

Social workers' guidelines

Working together with social workers to address physical activity outcomes for disabled people



Doctor Eva Jaarsma and Professor Brett Smith
University of Birmingham
School of Sport, Exercise and Rehabilitation Sciences

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Foreword



We have come a long way since the early days of independent living some thirty years ago when the demand from disabled people to decide for themselves how their support needs were met seemed like a very novel idea. Since then having choice in how you live your life has become mainstream thanks, in no small part, to the social workers who were prepared to think differently and support disabled people to achieve their aspirations.

We now have the Care Act 2014 which embodies the principles of well-being, choice and control. It is those principles to which these guidelines on how to have a conversation with service users about physical activity and exercise draw. There are a wide range of factors that contribute to our sense of well-being – physical activity and exercise can be a useful component in making us feel better about ourselves and better able to cope with what life throws at us.

We know resources are tight, but that only serves to make it even more important that resources are spent to the best effect and on what people feel will best benefit them.

These guidelines have been drawn up in true co-production between disabled people, Disability Rights UK's Get Yourself Active project, colleagues from the University of Birmingham and, of course, social workers. They are richer as a result.

We hope these guidelines will prove to be a useful tool for social workers in your conversations about how physical activity and exercise can contribute to supporting service users to reach their identified outcomes.

Sue Bott CBE
Disability Rights UK

Introduction

The importance of social work

This information resource demonstrates how disabled people can become physically active through a personal budget, when supported by a social worker.

Social workers have been instrumental in designing this resource by sharing practical ways in which they have successfully promoted physical activity and produced successful support planning.

The guidelines are also grounded in existing national data, past research on physical activity and recent social work literature around asset-based and person-centred approaches.

The importance of physical activity

As you probably already know, physical inactivity is a major public health concern. Disabled people are one of the most inactive groups in the UK and therefore often do not get the many positive outcomes that arise from regular physical activity.

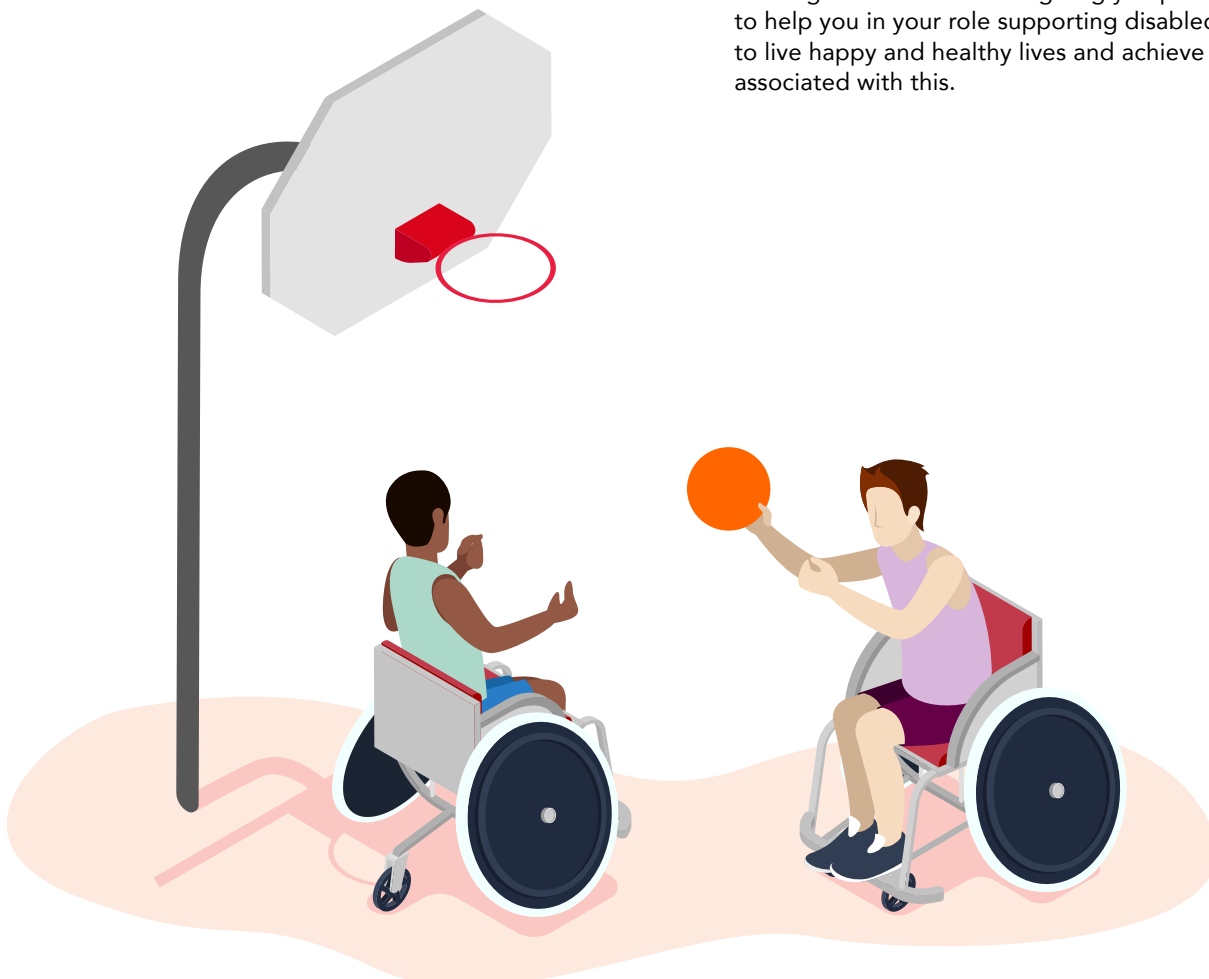
Outcomes of physical activity:

