Increasing participation in physical activity and sport
Evaluation of Get Yourself Active
25th March 2019
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Foreword

Sport England exists to transform lives through sport and physical activity. We know that sport and physical activity can build confidence, provide social connections, even skills for employment, on top of the physical benefits it brings.

Just as the positive effects of sport and physical activity can be multi-faceted, the barriers that prevent people from taking up opportunities can be equally complex. As well as confidence, and having someone to go with, they may relate to housing, benefits or healthcare, not simply whether there is a welcoming and accessible facility that’s easy to get to, although that is crucial too.

There is no one simple and neat solution. A multifaceted approach which is directed by what disabled people want, and more research to understand the complexity and interrelated nature of barriers to sport and physical activity, will go a long way in transforming the sector, providing opportunities that work better for more people.

This is particularly important when thinking about physical activity for disabled people, as the activity gap is significant, and unacceptable. Despite the incredible positive influence that the Paralympic Games has had, disabled people are twice as likely to be inactive compared with non-disabled people, and the likelihood increases the more impairments someone has. This is not because disabled people do not want to be active, with research finding that seven in ten disabled people want to increase their physical activity levels.

That’s why we’re delighted to be working in partnership with Disability Rights UK. As a membership organisation run by and for people with lived experience of disability or health conditions, they have crucial expertise and insight, extensive reach to disabled people at a local level through their members, as well as a broad understanding of the issues that affect disabled people’s lives.

We also want to support organisations to understand the benefits of developing a strong evidence-base and take a truly insight-led
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approach. Disability Rights UK has embraced this approach, and the development of the social work guidelines from evidence gained in the interim evaluation is a great example of this.

This evaluation report is a significant resource in strengthening our understanding of how to reduce the activity gap and highlights the importance of cross-sector working; through health and social care professionals, disabled people, sports organisations, and DPULOs, all working together to achieve lasting change.

**Tim Hollingsworth**

Chief Executive of Sport England

I always wanted to be active, to ride a bike round the park, go out with my friends, travel to motor shows and play sport for fun. All of these things were either restricted or not possible at all for me as a wheelchair user. My school offered me extra geography instead of sport! Either there was no information about accessible options or if there was, I did not know how to find it. Over the following 30 years more and more evidence has shown that we lead better, healthier lives if we can be active. There has been lots of information from health and sports sectors but this messaging has not always reached disabled people.

Through the Get Yourself Active programme, Disability Rights UK, Sport England and partners wanted to understand the barriers, hear from disabled people about the activities they want to participate in, and together, identify solutions and strategies to make change happen.

At DR UK we are committed to the values of co-production where disabled people are central to developing solutions. Co-production and the principals of a user-led approach were therefore embedded in the programme from the beginning and informed our methodologies and approach to evaluation.

Get Yourself Active has helped us to gain a deeper understanding
about what prevents disabled people from being active. Our findings demonstrate that when disabled people get information from trusted sources, such as co-ordinators based in DPULOs or social workers they are more likely to become active. We are also pleased to see that the Social Work Guidelines, developed with the University of Birmingham, have been well received by social workers and we can see the beginnings of a change in perception and attitude towards physical activity.

One of the ways I like to lead an active life is to go to the gym. However, there is still no gym near me that I can use. Sometimes I can muster the energy to go to an accessible gym after work (an hour’s journey on top of my commute) but not as often as I would like. The findings in this report demonstrate that by working together to co-produce solutions, we can make a significant improvement in levels of activity and therefore increase health and wellbeing outcomes. I have a personal incentive for achieving change, I hope that policy makers and practitioners will join with disabled people in making it happen.

Kamran Mallick
Chief Executive of Disability Rights UK
Acknowledgements

First and foremost, Traverse would like to thank the staff of participating DPULOs for their contribution to and sustained involvement in the evaluation.

We are also extremely grateful to the people with lived experience of disability who completed surveys and were willing to share their personal stories and experiences of the projects with us, adding depth and richness to our understanding of ‘what works’ in the delivery of physical activity and sport.

We also want to thank Disability Rights UK, Sport England, the Get Yourself Active steering group and Professor Brett Smith of the University of Birmingham who generously contributed their time and expertise to help inform the evaluation.
Executive summary

9.4 million disabled people live in England\(^1\), but 42% do less than 30 minutes of physical activity per week. This level of inactivity is far higher than non-disabled people.\(^2\)

Given the wealth of benefits that physical activity is known to provide for disabled adults\(^3\), there is a clear need to better understand what stops them from taking part in physical activity. However, relatively little is known about how to overcome these barriers to participation.

Get Yourself Active

Disability Rights UK was funded by Sport England to develop and lead the Get Yourself Active programme between February 2015 and March 2019. Delivery was supported by the Cheshire Centre for Independent Living (CCIL) and Leicestershire Centre for integrated Living (LCiL).

The programme aimed to increase the number of opportunities for people with lived experience of disability, mental health issues and long-term health conditions, to get active. This included a focus on increasing the number of disabled people with personal budgets regularly participating in physical activity or sport.

The programme evolved into three strands of engagement work that were delivered across a total of 12 sites. As shown on the next page (Figure 1), each strand trialled a different approach to increasing the number of accessible opportunities for disabled people to get active.

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Evaluation

Traverse was commissioned as an independent evaluation partner by Disability Rights UK. Traverse’s initial remit was to support an internal evaluation of the programme. This remit was later expanded in the second year of the programme onwards to include an independent, formative evaluation.

The formative evaluation element aimed to capture learning about ‘what worked’ and ‘why’ when it came to increasing the number of physical activity opportunities for disabled people. This helped to inform the ongoing development of Get Yourself Active.

Key Findings

Responses received from disabled people at the point that they joined the programme supported the existing evidence base. 68% of all respondents at baseline participated in physical activity less than once a week, including 75% of people with personal budgets.

The main barrier to participation identified within the programme was a lack of knowledge about accessible opportunities. 75% of disabled people reported ‘not knowing what was available’ as the main barrier to participating in physical activity, while 86% of social workers felt that they knew ‘nothing at all’ or ‘only a little’ about accessible opportunities available in their local area.
Disabled people, social workers and interviewed sports providers also highlighted a lack of accessible physical activity opportunities for disabled people and trained frontline staff.

**The three strands**

Looking across the Get Yourself Active programme, there is good evidence that the three, interconnected strands have helped to overcome these barriers and make a positive difference in the lives of disabled people, as well as to the work of sports providers and health and social care professionals.

**Local Coordinator.** The local coordinators helped to increase physical activity levels among disabled people. The proportion of respondents who undertook physical activity at least once a week or more increased from 28% at the start of the programme, to 68% six months into the programme. There was some indication that this had helped to improve people’s mental wellbeing and contributed to reduced use of some statutory services.

Support that worked included providing one-to-one conversations with disabled people to improve their knowledge about accessible physical activity opportunities and encourage them to participate⁴, as well as improving sports providers’ understanding of accessible activities and their knowledge of facilities in their local community.

A far greater proportion of respondents with personal budgets had also started to use them for physical activity six months into the programme. The survey data suggests that this was due to respondents feeling more positive about their personal budget and its use as a result of participating in Get Yourself Active.

The programme team felt that locating the coordinator post within CCIL and LCIL had increased the sustainability of Get Yourself Active, but also acknowledged that other DPULOs could struggle to create the space for such a role within a climate where many organisations are directing funding towards essential services.

**Supporting social workers.** 135 social workers were directly engaged through this strand. Over half of respondents to the social worker survey felt that the training and guidelines had made

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⁴ Readers can find out how to access information in your local area on Disability Rights UK’s [website](https://www.disabilityrightsuk.org/).
a positive difference to their practice.

This included increased awareness about the importance of physical activity and the range of opportunities for disabled people. In some cases, this contributed to a culture shift towards an increased focus on physical activity among social work teams.

Theses impacts were enabled by the support of passionate and influential advocates, elements of the guidelines such as guidance on the Three Conversations Model and real-life examples, and opportunities for ongoing reflection such as within team meetings.

However, the success of this strand was also subject to external factors, including limited capacity among social workers to engage in the training or put their knowledge into practice, staff turnover, and a reluctance among clients to discuss activity through fear that they may lose access to benefits or negative impressions from previous experiences.

Sites therefore felt that sustainability relied on local authorities embedding opportunities to revisit the guidelines in their working practices, integrating them with formal referral methods and mitigating staff turnover through a ‘train the trainer’ model.

**Co-production.** The impacts of the co-production initiatives between disabled people and sports providers, facilitated by the local coordinators, are emergent since genuine co-production processes take time to develop, implement and refine.

Despite this, there was some evidence to suggest that this approach represents an opportunity for disabled people, physical activity providers and DPULOs to work together and improve provision. This included initial, small changes to sports facilities and services to make them work better for disabled people.

While the Get Yourself Active Coordinators were credited with kickstarting conversations between local organisations, early progress was dependent on openminded approaches that ensured processes were led and owned by disabled people.

**Programme-wide lessons.** The varied success of the Get Yourself Active programme across different sites underlined the importance of local gatekeepers to generate enthusiasm and overcome early challenges. The evolution of the three strands in
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... line with needs identified during the first two years of the programme also exemplified the importance of formative evaluation in pilot programmes when it is unclear what might work, for whom and why, as well as building in sufficient time for local organisations to develop, test and refine new practices.

