

DISABILITY AND PHYSICAL ACTIVITY

Call for Evidence



WEST MIDLANDS
COMBINED AUTHORITY

FOREWORD

As part of the WMCA's West Midlands on the Move implementation, in January 2018, the West Midlands Mayor Andy Street and I met with a number of disabled people and disability and sport organisations to understand both good practice and barriers to get more disabled people active.

We are now at an important stage, seeking your views on existing practice and what is needed to achieve our ambition to improve life chances of disabled people by making the West Midlands the exemplar region for the number of disabled people who are physically active. We know this is good for health, sport and the economy.

I have been appointed by the WMCA to lead both the advocacy and accountability for the West Midlands on the Move and I am passionate in ensuring that we make the most of the opportunity to work together to deliver shared priorities not least in reducing the inequalities that exist across the West Midlands in those who are active.

The West Midlands Disability and Physical Activity Working Group's work is an illustration on our intent by determining what we can do to scale up good practice and understand the barriers that need to be addressed. We have agreed to produce a report for the West Midlands Mayor and Deputy Mayor recommending the actions needed to achieve our ambitions by July 2018.

The Call for Evidence seeks comments on three main issues:

- Understanding the supply of and demand for physical activity and sport by disabled people;
- The role physical activity plays as part of a health care pathway;
- Understanding the impact of wider determinants such as transport and employment which have an impact on disabled people's physical activity.

We are seeking your comment by Friday 11 May 2018. I recognise that this is a tight timescale but reflects the necessity to meet shared deadlines. If you wish to discuss the work we are doing, please contact Simon Hall, the WMCA's Physical Activity Strategic Lead on **0121 214 7093** or **simon.hall@wmca.org**.

My commitment to you is to ensure we take all comments on board and provide you with an issues paper in early Summer and share recommendations and actions in early Autumn 2018.

I look forward to working with you in the future.



Cllr Kamran Caan
Cabinet Member for Health and Sport
Coventry CC and Political Physical Activity
Champion
West Midlands Combined Authority



Barry Horne, Chief Executive of English
Federation of Disability Sport

"The English Federation of Disability Sport recognises that there is no single solution to getting more disabled people active. This is why EFDS is backing the commitment of the West Midlands Mayor and Cllr Caan: people and organisations in the West Midlands to work together to deliver a shared ambition to improve the life chances of disabled citizens by making the West Midlands an exemplar region in the number of disabled people who are active. I am backing the call for evidence and the listening events and survey to help us understand the major issues and opportunities that we can collectively action. EFDS is fully behind this important research and is keen to help the West Midlands apply the learning it produces".

UNDERSTANDING DISABILITY AND PHYSICAL ACTIVITY IN THE WEST MIDLANDS – RESEARCH PROGRAMME AND CALL FOR EVIDENCE

Submissions by Friday 11 May 2018.

This Call for Evidence is principally for those organisations providing services for disabled people or with a specific interest in disabled people, physical activity and sport.

In his Renewal Plan, the West Midlands Mayor provided his commitment to supporting community sport and to make the West Midlands a centre of excellence for women's and disability sports. The WMCA's West Midlands on the Move Strategic Framework encourages a system change approach to reducing inactivity and inequalities contributing to the inclusive economic growth of the West Midlands.

The West Midlands Mayor's Disability¹ and Physical Activity Working Group was established in January 2018 to understand the true extent of the challenge and determine the potential solutions which will deliver the best outcomes for our citizens with disabilities by delivering a shared ambition to make the West Midlands an exemplar region in the number of disabled citizens who are active.

We are doing this because the West Midlands² has the highest levels of physical inactivity in England and some of the most significant inequalities in those who take part:

- 1 in 5 people across the West Midlands have a long term health problem or disability that limits their day to day activities.
- 1 in 3 adults in the West Midlands are physically inactive.
- According to the annual Active Lives Survey, 48.9% of people with disabilities in the West Midlands are inactive.