- Increased independence, choice and control
- Reduction in loneliness
- Improvement in physical health
- Improvement in well-being
- Cost reduction for organisations offering social care

Unfortunately, not all disabled people eligible for social care support know that they can also use their personal budgets to get (more) active or at least use the support planning process to talk through the benefits of physical activity as well as the options available locally.

This is why the role of social workers is so important – disabled people have identified social workers as key people to help find creative ways to meet outcomes associated with being active during assessment, support planning and review processes.

These guidelines are about giving you practical steps to help you in your role supporting disabled people to live happy and healthy lives and achieve outcomes associated with this.



Why is there the need for guidelines?

The guidelines are based on a large qualitative study in which social workers were interviewed about how they promote physical activity and co-produce successful support planning.

Physical activity is good for you	We should all have access to opportunities to get active whether that be through getting out and doing some gardening, walking the dog or taking part in team sports. Disabled people are less likely to be active than non-disabled people – this needs to change.
Social workers are important	Disabled people have identified social workers as key people to help identify how they can manage their personal budgets to become physically active.
A brand new tool to address health and well-being inequalities	These guidelines are the first resource developed to support social workers to address physical activity as part of their everyday practice. The guidelines have also been co-produced with social workers and academics to ensure they are evidence-based but underpinned by the realities of social work practice.
An easy guide	Social workers might not always be able to address physical activity in a conversation with disabled people they support because of the many budget and workload pressures within the profession. These guidelines should make it easier for you to have these conversations by giving you access to relevant information and guidance.
Some great examples of good practice shared by social workers	These guidelines include examples from other social workers that might provide new ideas on how to start a conversation about physical activity. Or they might be useful to refresh and reaffirm social work practice.



The national context

There are a number of national strategies and policy which reinforce the importance of introducing physical activity conversations as part of your everyday practice.

The Care Act

Local authorities have a duty to consider the effects of any decisions they make about support to an individual on the well-being of that individual. This means that someone should be able to use their personal budget for physical activity and sport if you are able to demonstrate that this will meet outcomes agreed in the support plan.

It is about the individual having the power to decide how best to meet their own needs and make a judgment on what is best for their well-being.

The Five Year Forward View (NHS England)

The Forward View sets out how the health service needs to change, arguing for a more engaged relationship with patients, carers and citizens so that we can promote well-being and prevent ill-health.

NHS England wants to move to a more community-centred model and through this strategy proposes a number of new approaches which they commit to implementing, personal health budgets being one.

Everybody Active, Every Day (Public Health England)

This framework aims to embed physical activity into daily life and an evidence-based approach for national and local action to address the physical inactivity epidemic.