**Conclusions and recommendations**

The evaluation has formulated a number of recommendations on how Disability Rights UK can build on the successes and lessons learned in its future work:

1) Build on the success of Get Yourself Active to advocate for the relevance of physical activity and sport to health policy agendas.

2) Build on the success of person-centred approaches in engaging disabled people to inform the development of similar initiatives such as local personal health budgets and social prescribing projects.

3) Support social work teams to maximise their enabling roles and embed the guidelines into practice through developing a short-form infographic or similar tool, and help mitigate staff turnover through developing an accompanying ‘train the trainer’ approach.

4) Develop a support package for sport sector organisations to increase their knowledge and awareness about disabled people’s lives and how to deliver physical activity opportunities that work for them.

5) Continue to champion genuine, user-led co-production processes to challenge perceptions about disabled people, improve local provision, and stimulate a long-term shift in strategy across the sport sector.

6) Build into future provision a focus on improving the knowledge of disabled people, their support networks, and key gatekeepers about the benefits of physical activity and how to access local opportunities.

7) Work with relevant partners in the health sector to develop and adapt the social worker guidelines to make them available to other health professionals.
Introduction

9.4 million disabled people live in England, but 42% do less than 30 minutes of physical activity per week. This level of inactivity is far higher than non-disabled people, where only 21% of people do less than 30 minutes of physical activity per week.

Given the wealth of benefits that physical activity is known to provide for disabled adults, there is a clear need to better understand what stops disabled people from taking part in physical activity.

Research to date has found that disabled adults are much more likely to report being limited in leisure activities than non-disabled people, and there has been some exploration around the barriers that disabled people face. However, far more needs to be done in co-production with disabled people to better understand the challenges that they face and how to overcome them.

This includes how the disability and sport sectors can best provide

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9 English Federation of Disability Sport. 2012. Understanding the barriers to participation in sport.
disabled people with a choice of accessible, encouraging and innovative physical activities.

**About Get Yourself Active**

Sport England funded Disability Rights UK to develop and lead the Get Yourself Active programme in February 2015.

Disability Rights UK was also supported by two delivery partners who played a key role throughout the evolution of the programme: the [Cheshire Centre for Independent Living (CCIL)](http://ccil.org.uk) and [Leicestershire Centre for integrated Living (LCiL)](http://lcil.org.uk).

**Programme aims**

The overall aim of the programme was to increase the number of opportunities for people with lived experience of disability, mental health issues and long-term health conditions, to get active ([Figure 1](#)).

Specifically, the programme aimed to:

- Increase the number of disabled people (14yrs+), in receipt of personal budgets, regularly participating in physical activities or sport;
- Improve the provision of inclusive, accessible physical activity opportunities;
- Educate and influence sports providers to provide accessible activities and promote inclusivity through their programmes and opportunities; and
- Strengthen partnerships between local stakeholders to provide a cohesive offer to disabled people wishing to use personal budgets to participate in physical activity or sport.
Figure 1: Programme aims and main outcomes

**Aim:** Better, more relevant opportunities for disabled people to get active

**Outcome 1:** Increased number of disabled people in receipt of personal budgets regularly participating in sport or physical activities

**Outcome 2:** Improved provision of inclusive, accessible physical activity opportunities

**Outcome 3:** Educate and influence sports providers to provide accessible activities and promote inclusivity through programmes and activities

**Outcome 4:** Strengthened partnerships between local stakeholders

- Social care teams **see physical activity as a legitimate** means of meeting health outcomes within support plans
- Social care teams **have access to improved guidance documents**
- Disabled people are **more informed and more positive** about physical and sporting activities in their area
- **Social care teams** have improved awareness of **local sports providers** and signpost towards them
- **Sports providers** have increased confidence and knowledge to run accessible sessions
- **Recommendations are made for changes** to local provision such as access, staff training or general awareness
- Disabled people are **more involved** in strategic decision-making processes
- Disabled people use **sports facilities** with inclusive, accessible **offers** in the community more
- Disabled people are **more informed and more positive** about physical and sporting activities in their area

**Programme activities**

Led by and for disabled people, Get Yourself Active evolved into three strands of engagement work. These were delivered at 12 sites between 2015-2019.

Each strand trialled a different approach to increasing the number of relevant opportunities for disabled people to get active, based on the cultivation of close working relationships between a wide range of organisations. This included: Disability Rights UK, CCIL, LCiL, other local Disabled People’s User Led Organisations,
sports providers, and strategic and frontline health and social care professionals.

The three strands of the programme included:

The Local Coordinator.

This strand was developed during the first year of the programme by Disability Rights UK, CCIL and LCiL, and then rolled out by CCIL and LCiL. It funded a DPULO-based Coordinator in two locations, who identified or supported sports providers to develop physical activity opportunities that work for disabled people. They also facilitated access to it through direct support of disabled people or working alongside health and social care professionals.

The strand was not fully adopted by any additional sites in the fourth year of the programme. Reasons for this are explained in the next chapter under ‘what worked less well’.

Social Worker support.

This strand was developed in partnership with the University of Birmingham, DR UK, CCIL and LCiL in the third year of Get Yourself Active. It was then delivered to 8 sites in the fourth year of the programme.

It focused on providing training and guidelines to social workers on how best to have conversations with disabled people about the benefits of physical activity, as well as increasing their awareness of local resources they could draw upon.
Co-production.

This strand was developed during the delivery of the Local Coordinator strand and delivered across three sites in the fourth year of the programme. The Get Yourself Active Coordinators based in CCIL and LCiL supported local DPULOs and sports providers to engage in genuine co-production initiatives. These aimed to increase the number of physical activity facilities and services that work for disabled people in their local area.

Sites were recruited for the fourth year of the programme through Get Yourself Active events in different regions of England and proactive approaches to areas identified by the Get Yourself Active programme manager.

About the evaluation

Traverse (formerly known as OPM Group) was commissioned by Disability Rights UK as an independent evaluation partner in early 2015.

The aims of this support in the first year of the programme were to:

- **Increase the efficiency and effectiveness** of internal evaluation through identifying priority outcomes for measurement;
- **Improve the quality** of internal evaluation through supporting the design of the evaluation framework, plan and quantitative and qualitative research tools;
- **Improve the robustness** of internal evaluation through reviewing and quality assuring data analysis and evaluation outputs.

This remit was then expanded in the second year of the programme onwards to include a formative evaluation of Get Yourself Active.
The formative evaluation aimed to capture learning about ‘what worked’ and ‘why’, to help inform the ongoing development of Get Yourself Active. As shown below (Figure 2), this included the design and analysis of surveys with disabled people, as well as semi-structured interviews with programme leads, delivery partners, sports providers and health and social care practitioners.

Figure 2: Evaluation timeline

This report draws together these different elements to summarise the differences that Get Yourself Active has made to people with lived experience of disability, mental health issues and long-term health conditions, as well as organisations that seek to support their participation in physical activity.

A detailed methodology of the evaluation support is presented in Appendix A.

Caveats to the findings

When reading this report please note that:

- This is a formative evaluation that did not include any experimental or quasi-experimental design. It did not assess the level of attribution between programme activities and reported outcomes.
• Surveys were completed by disabled people with the direct support of Get Yourself Active Coordinators, which may have influenced some responses.

• Percentages are only used when over 50 responses were received for a question. Elsewhere, numbers are used. For example, 27 of 40 respondents.

• Where percentages are used, partial percentages have been rounded to the nearest full number. Therefore, not all figures shown will necessarily add to 100%.

**Dissemination**

The report has a wide range of key audiences in the disability, sports, social care and health sectors, but also intends to generate learning for all organisations seeking to develop or deliver physical activity opportunities that work for disabled people. This includes broader transferable learning in relation to barriers to physical activity participation and how to overcome these.
Local Coordinators

This chapter provides an analysis of the main outcomes of the local coordinator strand and associated activities on disabled people, DPULOs and sports providers. It also explores ‘what worked’ in supporting participation in physical activity.

Introduction

The local coordinator strand was developed during the first year of the programme by Disability Rights UK, CCIL and LCiL.

The strand placed a specific focus on helping disabled people to use their personal budget to support physical activities within their support plan. It funded a DPULO-based coordinator in each area, whose main activities included:

- Educating health and social care professionals on the benefits and outcomes of physical activity for disabled people;
- Identifying social care teams and workers involved with the FACS (Fairer Access to Care Services) eligibility criteria assessments, and work with them to understand the value of signing off personal budgets that include physical activity and sport;
- Identifying or developing inclusive sports provision within the local community; and
- Brokering links between disabled people, DPULOs and local sports providers, as well as offering tailored support to help individuals attend their chosen physical activities.

A light-touch version of this model was rolled out to Doncaster, Lancashire, Peterborough and Sheffield in the second year of the programme, where one Coordinator covered all four areas.

Evaluation methodology

The following data sources have been used to produce this chapter:

- 10 interviews with the programme team undertaken in the third and fourth years of the programme;
The Get Yourself Active survey, which was completed at baseline on entry to the programme and at follow-up six months later in the second and third years of the programme (Appendix B);  

12 telephone interviews with health and social care professionals, sports providers, DPULO leads and parent carers across Leicestershire and Cheshire undertaken in the third year of the programme.

**Barriers to physical activity faced by disabled people**

Responses received from disabled people at the point that they joined the programme highlighted the scale of the problem that they face getting active.

