Sports, leisure and social care
Moving towards a joint workforce development programme

Scoping report

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# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td>iv</td>
</tr>
<tr>
<td>1. Introduction and Methodology</td>
<td>1</td>
</tr>
<tr>
<td>2. Policy Context</td>
<td>2</td>
</tr>
<tr>
<td>3. Realising Potential</td>
<td>5</td>
</tr>
<tr>
<td>4. Raising Demand</td>
<td>9</td>
</tr>
<tr>
<td>4.1 Understanding the social care sector</td>
<td>9</td>
</tr>
<tr>
<td>4.2 Effective Promotion</td>
<td>13</td>
</tr>
<tr>
<td>4.3 Summary</td>
<td>14</td>
</tr>
<tr>
<td>5. Facilitating Participation</td>
<td>16</td>
</tr>
<tr>
<td>5.1 Brokerage</td>
<td>16</td>
</tr>
<tr>
<td>5.2 Signposting</td>
<td>17</td>
</tr>
<tr>
<td>5.3 Addressing low confidence and motivation</td>
<td>18</td>
</tr>
<tr>
<td>5.4 Maximising the use of leisure centres</td>
<td>19</td>
</tr>
<tr>
<td>5.5 Using volunteers</td>
<td>21</td>
</tr>
<tr>
<td>5.6 Summary</td>
<td>22</td>
</tr>
<tr>
<td>6. Promoting Quality</td>
<td>24</td>
</tr>
<tr>
<td>6.1 Register of Exercise Professionals/Aquatic Professionals</td>
<td>25</td>
</tr>
<tr>
<td>6.2 National Governing Bodies of Sport and sports coach UK</td>
<td>27</td>
</tr>
<tr>
<td>6.3 Inclusive Fitness Initiative</td>
<td>29</td>
</tr>
<tr>
<td>6.4 Quest</td>
<td>29</td>
</tr>
<tr>
<td>6.5 Voluntary Kitemark for Social Care</td>
<td>30</td>
</tr>
<tr>
<td>6.6 Summary</td>
<td>30</td>
</tr>
<tr>
<td>7. Workforce Development Opportunities</td>
<td>32</td>
</tr>
<tr>
<td>8. Recommendations</td>
<td>41</td>
</tr>
<tr>
<td>Appendix 1 - List of consultations</td>
<td>46</td>
</tr>
<tr>
<td>Appendix 2 - WLCT Guidance for Support Workers</td>
<td>49</td>
</tr>
<tr>
<td>Appendix 3 - REPs Survey (Selected Results)</td>
<td>51</td>
</tr>
</tbody>
</table>
Executive Summary

Introduction
Consilium Research and Consultancy (Consilium) was commissioned in January 2013 by Skills for Care (SfC), in partnership with SkillsActive, to undertake an scoping study to assess the potential for establishing a shared workforce development programme to support employers within the sport, fitness and outdoors sectors to provide services to people in receipt of social care. The purpose of the scoping study was to explore the levels of understanding of employers within the sport, fitness and outdoors sectors (SkillsActive) of the role of social care employers (Skills for Care).

This report presents a summary of the key themes emerging from a review of research or evidence of shared workforce development between the two sectors and consultations with a wide range of stakeholders from across the adult social care and sport and fitness sectors.

A review of literature conducted as part of this research highlights the limited published evidence base of shared workforce development between the adult social care sector and the sport and physical activity sector. Related literature was identified relating to market shaping, guidance on approaches to risk and personalisation alongside guidance from the respective National Skills Academies but these do not currently include evidence of investment in shared workforce development between adult social care and the sport and physical activity sectors.

Policy Context
There are an increasing number of adults likely to be in receipt of social care and a drive to transform people’s experience (and expectations) of care and support. Consequently there is considerable potential for sport and physical activity to play a stronger role in enabling people in care to participate in activities which provide them both social interaction and enjoyment but also support the re-ablement and prevention agenda.