Public Health England focuses on the following areas to improve physical activity:

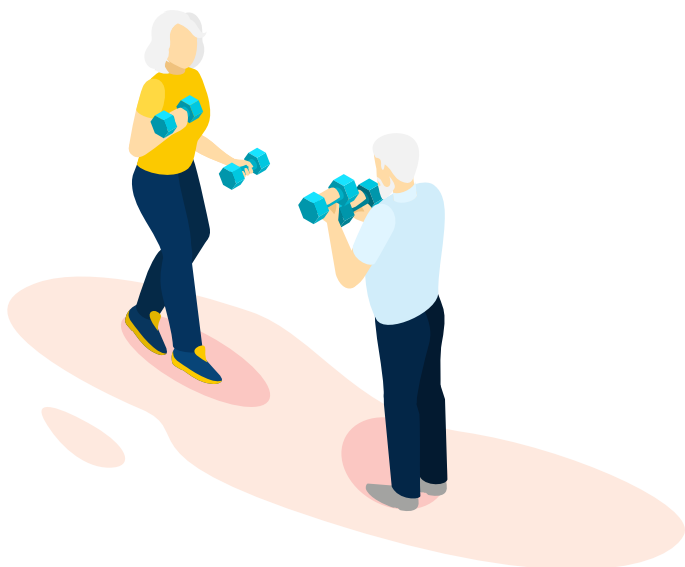
- Active society: create a social movement to promote physical activity nationwide
- Moving professionals: activating networks and including all sectors, not just health
- Active environments: create the right spaces to become physically active
- Moving at scale: base interventions on community needs and evaluate what actually works

Sporting Future – A New Strategy for an Active Nation (Department for Digital, Culture, Media & Sport)

The cross-government strategy tackles flatlining levels of sport participation and high levels of inactivity in this country.

The government has redefined what success in sport means, with a new focus on five key outcomes:

- Physical well-being
- Mental well-being
- Individual development
- Social and community development
- Economic outcomes



A guide to carrying out physical activity conversations during assessment and support planning

We have outlined why physical activity is important in meeting life outcomes for disabled people and the essential role that social workers play. Here are some tips that might help you to discuss physical activity with disabled people during the assessment, support planning and review stage.

The Three Conversations Model

You might be familiar with the three conversations model. Social workers found this model is a useful tool to start conversations with people they support about physical activity.

The model also aims to reduce pressure on workload and help move away from waiting lists. Below are some examples of conversations social workers found useful.



Conversation 1

How can I connect you to things that will help you get on with your life? How would physical activity help you with that?

Conversation 2

What needs to change to improve your independence? What kind of physical activity would help with that? How can I make that happen? What offers do I have at my disposal now, including small amounts of money and using my knowledge of the community to support you?

Already central to your everyday practice

- ✓ Listen and respect – don't make assumptions or judge
- ✓ Don't downplay the existence of very real problems that people and communities may be facing
- ✓ Allow people to define their own risk
- ✓ Listen to complaints, feedback and compliments and link these to evaluation
- ✓ Don't be the 'expert' – disabled people and their families are the experts
- ✓ Be flexible – there is no single way of having this conversation
- ✓ Do the groundwork – before starting any conversation it is vital that you have a good awareness of the resources available within the local community

Conversation 3

What does a good life look like? How might physical activity help you achieve that life? How can I help you use your resources to support your chosen life and enjoy physical activity?





Asset-based conversations

The strength-based approach can help to guide conversations. Here is a reminder of the principles of this approach:

Strength-based approach:

- People are experts in their own lives
- Professionals are collaborators with people with whom they work
- Start with strengths
- Lead with questions rather than answers

What might an asset conversation look like?

Here are a few suggestions of how you might apply physical activity to an asset-based conversation:

Important to remember:

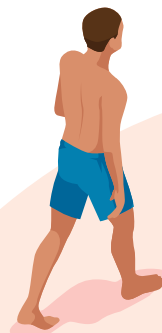
- You don't have to start with discussing physical activity straight away
- Ease your way into a conversation about physical activity: techniques such as Motivational Interviewing can be very useful during these conversations

Listen and connect

- What kind of physical activities do you want to do?
- How can I connect you to physical activities that will enable you to become more independent or improve your well-being?
- What kind of physical activities can I connect you to?