Participation in physical activity by disabled people was low:

- 68% of respondents to the baseline survey participated in physical activity less than once a week.
- Participation in physical activity was particularly low among people with personal budgets – where 75% participated in physical activity less than once a week and those with mental health problems (19 of 26 respondents less than once per week).
- Older people were also less physically active. Over four fifths of respondents aged 50+ were active less than once a week (37 of 46), compared to two thirds of those aged 14-29 years old (70 of 99).

The main barriers cited by respondents included ‘not knowing what is available’ (75%), the cost of activities (21%) and inaccessible facilities (18%). Coordinators, sports providers and health and social workers highlighted that facilities were inaccessible due to both a lack of adaptable equipment and poor

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10 The Get Yourself Active survey was completed by 216 disabled people at baseline, of which 91 people at personal budgets, and 106 people at follow-up, of which 31 people had personal budgets. 95 people completed both the baseline and follow-up survey, of which 28 had personal budgets.

11 As outlined in the introduction, percentages are only used in this report where more than 50 responses were received.
customer service due to a lack of trained frontline staff.

Use of personal budgets to participate in physical activity was also low. Among people with personal budgets that responded to the survey on entry to Get Yourself Active, only 18% had used their budget to take part in physical activity or sport.

When asked what the main barriers were, 50% of respondents felt that there were no physical activities in their area that suited them. 39% did not know that personal budgets could be used toward physical activity and sport. Coordinators, sports providers and health and social workers also highlighted the impact of changes to eligibility lists that had reduced the number of hours of support that people could access each week, as well as a tendency for services to redirect individuals interested in physical activity towards time-limited social prescribing initiatives.

There was clear demand among participants for this to change. 82% of respondents wanted to become more active at the point that they joined the Get Yourself Active programme, and 76% of respondents not using their personal budget for physical activity were interested in doing so.

**Main outcomes**

This section presents the main outcomes of the local coordinator strand on disabled people, DPULOs and sports providers. These are structured under key outcomes contained within the theory of change (**Figure 3**).
Figure 3: Local Coordinator theory of change

**Improved knowledge of local provision among disabled people**

The proportion of disabled people that identified ‘not knowing what is available’ as the main barrier to taking part in physical activity reduced significantly six months into the programme.

Only 3% of respondents selected this barrier compared to 76% at the start of the programme, which suggests that local coordinators helped to remove a key barrier to participation through increasing people’s awareness of physical activity options in their area.¹²

**Increased knowledge and confidence among sports providers**

Sports providers reported on the benefits of the support that the local coordinator had provided. This included:

- Improved knowledge and understanding of provision that works for disabled people through Coordinator-led training sessions, or advice on where sports providers could access external training on supporting disabled people.
- Improved knowledge of community venues with accessible

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¹² Readers can find out how to access information in your local area on Disability Rights UK’s [website](#).
facilities or advice on how to easily adapt sessions to be accessible for different impairment types;

• Increased awareness of potential sources of funding.

**Increased physical activity**

A far greater proportion of survey respondents were physically active within the follow-up survey, administered six months into the programme, than when the same group responded to the baseline survey.

The proportion of respondents who undertook physical activity at least once a week or more increased from 28% to 68%, which suggests that Get Yourself Active helped disabled people to become more active (**Figure 4**).

**Figure 4**: “Please tell us in general how often you have participated in physical activity or sport in the last 6 months?” at baseline and follow-up (n= 94)
Swimming was the most popular activity undertaken by personal budget holders (50%) and people without personal budgets (28%), reflecting respondents’ desire to take part in this activity at the point that they became involved with Get Yourself Active.

**Increased personal budget use for physical activity**

A far greater proportion of respondents who completed the survey at both baseline and follow-up had started to use their personal budget for physical activity six months into the programme.

**Figure 5:** “Do you currently use your personal budget to help you take part in physical activity and/or sport?” (baseline) and “Have you used your personal budget to access physical activities in the last 6 months?” (follow-up)

Personal budgets were used by respondents to hire a Personal Assistant to help transport them to and participate in sessions, as well as cover the cost of activity sessions and transport.

The survey data also suggests that respondents felt more positive about their personal budget and its use as a result of participating in Get Yourself Active. For example, 14 of 25 respondents had a more positive perception of whether there were enough physical activity opportunities to choose from in their local area.
Inclusion in the community

Disabled people were asked to set goals at the point that they joined Get Yourself Active:

- 63% of respondents set a goal relating to meeting new people, including 79% of those with personal budgets;
- 52% set a goal relating to being part of the local community, including 73% of those with personal budgets.

Local coordinators and sports providers also reflected how physical activity was often seen by disabled people as an opportunity to socialise.

Respondents who also answered the follow-up survey were also asked the extent to which they had achieved these goals. All of the 30 people that had set social or community-focused goals felt that they had either been ‘achieved’ or ‘partly achieved’ six months into the programme. Coordinators, sports providers and health and social care professionals also reflected that access to physical activities alongside non-disabled people during normal opening hours had contributed to increased community inclusion.

“I have made friends at the session and socialise more now than I used to.” – Get Yourself Active participant

However, there was no evidence from the survey that Get Yourself Active had helped to increase respondents’ participation in wider community activities such as volunteering or paid employment. This echoes other studies that highlight the barriers to employment that disabled people face.

Improved mental wellbeing

Respondents were asked to assess their mental wellbeing at the point that they joined Get Yourself Active and six months later. Six months into their involvement with the programme:

- Over half of respondents felt good about themselves on a more regular basis (16 of 28) or had been socialising on a more regular basis (15 of 28).
- Half of respondents had more energy to spare on a regular basis (14 of 28) or felt cheerful on a more regular basis (14 of 28).
Coordinators, sports providers and health and social workers reflected on how Get Yourself Active had contributed to improving mental wellbeing. This included: increased self-confidence through breaking down perceptions that disabled people can’t take part in physical activity or sport; the achievement of personal goals and improvements in body image; and increased social contact with people with similar experiences.

**Case study 1: improved mental wellbeing**

“I did one session and there was a young man who stayed in a side computer room. He told me he couldn’t play football, because he used a frame. I told him, ‘of course you can play, we can work around it, you can come back if you don’t like it’. We got him involved and he loved it. He had the time of his life and couldn’t wait to tell his mum about it. He took a penalty and scored it – he got such a thrill and sense of achievement, which he probably doesn’t get day-to-day.

It also built his confidence and got him physically active with his frame. If we hadn’t have done that, he probably would have still been sat at the computer. The staff would never have brought him there, because they probably didn’t think that he could play either.” – Sports provider

**Improved physical wellbeing**

Respondents were asked to assess their physical wellbeing at the point that they joined Get Yourself Active and six months later. While there was less overall improvement in this outcome area:

- A third of respondents felt that they had a good level of energy more often than when they answered the same question six months earlier (9 of 28); and
- Under a third felt that they get a good night of sleep more of the time than when they answered the same question six months earlier (8 of 28).

Get Yourself Active Coordinators, sports providers and health and social workers reflected that physical activity had the potential to contribute to improved mobility through engaging otherwise unused muscle groups, improved balance through increased
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strength and flexibility, and improved stamina through incremental increases in difficulty or duration.

**Case study 2: improved physical wellbeing**

“We set up a project with a centre that caters for people with visual impairment, typically older women who don’t get out the house much.

When I first met the coordinator at the centre, she explained that she met me out of courtesy and didn’t think that sport would be good for their clients. But once I explained the adaptations we make, she was interested in it.

We’ve since run a monthly session for more than six months. The Coordinator has reported that it’s really good for people who are normally unsteady on their seat. They’ve been moving more and doing actions in their day-to-day life that they wouldn’t normally do. Some have improved their mobility or are getting stronger, doing movements they’ve not done before, and this is probably also having an impact on their life outside the session.” – Local Coordinator

**Reduced use of services**

Disability Rights UK hypothesised that participation in Get Yourself Active and improved mental and physical wellbeing might lead to a reduction in the use of some statutory services.

While service use stayed the same for most respondents, there were areas where it had decreased. As shown on the next page (Figure 6), over half of respondents reported that their use of adult social care services had decreased (15 of 28) and just under half reported that their use of GP services had decreased (12 of 27).
When invited to explain any changes in their service use, 4 of 6 respondents reported that it was because they now felt healthier.

**Reflections on the Local Coordinator model**

This section presents the strengths and limitations that the programme team, DPULOs and sports providers identified around local coordinators supporting disabled people to get active.

**What worked well**

- **Person-centred approaches**
- **Locating the Coordinator role within a DPULO**

**Person-centred approaches.** The local coordinator provided one-to-one support to disabled people interested in becoming more physically active, including initial meetings over the phone or
in person to understand their individual interests and needs, through to ongoing support.

When asked how the Coordinator had helped them, most of the 65 respondents highlighted the value of this person-centred approach. This included:

- The provision of tailored information, advice and signposting about relevant local activities, organisations and sports providers (26 responses)
- Support and encouragement to participate in physical activity (10 responses. “Having someone to make that first step (calling the session) really helped me. It seems simple, but makes a massive difference.”)
- Offering ongoing information, advice and support (6 responses): “It helped that they checked up on me to make sure I was ok.”

25 of 28 respondents with personal budgets also attributed their increased activity to the support of the local coordinator.