A lack of focus on effective preventative services will lead to unsustainable demands on adult social care budgets and a considerable reduction in funding available for other services. Sport and physical activity should form part of the package of interventions which support people to remain independent and healthy and contribute to the achievement of their care outcomes. Local authorities are in a key position to mobilise...
services such as sport and physical activity and engage the wider social care sector to strengthen the promotion of good health and active ageing.

**Realising Potential**

Consultations with a wide range of strategic and operational stakeholders from both the adult social care and sport and physical activity sectors have overwhelmingly recognised the considerable opportunities that may present themselves through closer partnership working. However, many stakeholders reported a lack of understanding of how to realise these opportunities. Employers and providers within the sport and physical activity sectors often have a limited understanding of the composition of the adult care sector. Conversely, within the adult care sector there is a lack of awareness of what sport and physical activity opportunities are available or could be developed and provided for adults in receipt of social care support.

A lack of effective cross-sector dialogue and shared understanding has reportedly served to limit the number of adults in receipt of social care from accessing sport and physical activities as part of their care plan. This has been interpreted as a lack of demand by some employers and providers within the sport and physical activity sectors which has resulted in a degree of unease towards investing in workforce development and programmes specifically designed to facilitate participation for adults in receipt of social care support.

**Raising Demand**

The lack of appreciation of the size and composition of the adult care sector by many employers and providers has resulted in ad hoc and often ineffective efforts to develop an appropriate sports and physical activity offer. More coordinated approaches are needed that adequately reflect the composition of the adult social care sector and establish an appropriate and accessible offer for adults with different care needs and interests. For employers and providers that have previously focused their work on attracting investment to work specifically with adults in residential care this represents a step-change of approach. Supporting employers and providers to understand how the adult social care sector is structured can help to open up a wider range of opportunities for professional interaction.

In order to increase demand effectively sport and physical activity providers need to have a greater understanding of the key stakeholders within the adult social care sector. The process of raising demand does however need to do more than simply presenting service users and key stakeholders with lists of activities. Effective marketing can help to encourage service users to discuss new sport and physical activity opportunities as
part of their care assessment and ultimately, where appropriate, ensure that this forms part of their agreed care plan. This could include opportunities to participate in activities but also volunteering and coaching to support the participation of others.

**Facilitating Participation**

Coordinated efforts to increase demand for participation in sport and physical activity have to be matched by considered planning and investment in order to facilitate participation. This includes assessing the effectiveness of local brokerage systems in enabling service users to identify local sport and physical activity opportunities as well as reviewing the delivery models of providers to ensure that they are inclusive and fit for purpose.

Online brokerage systems are not currently used across all local authorities although many are understood to be exploring the use of similar systems. They present an opportunity for providers of sport and physical activity services to promote their offer for adult social care clients as well as assisting support brokers to identify suitable suppliers of services that clients wish to purchase. Effective brokerage has the potential to increase demand for sport and physical activity and thus encourage providers to invest in new services and associated workforce development.

Whilst the use of online marketplace systems can improve the efficiency of local brokerage systems this shouldn’t be regarded as the only method by which adults in receipt of social care support can be made aware of local sport and physical activity opportunities. Closer working between relevant professionals from the sport and fitness, social care and health sectors can aid the development of more effective referral and signposting systems.

It is important that providers recognise the need to build confidence and motivation when establishing approaches for engaging and facilitating the participation of adults in receipt of social care support. The use of ‘taster’ sessions is one approach adopted by a number of providers whereby service users can participate in range of activities for free. This can be effective in demonstrating to service users (also to carers and social care staff) that they are able to participate in sessions and be supported by sports and trained fitness professionals that have experience of adapting sessions so ensure that they are inclusive and accessible for all levels.

Utilising existing leisure centres as shared space for service users that have traditionally attended day centre provision has the potential to provide a range of benefits in terms including increasing participation and providing efficiency savings. This approach can
also address one of the barriers highlighted by social care staff, namely the disproportionate cost and effort that can be required to transport a service user to access a one-hour activity, which is sometimes all that is currently offered or perceived to be available.