Even during the assessment, you could work together with the person and engage in conversations about physical activity. Consider setting up a support plan that focuses on possibilities and positives and connect with how physical activity can achieve these. Appendix 1 shows an example of a well-being plan.

The plan can focus on what key things need to change to improve the well-being and independence of the service user and how this can happen. This is about building a good life. Appendix 2 shows a template for a physical activity action plan. As an example, we have also included a completed action plan, to show what physical activity in a week would look like.



Reflective practice

Underpinning all social work practice is the ability to critically reflect on your interactions with individuals you support. This will help you to kick-start conversations with individuals who you may not have originally thought would engage in physical activity. Reflective practice can help you to challenge your and the individual's preconceptions of what it means to be active. For example, it is not just about being part of a sports club or going to the gym; we can be active in many different ways like gardening or chair-based exercises. It's about living a good life.

Build a good life – questions to ask yourself and service users

- How can I help you use your resources to support your chosen physical activities?
 - What does a good life look like? 'How can physical activity help in you achieving this?'
 - Who do you want to be involved in good support planning to become physically active?
- What is a fair personal budget and where do the sources of funding come from to promote physical activity?

Signing off plans

As you know, getting plans signed off can sometimes be difficult. Generally, social workers explained that when presenting plans to a panel or decision-maker they focused on how personal budgets can be used to improve people's lives and how using personal budgets for physical activity can be a cost-effective part in achieving these improvements. For example:

- A young woman has used her personal budget to pay for her personal assistant to support her to travel to the rock climbing centre. Her personal assistant also offered encouragement during her sessions with the instructor. This met outcomes in her support plan around independent living.
- An older man told his social worker he would like to go to his local park but found going on his own a little lonely. His social worker found out about a voluntary walking group who meets weekly in the nearby park. This did not cost the man any money but was written into his support plan as meeting outcomes around making connections in the community and reducing social isolation.

Please see Appendix 3 for further examples given by social workers who were able to get support plans approved by decision-makers.



Suggestions for signposting

It can be difficult to find appropriate physical activities for people you support but it does not mean that those activities do not exist. See below for some suggestions and tips to help you find local physical activity opportunities:

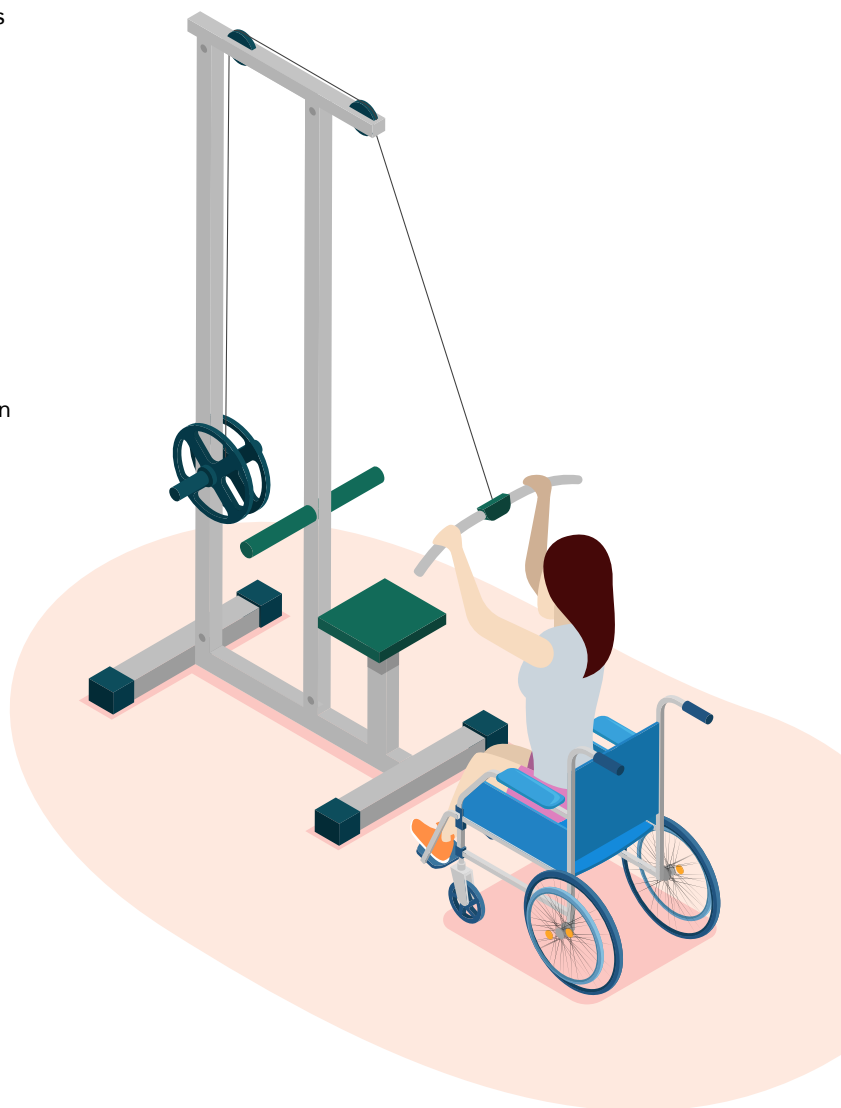
National organisations

- Activity Alliance for local one-off events and links to impairment specific national disability sport organisations – www.activityalliance.org.uk
- CSP Network website for links to your local County Sports Partnership – www.cspnetwork.org
- SENDirect for a national directory of care and support services available to children, young people and their families – www.sendirect.org.uk
- Sport England for information on funding approaches to physical activity as well as insight around uptake across the country – www.sportengland.org

In your local area

Here are some hints and tips on how local initiatives and organisations could hold the key to information on local physical activity organisations:

- Is there a local social prescribing service?
The council or the CCG will have this information
- Does the council commission a local area coordination service to support people with lower need to take a lead in accessing community opportunities?
- Your local voluntary sector infrastructure organisation (CVS or volunteer centre) may have local knowledge about physical activity opportunities
- Your local disabled people's user-led organisation may have useful knowledge and information about physical activity for disabled people locally
- Do the residential care homes and day services in your area actively promote physical activity?



Contact details

If you have any questions about these guidelines, please contact us.

University of Birmingham

Professor Brett Smith
smithbs@bham.ac.uk

Dr Eva Jaarsma
e.jaarsma@bham.ac.uk

Disability Rights UK

Leanne Wrightman
leanne.wightman@disabilityrightsuk.org

Kirsty Mulvey
kirsty.mulvey@disabilityrightsuk.org



Appendix 1: Example of a wellbeing plan provided by a social worker in Manchester

Wellbeing

What do you think about your current health? Is it better or worse than usual? How do you feel emotionally?

What's working well?

How could physical activity improve your wellbeing?

If you could give a score for how you feel about your current health (physical, mental and emotional), what would it be?

(1 = poor and 5 = very good)



Day-to-day life

What do you think about your current life in terms of choosing what you want to do, when you want to do it?

What's working well?

How could physical activity improve your day-to-day life?

If you could give a score for how you feel about your current health (physical, mental and emotional), what would it be?

(1 = poor and 5 = very good)



Work, volunteering and interests

If you can't work, are there other opportunities you would like to do? to 'Would you like to do any activities or volunteer?

What's working well?

What opportunities could sport or physical provide to help you achieve your goals?

If you could give a score for how you feel about your current health (physical, mental and emotional), what would it be?

(1 = poor and 5 = very good)



Appendix 1: Example of a wellbeing plan provided by a social worker in Manchester

Social and economic health

What do you think about your life and the resources you have to live a full life?

What's working well?

How might personal budgets help you to be more active, so you have a fuller life?

If you could give a score for how you feel about your current health (physical, mental and emotional), what would it be?

(1 = poor and 5 = very good)

1  2  3  4  5 

Family and relationships

How do you feel about your family life? Do you see friends as often as you would like to?

What's working well?

How could relationships improve your physical activity?

If you could give a score for how you feel about your current health (physical, mental and emotional), what would it be?

(1 = poor and 5 = very good)

1  2  3  4  5 

Living accommodation

If you can't work, are there other opportunities you would like to do? To 'Would you like to do any activities or volunteer?

What's working well?

What sports or physical activities - including in your own home - could improve your living conditions?

If you could give a score for how you feel about your current health (physical, mental and emotional), what would it be?

