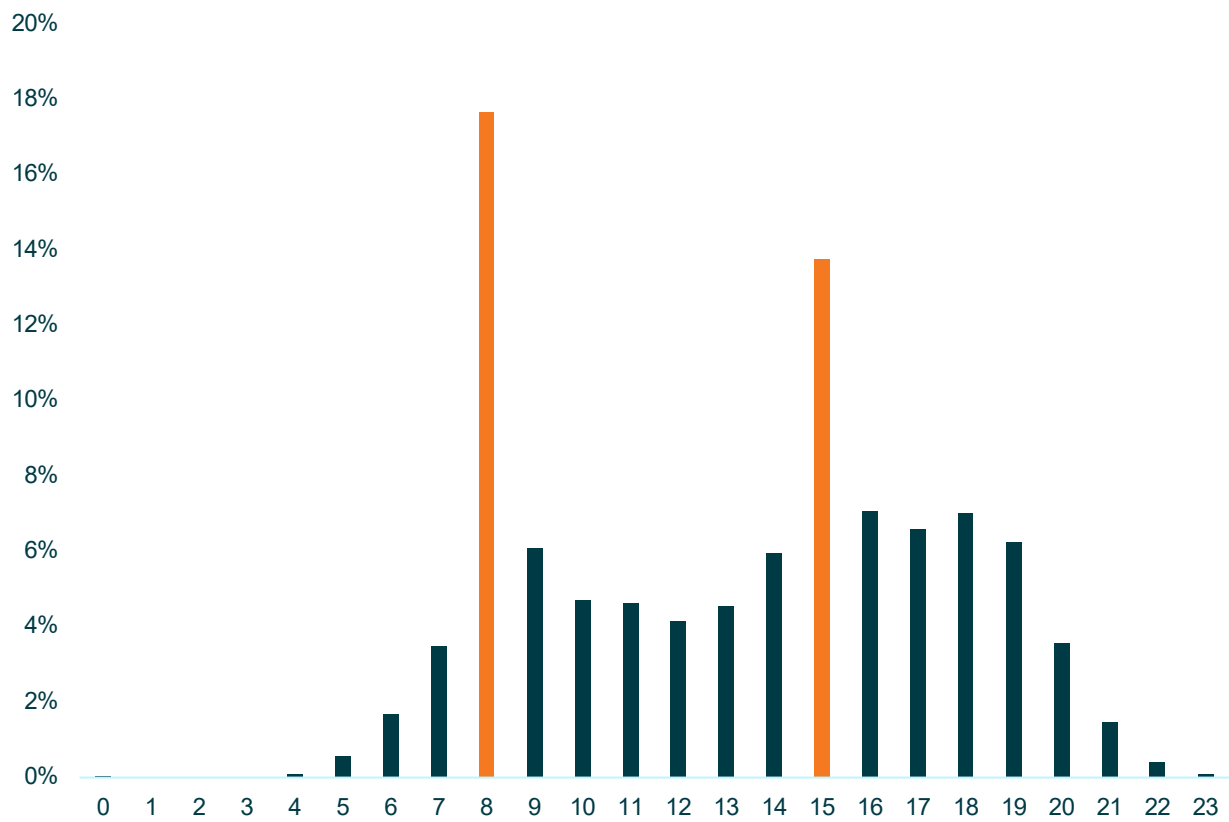


The below map is a close up view of the Barnsley Town area, where there is the greatest density of participants. The average number of taps per Beat Box was 1,886. The most visited Box was Beat Box 98, located in Lobwood, Worsbrough Bridge by The Mill Academy Primary School, with 11,855 visits. The least popular location was Beat Box 26, situated at the end of Wellfield Grove, Penistone, with 197 visits.



31% of all Beat Box activity occurred during 8am - 9am and 3pm - 4pm, typical travel times.

Peaks in Beat Box activity



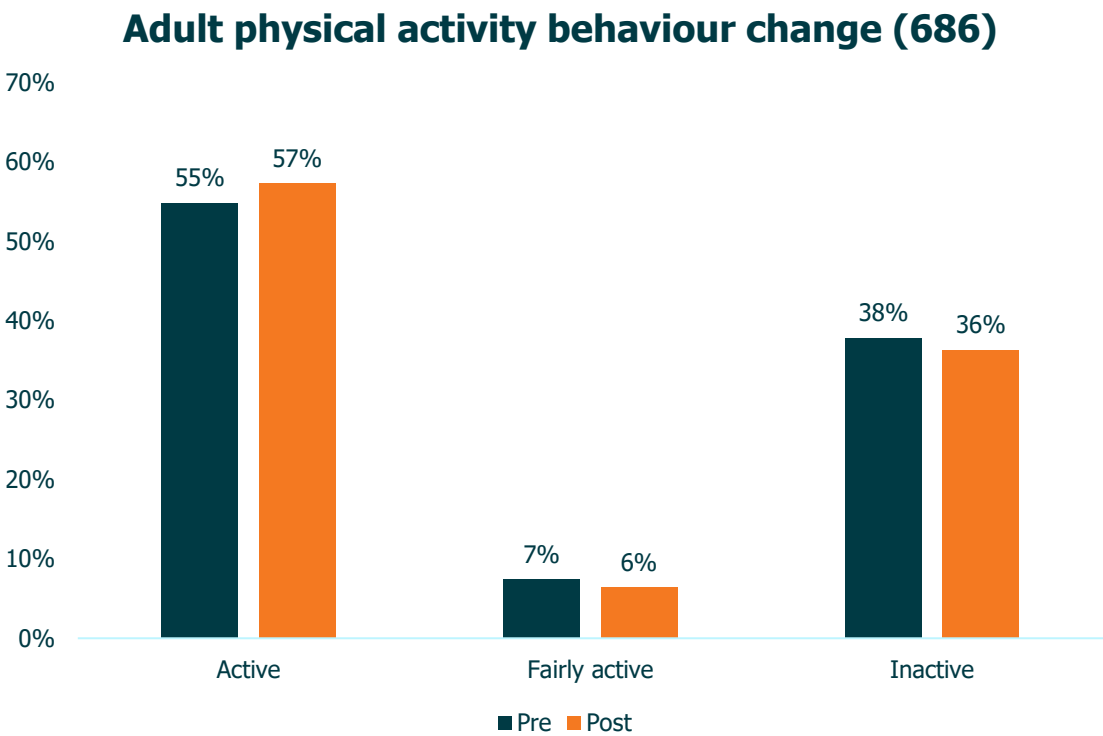
Adult physical activity

Definitions: Less active = less than 30 minutes a day, fairly active = 30-59 minutes a day, active across the week = an average of 60+ minutes a day

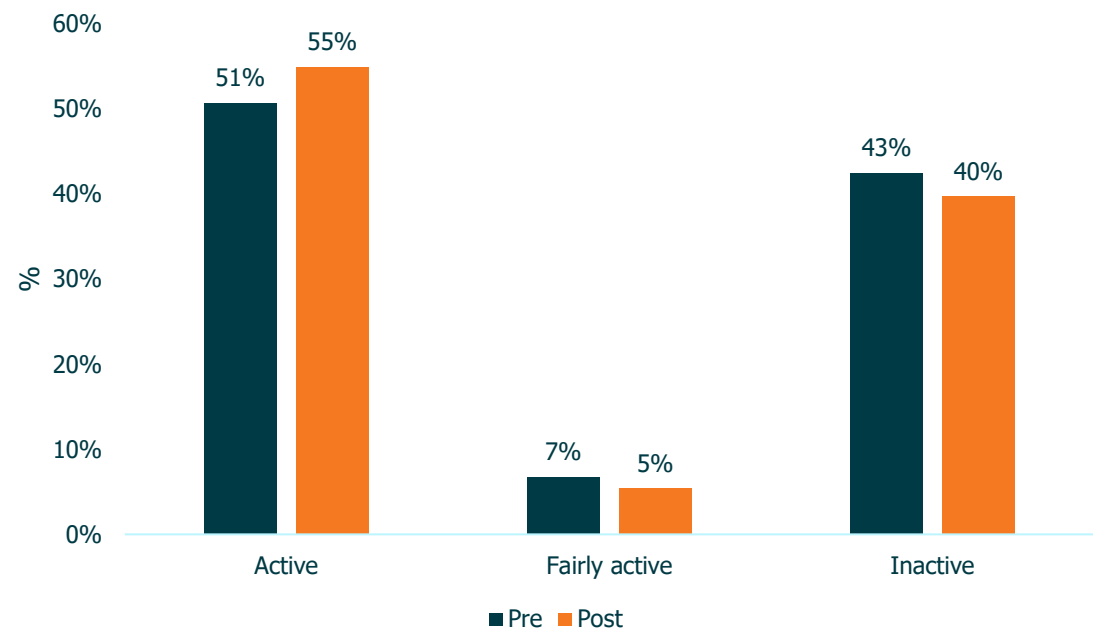
Overall, there was an 2%-point decline in the proportion reporting as being inactive. Furthermore, there was a 2% increase in the proportion achieving 150+ minutes of activity per week (686 matched pairs).

For adults from IMD 1-4 areas (426 matched pairs), the proportion of inactive decreased by 3%-points, whereas the proportion of active increased by 4%.

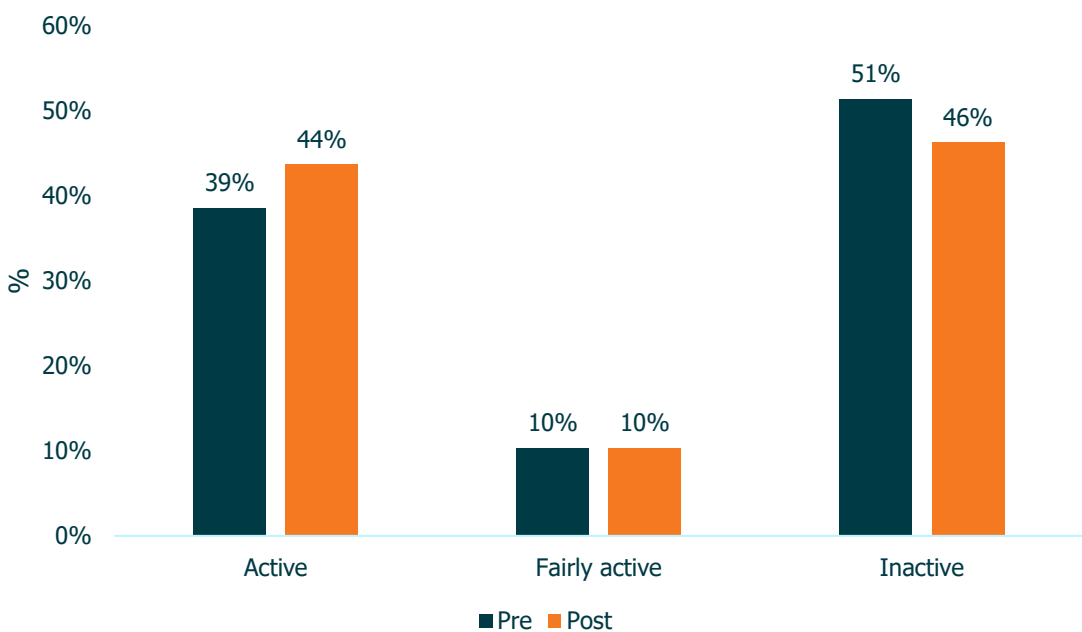
Though the data sample size for people living with a disability was more limited, their behaviour change was even more prominent with a 5%-point decrease in the share of inactive people and a 5%-point increase in the share of active adults (39 matched pairs).