There is interest amongst a number of providers in exploring the use of volunteers to facilitate the participation of adults in receipt of social care in a range of sport and physical activities. Whilst volunteers could be recruited through a number of routes providers were particularly interested in models that offer volunteering opportunities for adult social care users, carers and family members.

**Promoting Quality**
Overly cautious attitudes to risk were reported in many consultations as a strong influencing factor when care providers and care managers are exploring suitable activities to incorporate as part of an individual’s care plan.

Work is required to raise awareness within the adult care sector of existing quality standards currently used within the sport and physical activity sectors such as Quest, the Inclusive Fitness Initiative and the Registers of both Exercise and Aquatic Professionals as well as the work of the National Disability Sport Organisations. This would help to provide reassurance regarding the quality of provision and importantly ensure that social care professionals have greater confidence that the activities would support the achievement of the health and social care outcomes included within an individual’s care plan.

These quality standards could also be integrated within existing or new brokerage systems to ensure that professionals, carers and service users are able to select a provider that can demonstrate the necessary skills and experience to support the effective and safe participation of adults in receipt of social care. Consideration may also be given to establishing a voluntary kitemark to recognise employers and providers within the SkillsActive footprint that are committed to delivering excellence and quality services to adult social care service users. This has the potential to drive up quality standards and encourage more service users to engage in activities that have been specifically designed and quality assured to meet their needs.

**Workforce Development Opportunities**
This scoping study has provided an overview of a number of development areas that would need to be supported through training and workforce development across both sectors.
Senior Managers and Commissioners
A key requirement evidenced through the scoping consultations was a need for senior managers from both sectors and commissioners to come together to learn more about how the opportunities for greater joint planning and investment that can be taken forward. Directors of Adult Social Services, Chief Leisure Officers, social care employers and leisure providers should also consider delivering joint training and information sharing days to their respective workforces. This would provide opportunities for professionals from both sectors to share ideas and build networks, thus facilitating a greater understanding of the needs and challenges facing each other in supporting adults in receipt of social care.

SkillsActive workforce
Scoping consultations revealed a mixed picture with regards to the uptake of workforce development opportunities relevant for supporting adults within the social care sector. The production of a simple guidance document which outlines the range of training and professional development opportunities relevant for working with adults in receipt of social care would help leisure managers and individual fitness instructors to address identified workforce development needs.

This could include information on exercise based qualifications for instructors (i.e. low impact activities) as well as awareness training related to specific conditions (i.e. supporting people with dementia or working with people with mental health difficulties) that would be relevant for both instructors and front of house leisure centre staff. Providers could consider approaching local service user groups who may welcome the opportunity to deliver awareness training to staff from sport and leisure. This approach can deliver a number of benefits including potentially reducing the cost of training for providers as well as enabling them to establish links with local service user groups who at the same time can learn more about the range of sport and physical activity opportunities available in their area.

Social Care workforce
The social care workforce is not a homogenous group. As such any coordinated approach to meeting workforce development needs to identify the specific needs of different groups within the workforce.

The inclusion of information on the benefits of participation in sport and physical activity as part of training for registered care managers, within local authority social care induction training and through existing social care team meetings provides a sensible
starting point. Care Managers could also ensure that sport and physical activity is incorporated as a mandatory question/discussion as part of care assessments and care plans. This will help to ensure that service users are advised on the benefits of participation and the availability of local opportunities.

The majority of Activity Coordinators would welcome support from sports and exercise professionals to increase participation amongst service users under their care. Consultations identified specific calls for guidance in encouraging participation amongst service users with specific care needs alongside calls for taster sessions to inform both activities and training needs.

In light of the increasing number of service users electing to employ a Personal Assistant (PA), consideration may be given to assessing the practicality of delivering training for PAs on the availability of local sport and physical activity opportunities and their potential role in facilitating participation. This may be provided as part of their induction training and could also include information on what training is available for PAs wishing to learn new skills that can be promoted to clients. This can help to move PAs away from a task-based approach that employs ‘core care skills’ to working in new, creative and person-centred ways which empowers clients to participate in a range of activities and potentially improve their health, quality of life and meet their personal aspirations.