(1 = poor and 5 = very good)

1  2  3  4  5 

Appendix 2: Example of a physical activity action plan

Template of a physical activity plan

Week						
	When	What	Where	Frequency	Duration	With whom
	When will you do your physical activity?	What physical activity will you do?	Where will you do your physical activity?	How often will you do this physical activity this week?	How long will one session be?	Will you do your physical activity alone or will someone join you?
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Appendix 2: Example of a physical activity action plan

Example of a completed action plan

Week						
	When	What	Where	Frequency	Duration	With whom
	When will you do your physical activity?	What physical activity will you do?	Where will you do your physical activity?	How often will you do this physical activity this week?	How long will one session be?	Will you do your physical activity alone or will someone join you?
Monday	At work: gym session of 1 hour during lunch break. Combination of cardio (cycling) and weights. Alone					
Tuesday						
Wednesday	At work: gym session of 1 hour during lunch break. Combination of cardio (cycling) and weights. Together with colleagues.					
Thursday						
Friday	At work: gym session of 1 hour during lunch break. Combination of cardio (cycling) and weights. Alone.					
Saturday	Either a walk or a bike ride for at least 1 hour, with my partner.					
Sunday						

Appendix 3: Examples and suggestions from social workers of how to present plans at a panel

"I worked with someone who really wanted to go trampolining. Not only would that be good from a physical side, but it would also be good emotionally for them. That physical activity played a massive part in helping her wellbeing. That was something I was quite clear on in my plans; that the personal budget could be used to build their wellbeing by helping them stay active. But still, when you go to the panel, the people on it may query the plan. You have to expect that people on the panel might say: 'Physical activity could be covered from the benefits, surely?' Or they might say 'Physical activity is not as being as important as other things, like personal care, why fund it?' So, when you go and present at panels, my advice is this: bring a lot of evidence and reasons as to why personal budgets can be used by people to be physically activity so that they can ultimately build independence, wellbeing or whatever is important to them. You can stress that even being active just once a week has benefits for the person - the outcomes can be huge."

"When we request care packages, we specify what tasks need to be done and the time that needs to be allocated to each task. I never had a problem applying to the panel when I've said: 'This set of exercises is important to this person. As evidenced by the physiotherapist and occupational therapist in their assessment, the client needs to continue to maintain or even build their level of mobility, independence, get back to work and so on. To do this we need 15 minutes extra time for carers to help work with the client.' I've found, through trial and error, that as long as the reasons are explained and evidenced, the panel would end up agreeing with my request. Another tip then is that you need to be not only aware of the benefits of exercises and the outcomes; if possible it can be useful to have the feedback and input from occupational therapists and physiotherapists, or from other health professionals, to evidence why physical activity is needed. I also remind people on the panel that this falls under the Care Act. We must remember that the most important thing is the care of the person, including their wellbeing. It's about preventing, reducing and delaying the needs so we can all achieve the maximum benefits."

"My tip for other social workers would be this: focus on the social and physical benefits of exercise when bringing a plan to the panel. And focus on the long term too. I've often said this: "Look, you might be putting this money in now, but actually this is a way of helping or investing in the future." I then provide the evidence of what physical activity can do for a person. Being active I also say helps build up a person's resilience. It can provide them with a clear structure they can build upon. Give as much evidence on why being active is important now and why it would also help a person in the future."

Get Yourself Active

Get Yourself Active is a partnership led by Disability Rights UK, funded by Sport England and delivered by Disabled People's User Led Organisations. We work with the health, social care and sports sectors to develop better opportunities for disabled people to get active. For more information and resources to help disabled people get active visit www.getyourselfactive.org.

Professor Brett Smith

Dr Brett Smith is a Professor at the University of Birmingham. He has conducted research with disabled people for over 15 years. Brett has also worked with numerous organisations, such as Public Health England and Disability Rights UK, to translate research so that it makes a difference to people's lives and society.

Doctor Eva Jaarsma

Dr Eva Jaarsma is a Postdoctoral Research Fellow at the University of Birmingham. She has conducted research focusing on increasing physical activity for disabled people in the UK and in the Netherlands. She had also collaborated with several disability organisations such as Disability Rights UK, Activity Alliance and local councils to help frame policy and enable change.



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