Adult physical activity behaviour change - IMD 1-4 (426)



Adult physical activity behaviour change - Disability (39)

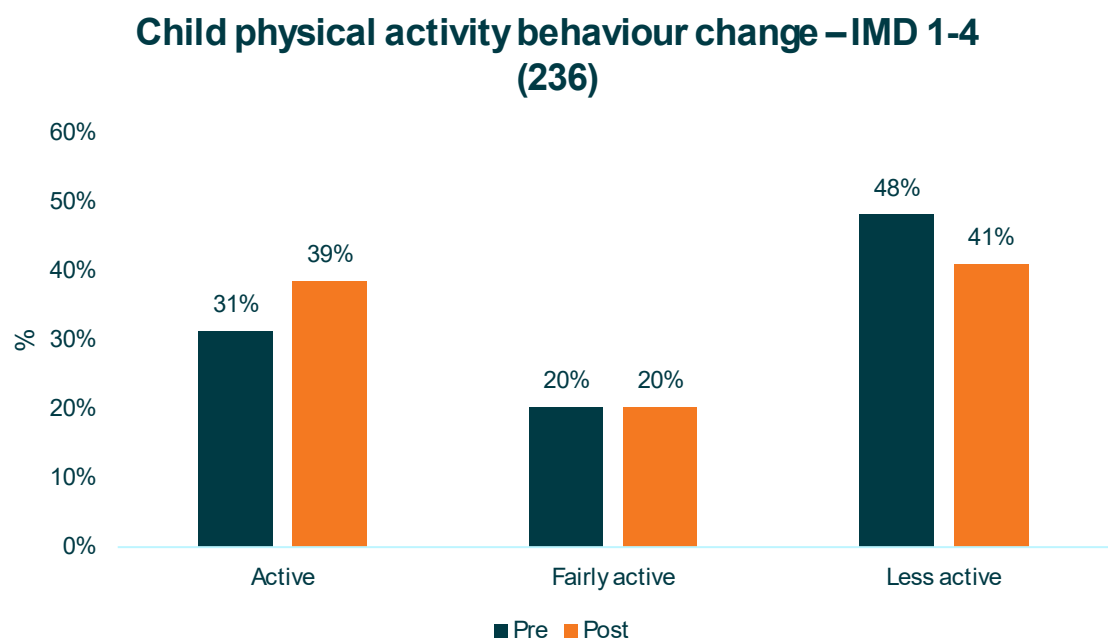
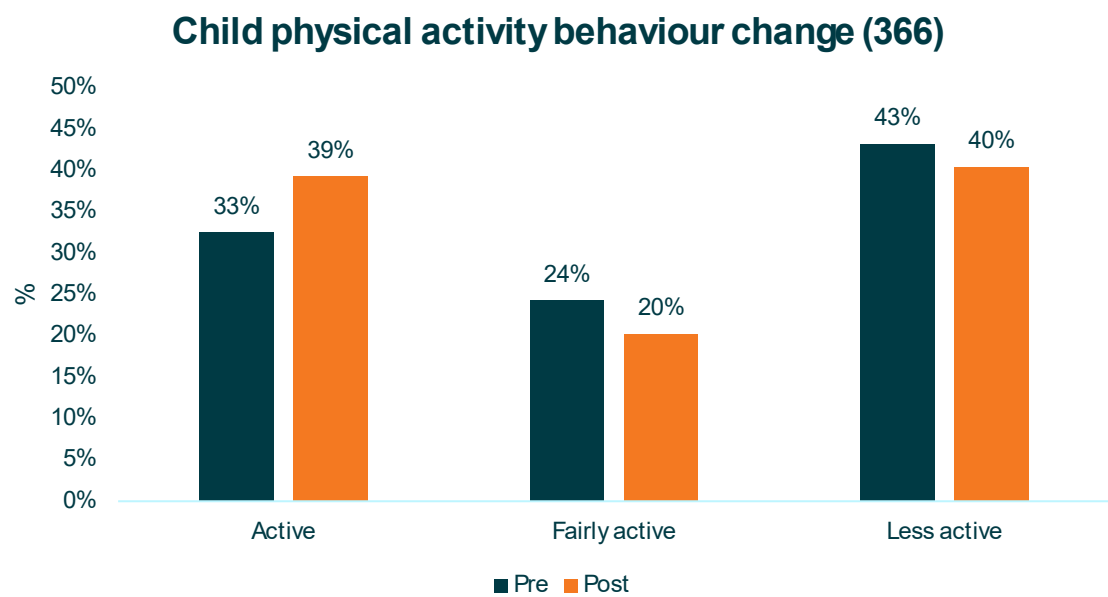


Children’s physical activity

Definitions: Less active = less than 30 minutes a day, fairly active = 30-59 minutes a day, active across the week = an average of 60+ minutes a day

Overall, the proportion of children reporting being less active declined by 3%, from 43% to 40% (366 matched pairs). Furthermore, there was an 6% increase in the proportion achieving an average of at least 60 minutes of activity per day.

The behaviour change for children from IMD 1-4 areas was even stronger. The proportion reporting being less active decreased by 7% and the proportion reporting 60 minutes of activity per day increased by 8% (236 matched pairs).

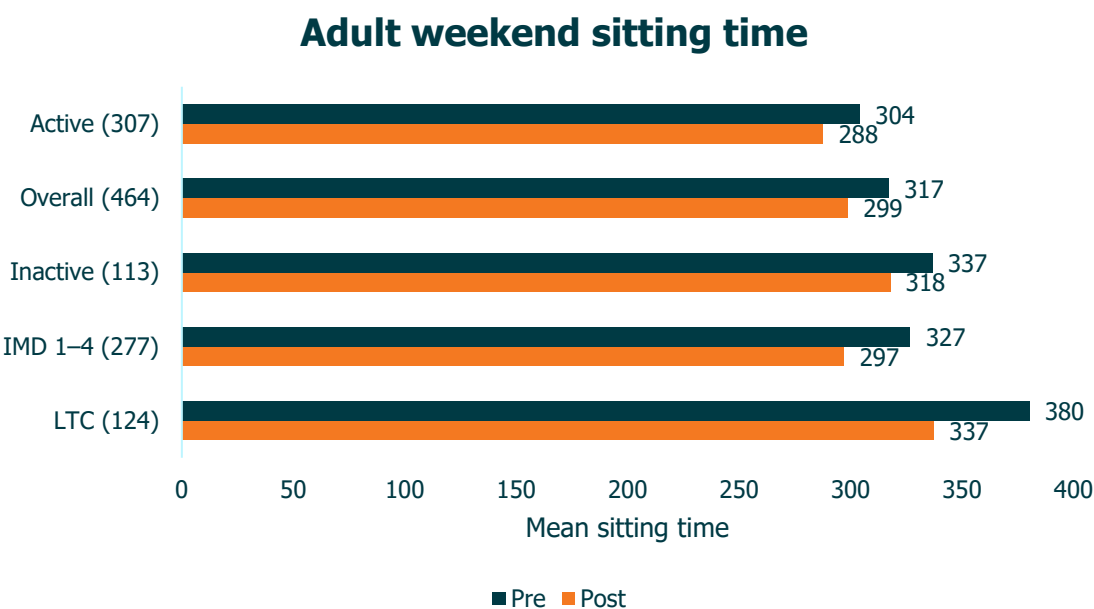
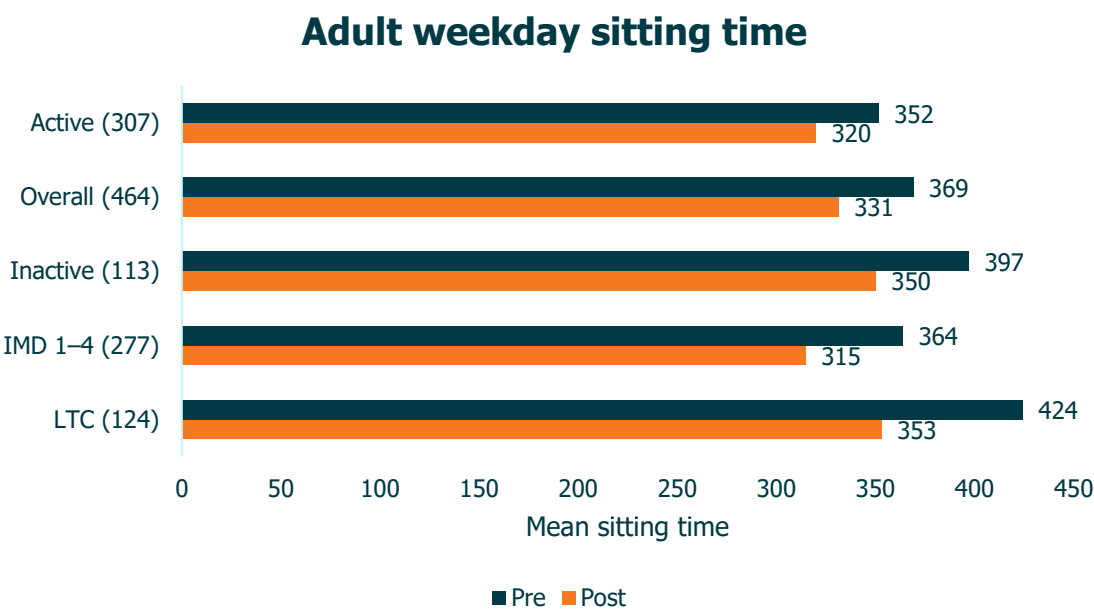


Adult sitting time

Analysis of adult sitting time shows a consistent reduction across both weekdays and weekends. On weekdays, average sitting time decreased by 38 minutes per day (from 369 to 331 minutes). The largest improvements were seen among adults with long-term conditions, who reduced sitting time by 71 minutes, followed by adults living in the most deprived areas (IMD 1–4) with a 49-minute reduction, and inactive adults with a 47-minute reduction.

Weekend sitting time also fell, though to a lesser extent. On average, adults sat for 18 minutes less per day at weekends (317 to 299 minutes). Again, the largest changes were among adults with long-term conditions (43-minute reduction) and those from deprived areas (30-minute reduction).