**Locating the Coordinator within a DPULO.** Several survey respondents highlighted that the Coordinator’s location within a DPULO had helped them to access other activities in their local areas.

Programme leads also felt that this increased the sustainability of Get Yourself Active. There was the potential for other teams within the DPULO to continue to develop or draw on the relationships that had been built between disabled people, sports providers and health and social care teams. However, for this to work commitment to a health and wellbeing agenda needed to be present at all levels of the organisation.

**Challenges**

**Challenges – summary**

- **Fully funded post required to deliver model**

However, the lack of take-up by other sites within the fourth year of Get Yourself Active also highlights the challenges that DPULOs face in the development and delivery of this model.
Programme leads reflected that the initial development of network of relationships between DPULOs, social care and health sectors and sports providers, while also providing person-centred support to disabled people, required a fully funded post.

This was felt to present distinct challenges for DPULOs within a climate where funders and organisations are prioritising the delivery of essential services, and also act as a barrier for smaller organisations who might be unable to access sufficient funding.

**Conclusion**

These findings represent an important step in terms of drawing a link between increased physical activity, improved wellbeing, and reductions in some statutory service use among disabled people – especially in light of a current lack of evidence in this area.

While it should be reemphasised that the sample sizes are small, analysis of the Get Yourself Active survey data and interviews with sports providers and health and social care professionals suggests that the Local Coordinator model made a positive difference across many of the intended outcome areas:

- Local coordinators helped to address disabled people’s lack of knowledge about accessible physical activities or sport, which was identified by disabled people as a key barrier to being physically active.
- Local coordinators also improved sports providers' knowledge and understanding of the lives of disabled people and availability of accessible, physical activity facilities in the local community;
- All of the respondents that set a goal to become or stay more social through the programme felt that this had been fully or partly achieved.
- Respondents evidenced some areas of improved mental and physical wellbeing – despite the relatively short amount of time between surveys;
- There is a suggestion that participation in Get Yourself Active had also contributed to reduced use of adult social care and GP services among respondents.
Supporting social workers

This chapter provides an analysis of the main outcomes of the social worker strand on social workers. It also explores ‘what worked’ in helping social workers to promote physical activity to disabled people.

The Social Worker strand of Get Yourself Active was developed during the third year of the programme. It aimed to increase social worker’s knowledge of how best to have conversations with disabled people about the benefits of physical activity, and therefore increase the likelihood of people opting to meet their personal outcomes through physical activity.

This built on findings across several pieces of research:

- The interim evaluation finding that there was potentially a large proportion of people with personal budgets who were not using them due to a lack of awareness about suitable options in their area;
- The interim evaluation finding that disabled people who use their personal budgets for activity tended to only do so when it was stated in their support plan; and
- The identification that social workers could be potential ‘messengers’ of physical activity, but lacked the resources to do so effectively, through a collaborative piece of research between Disability Rights UK and the University of Birmingham

The strand focused on a social worker training workshop and an accompanying set of digital and hard copy guidelines.

The guidelines set out the national context, the benefits of physical activity, and provided guidance on carrying out conversations with clients using the Three Conversations Model (Figure 7) as well as getting physical activities signed off in support plans. They also provide example well-being action plans and examples and suggestions from social workers themselves.

These were delivered to eight sites across the fourth year of the programme: Cheshire; Coventry; Derby; Doncaster; Essex; Nottingham; West Sussex; and Wigan.
Figure 7: The Three Conversations Model

Evaluation methodology

The following data sources have been used to produce this chapter:

- 18 telephone interviews with client-facing social workers, team managers and service managers;
- Baseline and follow-up social worker surveys, which were completed at the social worker guidelines training workshop and/or up to six months later in the fourth year of the programme (Appendix C);\(^{13}\)
- 10 interviews undertaken with the Disability Rights UK

\(^{13}\) 114 respondents completed the baseline survey and 41 respondents completed the survey at follow-up, which was administered approximately six months later. It should be noted that not all respondents who completed the survey at follow-up had completed a survey at baseline.
programme team undertaken in the third and fourth years of the programme.

The evaluation of this strand was underpinned by use of the RE-AIM framework, which focused on the reach, efficacy, adoption, implementation, and maintenance of the social worker training and guidelines.

**Barriers to supporting disabled people to access physical activity opportunities**

The baseline survey results highlight that social workers and social work team and service managers placed a high value on physical activity:

- 74% of social workers had already had conversations with service users about increasing their physical activity prior to the training;
- 97% of social workers believed that physical activity should be embedded into their practice;
- 98% felt at least somewhat confident in recognising the benefits of being active;
- 84% wanted to increase the amount of conversations they have with service users about physical activity.

Respondents also reported a wide range of emotional and social benefits for service users who were already engaged in physical activity, including improved social relationships and increased confidence.

However, respondents also highlighted five main challenges that they face when helping disabled people to access physical activity:

- **Limited knowledge of local opportunities.** 86% of respondents felt that they either knew 'nothing' or 'only a little' about accessible opportunities in their local area, while 90% wanted increased knowledge of relevant sports provision in their area. 89% also felt the service users they support should be more informed about local provision.
- **Limitations in local provision.** 82% of respondents wanted
to increase their knowledge about gaps in provision – while several stated that difficulties identifying appropriate provision had been a longstanding barrier.

- **Reluctance to engage in physical activity opportunities.** Some social workers reported that disabled people could be reluctant to consider physical activity. Reasons cited included a low confidence, previous negative experience, not viewing it as a priority and funding difficulties. Some social workers also felt uncomfortable raising the topic, particularly if they weren’t engaged in physical activity themselves.

  “It’s always a balancing act; even if I say it and they just want to watch TV… What right do I have to tell them it’s not ok? There’s plenty of [non-disabled] people who watch TV all day and I don’t tell them not to watch TV and exercise.” – Social Worker, Essex

- **Cultural difficulties.** A few social workers cited cultural difficulties between strength-based approaches and social care systems. A social care assessment has 12 domains based on deficit, none of which refer to physical activity, and services are commissioned to meet identified needs. This does not sit well with a strengths-based approach. There is also a separation between mental and physical health, which impacts on identifying appropriate provisions and funding physical activity.

- **Funding concerns.** The majority of respondents had identified physical activity as an assessed need for clients (58%) and identified this in support plans (64%). However, many said this had not been costed under adult social care packages (45%). One mental health social worker felt the main barrier was that clients did not want to pay for physical activities – especially those who received Disability Living Allowance (DLA) instead of Personal Independence Payments (PIP) and had not paid for their care before.14

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14 PIP is a benefit for people who may need help with daily activities or getting around because of a long-term illness or disability. It has replaced DLA for new claimants, which is a benefit that helps with extra costs you may face if you are disabled.
Despite these challenges, many respondents were confident that changes could be made within their workplace to help support disabled people to access physical activity. 55% felt it likely they could get physical activities signed off in a request for social care funding and 62% felt they could access local social prescribing opportunities.

**Main outcomes**

This section presents the main outcomes of the social worker support strand on adult social workers and other teams. These are summarised in the theory of change below (Figure 8).

**Figure 8: Social worker support theory of change**

**Reach**

This section analyses the number and type of individuals that were reached through the training workshop and guidelines.

A total of 135 social workers attended a training workshop with Disability Rights UK. Of those that also completed a baseline survey, the majority were social workers working within adult social care, but recipients also included care managers, children’s social workers and community health and social care officers.

Disability Rights UK also provided attendees with 165 hard copies of the guidelines and digital copies to share with colleagues. Of those that attended the training workshop and completed a follow-
up survey:

- Most had shared the guidelines with up to five colleagues within their immediate teams (18 of 31)
- Some had shared with up to five colleagues in other teams (11 of 31).

Many (20 of 31) felt their colleagues had reacted positively to the guidelines, but interviewed social workers frequently noted that there wasn’t much uptake or interest in the guidelines from those who hadn’t been to the training.

**Effectiveness**

This section analyses how effective the guidelines were in meeting the aims for this strand and to identify any unexpected outcomes. The main differences that the training and guidelines made to social workers included:

**Positive difference to practice.** Over half of respondents to the follow-up survey felt that the guidelines had made a positive difference in their practice (19 of 35). Interviewees felt that they had helped them to promote physical activity among social care teams and with service users through providing a reason to prioritise and discuss physical activity, and had also helped to build relationships with local organisations.

The benefits of the training were largely described as helping to inform agenda setting, increased knowledge of the benefits of physical activity, changes in mindset around physical activity (such as thinking about walking rather than sports or the gym), and the opportunity to reflect on the use of local services.

“For me, exercise is about getting a sweat on, but the guidelines looked at how anything can be classed as exercise; like housework or gardening for people with low levels of movement” – Social Worker, Wigan

As shown below, most social workers also felt that the guidelines had an impact on their ability to start conversations about physical activity with disabled users, highlight its benefits and build physical activity into support plans.
Several interviewees also felt that the guidelines had helped them to increase the frequency of their conversations, through increased awareness of its importance, increased confidence in discussing the benefits and increased awareness of local provision. They also felt that their use of local services had improved through improved relationships with local services through increased engagement, more tailored support plans and permission from senior managers to adopt a strengths-based approach and prioritise physical activity.

The guidelines were often not referred to after the training, but it was the training itself (based on the guidelines) that served as a springboard to embed physical activity. The main differences since the training were felt to be increased knowledge, focus, and connections with community organisations.