We recognise the significant impact this has on people's wellbeing and their aspirations and by

more people with disabilities being active we can contribute to improving their outcomes. In doing so, support our inclusive economic growth ambitions.

Developing a Better Understanding. The Working Group is not looking to reinvent the system, but to understand what can be delivered at scale and what are the major barriers and motivations that impact on disabled people and their physical activity. We have already learnt much from Working Group members and supporting documentation from both academics and practitioners, such as from Sport England and English Federation of Disability Sport. We also acknowledge that this work is taking place at the same time as other important work and we will aim to work with organisations such as Disability Rights UK to understand the implications of findings.

Research Programme. Along with desk based research, we are consulting with a range of individuals and organisations on the issues and challenges related to the supply and demand for sport and physical activity; the role physical activity plays as part of an individual's care pathway and the broader transport, housing and employment priorities. Our research will cover listening to the views of disabled people; academic research evidence base and this Call for Evidence targeted at organisations.

Call for Evidence. The response to the Call for Evidence will provide a wealth of information that the Disability and Physical Activity Working Group will use to better understand physical activity issues in the West Midlands by:

- Providing a better understanding of the challenge and inter-dependencies

- Making recommendations on what needs to be prioritised.
- Ensuring appropriate plans are developed for the implementation of these actions.
- Understanding good practice and what can be delivered at scale.

Our timetable and how the research will be used?

Our timetable is to gather insight and intelligence and in doing so, by July 2018 produce a report for the West Midlands Mayor, Deputy Mayor and Chair of the WMCA's Wellbeing Board which recommends actions needed to deliver the best outcomes for all West Midlands citizens by making the West Midlands an exemplar region in the number of disabled people who are active. The WMCA will be communicating findings and actions in Autumn 2018.



¹Equalities Act 2010. A physical or mental impairment that has a substantial and long term negative effect on your ability to do normal daily activities.

²West Midlands includes those local authority areas who have agreed to work collectively as the West Midlands Combined Authority, including Birmingham City Council, Coventry CC, Dudley MBC, Sandwell MBC, Walsall MBC and the City of Wolverhampton Council, Telford and Wrekin Council; Warwickshire CC, Cannock Chase DC, North Warwickshire BC, Nuneaton and Bedworth Council, Redditch BC, Rugby BC, Shropshire Council, Stratford-on-Avon DC and Tamworth BC

RESPONDENT INFORMATION SHEET

Please note this form must be returned to **simon.hall@wmca.org.uk** or West Midlands on the Move, Communications Department, WMCA, 16 Summer Lane, Birmingham B19 3SD with your response by **Friday 11 May 2018**. For clarity, there is no requirement that your response to the Call for Evidence answers every question posed.

Please take the opportunity to provide any additional information that be of benefit to the Working Group but isn't covered directly by the questions outlined in this Call for Evidence.

Are you responding as an individual or an organisation? Please tick

Individual

☐

Organisation

☐

Full Name

If Organisation, Position and Name of the Organisation

Position

Name of the Organisation

Post Code

Email

The West Midlands Combined Authority (WMCA) may wish to publish your response in full or in part. The WMCA commit not to distort or misrepresent your response in any full or part publication.

Please indicate your publishing preference:

1. Publish response with your name and organisation
2. Publish response only (anonymous)
3. Do not publish response

Should you wish your response not to be published, it will only be shared within the WMCA and used for purposes of informing future planning.

Should the WMCA wish to contact you in the future, would you be willing to be contacted? Please tick

Yes

☐

No

☐

CALL FOR EVIDENCE QUESTIONS

The working group recognises that there is considerable research and intelligence on disability and sport and our Call for Evidence does not intend to replicate but build on this evidence base by understanding the issues and good practice in relation to three themes:

The relationship between the provision (supply) of opportunities for disabled people (both disability only and multiple or impairment specific) and what physical activity and sport that disabled people are seeking to take part in (demand).

