

# #EasierToBeActive

## Research summary & recommendations

Research conducted by The National Centre for Sport and Exercise Medicine - Sheffield, on behalf of Sport England

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With thanks to Tess Stone and Teodora Zareva  
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# Introduction



19 million people live with a long-term health condition in England - that's one in three adults.<sup>1</sup>

Those of us that have them are twice as likely to be amongst the least physically active.



Supporting people with long-term health conditions into activity is critical for symptom management, increasing population physical activity levels, reducing inequalities, and improving overall wellbeing for people with long-term health conditions.<sup>2</sup>



But, there are a range of barriers preventing people with conditions from getting active, like confidence and the unpredictability of conditions, systemic, practical and/or logistical challenges.

## How can we make it easier for people with long-term health conditions to be active?

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## Who is this for?

This report is for physical activity professionals, health professionals, those with long-term health conditions and their carers, to help them understand what inclusive physical activity looks like and how we can strengthen the system to support people with long-term health conditions more effectively.

The report summarises research conducted on behalf of Sport England by the National Centre for Sport and Exercise Medicine - Sheffield (NCSEM).

They collaborated to co-produce guidance with the physical activity and health sectors, to support those with long-term health conditions to engage with and participate in physical activity opportunities.



# The research

The NCSEM wanted to explore how the system itself could make it easier for people with health conditions to become active and stay active. When we refer to 'the system' we mean the structures, organisations, people and processes that create and facilitate physical activity opportunities.

The focus was not on the individual components that enable or restrict physical activity, but about the organised, structured offers of activity support and the interactions people with health conditions have within the system. The focus of the work is *adults* with long-term health conditions.



**The overarching aim of this project was to explore how we might make it easier for people with health conditions to get involved in sport and physical activity, to help manage their conditions and reduce their symptoms so they can live longer, better quality lives.**

To achieve this, the NCSEM wanted to:



**understand** what was needed to create 'friction-less' experiences for people with health conditions interacting with the system



**explore** what high-quality physical activity experiences look like for people with health conditions



**involve a wide community** of stakeholders to co-create solutions



**generate new insight** and recommendations for those who provide, design and commission physical activity and health and care services



**explore what's needed** to get the sector working better to improve the interactions people with health conditions have within the sport and physical activity sector



**co-create guidance** for the sport and physical activity sector on how to make it easier to be active with a health condition

# The research was delivered in three phases:



## **PHASE ONE: *March - May 2020***

**Online conversation** with anyone with a health condition and anyone who empowers people to be active.

### **Over 350 participants shared their ideas, read and voted on:**

- What could be done differently to make it easier to be active with a health condition
- How they or their organisation have succeeded in making an impact
- How they were adapting their physical activity or physical activity offers during COVID-19 lockdown



## **PHASE TWO : *November 2020 - March 2021***

**In-depth interviews and focus groups** conducted with 26 stakeholders from 23 organisations across the UK to:

- Test and validate the themes that developed from the first online workshop
- Explore how to engage those with lived experience of health conditions and their carers, people from ethnically diverse backgrounds and seldom heard communities, economically deprived communities, older people, and those who are digitally excluded
- Identify gaps in the themes from the first online workshop - the importance of an inclusive workforce that represents those that it serves, the need for more education and support for carers, the impact of socio-economic status and health inequalities



## **PHASE THREE: *May - June 2021***

**A second national online conversation** to check and refine the key themes that had emerged from what people reported in phase one and two, specifically how to make it easier to be active with a health condition.

**246 people joined the second conversation**, 239 of whom were new participants and over 50% of these participants reported being affected by a long-term health condition.

# Key findings

**The 5 I's - across the three research phases, five cross cutting themes were identified:**

## Individualised

Participants in the online workshop were very clear about their desire for an individualised, person-centred approach when it comes to helping people with long-term conditions to be more active.

They want to see individualised pathways that map their own personal journeys and goals, they want services that respond to their specific needs and the ability to choose amongst them based on their interests and preferences.

They want individual support that can tap into their personal motivations, help them through difficult times and celebrate successes.



***Going back to ask a man or woman on the street if they believe activity is good for them, they already know that. Don't make people feel guilty about it, empower them and enable them in a medically oriented but safe and fearless way to then arrive at their own decision and then let the professionals help them develop the habit.***

## Inclusive

The need for inclusivity kept emerging throughout the conversation. Participants want to see an inclusive workforce that represents those that it serves.

They want inclusive marketing that uses language and images that diverse populations can relate to. They also want services that remove barriers to inclusion whether they are related to socio-economic factors, language, digital literacy, accessible facilities or anything else.

The system also needs to be inclusive in the process of designing new services, processes and systems, involving a wide array of stakeholders and particularly people with long-term conditions.