Overall, the findings indicate that the programme has supported adults to reduce sedentary time, with the most pronounced gains among groups who face higher health risks.

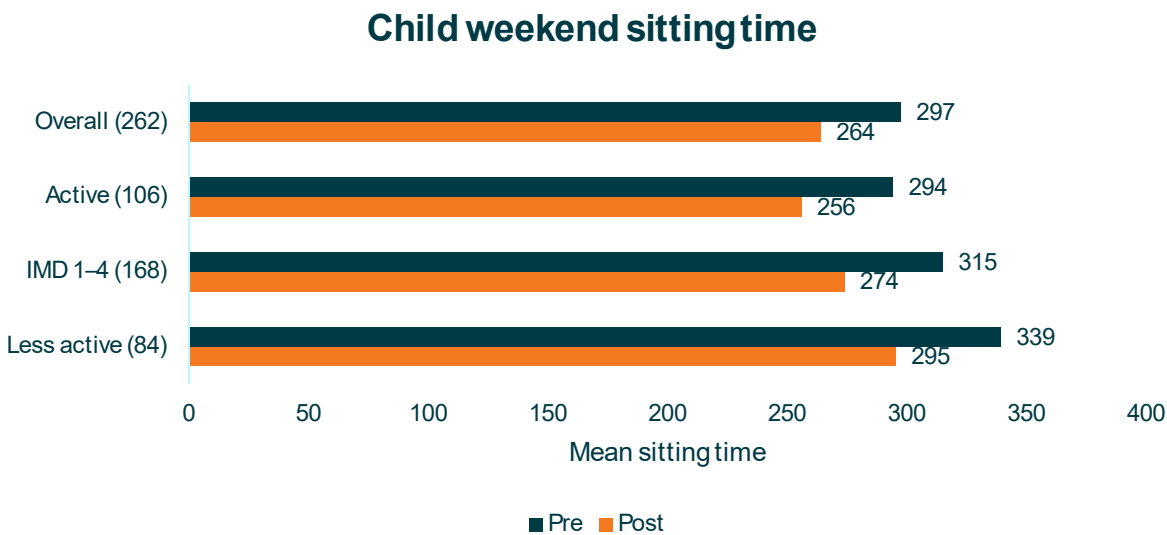
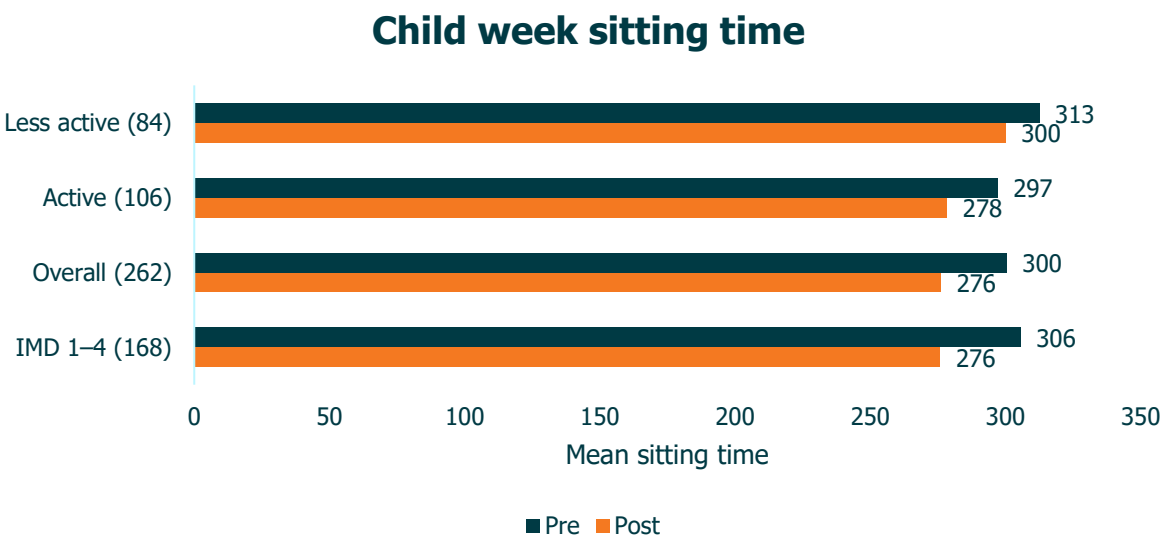


Child sitting time

Analysis of child sitting time shows notable reductions across both weekdays and weekends. On weekdays, average sitting time decreased by 24 minutes per day (from 300 to 276 minutes). The largest improvements were seen among children from the most deprived areas (IMD 1–4), who reduced weekday sitting time by 30 minutes.

At weekends, average sitting time decreased even further, by 33 minutes per day (from 297 to 264 minutes). The most pronounced reduction was among children who were less active at baseline (44-minute reduction), followed closely by children from deprived areas (41-minute reduction).

Overall, the findings indicate that the programme successfully supported children to reduce sedentary behaviour, with the strongest impacts among less active participants and those living in deprived communities.



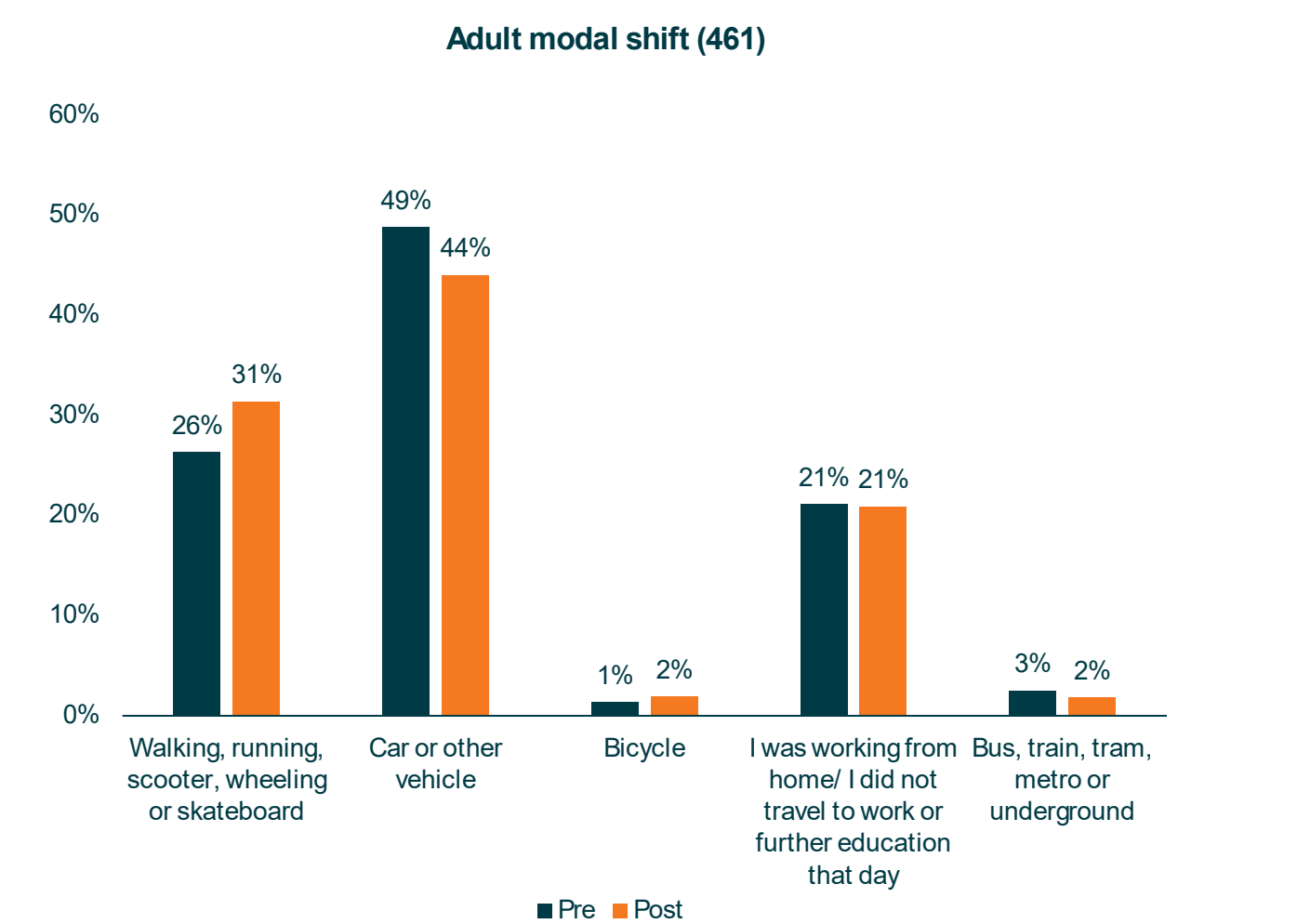
Active travel

Throughout the game, participants were incentivised to switch to active modes of travel. Events to encourage and promote cycling and walking were put on throughout the 6 weeks.

Adult modal shift

Adults showed a clear move away from car use and towards active modes. Car commuting decreased by 5%-points, equivalent to an estimated 2,507 fewer car trips per week. Walking for travel increased by 4%-points, representing about 2,612 more trips per week across the adult population (extrapolated from 461 matched pairs to 10,445 adults).