We recognise that there are a lot of quality opportunities for people with disabilities whether children and young people or adults. We also want to understand how delivery and the provision of opportunities is determined. In answering questions please consider both young children, children and young people, adults and older adults who have disabilities, unless specifically stated.

1. How is the current provision of physical activity improving the opportunities for people with disabilities to be active?

Please give examples and evidence of what is working and what needs to be improved. We are specifically interested in practice in the West Midlands.

2. How is current provision developed and how does it reflect the needs of people with disabilities and their families? Please give examples and evidence of what is working and what needs to be improved. We are interested in both disability only (pan or impairment specific) inclusive (disabled and non-disabled people being active) activities.

3. Children and Young People only
What works in encouraging disabled children and young people to progress from school to community based activities or vice versa? Alternatively, from a specific activity into community activity. Please give examples and evidence of what is working and what needs to be improved.

Adults and older adults only

What works in encouraging disabled adults and older adults to get active? Please give examples and evidence of what is working and what needs to be improved?

4. What are the barriers to getting more people with disabilities active and why?
5. What practices exist of establishing or working with people with disabilities to discuss and plan provision? Please give example and details of impact on planning and provision.
6. How important is the instructor/coach/centre/mentor/officer workforce in encouraging more people with disabilities to be active?
7. What are your views on sports facility, school and private gym provision for people with disabilities? How well does the design, facilities and equipment meets the needs of people with disabilities? Please provide examples and evidence.
8. Is there one area (not just those listed above) that needs greatest attention than others and why? What are the top 3 policies and practices that would help make a difference in improving physical activity?

B. Understanding the role physical activity and sport plays as part of a Health Care Pathway for people with disabilities. This includes understanding the value, impact of such interventions and understanding the barriers that need to be addressed.

We acknowledge that not every person with disabilities needs to access health care, however, we recognise that many people need to and want to understand what role physical activity plays and the value placed on it by both individuals and health care specialists. This will enable the Working Group to understand what works and what needs to be improved.

1. What is the current practice in using physical activity as part of a health care pathway for young people and adults with disabilities?
2. What do you consider as good practice in using sport and physical activity as part of a health care pathway for a) children and young people and b) adults, improving mental, physical and muscular-skeletal health?

3. What are the barriers that need to be addressed for using sport and physical activity as part of a health care pathway for example referrals?
4. Is there one area which needs specific attention to improve the outcomes of patients or service users with disabilities that needs specific attention?
4. What role does the workplace play in supporting disabled people to adopt a more active lifestyle? What are the examples of good practice and what are the barriers to developing this work at scale?
5. What is good practice in delivering PE, Sport and physical activity in schools, colleges and Universities? What works and why and what needs to be done differently or better?

C. Understanding the broad range of individual, social, economic and environmental factor which influence disabled people's physical activity. This will help in providing the individual and community intelligence across transport environment, employment, education, skills, housing and digital which impact on people's activity.

Our focus is on getting more people with disabilities active and recognise that this will not be achieved just through formal activity, but the need to bring movement and activity into everyday lives and this includes the workplace, housing, transport and the environment.

1. How important is transport in encouraging young people and adults to access opportunities? Please give examples and evidence of what transport is effective and what needs to be improved? This can cover different types of transport such as cars, public transport (metro; trains and buses) and public and voluntary schemes such as Ring and Ride and active travel such as cycling?
2. What are the Public Transport examples of good practice, which helps people with disabilities to travel to work or education, access services, visit and access sport and physical activity?
3. What are the current examples of good practice in the design of the built environment such as housing, streets which enables disabled people to be active through for example walking and cycling? What actions need to be considered in the future?
6. What role could digital technology play in getting more disabled people active; accessing services and public transport?
7. What public transport; built environment design innovations could be considered to improve opportunities, access and movement of disabled people in the West Midlands?
8. If there is one area that needs considerable attention, what would that be and why?

Thank you for your comments.

³The way of setting out a process of best practice to be followed in the treatment of a patient or client with a particular condition or with particular needs.

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