Carers are integral in efforts to encourage and facilitate adults in receipt of social care to participate in sport and physical activity. Simple guidance could be provided for carers on how they can support people in their care to participate in sport and physical activity. This could include examples of the range of opportunities available for people with different interests and differing ability levels. The guidance could also include information on opportunities to volunteer and to receive training to lead and/or support sessions in the community.

**Recommendations**

A summary of the key recommendations for consideration by Skills for Care and SkillsActive, categorised across the broad headings of Strategic & Operational Development, Advice and Guidance and Research and Development, is provided below. Recommendations that the research team consider should be afforded priority are presented in bold.
STRATEGIC & OPERATIONAL DEVELOPMENT

Realising Potential
1. Deliver workshop sessions with key strategic partners to consider the themes emerging from this scoping research and reach consensus as to a way forward.

Workforce Development

Cross-Sector
2. Adult social care commissioners to host facilitated workshops involving employers/providers within the SkillsActive footprint, local authority social care teams, social care employers and service user groups to discuss approaches to joint investment and shared planning to increase the number of adults in receipt of social care participating in sport and physical activities.

SkillsActive footprint
3. Liaise with County Sport Partnerships / Chief Leisure Officers to cluster training opportunities for employers and providers in order to reduce costs per organisation/individual.

Social Care

Care Managers/Area Teams
4. Ensure that sport and physical is incorporated as a mandatory question/discussion as part of care assessments and care plans.

ADVICE AND GUIDANCE

Raising Demand
5. Produce a guidance paper for employers and providers within the SkillsActive footprint that provides an overview of the structure of the social care sector and approaches to increasing demand for participation from adults in receipt of social care.

6. Produce a series of briefing papers which outline the benefits of participating in sport and physical activity including the contribution to adult social care outcomes. These should be tailored for each audience which could include local authority social care teams, social care providers, carers, personal assistants and service users.
Facilitating Participation

7. Produce guidance on different approaches used by employers and providers within the SkillsActive footprint to facilitate participation of adult social care recipients in sport and physical activities. This should include universal, customised and targeted services for both group sessions and one-to-one support. The guidance could also cover funding, transport and outreach provision.

8. Produce guidance for adult social care brokerage managers/support brokers on how to identify what sport and physical activity opportunities are available in order to guide service users. This should take into account existing and emerging examples of social care e-marketplaces.

9. Disseminate a briefing paper to Chief Leisure Officers and Directors of Adult Social Services that highlights the potential shared benefits of using existing leisure centres as a base for adults that have previously attended local authority daycentres.

Promoting Quality

10. Work towards strengthening the presence of sports and physical activity values and messages within the quality guidance issued by local authorities and through the inspection regime led by the Care Quality Commission.

11. Raise the profile of REPs and NDSOs within adult social care in order to highlight the benefits of using a REPs instructor or accredited coach and to enable social care commissioners and service users to clearly differentiate professional competency.

Workforce Development

SkillsActive footprint

12. Produce guidance in accessible formats (e.g. YouTube, DVDs etc.) for REP Instructors on working with Personal Assistants and/or carers to facilitate service user participation.

13. Provide a guidance document for employers/providers within the SkillsActive footprint on relevant training opportunities for supporting the participation of adults in receipt of social care. This should include training and professional development for instructors, front of house staff, managers and volunteers. Where appropriate this should also consider approaching local service user groups to provide training and professional development input.
**Social Care**

*Care Managers/Area Teams*

14. Include information on the benefits of participation in sport and physical activity as part of training for registered care managers, local authority social care induction training and through existing social care team meetings.

*Activity Coordinators*

15. Build on evaluation and good practice emanating from existing pilots / workforce development activities aimed at upskilling Activity Coordinators in acknowledging the benefits of sports and physical activity and identifying suitable/available options (e.g. QCF (NVQ) Level 3 Certificate in Activity Provision in Social Care).

*Carers*

16. Provide guidance for carers on how they can support people in their care to participate in sport and physical activity. This should include information on opportunities to volunteer and receive training to lead and/or support sessions.