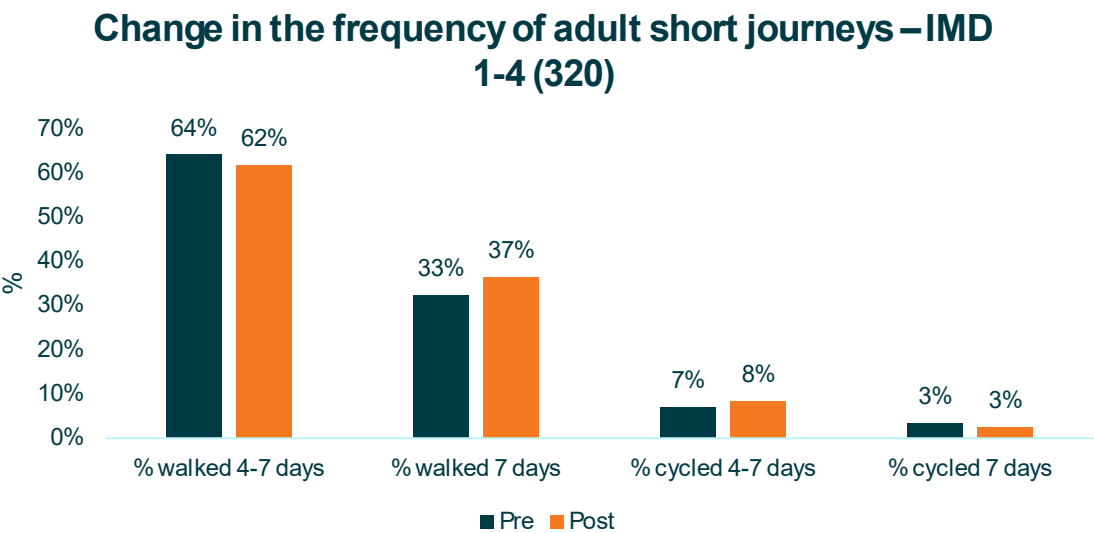
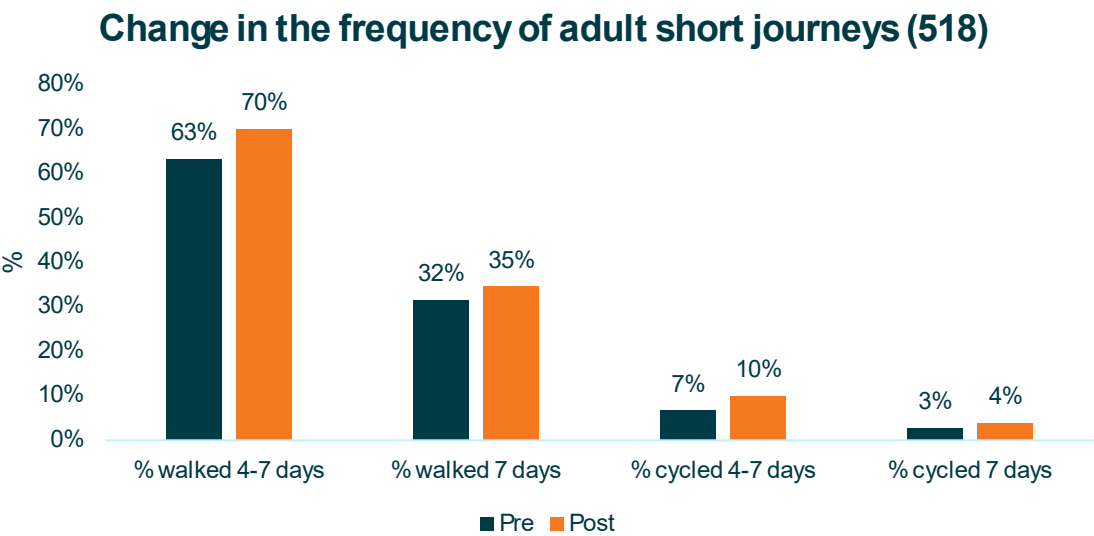
For adults living in more deprived areas (IMD 1–4), the shift was even stronger: walking rose by 6%-points to 41%, while car use fell by 6%-points to 38% (290 matched pairs).



Adult short journeys

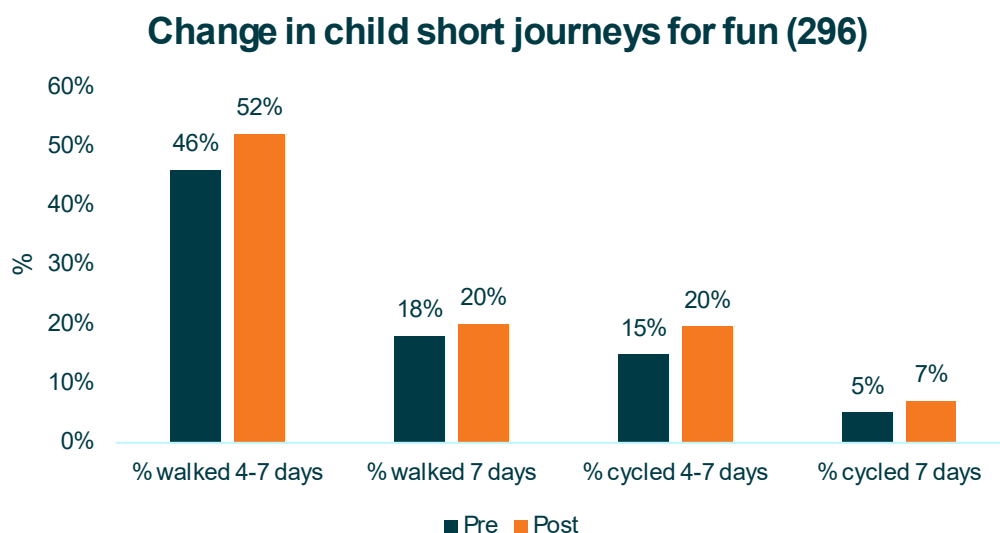
Adults walked more frequently for leisure following the game, with a 7%-point increase in those walking >4 days/week and a 3%-point increase in daily walking (518). Among IMD 1–4 (320), walking >4 days/week dipped slightly (–2% to 62%), while daily walking rose +4% to 37%.

Those inactive at baseline (150) showed the biggest gains: +12%-points >4 days/week and +6%-points daily.

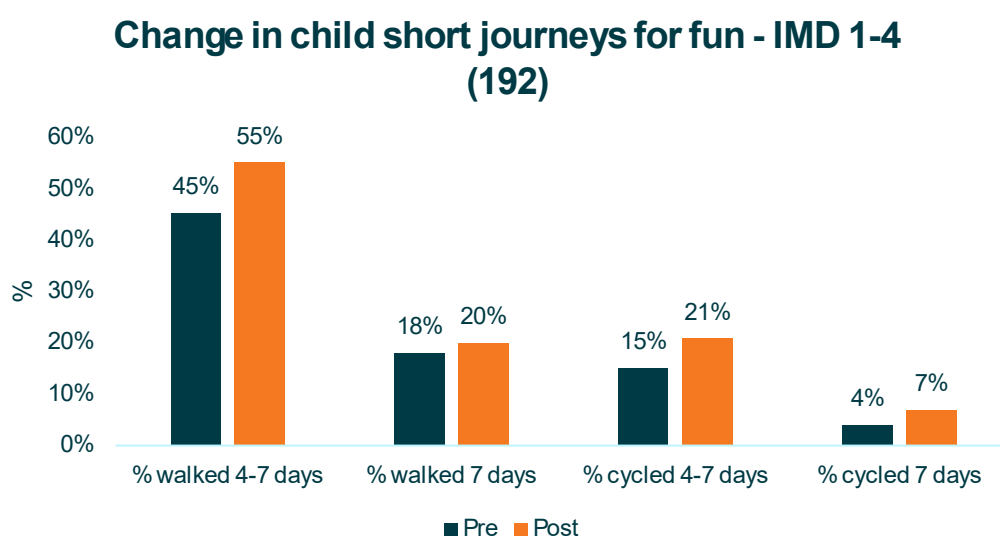


Child short journeys for fun

Children reported walking more frequently for fun following the game, with a 6%-point increase in those walking more than 4 days/week and a 2%-point increase in daily walking (296).



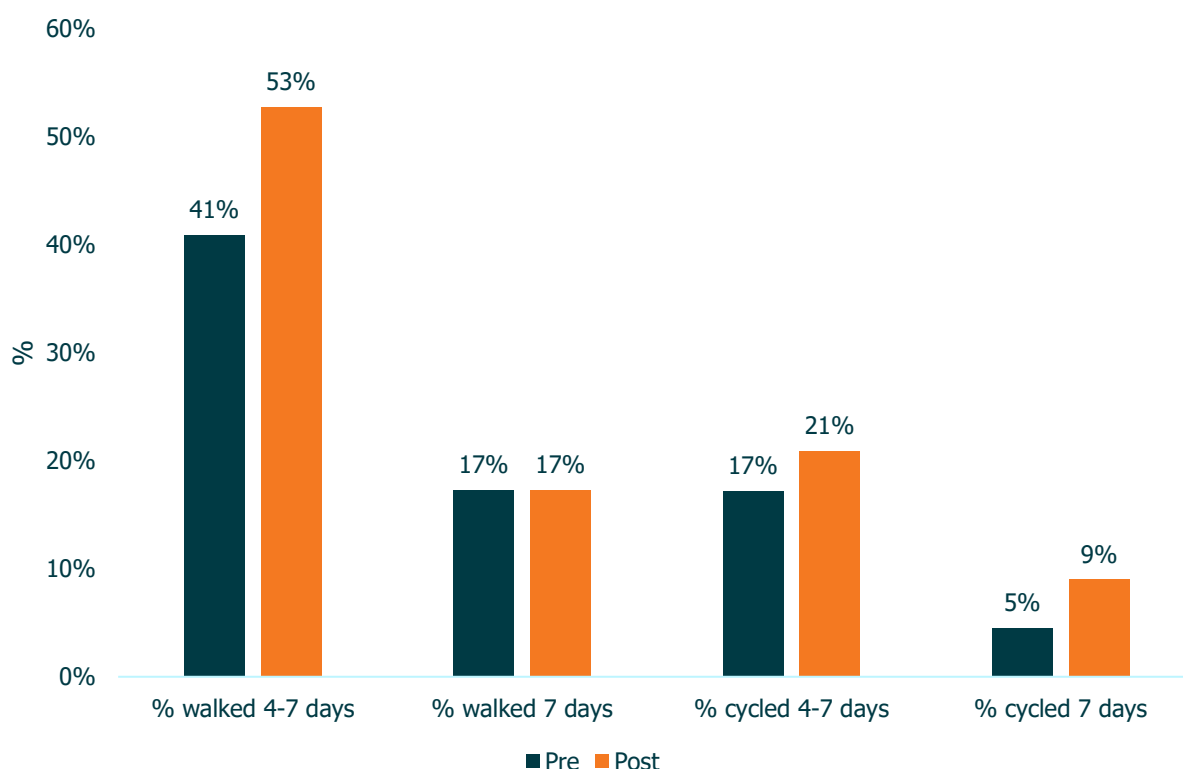
Among children from IMD 1–4 communities (192), the proportion walking more than four days per week rose by 10%-points to 55%, while the proportion walking daily increased by 2%-points to 20%. Cycling also showed modest gains, with more children cycling both 4–7 days and daily.



Findings

Children who were less active at baseline (110) showed strong improvements in active travel for fun. The proportion walking >4 days/week increased by 12%-points to 53%, while daily walking held steady. Cycling also rose, with a 4%-point increase in daily cycling to 9%.

Change in child short journeys for fun - Less active (110)



Mental wellbeing

Adult wellbeing

Beat the Street improved mental wellbeing for adults.