**Understanding of local provision.** While most social workers only knew a little about services available in their local area at six months after the training and distribution of guidelines (28 of 36), a far smaller proportion knew ‘nothing at all’ (1 of 36) compared to the baseline (20 of 125). Respondents reported that the social worker training and guidelines had helped to increase their knowledge of relevant physical activity provision in the local area.
and understanding of gaps in local provision (Figure 10).

**Figure 10: To what extent have the social worker guidelines had an impact on any of the following elements of your practice? (n= 33)**

| Knowledge of relevant physical activity provision in your area for disabled people | 1 | 7 | 13 | 10 | 2 |
| Understanding of gaps in physical activity/sports provision | 1 | 7 | 18 | 5 | 2 |
| Working with sports and leisure providers to improve their offer for disabled people | 5 | 8 | 12 | 8 | 0 |

However, social workers also reported challenges converting this increased knowledge and understanding into action. Local provision issues were still a barrier – the guidelines had less of an impact in regard to social workers ability to work with sports and leisure providers to improve their offer to disabled people.

**Case study 3 - Improved awareness of physical activity benefits**

**“One-to-one support happens in a shorter time now that we know about Healthy Roots”**

Jemma lives in Wigan and told her social worker how she used to enjoy Yoga. The social worker’s improved awareness of the benefits of physical activity prompted her to arrange one-to-one support for Jemma from a local organisation in Wigan. With their help, Jemma is now able to do chair-based yoga exercises at home.

Respondents were also divided on whether physical activity would be signed off for funding, or whether the guidelines had helped make it more likely that physical activity would be signed off.
Adoption

This section explores how willingly the guidelines have been adopted into practice.

Most social workers had held at least some conversations about physical activity with the people they support since the training (27 of 36). Most also said that they had used the Three Conversations Model to some extent (21 of 33), though some hadn’t used it at all (7 of 33) or had used their local authority’s own version of the model (5 of 33).

Key factors that influenced adoption included:

- **Alignment with other social worker tools.** The guidelines were well received where they aligned with other tools used within the local authority. Social workers used other tools such as community activators and other local organisations or services, either working in partnership with them or using their resources (such as leaflets) to inform colleagues and service users of what’s available. Many felt that the strengths-based approach used within the guidelines aligned well with their practice and culture. For example, ‘The Deal’ model in Wigan was felt to use a person-centred conversation akin to the Three Conversations tool in the guidelines.

- **Presence of passionate, internal advocates.** Adoption and subsequent impact were often led by passionate internal advocates. Social workers who were interviewed had mostly attended the training due to their belief in the benefits of physical activity and a passion to promote it. Some said they want physical activity to be embedded into practice and discussed how it links to the Care Act and current drives towards prevention and creating less dependency on statutory services.

Follow-up sessions were also recommended as a potential model for encouraging adoption. For example, senior management and passionate team members delivered follow-up training sessions in Wigan, which focused on making referral systems more accessible and sharing further information on local provision. They have invited in reps from ‘Healthy Roots’ and ‘Inspiring Healthy Lifestyles’ to respond to queries and build relationships, making
referrals easier to handle.

**Implementation – application of guidelines**

This section explores how the guidelines have been implemented and adaptations.

Over half of social workers reported that they had spent some initial time looking at the guidelines but haven’t referred to them since (20 of 36). Most interviewees also reported that they had primarily used the knowledge learned during the training workshop to embed discussion of physical activity into their practice, rather than using the guidelines as a tool.

Reasons for this tended to focus on limited time to engage with guidelines and feeling overwhelmed with paperwork. In essence, social workers found it easier to incorporate the thinking from the training and guidelines into their everyday work, than use another form.

> “Working in a busy environment, it’s not something we’ll remember without referring back to, so it needs to be tangible and ready” – Social Worker, Nottingham

Some social workers were also unsure of how to apply the guidelines to their practice (14 of 35), which could be connected to the finding that only 16 of 36 respondents felt that they had sufficient time and space to consider how to make use of the guidelines. In light of this, the space provided within the training to reflect and discuss with colleagues was noted as particularly useful.

**Implementation – use of guidelines**

The most valued elements of the guidelines included the strengths-based approach and the Three Conversations Model and accompanying examples. These were reported to provide social workers with a practical, person-centred, framework and relatable perspective for use in practice. The knowledge about benefits and local services sections also enabled social workers to feel more confident in having conversations about physical activity.

However, social workers also identified a range of barriers to using the Three Conversations Model in practice. These included
where social workers clients were unwilling to engage, where clients were at a point of crisis, or when they were unable to direct self-care.

The least useful element of the guidelines were the tools for designing a personal budget. Some social workers felt this section was too idealistic, while others suggested this might be because it wasn’t covered in the training.

Suggestions for improving the guidelines included turning them into a quick and easy access toolkit, and adapting them to each local authority or to specific service user groups. For example, using a picture format to help social workers support younger service users.

**Maintenance**

This section analyses the extent to which the guidelines have become part of routine organisational practices.

Most surveyed social workers felt that the guidelines would have a lasting impact (26 of 32). Many felt that the training and guidelines has had a lasting impact on their practice through improved awareness and knowledge of the benefits of, and approaches to, physical activity, and through reminding them to prioritise having conversations about it.

Given the short timeline it is hard to judge how well institutionalised the guidelines have become. Following the workshop, most social workers felt positive about the potential for the guidelines to get more disabled people active. However, there was broad recognition that this would depend on internal uptake and involve cultural change in order for them to be embedded into personal practice and management processes.

There was also an acknowledgment that if the guidelines are embedded within practice, it is still down to disabled people to engage and individual support workers to help them overcome other barriers, including motivation and other, more pressing, priorities.

Based on interviews with three local authorities, the council that was already working to embed physical activity into practice was better placed to receive the guidelines and make use of the
knowledge gained from the training when implementing their own version of the Three Conversations Model. In contrast, the guidelines had had more of an impact in putting physical activity on the agenda locally amongst decision-makers and in the minds of practitioners in areas that had encountered barriers in trying to embed physical activity.

**Reflections on the Social Worker support strand**

This section presents the strengths and limitations that programme staff, DPULOs and sports providers identified around the Social Worker support model.

**What worked well**

Social workers felt that the training and guidelines had helped them to think more about physical activity and its benefits, what disabled people can do and local provision. Where the guidelines had worked well, key factors included:

**What worked well – summary**

- Peer-delivered workshops
- Gatekeepers who generated enthusiasm
- Follow-up activities

**Peer-delivered workshops.** The training was led by a facilitator who had front-line experience of working in health and social care, which ensured that they could illustrate the session with real-life examples and provide practical answers to questions. This session was also underpinned by an understanding that it is only appropriate to raise physical activity during an assessment, rather than during a crisis.

**Gatekeepers who generated enthusiasm.** Successful use of the guidelines was supported by passionate and influential advocates. These individuals were typically well connected locally and embedded the physical activity agenda into assessment processes. This ensured that social workers, and clients themselves, could trust that getting active was encouraged from the top-down, and would not impact their ability to claim benefits.
This mitigated concerns among disabled people that they might lose benefits if they became healthier or showed physical ability.

**Follow-up activities.** Revisiting the guidelines in team meetings provided social workers with the space to reflect on what they had learnt and think through how to fit those conversations around their priority of keeping people safe and meeting basic needs. The best methods to share the guidelines with colleagues were felt to involve verbal discussions, with reference to team meetings and case discussions, though email and hard copies were also used in support of continued practice.

**Challenges**

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<td>Reluctance from clients</td>
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<td>Supporting specific needs of clients</td>
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Where the guidelines had worked less well, challenges included:

**Building and maintaining relationships with local authorities.** Disability Rights UK encountered challenges in forming initial connections with some local authorities, as well as staying connected when internal issues arose. High levels of staff turnover impacted areas’ ability to embed practices, especially when visible champions moved on.

Despite there being interest in the offer of free training and resources, some local authorities were also reluctant to participate once they learned that Disability Rights UK had internal targets, even when it was explained that this was solely for monitoring purposes.

**Limited capacity among social workers to engage.** Balancing an in-depth workshop with staff availability was a significant challenge, which the programme team addressed by limiting the workshop to two hours. This impacted the content of the workshop and it was felt that more practical examples of how to use the
guidelines needed to be included within the training, or more practical tools provided to use afterwards. A further barrier for social workers was how easy it is for physical activity to be forgotten when the priority is meeting basic needs.

**Reluctance from clients.** Some social workers noted a lack of trust among disabled people after negative experiences with physical activity provision. If physical activity had been incorrectly marketed as ‘inclusive’ in the past, then new impressions needed to be made through fresh marketing (and checks that improvements had been made). Many interviewed social workers wanted more information about local resources and dealing with barriers relating to trust, such as how to engage demotivated clients.

**Supporting specific needs of clients.** Social workers also noted that the training and guidelines did not provide enough support around how to work with groups with specific needs, such as people with dementia or younger service users. Several interviewed social workers commented that the training focused on physical disability and lacked a focus on working with service users who have, for example, autism or mental health issues.

**Sustainability and next steps**

The guidelines and training have enabled the development of networks between social services and local sports, leisure and health organisations. It has also, in some cases, created a culture shift towards a sustainable promotion of physical activity.