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**RESEARCH AND DEVELOPMENT**

*Raising Demand*

17. Commission a small number of pilots which focus on raising levels of participation for adults in receipt of social care. The pilots should cover different service user groups (e.g. mental health, physical disability, learning difficulty, dementia) across a number of settings (residential, day, community care, domiciliary).

*Facilitating Participation*

18. Commission a research study to assess the current use of volunteers (including carers) by employers and providers within the SkillsActive footprint to facilitate participation of adults in receipt of social care. The research should inform the production of a guidance document to support the effective use of volunteers as well as different models of using volunteers to work alongside sport and fitness professionals.
Promoting Quality
19. Assess the feasibility of establishing a voluntary kitemark for employers and providers within the SkillsActive footprint to demonstrate their commitment to delivering excellence and quality services to adult social care service users. The use of the kitemark would assist social care commissioners, care managers/brokers and service users in selecting providers that adhere to agreed quality standards.

Workforce Development
SkillsActive footprint
20. Review the existing REPs and RAPs Continual Professional Development opportunities and consider including additional modules for working with specific service user groups (both on a one-to-one basis and as part of group sessions).
21. Consider amending the REPs and RAPs Directory to include information as to whether REP members would be willing to mentor or coach other members in order to transfer learning and professional experience around working with adults in receipt of social care.

Social Care
Care Managers/Area Teams
22. Assess the feasibility of developing a specific module with social care apprenticeship frameworks which will development knowledge of the benefits of ‘non-traditional / non-mainstream’ activities including sports and physical activity and promote the longer term acceptance of such activities within social care.

Personal Assistants
23. Assess the practicality of delivering training for PAs on the availability of local sport and physical activity opportunities and their potential role in facilitating participation. This should also include what training is available for PAs wishing to learn new skills that can be promoted to clients.
24. Assess the feasibility of incorporating knowledge of the value/complementarity of and access to sports and physical activities to complement the ‘core care skills’ which form the bulk of the workload at the moment.
1. Introduction and Methodology

Consilium Research and Consultancy (Consilium) was commissioned in January 2013 by Skills for Care (SfC), in partnership with SkillsActive, to undertake an scoping study to assess the potential for establishing a shared workforce development programme to support employers within the sport, fitness and outdoors sectors to provide services to people in the social care system. The purpose of the scoping study was to explore the levels of understanding of employers within the sport, fitness and outdoors sectors (SkillsActive) of the role of social care employers (Skills for Care).

This report presents a summary of the key themes emerging from a review of relevant research or evidence of shared workforce development between the two sectors and consultations with a wide range of stakeholders from across the adult social care and sport and fitness sectors. A total of 82 consultations were completed with stakeholders (see Appendix 1).

Further insight was obtained through online surveys conducted with members of the Register of Exercise Professionals (261 responses) and Activity Coordinators registered with the National Association of Providers of Activities for Older People (51 responses).

A number of recommendations are provided to encourage greater coordination in the sector and also to guide future investment in workforce development activities including cross-sector collaboration.

The research team has been supported by a large number of individuals that have kindly given up their time to contribute their ideas and experience as part of this scoping research. Their time and support has been greatly appreciated.
2. Policy Context

The Caring for our future: reforming care and support (HM Government 2012’) White Paper outlines two core principles. The first is to prevent, postpone and minimise people’s need for formal care and build a care system around the notion of promoting independence and wellbeing. The second is to ensure that people are in control of their own care and support.

The White Paper also emphasises that the future of care has to do more than just keep people healthy and out of hospital. The system has to recognise that people with care needs have something to offer. Care and support should not just be about making people comfortable but about helping them to fulfil their potential, whatever their circumstances. The vision for care and support outlined in the White Paper places emphasis on promoting well-being and independence. The new system aims to transform people’s experience of care and support, with services responding to people’s needs and improving quality of life.

In 2010 the Care Quality Commission commissioned the Social Care Institute for Excellence to define what an excellent adult social care service looks like. The report states that excellence in social care is ‘rooted in a whole-hearted commitment to human rights, and a continuous practical application of that commitment in the way that people who use services are supported. People who use services are demonstrably placed at the heart of everything that an excellent service does’.