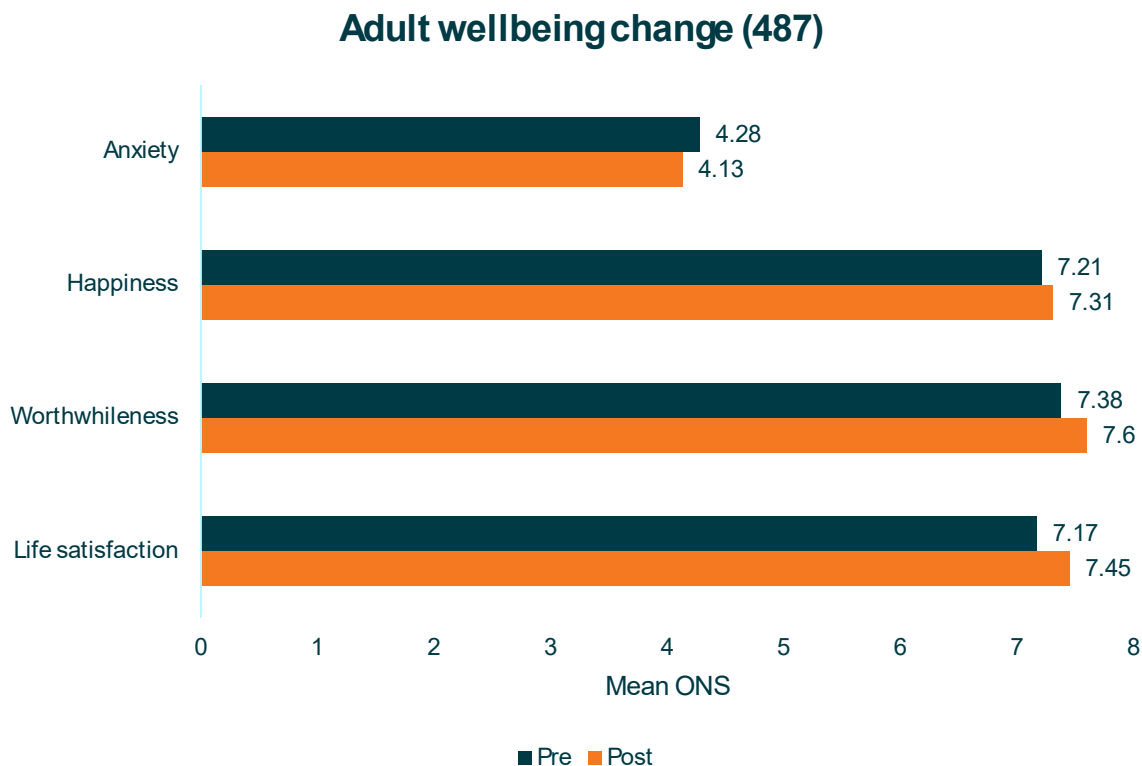
Among adults (487), wellbeing improved across all indicators. Life satisfaction rose from 7.17 to 7.45, a 0.28 point increase, while happiness increased from 7.21 to 7.31 (0.10). Worthwhileness rose from 7.38 to 7.60 (0.22). At the same time, anxiety decreased from 4.28 to 4.13 (–0.15). Together, these changes show a consistent positive shift in how participants feel about their lives, their sense of purpose, and their emotional state

The WELLBY is a new, simple measure of wellbeing impact. It is calculated by asking people the question on life satisfaction: “On a scale of 0 to 10, where 0 is “not at all” and 10 is “completely”, overall, how satisfied are you with your life nowadays?”.

1 WELLBY is equal to one person moving 1 point on this 10-point scale for one year as a result of the programme.

The UK Treasury in its HM Treasury Green Book supplementary guidance on wellbeing recommends that 1 WELLBY has a standard monetary value of £15,300 (with a range of £10,000-£16,000) to UK society.

Following participation in Beat the Street, there was a 0.28-point increase in average life satisfaction among adults overall, rising from 7.17 to 7.45. This equates to an estimated **WELLBY value of £494 per participant**, assuming benefits are sustained over the six-week duration of the programme.



Child wellbeing

At baseline, children's wellbeing (WHO-5) showed variation across groups. Scores were lowest among children with a disability (67) and those with long-term conditions (70), while the highest scores were among active children (77). The overall mean score was 75.

Looking at change over time, children's wellbeing improved slightly overall, rising from 73.7 to 76.0 (+2.3). Active children saw an increase from 77.9 to 79.7 (+1.8), while those in IMD 1–4 rose from 73.5 to 74.7 (+1.2). Less active children also improved, from 71.0 to 72.0 (+1.0). These results indicate small but consistent gains in wellbeing across all child groups.



Health Creation Index and asset-based community Development

The Health Creation Index (HCI) assesses the factors that help people cope with stress and enhance their resilience. It measures people's perception of the support systems surrounding an individual rather than their resilience itself, using a methodical, neuroscience-based approach to evaluate the impact of social determinants of health and wellbeing. Fundamental to survival are feelings of safety, value, and belonging; threats to these cause stress, leading to negative emotions and unhealthy behaviours. While short-term stress is normal, prolonged stress results in chronic inflammation which in turn leads to a variety of health issues, including the development of chronic diseases and mental health problems.

Adult HCI

At baseline, adult HCI levels in Barnsley were moderate, with group averages ranging from 3.01 to 4.07 out of 5.

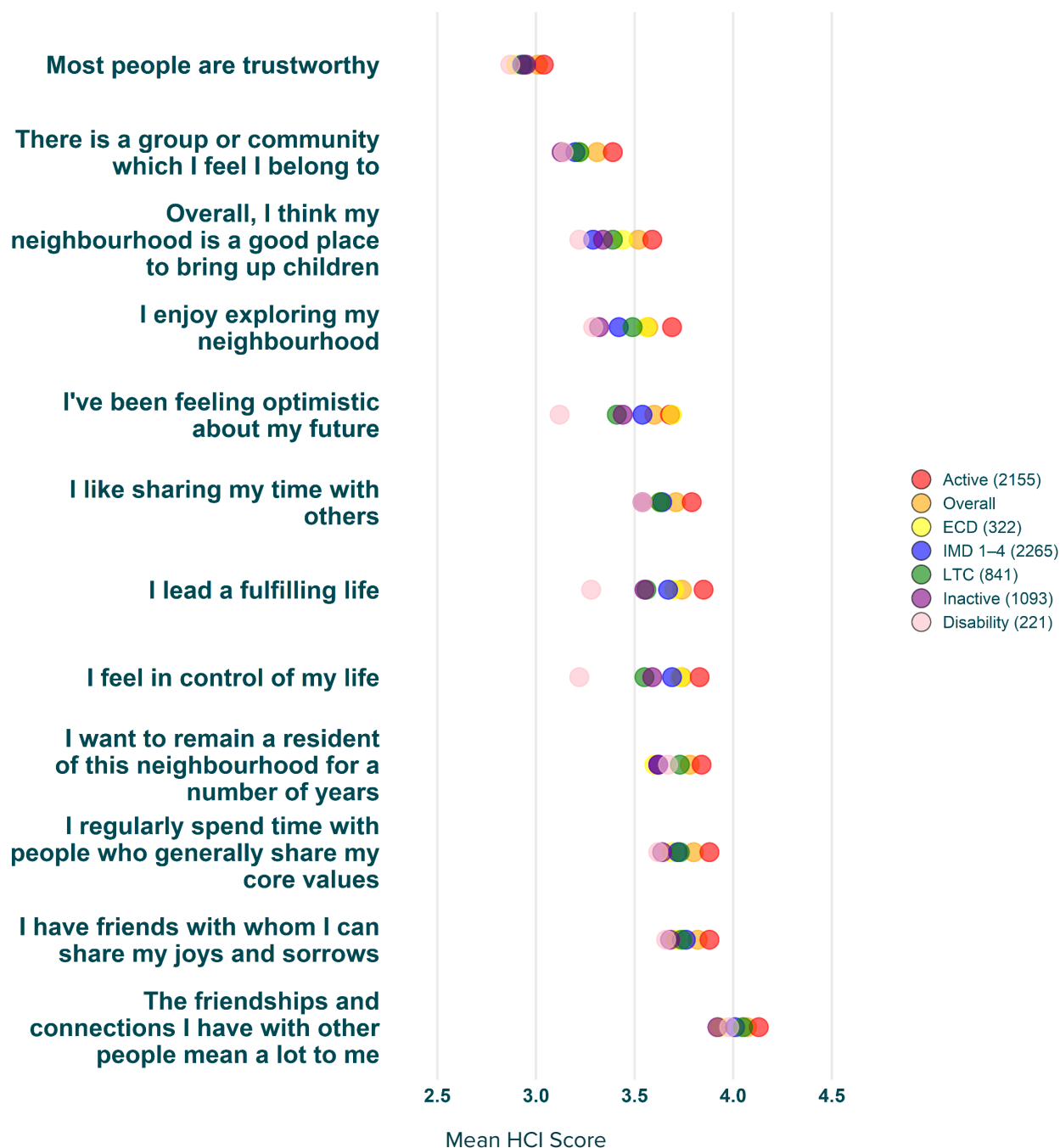
The highest scoring statement overall was "The friendships and connections I have with other people mean a lot to me" (4.07), suggesting strong interpersonal ties. Active adults consistently scored the highest across most measures, averaging 4.13 on this item and maintaining higher ratings for optimism, control, and fulfilment.

In contrast, the lowest scoring item overall was "Most people are trustworthy" (3.01), with similarly low averages across every group. Disabled adults (2.87) and those with long-term conditions (2.93) reported especially low levels of community trust, underscoring a need to strengthen confidence in social relationships.

Group comparisons reveal clear disparities. Adults with disabilities and long-term conditions had the lowest overall averages, particularly for optimism about the future (3.12 and 3.44, respectively) and control over life (3.22 and 3.59). Inactive participants also scored below average on these same measures. Meanwhile, active adults and ECD participants consistently rated higher across most indicators, pointing to stronger resilience and community belonging in these groups.

Overall, Barnsley baseline results suggest that while many adults feel well-connected and purposeful, trust in the wider community and perceptions of control remain areas where more targeted support is needed — particularly for disabled and inactive participants.

Adult baseline HCI



Change in adult Health Creation Index

Following the programme, adult HCI scores in Barnsley showed modest improvements overall, with average changes ranging from +0.5% to +6.5% across different statements. The overall adult sample recorded consistent positive shifts, led by gains in “Most people are trustworthy” (+6.5%) and “I regularly spend time with people who generally share my core values” (+2.4%).

