

Guidance for healthcare systems

Activity Alliance is a national charity and the leading voice for disabled people in sports and activities. We know health and care workers are the most trusted source for disabled people to seek advice about being physically active and can assist in developing ideas.

We want to equip health and care workers so they can give disabled children and adults the best information and accurately signpost to a wider choice of activities. This will help to improve the population's health and wellbeing outcomes in all age groups and reduce loneliness levels. It also means in time that more disabled people will feel closer to achieving the UK Chief Medical Officers' recommended guidelines for physical activity minutes per week.

This resource is built from research on healthcare professionals' role in supporting disabled people into physical activity.

Our research explored the role of healthcare professionals in supporting disabled people to be more physically active. We found showing good practice, of what, how and where this is working well helped to achieve this. For healthcare professionals/systems to successfully support disabled people into activity, personalisation, connections, and being a trusted messenger is important, alongside specific clinical knowledge.

Healthcare systems' role

Organisations, institutions, and resources that deliver healthcare services to meet the population's health needs play a crucial role. Healthcare systems need to **successfully support** and **equip** healthcare professionals as trusted messengers. This includes:

- Cross sector collaboration.
- Lived experience leadership.
- Commitment to inclusion.
- Creating communities and mental wellbeing.
- Personalisation and staying in touch.
- Upskilling and conversations about physical activity through education, awareness and training.

Successful initiatives supporting disabled people into physical activity through healthcare professionals experienced **common challenges**. These include:

- Lack of response from key stakeholders.
- Small scale, hyper-local projects.
- Resource constraints.
- Cultural resistance to healthcare and physical activity systems working together.
- Many providers of sport, physical activity and leisure lack specialist knowledge, readiness and confidence.
- Sourcing the right training.
- Intersectional inclusion.



Checklist for Integrated Care Systems (ICS)

Use the list below to guide your planning to ensure more disabled people are better supported.

- **Vision and governance:** There is an agreed shared vision for increasing physical activity in the system, which explicitly includes disabled people. The ICS has structures in place for collaborative working between healthcare; the sport, physical activity, and leisure sector; and the voluntary and community sector.
- **Referrals and information:** There are easy system-wide referral mechanisms in place for physical activity. There are information sharing agreements and mechanisms between different partners.
- **Clinical pathways:** Physical activity is embedded into clinical pathways and prescribed as part of the rehabilitation process.
- **Collaboration and community connections:** Clinical pathways cross organisations and enable easy transitions between different providers. Community connectors or similar roles are commissioned and embedded in neighbourhood teams.
- **Care plans:** Being more active is included in standard care plans.
- **Co-production and user leadership:** Co-production is highlighted in vision statements and strategies. Users are centred through steering groups.
- **Lived experience commissioning:** Disabled people's organisations and lived experience consultants are commissioned.
- **Equipment:** Staff can access the necessary specialist equipment and services, and this is considered in commissioning decisions.
- **Accessible support and follow ups:** There are different ways to access physical activity support, including home visits, telephone consultations, and video calls. Patients are routinely followed up once on their physical activity plan.
- **Feedback:** Mechanisms are in place for a continuous process of listening to and acting on patient and carer feedback.
- **Training and workforce:** Specialist training and condition-specific training is commissioned and available to all system partners, across health, social care, sport, physical activity and leisure partners and the voluntary and community sector. The rehabilitation and clinical workforce represent and value the diverse communities that you serve and is evidenced through workforce measurements.

Visit the [research section on the Activity Alliance website](#) to view our healthcare research report and complementary case studies.

Further reading

Activity Alliance provides training and resources to support people in various roles. We have outlined some useful links below.

- Our **Learning Hub** provides training, workshops and courses to empower you with practical tools, creative ideas and resources to be more inclusive for disabled people in sport and physical activity. [Visit Activity Alliance's Learning Hub.](#)
- Our **Taking a person-centred approach resource** explains the concept of 'intersectionality' in relation to disabled people and how this can influence their activity levels. Find this resource in the [resources section on the Activity Alliance website.](#)

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This document is available in Word format. Please contact us if you need support. Activity Alliance is the operating name for the English Federation of Disability Sport. Registered Charity no. 1075180.