The Ready for Ageing report published by the House of Lords Select Committee on Public Service and Democratic Change presents projections on an ageing population with 51% more people aged 65 and over in England in 2030 compared to 2010 and 101% more people aged 85 and over in England during the same period. The report also outlines increasing demand on the social care sector with over 50% more people with three or more long-term conditions in England by 2018 compared to 2008 and over 80% more people aged 65 and over with dementia (moderate or severe cognitive impairment) in England and Wales by 2030 compared to 2010.

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With an increasing number of adults likely to be in receipt of social care and a drive to transform people’s experience (and expectations) of care and support there is considerable potential for sport and physical activity to play a stronger role in enabling people in care to participate in activities which provide them both social interaction and enjoyment but also support the re-ablement and prevention agenda.

At present there is concern that relatively little money goes on the promotion of ‘healthy ageing’, despite the shared responsibility of the agencies and the proven benefits of this type of investment. Local authorities are in a key position to mobilise services such as sport and physical activity and engage the wider social care sector to strengthen the promotion of good health and active ageing. One of the challenges relates to a perceived inability to invest in preventative services that can deliver longer-term benefits in a context of considerable short-term pressures on budgets.

However a lack of focus on effective preventative services will lead to unsustainable demands on adult social care budgets and a considerable reduction in funding available for other services (including culture and leisure services). A recent publication by the Local Government Association4 demonstrates the squeeze on other local authority services as a consequence of reductions in central government funding and an increase on local care costs (see Figure 2.1).

4 http://www.bbc.co.uk/news/uk-politics-22454459

Sports, leisure and social care: Moving towards a joint workforce development programme
Scoping report
Sport and physical activity should form part of the package of interventions which support people to remain independent and healthy and contribute to the achievement of the care outcomes published by the Department of Health. Sport and physical activity providers have the potential to develop new, more cost-effective alternatives to day care provision or to work in partnership with existing day care providers to increase their focus on preventative services by increasing participation in appropriate sport and physical activities.

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6 Day service costs vary dependent on the needs of the service user. For example costs per user session for local authority day care can range from £37 for people with mental health problems, £40 for older people and £64 for people with intellectual disabilities. Source Personal Social Services Research Unit (PSSRU), Unit Costs of Health & Social Care 2012.
3. Realising Potential

The consultations completed with a wide range of strategic and operational stakeholders from both the adult social care and sport and physical activity sectors have overwhelmingly recognised the considerable opportunities that may present themselves through closer partnership working.

The review of literature conducted as part of this research identified limited published evidence of existing shared workforce development between the adult social care sector and the sport and physical activity sector. A range of relevant and related literature was identified for example publications relating to market shaping, guidance on approaches to risk and personalisation and development plans for regional disability sport forums. Publications and guidance are available from the respective National Skills Academies but these do not currently include evidence of investment in shared workforce development between adult social care and the sport and physical activity sectors.

For the adult social care sector expanding the range of high quality sport and physical activity opportunities available for people in receipt of social care support has the potential to deliver substantial benefits in terms of promoting independence, empowering service users, enhancing quality of life and improving well-being. In the context of increasing pressures on adult social care budgets raising participation levels in sport and physical activity can contribute to the suite of preventative approaches designed to avoid hospital admissions and to delay and reduce the need for care and support.

For employers and providers within the sport and physical activity sector adult social care represents a largely untapped market. In light of the projected increase in the number of adults that will need care and support, more effective engagement with the care sector has the potential to provide a large cohort of new users and thus new revenue streams.

However a recurring theme evident through consultations was a lack of understanding of how to realise these recognised opportunities. Employers and providers within the

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7 For example see Department of Health (2010) - 'Practical approaches to market shaping and provider development'.
8 ADASS West Midlands (2011) - 'A Positive Approach to Risk and Personalisation: A Framework.'
9 Includes National Skills Academy Social Care, National Skills Academy Health the National Skills Academy Sport & Active Leisure (now part of SkillsActive).