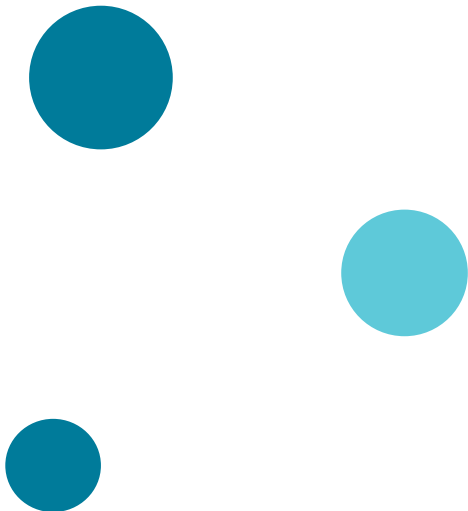
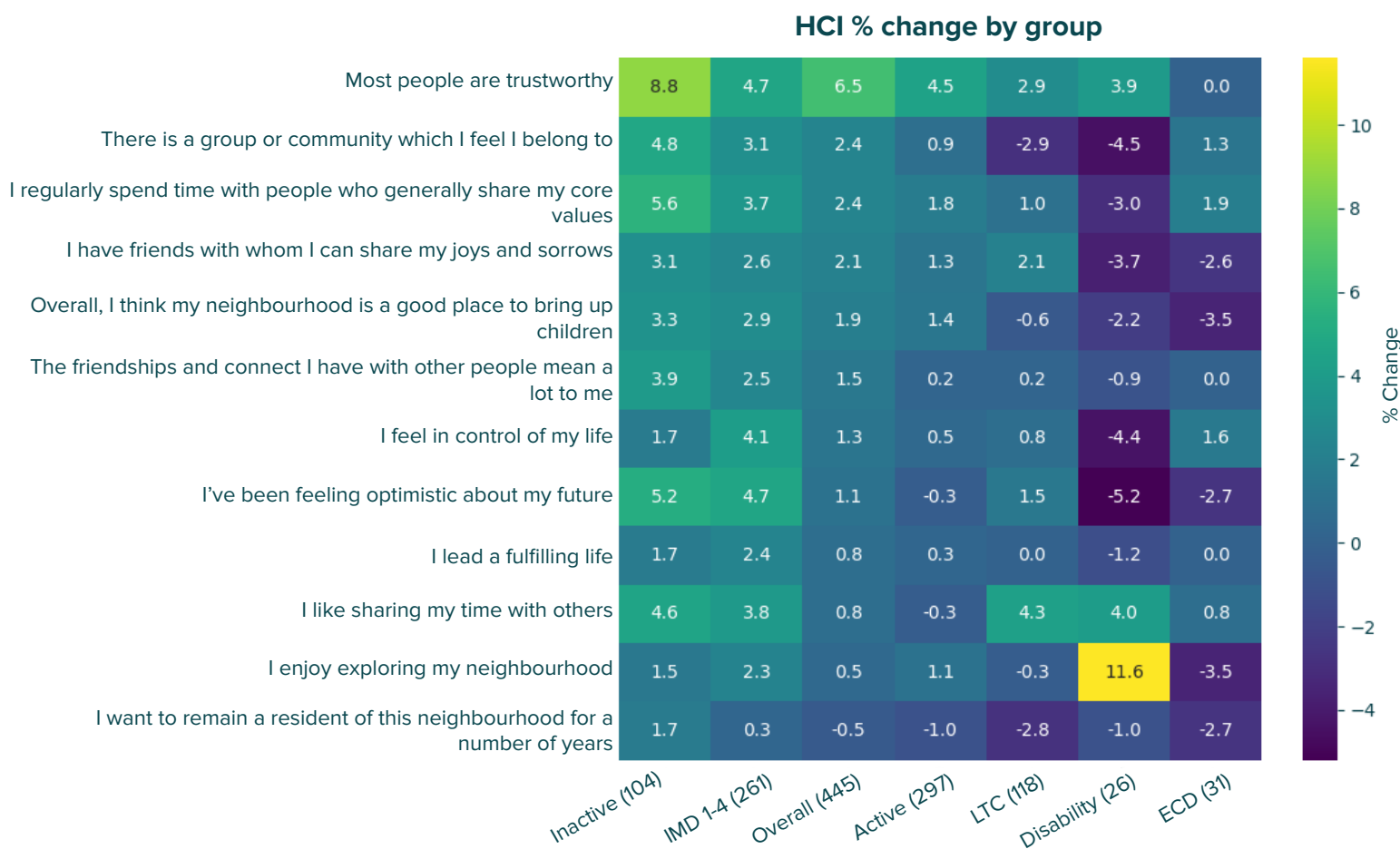
Adults who were inactive at baseline saw the greatest overall uplift, with notable increases across multiple areas, including “Most people are trustworthy” (+8.8%), “I have friends with whom I can share my joys and sorrows” (+3.1%), and “There is a group or community which I feel I belong to” (+4.8%). These improvements suggest stronger perceptions of social belonging and interpersonal trust among less engaged participants.

Adults living in deprived areas (IMD 1–4) also demonstrated above-average change, with increases of +4.7% in optimism about the future, +3.7% in time spent with people who share core values, and +2.9% in perceptions of neighbourhood suitability for raising children.

By contrast, some groups reported more mixed or negative results. Adults with disabilities recorded the most declines, including “I’ve been feeling optimistic about my future” (–5.2%) and “There is a group or community which I feel I belong to” (–4.5%). Participants with long-term conditions (LTC) also saw reductions, particularly in belonging (–2.9%) and neighbourhood attachment (–2.8%). ECD participants showed small declines on several measures, including optimism (–2.7%) and neighbourhood belonging (–2.7%).

Overall, the programme delivered meaningful improvements in adult HCI scores, particularly among inactive and deprived-area participants. However, the persistent or worsening results among disabled adults and those with long-term conditions indicate that additional, targeted support is needed to strengthen resilience and connection for these higher-risk groups.

Change in adult HCI



Asset-Based Community Development (ABCD)

Baseline

At the start of the programme, levels of community engagement in Barnsley showed marked variation across groups, with generally stronger participation in public space use but weaker connections to local networks and heritage. Use of public places such as parks and community centres was the most common behaviour, reported by 66% of the overall sample. Active adults were most likely to use them (69%), while those with disabilities (55%) and inactive adults (59%) were least likely.

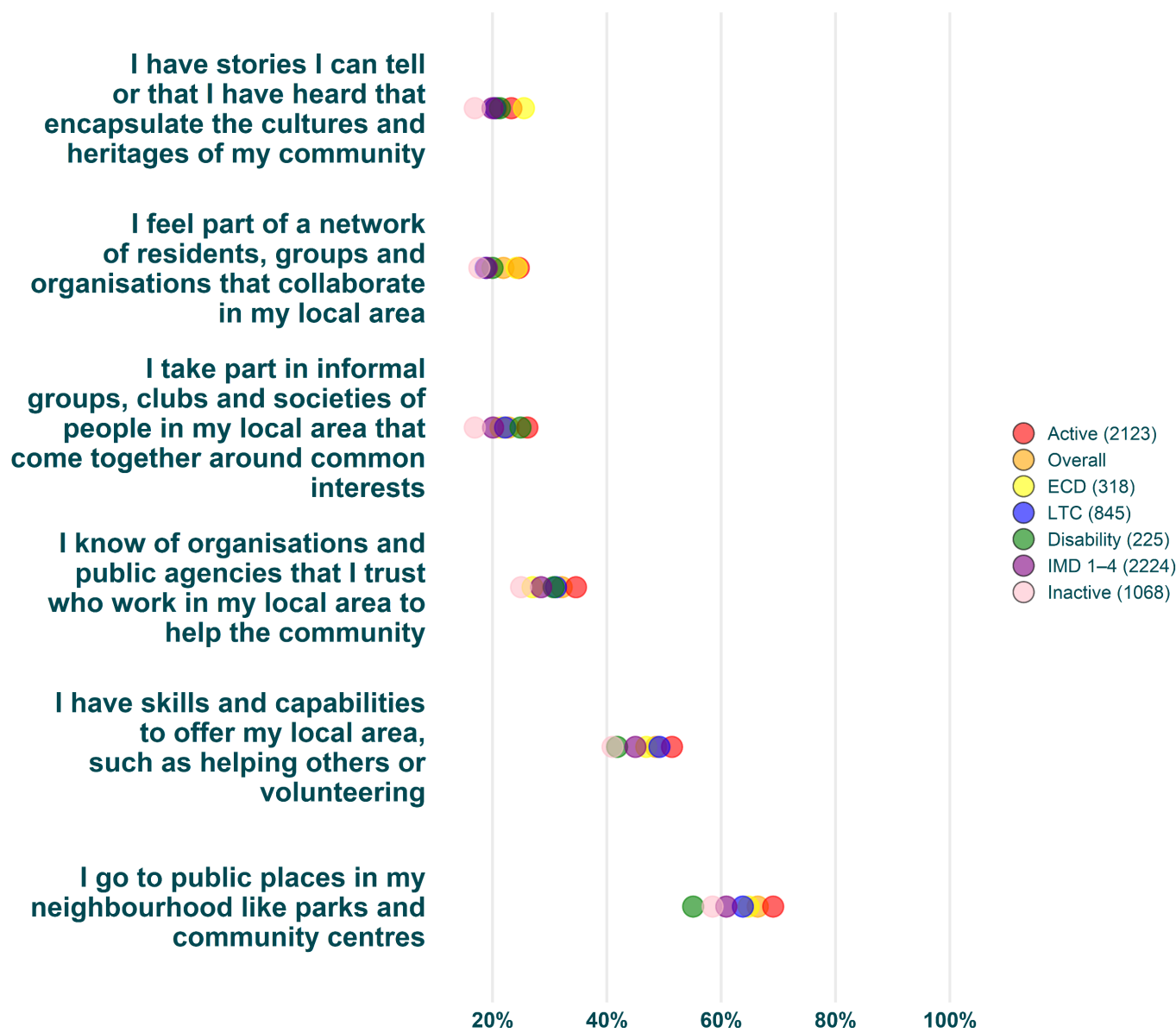
In contrast, deeper forms of community connection were less widespread. Only 22% overall said they felt part of a local network of residents, groups, or organisations, with the lowest levels among inactive adults (18%) and adults with disabilities (19%). Participation in informal groups or clubs was similarly limited, at 23% overall, and again lowest among inactive participants (17%).

Awareness of trusted organisations was relatively modest (32% overall), with inactive adults reporting the lowest levels (25%). Cultural and heritage connections were also limited, with just 21% overall saying they could share or had heard community stories - rising slightly among ECD participants (26%) but dropping to 17% among inactive adults.

Across the board, active participants consistently reported higher asset-based maturity across nearly all indicators, while inactive adults and those with disabilities showed the weakest levels of connection and participation. These disparities suggest a need to better connect less active and more vulnerable groups to existing community resources and networks, while also strengthening the depth of community engagement beyond physical space use.