However, it was felt that long-term sustainability rested on the incorporation of physical activity within formal processes needed to be incorporated within formal processes. This could be inherent in cases such as Wigan, where the assets-based approach promoted by the guidelines aligned with their own existing approaches, or instigated through adding physical activity into formal assessment forms.

Without this, one interviewee felt that social workers would be undermined by the fundamental disconnect between the asset-based approach of the guidelines and a culture of social workers ‘exaggerating deficit’ to secure funding for clients through commissioning panels.
Keeping it on the agenda, shifting policy and culture (nationally and locally), providing support in mitigating challenges, and providing information and connections with local resources were felt to be the keys to ensuring the use of the social worker guidelines in future. There was also a strong acknowledgment that, ultimately, it’s down to local authorities and professionals to take responsibility for the guidelines and embed them.

Three recommendations emerged to help support sustainability:

**Embed a short-form of the guidelines within working practices.** Respondents to the social worker survey provided a range of ideas for ensuring the guidelines are not ‘left on a shelf’. The most popular suggestions included embedding physical activity into everyday activities such as team meeting discussions, supervision, and inclusion in formal assessments.

Several also mentioned the value of regular training sessions, the designation of a ‘physical activity’ champion, providing (regularly updated) information on local resources and adapting the guidelines into shorter, (tailored) tool-kits. This would make them easier to use in practice, especially with younger clients, clients on the autism spectrum and people with mental health issues. The co-produced “Physical Activity for Disabled Adults” infographic could serve as a useful model in this regard.

**Roll out the guidelines to other professions.** Social workers felt many other people could benefit or make use of the guidelines and had plenty of suggestions. These included community services, including carers, education, health, accommodation and housing services, and other internal social care teams (including children’s services). It was also felt that there would be benefits in adapting training and guidelines for different professions, but that the core principles should remain the same.

**Cultural change.** Those working within the programme felt the key to sustainability lay in integrating physical activity into their referral methods, now that they have an established relationship with the sports sector (for those that have). It was also felt that a ‘train the trainer’ style programme would combat staff turnover and ensure new social workers are brought on board with the programme.
**Conclusion**

The findings suggest that there is an appetite for physical activity to be more highly valued and embedded in social care practices, and there is at least some confidence that the resources and support to make that happen exist. When looking at the development of the training and guidelines to date:

- The training was valued for its realistic, peer-delivered approach and so this, along with the strengths-based principles would need to remain. Having the time to reflect on and embed learning was also valued, so local authorities should be encouraged to make time for social workers to absorb the information and trouble-shoot with their peers and relevant professionals.

- The training raised awareness about the importance of physical activity and provided a premise for engaging with local services. However, a lack of awareness or existence of appropriate local provisions remains a barrier, as does staff turnover and lack of internal resources. Staff turnover may be mitigated by embedding ongoing training and discussion.

- The most useful elements of the guidelines were tools that were deemed to be ‘realistic’, such as the Three Conversations Model and real-life examples, as opposed to idealistic such as the support plan and costings template. It may be worth revisiting these less valued elements of the guidelines with social workers.

- Factors that supported ongoing use of the guidelines included the presence of passionate advocates and embedding ongoing discussion of physical activity into everyday practices such as team meetings.

- Further development of the guidelines to support specific client groups would benefit social workers, as well as other professions.

However, the barriers of limited local opportunities, reluctance from clients and a frequently incompatible working culture remain. As such, the findings suggest that the positive impacts to date have been less about embedding the guidelines, and more about embedding the importance of physical activity in the minds of
It is also important to locate the social worker training and guidelines within the context in which they operate. Buy-in from local advocates and decision makers are key to cultural change. Cultural clashes between the deficit and asset-based approaches can only be addressed through policy changes, either driven nationally or locally. Social workers and clients must also be reassured that getting more active won’t equate to reduced support. With the recognition that it is the responsibility of local authorities and individual practitioners to embed this learning, local authorities are likely best placed to drive this cultural change within each of their locales.
Co-production initiatives

This chapter provides an analysis of the main outcomes of the coproduction strand, as well as ‘what worked’ when bringing together DPULOs and sports providers to improve physical activity offers.

Introduction

The co-production strand was developed during the third year of the programme by DR UK, CCIL and LCiL.

This strand focused on supporting DPULOs and local sports providers to come together and improve the delivery of physical activities for disabled people. This was achieved through the provision of guidance by the Get Yourself Coordinators who were based out of CCIL and LCiL.

The offer of support was taken up by three sites in the fourth year of the programme: Preston, Rutland and Sheffield. Each site supported disabled people to develop improvement initiatives in line with their needs and interests. This included:

- The formation of a steering group of disabled people and their carers in collaboration with a not-for-profit leisure trust in Sheffield. They undertook ‘experience visits’ to the leisure trust’s venues and made recommendations to improve their physical activity offer.
- A consultation focused on physical activity with a Disabled Youth forum in Rutland, which aimed to identify disabled people’s knowledge of current provision, barriers to physical activity and desired activities.
- The development of a mystery shopper experience for leisure centres in Preston.

Evaluation methodology

The following data sources have been used to produce this chapter:

- 10 interviews undertaken with the Disability Rights UK programme team. These were undertaken across the third and fourth years of the programme; and
• 3 telephone interviews undertaken with DPULO and sports provider leads in the fourth year of the programme.

It is therefore important to acknowledge that this chapter is based on limited data and should be interpreted with caution.

**Main outcomes**

This section presents the main outcomes of the co-production strand, structured under the theory of change produced with the Disability Rights UK programme team (Figure 11).

It should be reiterated that the findings within this section should be read as emergent at this stage, since genuine co-production processes take significant amounts of time to codevelop, implement and refine.

**Figure 11: Co-production strand theory of change**

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**Improved facilities and services**

Sports providers in Rutland and Sheffield provided examples of where they had already made changes to facilities or services in response to the recommendations made by disabled people. This focused on:

• **Making simple changes to facilities** to improve accessibility, such as fixing broken automatic doors or adjusting lighting levels at sports facilities. These recommendations were also felt to improve the services as a
whole, since they benefited both disabled and non-disabled customers (see case study 5).

- **Redesigning and developing services** such as the provision of inexpensive, weekday evening multi-sport activities during the school holidays, as well as opportunities for disabled people to meet the instructor in advance and hear more about planned activities.

**Strengthened partnerships between local stakeholders**

Sports providers and DPULOs felt that the co-production process provided them with an opportunity to pool their respective expertise in addressing barriers to physical activity participation. This included DPULOs' lived experience of disability and status as a recognised and trusted organisations and network in the local area, as well as sports providers' in-depth understanding of and influence over local physical activity provision.

**Case study 5 – coproduction and improved facilities**

“It hit home straight away that the problem was applicable to anyone… we now have a quick, inexpensive solution that benefits lots of people.” – Sports provider, Sheffield

Mark uses a walking stick and is a member of the steering group in Sheffield. As part of his work with the group, he visited a swimming pool to assess its accessibility.

He found that the path from the changing rooms to the swimming pool was extremely slippery – and he was afraid of falling over. He reported this back to the steering group and they discussed potential solutions.

The sports provider is now putting down non-slip matting across all their sports and leisure centres. They have also realised that this improves the experience of everyone who visits their venues which, in the long-term, might help them to attract and retain customers.

In Sheffield, co-production activities were also felt to have acted as a catalyst for the development of a stronger relationship between the DPULO and local leisure trust. This, in turn, had opened up the potential of developing a wider partnership focused
on increasing participation in physical activities, such as Disability Equality Training for leisure trust staff.

**Disabled people are more involved in decision-making processes**

While it was too early to assess whether the co-production initiatives had increased the involvement of disabled people in decision-making processes, the initiatives in themselves represented a significant step for sports providers in involving disabled people in decision-making processes.

While sports providers had previously tried to improve their general services through ‘mystery shopper’ experiences and other activities, this was the first time that they had engaged in ‘true’ co-production processes based on the express needs and wishes of disabled people.

**Reflections on the co-production strand**

**What worked well**

Where co-production initiatives had worked well, sports providers, DPULOs and programme team members highlighted several factors that had supported their development and delivery.

**What worked well – summary**

- Openness to feedback
- Supporting ownership
- Kickstarting conversations

**Openminded approach.** Sports providers and programme team members emphasised that a willingness to listen was a prerequisite to engaging in co-production with disabled people. This included entering the process without preconceived notions of what it would produce, asking open-ended questions, staying open-minded to responses and ensuring that disabled people retain ownership over the process:

"You need to go into this with a few objectives… and then you let it happen and see what else might come out of it… be prepared to be wrong and try things you didn’t
expect… we also don’t know if this will work.” – Sports provider, Sheffield

One sports provider felt that it was important that support for these principles was also present at all levels of organisations engaging in co-production, since the process rarely yields short-term outcomes. When it came to securing support from senior management, it was recommended that co-production be considered as an option to help fulfil longer-term organisational ambitions or strategies around inclusion. For example, the steering group in Sheffield is contributing to the inclusion ambition contained within the organisation’s health and wellbeing strategy.

Supporting ownership. Sports providers in Rutland and Sheffield felt that open-minded approaches also supported disabled people to have ownership over the co-production process. This helped to ensure that co-production processes were driven solely by the needs and lived experience of disabled people, as opposed to the objectives of organisations.