Sports, leisure and social care: Moving towards a joint workforce development programme
Scoping report
sport and physical activity sectors often had a limited understanding of the composition of the adult care sector. In some cases their understanding was restricted to trying to work with service users within residential care settings without an appreciation of the wider adult care sector.

Similarly many failed to understand how people in receipt of social care are funded with a lack of appreciation that many are self-funded or a limited understanding of the personalisation agenda. Indeed research published by the Association of Directors of Adult Social Services and the Local Government Association has recently raised concerns about councils' information and advice services to self-funders who remained largely unsupported even though they occupy nearly 40% of residential care places and 48% of those in nursing homes.

This lack of understanding has in many cases shaped how employers and providers within the sport and physical activity sectors view the opportunities for closer working with the adult care sector.

Within the adult care sector there is a lack of awareness of what sport and physical activity opportunities are available or could be developed and provided for adults in receipt of social care support. As a consequence service users are not consistently provided with the necessary information that would enable them to make an informed choice about what activities they would like to participate in as part of their care plan.

By way of example 59% of Activity Coordinators surveyed as part of this scoping research indicated that they did not know what sport and physical activity opportunities were available in the local area for their service users. The substantial majority (80%) reported that they had not had any contact with staff from local leisure centres or local sports clubs and associations.

When asked what information would help them in their role responses included:

‘Activities for advanced dementia and severely restricted mobility’.
‘It would be helpful to know of any local sporting centres which support sporting/physical activities for those people who have dementia and other ...

One of the themes emerging from the consultations was the absence of an evidence base which clearly articulated the benefits of adults in receipt of social care participating in sport and physical activities. Whilst the Chief Cultural & Leisure Officers Association (CLOA) has produced a useful document to provide a mandate for shared action\textsuperscript{11} both sectors have highlighted a need for clearer evidence on the contribution that participation can provide in terms of meeting adult social care outcomes, in particular to assist sport and physical activity providers in competing for future commissioning opportunities.

Whilst the review of literature conducted for this research identified a large number of publications that provide evidence of the health and wellbeing benefits that can be achieved through participation in sport and physical activity\textsuperscript{12-15}, there is less published evidence on the role of sport and physical activity within adult care plans and the contribution that it can provide to meeting adult social care outcomes.

A lack of effective cross-sector dialogue and shared understanding has reportedly served to limit the number of adults in receipt of social care from accessing sport and physical activities as part of their care plan. In many cases this has been interpreted as a lack of demand by employers and providers within the sport and physical activity sectors. In turn this has resulted in a degree of unease by these employers and providers towards investing in workforce development and programmes specifically designed to facilitate participation for adults in receipt of social care support.

The transfer of public health to local authorities on the 1st April 2013 provides both opportunities and challenges. The move towards a more integrated model of health and social care is likely to generate further complexity at a local level in particular given that many adults in receipt of a social care budget may also have a separate healthcare

\textsuperscript{11} CLOA (2012)- ‘The role of Culture and Sport in supporting adult social care to deliver better outcomes’.

\textsuperscript{12} http://www.sportengland.org/research/the_value_of_sport_monitor/psychological_health.aspx

\textsuperscript{13} http://www.sportengland.org/research/value_of_sport_monitor/participation.aspx

\textsuperscript{14} http://www.sportengland.org/research/value_of_sport_monitor/fitness_and_health.aspx

\textsuperscript{15} Parliamentary Office of Science and Technology (2001)- ‘Health benefits of physical activity’.
budget. A range of health professionals (i.e. Occupational Therapists, GPs, Physiotherapists) are already engaged in preventative work, signposting and supporting re-ablement of adults in social care. As such consideration could be given to including Skills for Health as a third partner in the development of a shared work programme.

There are some existing examples of local authorities that are using secondments or joint appointments to help to facilitate more effective joint planning and closer partnership working between the adult social care sector and sport and physical activity providers\textsuperscript{16}.

Such approaches provide a valuable opportunity to realise the benefits of more effective collaboration in order to improve care standards, empower service users and prevent or delay the need for more complex care.