ABCD Maturity (baseline)



Change in ABCD

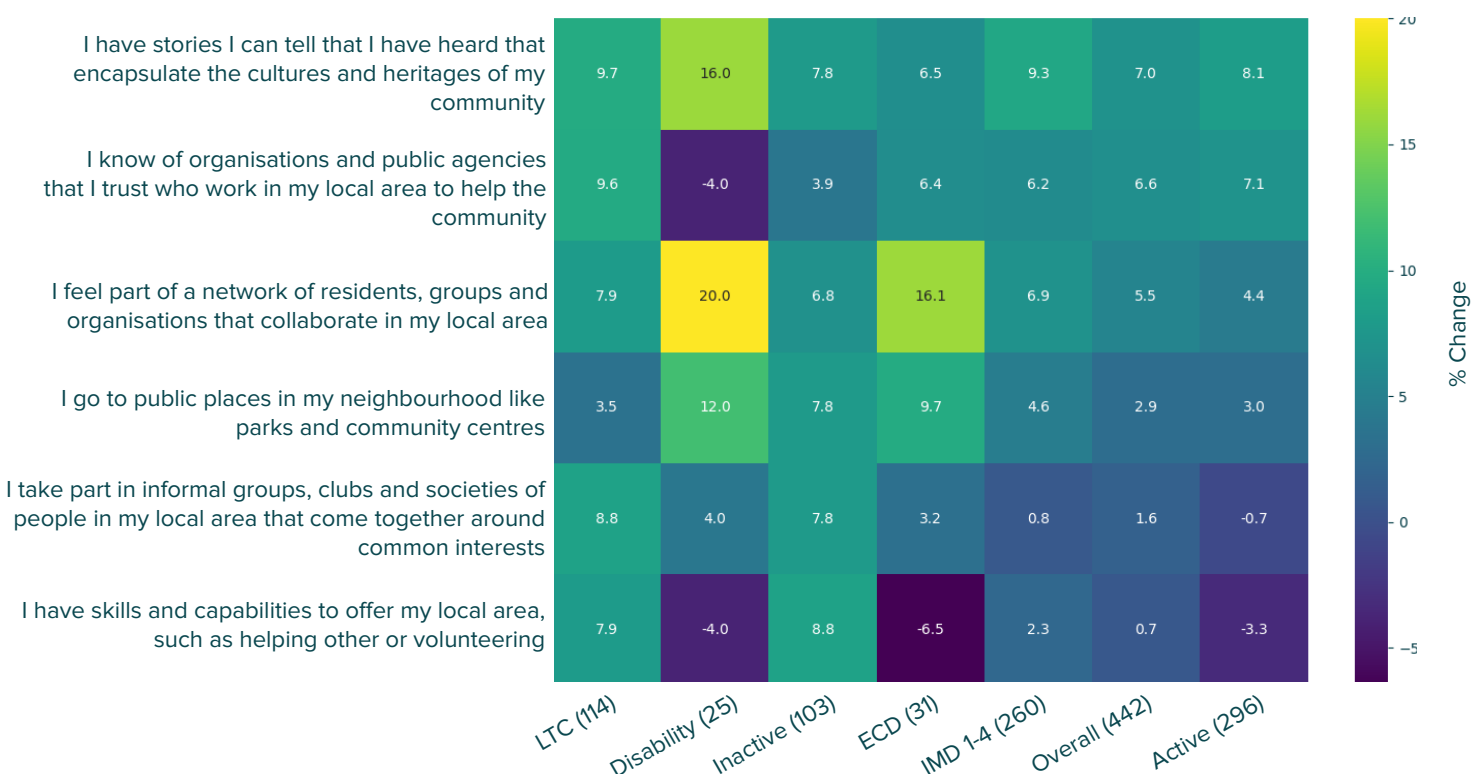
Barnsley participants reported strong gains in community connection and cultural heritage following the programme. The largest improvements were among adults with disabilities (+20%-points) and ECD participants (+16%-points), both showing much stronger feelings of belonging to local networks.

Inactive adults and those with long-term conditions also recorded steady uplifts (around +8–10%-points), particularly in volunteering, informal group participation, and cultural identity.

By contrast, active adults and the overall sample saw only small shifts, with some indicators flat or slightly negative. Trust in local organisations also remained mixed. However, they started from a higher baseline.

Overall, the programme most benefited less active and disadvantaged groups, strengthening their sense of belonging and connection.

ABCD %-point change by group



Child Health Creation Index (CHHCI) – baseline

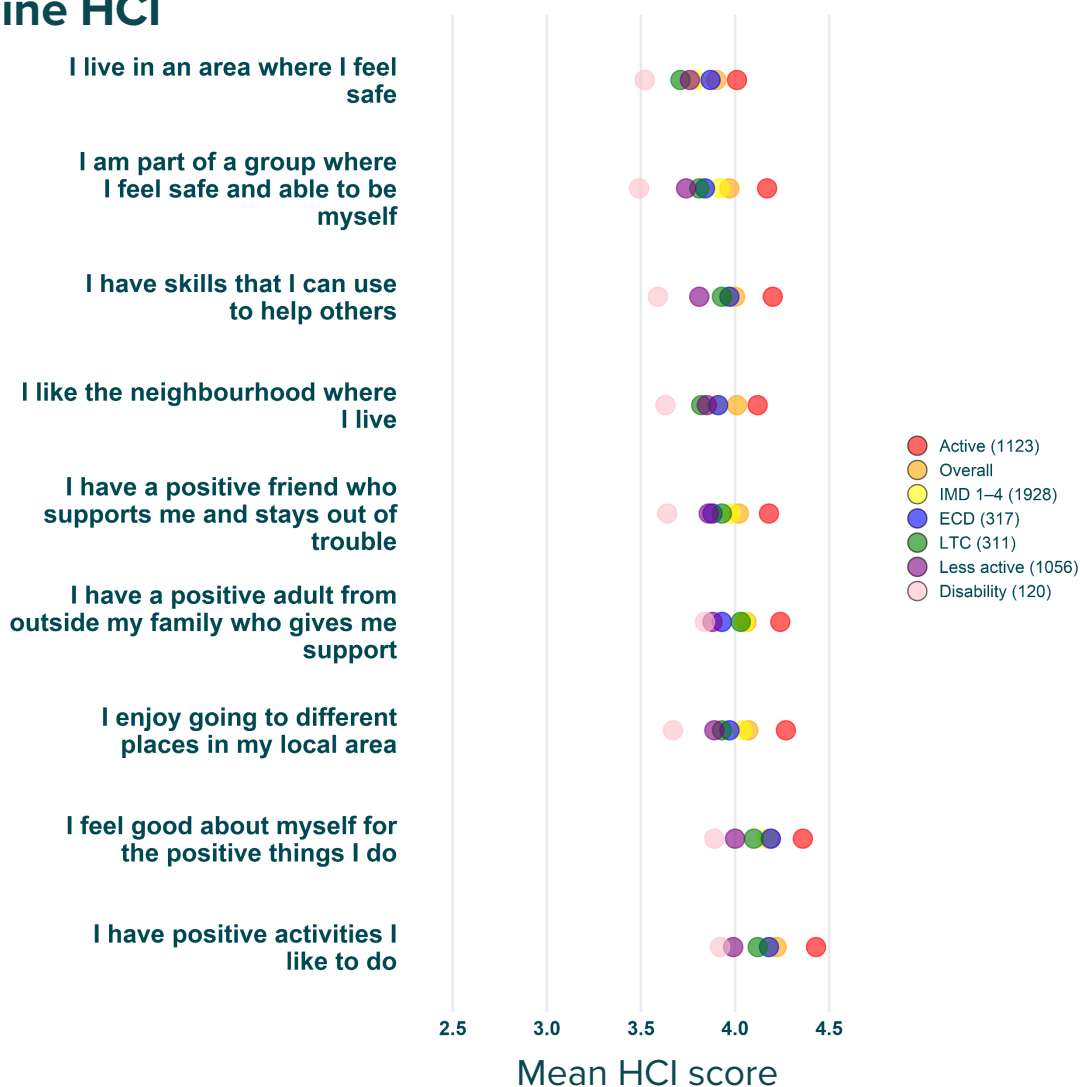
At baseline, children in Barnsley reported consistently high HCI scores, with group averages clustering between 3.8 and 4.2 out of 5. This suggests most children felt well-supported, connected, and engaged before the programme.

Active children recorded the highest overall resilience, particularly in positive activities, peer support, and neighbourhood safety. The overall cohort and children from deprived areas (IMD 1–4) also scored strongly, reflecting a generally good sense of belonging and confidence across the sample.

By contrast, children with disabilities and those with long-term conditions reported slightly lower averages, especially around external adult support and opportunities to explore their local area. Less active children also showed marginally lower scores across self-esteem and activity-related measures.

Overall, while most children entered the programme with a solid baseline of support and connection, groups with additional challenges, particularly those with disabilities or lower activity levels, had relatively low resilience and may benefit from targeted support.

Child baseline HCI



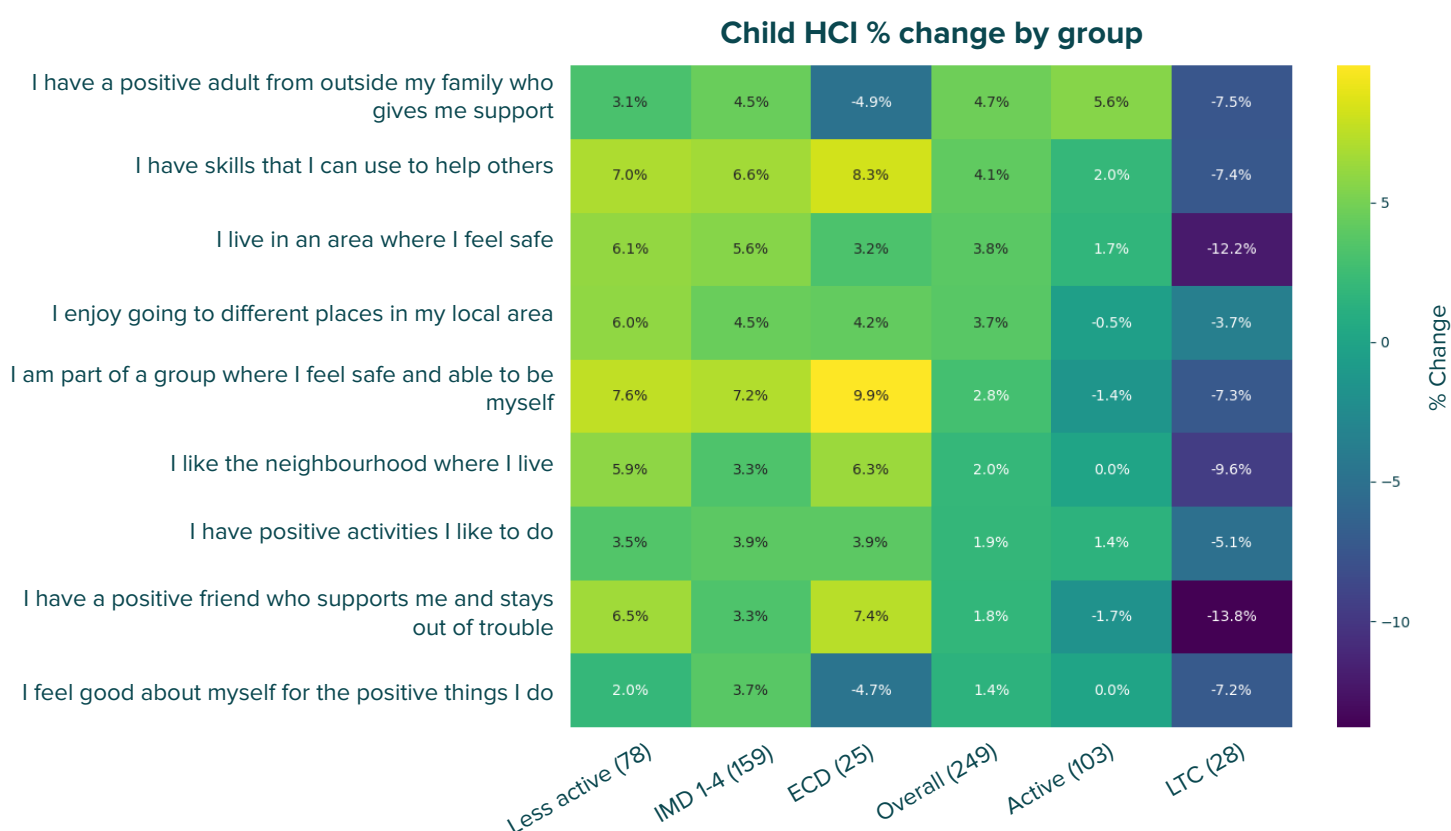
Findings

Following the programme, the overall child cohort recorded small positive shifts across most HCI domains, averaging +2–4%. The largest improvements were seen among less active children, who reported gains in group belonging (+7.6%) and peer support (+6.5%). Children from deprived areas also improved steadily, with consistent increases across multiple statements.