***We work with a professional marketing business around what we're doing and even they still, out of choice, as soon as you mention the word physical activity will produce some image from the gym or a football match and, you know, people who look nothing like people with long-term health conditions and we've been working with them for years.***

## **Informed**

The need for information and education was also evident in the conversation. It is needed at the doctor's surgery where healthcare professionals need to give advice or recommend a service; it is needed by people with conditions who want to understand the benefits of physical activity or make a choice about specific offerings, judge the qualifications of an instructor or learn about the experience of a peer.

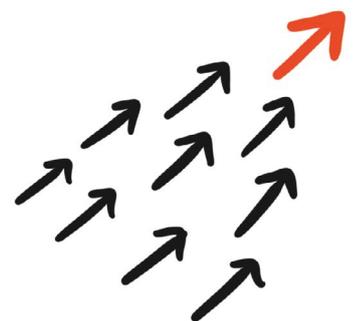


***More needs to be done to support health and social care workers including GPs and social prescribers to understand the benefits of physical activity.. [they] don't recognise or know the benefits and are therefore not confident to have those conversations with people.***

## **Influencers**

Participants in phase two spoke about the areas that influenced an individual to be more active and cited two main networks – professionals and the networks surrounding the individual such as their peers, family and friends.

The skillset of the professional workforce be that knowledge or communication skills was identified as important. Personal networks of friends, family and carers also influence a person's ability to participate and undertake physical activity opportunities.



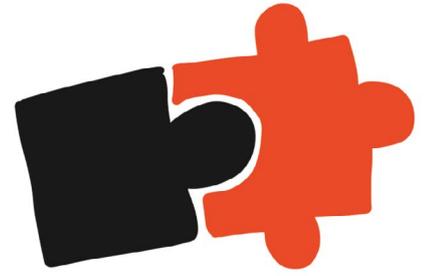
***Some of the messaging around getting active needs to be aimed at carers as they often hold the key to getting people moving in the house, or getting them up and into the car for their weekly community activity. The impact and role of carers can often be forgotten but can be really valuable.***

## Integrated

Integration and coordination of efforts and information throughout the system is necessary to achieve our shared goals.

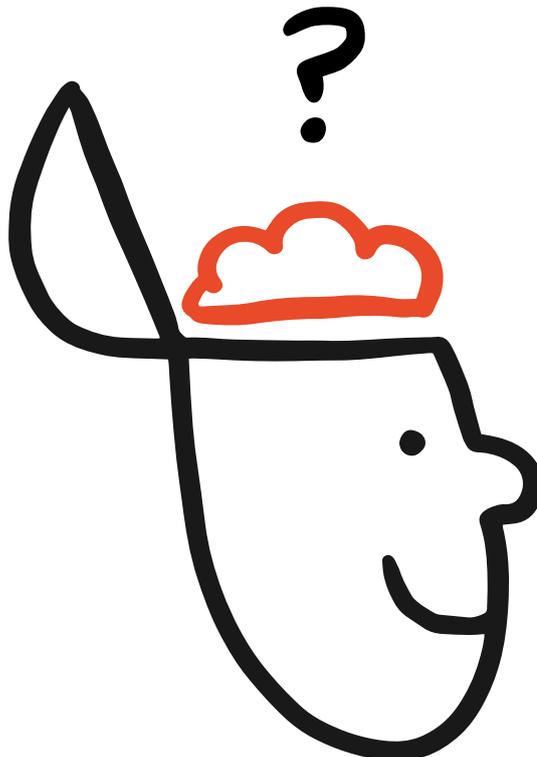
At the local level, integration may mean healthcare professionals connecting and exchanging knowledge with local instructors.

At the national level, it may mean the creation of information systems and platforms that aid collaboration and knowledge exchange or help measure impact and promote good practices.



***There is an opportunity to develop a truly collaborative and codesigned wellbeing service. Involve all key stakeholders within a community (Health professionals, exercise specialists, Researchers, Sports and medicine Drs., service users, commissioners) and come up with a service that is person and place led.***

## How could the 5 I's improve your practice?



## How to improve the sector

In phase three, the research focused on 'how' the sector can change to better support people with health conditions on their journey to becoming more active.

### These suggestions fell under four main areas:



#### Support

##### ***Peer to peer, buddies, carers and families***

Participants with health conditions told us that it is important to be able to have people around them who can inspire, motivate, support, and keep them accountable at different parts of the journey. This social aspect is also important because it gives people a sense of belonging and opportunity to have fun during the process. Different people can play these roles - from peer support groups to work-out buddies, friends and family members.