One method of achieving this included holding a series of in-depth conversations around the ambition and remit of the group. This not only built trust amongst disabled people, but also created a culture and terms of reference that made clear that sports providers were accountable to the steering group rather than vice versa.

“It’s not so much about the terms of reference as a written document… more about the conversation and debate that led into it. We went through numerous drafts over two to three months to get to the final document – is [visiting facilities] what we want to do? What’s most important? The written piece of paper is probably quite insignificant now as people trust that this is something meaningful.”

Another approach that was felt to have worked well in Rutland included supporting disabled people to have roles within the outputs of co-production initiatives. For example, one individual managed the bookings process for the multi-sport taster session that the group developed.
Kickstarting conversations. Sports providers reflected that the Get Yourself Active Coordinators had helped to catalyse conversations between themselves and local DPULOs. Sports providers in Rutland and Sheffield reflected that, though they knew of their local DPULO, they had not fully considered or explored the idea of them supporting physical activity opportunities until they met with the Get Yourself Active Coordinator.

“We were aware of the group originally, but without DR UK we would not have worked with them so closely.” – Sports provider, Rutland

Sports providers and DPULOs also valued the lessons that Coordinators shared from their experience of co-production at other Get Yourself Active sites. That said, these experiences were primarily used as a guide due to the localised nature of co-production activities and the barriers that disabled people face in accessing physical activity.

Challenges

Challenges encountered in the development and delivery of co-production initiatives included:

Challenges – summary

- Moving past personal experience
- Timescales
- Supporting participation

Moving past personal experience. One sports provider highlighted how they had struggled to balance the recommendations that emerged from non-representative groups of disabled people with broader, inclusive physical activity principles. For example, one leisure facility had reduced lighting to include people with autism, but the disabled people involved in co-production activities found low lighting to be a barrier. In these instances, the guidance of the DPULO was felt to be invaluable in helping sports providers contextualise different disabled people’s lived experience of disability and create compromises across
different user groups.

**Timescales.** Genuine co-production takes time to develop as a bottom-up process. The sports provider and DPULO from one site highlighted how it had taken over nine months to engage individuals as volunteers, understand the needs and interests of those involved, and work through a series of conversations that resulted in a terms of reference for the group. While this worked for the site involved, it was flagged that this might not align with organisations looking for short-term results. This was a less significant challenge in another site where co-production was undertaken with an already established group of disabled people in the local area.

**Supporting participation.** One sports provider had found it challenging to support consistent participation among disabled people with fluctuating health and levels of physical activity, in addition to other priorities and challenges in their lives. This had complicated the early stages of the co-production initiative, which were reliant on the inputs of everyone who wanted to be involved. It was felt that this might have hindered the development of more ideas into concrete actions.

Providing incentives such as free access to activity sessions or sports venues was seen as a potential solution to show continued appreciation and mitigate drops in enthusiasm, but it was acknowledged that this did not address the underlying challenges relating to health.

**Sustainability and next steps**

While it is too soon to assess the sustainability of the co-production initiatives undertaken by DPULOs and sports providers, interviewees were able to comment on how they planned to build on the outcomes achieved to date. This included:

- A sports provider that planned to embed the co-production activities and group within their organisation, also drawing on the DPULO’s experience, contacts and networks for additional guidance on an ad hoc basis.
- A local sports alliance that planned to continue to signpost towards and broker connections between a co-production
group and other local council and physical activity services.

**Conclusion**

These findings suggest that co-production represents a clear area of opportunity between disabled people, DPULOs and sports providers when it comes to improving physical activity provision and participation.

While it should be reemphasised that these findings are emergent and based on limited data, this initial exploration of two co-production initiatives suggests that:

- The Get Yourself Active Coordinator helped sports providers to consider co-production – an often misunderstood process – and kickstart conversations with local DPULOs.

- Organisations must enter co-production with an open mind as to what it will look like and what recommendations will emerge, in addition to ensuring that disabled people are supported in their ownership over the process.

- Co-production can result in small-scale improvements to facilities and services within a relatively short timescale, demonstrating its value and providing a platform for further improvements.

- Collaboration between sports providers and DPULOs was seen as vital to the process, and also laid the foundations for wider partnerships.
Programme-wide lessons

This section provides an overview of the main lessons learned through the development, delivery and evolution of Get Yourself Active.

The programme team was asked to reflect on the development and delivery of Get Yourself Active at the end of the third and fourth years of delivery.

Programme leads also made several suggestions as to how other organisations could develop and deliver future pilot initiatives alongside DPULOs in the social care and sports sector. These are summarised below.

Lesson 1: Identify and work alongside gatekeepers to help generate enthusiasm for new ideas and overcome early challenges

The programme team reflected that successful development and delivery of initiatives had often been supported by key individuals or organisations located within the sports and social care sectors or DPULOs.

These individuals or organisations tended to be well-connected and rooted in their local context, with a good awareness of the decision-makers and influencers that needed to be involved, and of local priorities and opportunities that sites could link in with or build upon.

The profile of these individuals or organisations also varied depending on the sector that they worked within:
Lesson 2: Be pragmatic about the time and resources required to support DPULOs and sports providers in the development of new initiatives

The programme team aimed to engage 8-12 sites in the fourth year of the programme. This was designed to help Disability Rights UK better understand how the different work strands could be developed and sustainably embedded within different localities.

Following initial engagement with sites, programme leads were initially concerned that the target number of sites would limit the level of guidance and support that could be provided to sports providers and DPULOs. Ultimately, limited uptake in areas such as...

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15 Icons made by Freepik from www.flaticon.com
as the Local Coordinator strand enabled the programme team to concentrate on a smaller number of organisations.

**Lesson 3: Build in time to develop, test and redevelop new initiatives through formative evaluation**

The programme team reflected that the fourth-year extension to Get Yourself Active was a valuable opportunity to build on the interim evaluation findings.

This additional phase enabled Disability Rights UK to evaluate the social worker and co-production strands, which were developed in direct response to the main barrier identified through the interim evaluation - a lack of knowledge on how to deliver (among sports providers), connect to (among social worker) or access (among disabled people) physical activity opportunities.

> “Having the extra year was essential… to get the results that we were looking for and make sense of the project.”
> – Programme lead

This underlines the importance of formative evaluation in pilot programmes when it is unclear what might work, for whom and why, as well as building in sufficient time for local organisations to develop, test and refine new practices.

The extension also provided sites that had encountered early challenges in building support for their activities extra time to deliver their activities.

**Lesson 4: Take action to better understand the viability of proposed projects and risks in local contexts**

A large number of potential sites expressed initial interest in the work strands, but then failed to develop or deliver substantive activities.

This was often attributed to difficulties finding funding, the emergence of other priorities or capacity issues, and unanticipated financial challenges within local authorities. With this in mind, it may be worth thinking in more detail about what pre-conditions need to be in place to support the successful delivery of projects and then including these within an informal assessment process.
Conclusions and recommendations

This chapter draws together learning from across the report to assess the impact of Get Yourself Active and presents the evaluation’s recommendations for Disability Rights UK.

Looking across the Get Yourself Active programme, there is good evidence that the three, interconnected strands have made a positive difference in the lives of disabled people, as well as to the work of sports providers and health and social care professionals.

The available evidence suggests that, as a whole, the programme has achieved its aims to:

- **Increase the number of disabled people in receipt of personal budgets regularly participating in physical activity or sport.** The Local Coordinator strand increased the proportion of respondents in receipt of personal budgets who were using them for physical activity and sport through providing person-centred, tailored support and encouragement. Personal budgets were typically used to hire Personal Assistants to help travel to or participation in sessions, as well as cover the cost of activity sessions.

  Social workers also reported that the training, guidelines and associated tools such as the Three Conversations Model had informed their practice and helped them to promote physical activity and tailor support plans. However, social workers were often constrained by limited time to revisit the guidelines, while there was some suggestion that high staff turnover limited their effectiveness.

**Recommendation 1:** Build on the success of Get Yourself Active to advocate for the relevance of physical activity and sport to health policy agendas.

**Recommendation 2:** Build on the success of person-centred approaches in engaging disabled people to inform the development of similar initiatives such as local personal health budgets and social prescribing projects.
Recommendation 3: Support social work managers and teams to maximise their enabling roles and embed the guidelines into practice through developing a short-form infographic or similar tool, and help mitigate staff turnover through developing an accompanying ‘train the trainer’ approach.

• Improve the provision of accessible physical activity opportunities that work for disabled people. The Local Coordinator and Co-production strands improved sports providers’ understanding of lived experience of disability, accessibility and inclusion. It also improved their awareness of inclusive local provision, or how to improve their own facilities. This not only resulted in the delivery of more activity sessions that worked for people, but has set in motion several longer-term co-production initiatives that have elevated the voice of disabled people in decision-making processes.

It is important to note that the sustained development of this outcome is critical to the long-term sustainability of increased physical activity among disabled people. Without adequate physical activity provision, newly generated demand will not be met, engendering frustration and negative attitudes towards physical activity and sport.

Recommendation 4: Develop a support package for sport sector organisations to increase their knowledge and awareness about disabled people’s lives and how to deliver physical activity opportunities that work for them.

Recommendation 5: Continue to champion genuine, user-led co-production processes to challenge perceptions about disabled people, improve local provision and stimulate a long-term shift in strategy across the sport sector.