ECD participants showed standout increases in group belonging (+9.9%) and using skills to help others (+8.3%), though their results were uneven across other areas.

In contrast, children with long-term conditions reported declines on several measures, including feelings of safety and support from friends, suggesting they were less able to benefit from the programme.

Overall, the findings highlight that the programme supported many children to strengthen their sense of safety, belonging, and agency, particularly among those who were less active or living in deprived areas. However, targeted approaches will be needed to ensure children with additional vulnerabilities are not left behind.



Case study: Bringing Barnsley together on foot – Beat the Street walks

This year, as part of Beat the Street, we wanted to create more opportunities for people to get active, connect with their community, and enjoy the outdoors. That's why the Sport and Physical Activity Team hosted three dedicated Beat the Street walks across Barnsley. Each walk took place on a Tuesday evening from 7pm to 8pm, giving participants the chance to earn double points, with the final walk offering triple points.

Kendray – 17 June

Our first walk kicked off in Kendray during the very first week of the game. We weren't sure how many people would come along, but the turnout was incredible – 78 people joined us, including families, friends, and children on bikes and scooters. It was wonderful to see scooters from our Active Travel offer being used by the youngest participants, who had previously received them in primary schools. The walk covered 1.8 miles, and collectively participants tapped 313 times along the route. Altogether, this meant an impressive 140.4 miles walked during the event! The atmosphere was lively and fun, and it really highlighted how Beat the Street could bring neighbours together in a shared experience.

Royston – 1 July

Our second walk took place in Royston and drew even more participants – around 84 people joined in, mainly families and children. Covering a slightly longer 2.1 mile route, participants tapped a total of 424 times along the way, adding up to 176.4 miles walked collectively.

The walk was full of energy and community spirit, and it was great to see children, friends, and families enjoying a safe and engaging way to explore their local area while racking up points.

Dearne – 22 July

The final walk of the season was held in Dearne on the last full day of the game, with triple points on offer. Attendance was lower, around 30 participants, which was understandable given the start of the summer holidays and the England Women's Euros semi-final taking place that evening.

Despite the smaller group, the walk was highly enjoyable. They covered 3.1 miles together, and participants had the chance to challenge themselves. One standout moment was with a player who was second on the individual leaderboard. He had missed the first few days of the game but had been walking every day since his return, determined to climb the rankings. His enthusiasm was contagious and reminded everyone of the fun and competitive spirit that Beat the Street encourages.

Reflections

Overall, the Beat the Street walks were a resounding success. They offered an engaging, social way for the Barnsley community to get active, discover local routes, and connect with neighbours. Families laughed, friends challenged each other, and children explored their surroundings in a fun, safe way. Beyond the miles walked and points earned, the walks provided a real sense of community pride and allowed us to see firsthand how the game was being enjoyed across Barnsley.

- Sport and Physical Activity Team



Case study: Hunningley Primary – Celebrating the 2 millionth Beat the Street player

Beat the Street reached a huge milestone in Barnsley when the 2 millionth player joined the game, and Hunningley Primary Academy was at the heart of the celebration. To mark the occasion, the school welcomed Sports Minister Stephanie Peacock MP, alongside William Bird and Beattie the Hedgehog (our mascot) for a day of fun, activity, and community connection.

The students took centre stage, preparing questions for Steph and William to answer. This gave the children the chance to learn more about the game, its impact on physical activity, and the broader benefits for their community. After the Q&A, the whole group set off on a short Beat the Street walk with Beattie, exploring the local area, tapping Beat Boxes, and enjoying the opportunity to be active together.

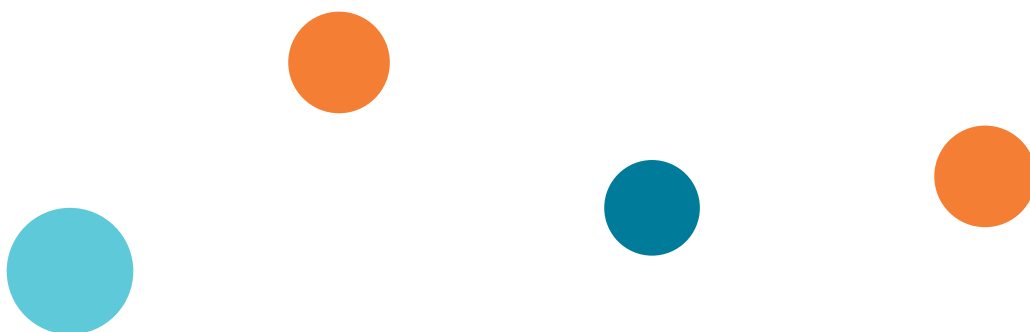
The school choir added to the celebration, performing for guests and highlighting the creative energy of the students. One standout moment was meeting a student running his charity lemonade stall – a reminder that Beat the Street encourages young people to engage with their community in multiple ways.

Steph Peacock commented on the significance of the event:

“It’s great to join Hunningley Primary Academy School in Barnsley, who are participating in Beat the Street. Beat the Street is a brilliant initiative which aims to help people across the country get moving. It is great news that the 2 millionth player joined the game in Barnsley! I’ve heard from schools locally about the huge difference it’s made to get young people and families more active.

This Government is committed to ensuring that people of all ages can feel the benefits of physical activity, including improving wellbeing and creating stronger community connections. The Prime Minister has announced the new School Sport Partnerships and Enrichment Framework recently, which will ensure all young people have equal access to high-quality school sport and extracurricular activity.”

For Hunningley Primary, the event wasn’t just about hitting a milestone – it was an opportunity for students to experience the benefits of physical activity, enjoy friendly competition, and connect with their peers and local community. The day captured the spirit of Beat the Street: encouraging children to be active, fostering social connections, and creating memorable experiences that extend beyond the school gates.



Adult player feedback

"We met up with family & my nephew who's school was also taking part and it was good fun." Female, 50s

"Beat the Street gave me targets to work towards and it made me feel good when I achieved them." Female, 30s

"Beat the Street was very exciting as it started and it encouraged me to walk more with my children." Female, 50s

"Always make an effort to walk each day especially to work, but this gave me more motivation." Female, 40s

"I run regularly, but it helped me explore different routes and made my runs more fun." Female, 40s

"One of the Beat the Street scanner is near my house so I walked more to use it and it was fun." Female, 40s

"I walked more often to work and the shops instead of driving, which was good for me." Female, 30s



Child player feedback

"I remembered joining in last time, even though it was hard, and this time I felt proud of doing better." Female, 18 and under

"It created a fun game for me and my friends to enjoy while getting outside more." Female, 18 and under

"I went out in my bike every single morning before school which made me feel good."
Male, 11 and under

"Walked with my grandma to places I hadn't been before, which was really fun."
Female, 11 and under

"I enjoyed walking to hear the different sounds and to get outside with my family." Female, 11 and under

"I wanted to get more points so went out more on my bike."
Female, 11 and under





Conclusion

Beat the Street Barnsley successfully inspired thousands of residents to get moving, explore their local area, and connect with one another. The game reached over 22,000 players, around 9% of the local population - with particularly strong engagement from children, women, and people living with long-term conditions or disabilities.

Participants not only became more physically active, but also reported feeling more positive, optimistic, and connected to their community. For many, Beat the Street offered a fresh sense of motivation and pride in their local environment, helping families rediscover the joy of being outdoors together.

The programme delivered measurable behaviour change. Among adults, inactivity fell by 2%-points and the share achieving recommended activity levels rose by 2%-points. In deprived areas inactivity dropped by 3%-points and in disabled groups by 5%-points, with corresponding increases in active adults. Children also benefitted: the proportion classed as less active reduced by 3%-points and those achieving 60 minutes of activity daily increased by 6%- points, with even stronger improvement among deprived children.

Travel behaviour shifted meaningfully. Car commuting among adults fell by 5%-points, representing 2,507 fewer weekly car trips, while walking for travel rose by 4%-points, equivalent to 2,612 more walking trips each week. Among children, car use for school fell by 5%-points, an estimated 3,015 fewer weekly trips, while walking rose by 4%-points, around 1,971 more trips. Leisure walking also grew, particularly among inactive adults and less active children, who recorded 12%-point increases in walking four or more days per week.

Sedentary time was reduced. Adults sat 38 minutes less per weekday and 18 minutes less per weekend day, with the sharpest falls among those with long-term conditions and residents of deprived areas. Children cut weekday sitting by 24 minutes and weekend sitting by 33 minutes, with the largest reductions among less active and deprived groups.

Wellbeing improved steadily. Adults reported higher life satisfaction, happiness and worthwhileness, with lower anxiety, equivalent to a social value of £494 per returning participant. Children's wellbeing scores rose by 2.3 points overall, with gains for active, deprived and less active groups.

Health creation and community connection strengthened. Inactive and deprived adults saw the biggest improvements in trust, belonging and peer support, while disabled and long-term condition groups recorded weaker or negative change.

Overall, Barnsley shows that Beat the Street can deliver broad and deep impact: fewer inactive residents, thousands fewer car trips, more walking, less sitting, improved wellbeing and stronger community connection. The gains were sharpest among deprived, inactive and less active participants, proving the programme's value in tackling inequality while creating momentum for lasting change.



Beat the Street was delivered by Intelligent Health.

For more information please visit:
<https://www.intelligenthealth.co.uk/>