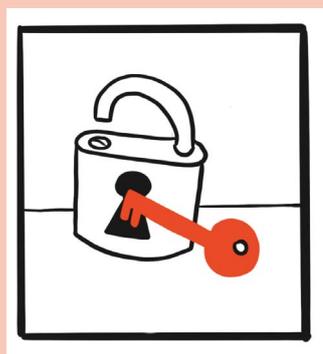
##### ***Enquiring, listening and following up***

People repeatedly told us how important it is that those who meet them on the journey take the time to listen, understand, take into account what they've heard and incorporate it in a personalised journey. This approach builds trust, confidence and motivation along the way.

Ultimately, the approach should instil a sense of a partnership between the person with a health condition and all other actors they interact with across the system. Participants acknowledged that this approach may also require training and development for practitioners to help them understand how to engage and listen, as well as more tools and resources to enable co-creation of services, and design of facilities, with people with health conditions.

##### ***Making every appointment count***

People with health conditions told us that every appointment or contact counts - it is an opportunity to encourage or demotivate and this should be kept in mind by every professional. This also means that professionals need to have the information, referral systems, training and time to make the most of every encounter with a person with a health condition.



#### Access

##### ***Evidence-based, individualised, inclusive activities***

For our participants, this means that a variety of activities are offered that are appropriate for people of different ability and skill levels and that instructors are capable of adapting classes to the needs of different people (or making it clear that people can adapt certain recommended activities themselves). Some participants want to be reassured that the instructor is qualified and that the activity is evidence-based - meaning that it can support their condition.

### ***Expand provision of activities***

Participants want to have access to activities in different settings, especially in their localities, for example in leisure and community settings. The transition between the clinical and community setting was voted as very important.

### ***Environments (city infrastructure and facilities) and affordability***

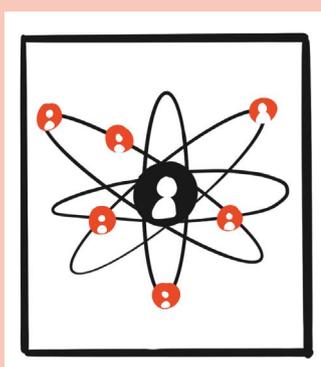
Participants want environments (city infrastructure, sports facilities, green spaces, residential and office spaces) and services that are designed in ways that allow people to be more confident and independent and that provide them with opportunities to be active everywhere and in various ways.

Making sure existing facilities, such as swimming pools, stay open is important as well as broadening access (e.g. reducing cost). Attention should also be paid to residential settings and designing ways to make them active spaces.

There was a call to redesign facilities with the help of the people they aim to reach. Cost was specifically mentioned as a barrier by several participants and calls for making services more affordable are widely supported.

### ***Remove bureaucratic barriers***

Several participants brought up the issue of medical clearance that could be a barrier to accessing activities more easily. At the same time, for some people it is exactly the reassurance of a professional that they need to feel safe doing activities. Both of these should be easy to obtain - quick clearance, where needed, for those who are confident or have already spoken to a healthcare professional and an easy way to consult a professional for those who are not.



## **Strengthening the system**

### ***Train and educate professionals***

As is already evident in previous sections, investment in the training and development of professionals is needed to better equip them to support people with health conditions. This should be incorporated starting with their undergraduate studies. Participants also suggest embedding training into health and care professionals Continued Professional Development such as Making Every Contact Count and Physical Activity Clinical Champion training.

During their careers, professionals should also be willing to learn along the way from people with health conditions themselves and other practitioners. Efforts likely need to be made to connect practitioners with already existing opportunities. Target groups, specifically mentioned by participants, that should have access to additional training include coaches and instructors, school teachers, community facing professionals, medical, nursing and midwifery, higher education providers, social prescribers and link workers.

Professionals also need role models and backing from leadership to have the confidence and skills to take a person-centred approach, and knowledge on what to recommend locally.

### ***Joined up services, collaboration and knowledge exchange across sectors***

The need for joined-up services and collaboration between people with the same goals was clearly supported. Appropriate communication infrastructure needs to be put in place as well as fostering collaborative cultures and relationships in order to support this. For example, some instructors were frustrated about not being able to advertise services in primary care settings.

Uniting around a common purpose, sharing resources, facilitating knowledge transfer, adopting inclusive practices, and understanding the collective impact are also pointed out as necessary components that support collaboration.

### ***Inclusive workforce***

Contributors agree on the importance of an inclusive workforce, which will allow better understanding of the needs of people with health conditions and more role models.



## **Communication**

### ***Inclusive, smart and fun communication***

The importance of inclusive marketing in terms of language and imagery was reiterated. Making communication inclusive through modes delivery (the use of infographics, photos, podcasts, braille) is also important. The use of case studies and videos is preferred to make communication more interesting.