• Strengthened partnerships between local stakeholders. The social worker and co-production strands in particular enabled the development of networks between DPULOs,
sports providers and social services. As well as those impacts being felt here and now, it looks likely that other impacts will also emerge over time based on the relationships formed between these groups.

In addition, the programme has also helped to:

- **Address a lack of knowledge about physical activity.** The support provided by the Get Yourself Active Coordinators helped to address disabled people’s lack of knowledge about accessible opportunities available in their local area. The social worker guidelines were felt to have increased social workers’ knowledge about the different types and benefits of physical activity, accessible local provision and how to embed this within their day-to-day conversations and practice.

Recommendation 6: Build into future provision a focus on improving the knowledge of disabled people, their support networks and key gatekeepers about the benefits of physical activity and how to access local opportunities.

- **Improved mental and physical wellbeing among disabled people.** All of the survey respondents who set a goal to become or stay social through the Get Yourself Active programme felt that this had been partly or fully achieved. Despite a gap of only six months between the baseline and follow-up surveys, there was also evidence to suggest that respondents had some areas of improved mental and physical wellbeing such as feeling good or socialising on a more regular basis.

There was also a suggestion that increased physical activity had potentially helped to reduce respondents’ use of adult social care and GP services, though further research is required to explore this link further.

Recommendation 7: Work with relevant partners in the health sector to further develop and adapt the current guidelines to make them available to other health professionals to support their patients.
• **Improve the limited evidence base on disabled people and physical activity.** Get Yourself Active identified that the main barrier to physical activity is a lack of knowledge about accessible provision that works for everyone among both disabled people and social workers.

While the sample sizes are small, the results of the Get Yourself Active and social worker surveys also represent an important step in terms of drawing a link between increased physical activity and improved wellbeing, as well as the potential role of social workers to act as key ‘messengers’ of physical activity.

Get Yourself Active has also been successful in working with DPULOs and disabled people to collect, collate and consolidate learning in terms of how best to overcome the barriers that disabled people face in taking part in physical activity.

This formative and flexible approach led to the development of the social worker and co-production strands in the fourth year of the programme and ensured that they were demand-led. This exemplifies the importance of formative evaluation in pilot programmes when it is unclear what might work, for whom and why, as well as building in sufficient time for local organisations to develop, test and refine new practices.

At the same time, this approach has also been far more intensive than the programme leads anticipated at the start of the programme. Key learning points in this regard are to design follow-up initiatives with a sufficient concentration of resources to support DPULOs in the development of pilot initiatives, and allow enough time for these initiatives to be developed, tested and refined with disabled people.
Appendix A: Evaluation methodology

This section contains a methodological description of each evaluation activity.

Internal evaluation support

Traverse supported an internal evaluation of Get Yourself Active through supporting:

- Programme planning and evaluation design – including an external appraisal of outcomes, indicators and measures, a review of the evaluation plan and internal research tools;
- Data collection support – acting as a ‘critical friend’ during progress meetings; and
- Analysis and reporting – reviewing and commenting on data prior to analysis and reporting, and quality assurance of outputs.

Programme team interviews

Traverse conducted five telephone interviews with programme leads during the second year of the programme to explore progress to date, lessons learned and expectations for the rest of the programme.

GYA survey with disabled people

The GYA survey was designed to capture shifts in levels of participation in physical activity and sport and contribution of GYA support.

Traverse designed two versions of the survey: one aimed at people with personal budgets and one at aimed at people without personal budgets. These were typically administered by GYA Coordinators at the point that participants became involved with GYA (baseline) and six months afterwards (follow-up).

The survey also focused on exploring the barriers to participating in physical activity and sport and progress in overcoming these barriers, as well as questions about the use of personal budgets by response and the mental and physical wellbeing of respondents.
Telephone interviews with DPULOs, sports providers and social workers

Traverse conducted 12 interviews with a range of DPULO staff, health and social care professionals, sports providers and carers in the second and third year of the programme.

These focused on exploring barriers to participation in physical activity in the local area, impacts of the local coordinator model, what had worked well or less well and sustainability of impacts.

Social worker survey

Traverse designed two surveys for social workers and other professionals in social care. The first was completed at the social worker guidelines training workshop (baseline) and the second up to six months later.

The baseline survey focused on how embedded physical activity was in existing practice and desired outcomes and expectations as a result of attending the training and using the guidelines.

The follow-up survey was designed to capture changes in social workers knowledge, attitudes and confidence in discussing physical activity with disabled people following the training workshops and distribution of the social worker guidelines.

It should be noted that more responses were received at baseline and those who responded to the follow-up survey were not necessarily the same social workers who responded at baseline.

Social worker telephone interviews

Traverse conducted 17 interviews with social workers and social work team managers six months after they completed the Disability Rights UK training. Interviews were undertaken across three core sites (Nottingham, Derby and Wigan), along with several social workers from Essex and West Sussex.

The interviews were structured in line with the RE-AIM framework and explored:

- Reach and Adoption: How individuals had been introduced to the guidelines, how well they had engaged with them and if they had been shared within teams.
• Implementation: How the guidelines had been used, whether any challenges had been encountered and if these had been overcome.

• Effectiveness: the impact of the guidelines on social worker’s practice.

• Maintenance: how the guidelines could be used in the long-term.

**Programme team end interviews**

Traverse conducted five telephone interviews with programme leads at the end of the four year period. These interviews focused on drawing together:

• What had worked well or less well about each of the three models;

• Programme-level challenges that had been encountered and lessons learned; and

• Sustainability within the programme and next steps.

A semi-structured topic guide was used to ensure that priority questions were consistently covered across all stakeholders.

**Programme development advice**

Traverse has supported the ongoing development of Get Yourself Active through regular meetings that focused on programme progress, emerging challenges, emerging impacts and strategic support.
Appendix B: Get Yourself Active Survey

The GYA survey was designed to capture shifts in levels of participation in physical activity and sport and contribution of GYA support.

Traverse designed two versions of the survey: one aimed at people with personal budgets and one at aimed at people without personal budgets. These were typically administered by GYA Coordinators at the point that participants became involved with GYA (baseline) and six months afterwards (follow-up).

The survey also focused on exploring the barriers to participating in physical activity and sport and progress in overcoming these barriers, as well as questions about the use of personal budgets by response and the mental and physical wellbeing of respondents.

The following responses were received:

Table 1: Number of responses to baseline and follow-up surveys

<table>
<thead>
<tr>
<th></th>
<th>Completed baseline survey (n= 216)</th>
<th>Completed follow-up survey (n= 106)</th>
<th>Completed baseline and follow-up survey (n= 95)</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with personal budgets</td>
<td>91</td>
<td>31</td>
<td>28</td>
</tr>
<tr>
<td>People without personal budgets</td>
<td>125</td>
<td>75</td>
<td>67</td>
</tr>
</tbody>
</table>

It should be noted that more follow-up responses were received from people without personal budgets (both in absolute terms and proportionately). This may be explained in part by the fact that the survey for this set of respondents was much shorter than the one for people with personal budgets.

In terms of the profile of respondents who completed both a baseline and follow-up survey, which forms the basis of findings around the difference that the programme made to respondents:
- 52% were male and 48% were female (n= 94).
- A large number of respondents were aged between 19-29 years old (37%) and 30-49 years old (33%). Only a small
minority were aged between 14-18 years old (11%) and 65 years or over (5%) (n= 92).

- 31% of respondents have had their condition or impairment since birth (n= 81). The most common impairments identified by respondents were learning, concentrating or remembering (45%) and physical (25%). Only a small minority of respondents identified as having vision (8%) or hearing (7%) impairments (n= 91).

- 55% of respondents were based in Leicester and 45% of respondents were based in Cheshire (n= 95). No participants from Doncaster, Lancashire, Peterborough and Sheffield responded to both the baseline and follow-up surveys.
Appendix C: Social Worker survey

The social worker survey was designed to capture changes in social workers' knowledge, attitudes, and confidence in discussing physical activity with disabled people following the training workshops and distribution of the social worker guidelines.

Traverse designed two surveys: one baseline survey, which was administered at the training workshop, and one follow-up survey that was administered around six months later.

Table 1: Number of responses to baseline and follow-up surveys

<table>
<thead>
<tr>
<th></th>
<th>Completed baseline survey (n= 124)</th>
<th>Completed follow-up survey (n= 42)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Worker</td>
<td>77</td>
<td>15</td>
</tr>
<tr>
<td>Care Manager</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>26</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>114</strong></td>
<td><strong>41</strong></td>
</tr>
</tbody>
</table>

It should be noted that more responses were received at baseline and those who responded to the follow-up survey were not necessarily the same social workers who responded at baseline.

<table>
<thead>
<tr>
<th></th>
<th>Completed baseline survey (n= 124)</th>
<th>Completed follow-up survey (n= 42)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nottingham</td>
<td>28</td>
<td>27</td>
</tr>
<tr>
<td>Wigan</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>West Sussex</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>Essex</td>
<td>27</td>
<td>-</td>
</tr>
<tr>
<td>Sheffield</td>
<td>13</td>
<td>-</td>
</tr>
<tr>
<td>Derby</td>
<td>7</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>34</td>
<td>4</td>
</tr>
</tbody>
</table>

Of the 42 social workers who responded to the follow-up survey, 37 had attended one of the workshops delivered by Disability Rights UK. Four had received the guidelines through a colleague, and one said 'other'.