Information and messages that are considered important by participants include the fact that every activity counts; broadening the understanding of the places and ways that physical activity happens; promoting healthy living in a wider sense (including nutrition, sleep, mental wellbeing, social contact); understanding the benefits of physical activity for different health conditions and reassuring around perceived disadvantages; emphasising the joy and fun in physical activity.

Participants pointed out the need to understand communication through the lens of different cultures, giving examples of some groups who don't like to identify as people with health conditions for fears of perceived risks.

### ***Information at my fingertips***

Easy access to information through digital and live touchpoints is important to participants. The use of various information channels is necessary to achieve this. Being able to get information during a medical appointment or a visit to the gym is equally important.

Information should be searchable by location, physical activity level, type of activity, facilities, and instructor qualifications.

# Recommendations

## Support for people with long-term health conditions

- **Connect people with long-term health conditions to communities of peers** where they can socialise, motivate each other, and have fun. These might be peer-support groups, work-out buddies or friends and family members.
- **Find ways to share individual success stories** as these are sources of inspiration. Everyone can be an influencer.
- **Professionals should take the time to ask questions, listen and take into account individual stories and circumstances.** Co-create the journey of being active together and be sure to follow-up.
- **Training and development** should be provided to enable practitioners to engage in meaningful conversations and partnerships with people with health conditions.
- **Develop the right cultures, processes and tools** to enable co-creation with people with health conditions.
- **Every contact counts**, so so ensure professionals have the necessary resources, information, systems and training. Additional services perceived to be valuable include specialist support on increasing activity and information sessions in primary care settings.

## Improving access to activities

- **Provide a variety of activities** suitable for different ability and skill levels. Include information on who the class is suitable for, on the qualifications of the instructor and on the benefits of the activities.
- **Ensure instructors are capable of adapting classes** to the needs of different people.
- **Provide opportunities for people to trial classes** for free as well as incentives for people to refer others.
- **Make sure that existing classes are made more inclusive** as well as creating new classes that are tailored to the needs of specific groups.
- **Ensure that medical clearance is not an obstacle** to being more active.
- **Support the develop of personal activity plans** (for example templates, workshops, apps), based on preferences and needs.
- **Recognise and encourage “informal” physical activity** - walking, domestic activities, informal exercises.
- **Expand provision of activities in new localities and settings** (e.g. community centres, local clubs, school facilities, etc.). Broaden access to existing facilities such as swimming pools.
- **Support infrastructure developments that make physical activity easier.** For example, improving green spaces, active travel routes and sports facilities.

## Strengthening the system

- **Provide accessible and flexible learning opportunities in a range of settings.**
- **Connect professionals** with existing opportunities for professional development.
- **Put communication infrastructure in place** to connect the different parts of the system to one another.
- **Create and sustain networks that foster collaborative cultures** and relationships between different decision makers.
- **Create new roles to act as links** between different parts of the system.
- **Co-create and communicate** a common purpose and the shared ambition of the sector.
- **Share** resources, knowledge, and practices across the sector.
- **Build an inclusive workforce reflective of the diverse population the sector serves.**

## Improving communication

- **Ensure that marketing is inclusive** in terms of language (no jargon), imagery (using real people with health conditions), and modes of delivery (appropriate for neurodiverse people, people who are visually impaired and those that do not speak English).
- **Emphasise the importance of every activity** and broaden the understanding of physical activity.
- **Highlight the benefits of physical activity** both in the context of health conditions and wider benefits.
- **Take into consideration cultural differences** when crafting messaging.
- **Provide information at various digital and live touchpoints.**
- **Support the development of searchable online resources that make information on physical activity opportunities accessible.**

# References

- 1 LTC Public Health England Guidance, Health matters: physical activity - prevention and management of long-term conditions, published 23 January 2020
- 2 Reid H, Ridout AJ, Tomaz SA, et al Benefits outweigh the risks: a consensus statement on the risks of physical activity for people living with long-term conditions British Journal of Sports Medicine Published Online First: 14 October 2021. doi: 10.1136/bjsports-2021-104281

# Acknowledgements

## **Sport England**

Suzy Gardner, Sarah Ruane and Tom Burton

## **Office for Health Improvement and Disparities**

Dr Michael Brannan and Charlene Simon

## **Richmond Group of Charities**

Michelle Roberts and Gail Curry

## **Clever Together**

Tess Stone, Dr Pete Thomond, Fiona Martin, Teodora Zareva and Wendy Atkinson

## **National Centre for Sport and Exercise Medicine and the Advanced Wellbeing Research Centre**

Dr Anna Lowe, Dr Catherine Homer, Dr Martin Lamb and Professor Rob Copeland



Designed by Nifty Fox Creative, 2021.

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