This scoping report outlines some of the opportunities for greater collaboration between the social care sector and sport and physical activity sectors identified through consultations. These aren’t restricted solely to workforce development as there is recognition that considerable work is required to raise demand for participation from adults in receipt of social care support as a key driver for subsequent investment in training and professional development across both sectors.

**Recommendation**

Deliver workshop sessions with key strategic partners to consider the themes emerging from this scoping research and reach consensus as to a way forward.

\textsuperscript{16} Examples include the London Borough of Newham / ActiveNewham and East Lothian Council/Enjoy Leisure.
4. Raising Demand

Increasing the demand from adults in receipt of social care wishing to access sport and physical activity opportunities is an important driver for encouraging closer partnership working and shared planning across the two sectors. Greater confidence by employers and providers of the likely take-up of activities will encourage them to invest in training and workforce development in order to improve the quality of service provided.

This is fundamentally important given that many adults in receipt of social care support (and their carers) may not have engaged in sport and physical activity for some time and thus are likely to lack the confidence to attend. Consequently any process of raising demand will need to be carefully planned to ensure that service users accessing provision for the first time have a quality experience and thus are motivated to maintain their participation on a regular basis.

At a national level greater dialogue and shared planning between the Department for Culture, Media and Sport and the Department of Health could encourage or if necessary mandate joint planning and investment at a local level. Similarly further collaboration between The Association of Directors of Adult Social Services (ADASS) and the Chief Cultural & Leisure Officers Association could provide the necessary leadership to stimulate discussion and partnership working at a local authority level. In addition national service user organisations can play an important role in promoting and advocating the benefits of participation through their membership as well as supporting workforce development (see later section).

4.1 Understanding the social care sector

At a local level the lack of appreciation of the size and composition of the adult care sector by many employers and providers has resulted in ad hoc and often ineffective efforts to develop an appropriate sports and physical activity offer. Scoping consultations revealed that many employers and providers have a narrow view of the adult social care sector with a focus on adults with complex care needs supported in residential settings.

More coordinated approaches are needed that adequately reflect the composition of the adult social care sector and to establish an appropriate and accessible offer for adults with different care needs and interests. For employers and providers that have previously focused their work on attracting investment to work specifically with adults in residential care this represents a step-change of approach. Supporting employers and
providers to understand how the adult social care sector is structured can help to open up a wider range of opportunities for professional interaction.

In terms of raising demand it is possible to make a distinction between a universal offer (i.e. sport and physical activities available to everyone) and a targeted offer (i.e. sport and physical activities that have been specifically designed for a service user group). Many adults in receipt of social care support are able to access the universal offer on a self-directed basis.

As such the approach to raising demand may promote the benefits of participation direct to service users and through key gatekeepers such as care managers, family members or carers.

A targeted offer is more likely to have been established in response to a local need identified through the Joint Strategic Needs Assessment (JSNA) and commissioned through health or social care teams (or jointly commissioned). These activities are designed for adults with complex or high-risk cases that are not able to access a universal offer (i.e. adults with severe learning difficulties or severely impaired mobility) and are likely to actively involve the social care workforce. Figure 4.1 over page provides an outline of how an appropriate offer can be established that meets the needs of different groups within the adult social care population.

A number of sport and physical activity providers have established a customised offer than sits between a universal and targeted offer and has been specifically designed to facilitate engagement of adults with additional support needs.

| Active Choices, Accessible Physical Activity for All - Wigan Leisure & Culture Trust (WLCT) |
| The Active Choices\(^{17}\) programme delivered by Wigan Leisure and Culture Trust (WLCT) is for adults aged 16 years and over with a learning disability, physical disability or severe and enduring mental illness. The aim of the programme is to offer physical activity opportunities to help improve health, improve quality of life and increase confidence. Activities are provided at a reduced (subsidised) cost and range from £1.00 to £7.50. |

\(^{17}\) [http://www.getactivewiganandleigh.co.uk/active-living-programmes/active-choices/](http://www.getactivewiganandleigh.co.uk/active-living-programmes/active-choices/)
The programme includes a wide range of physical activity opportunities including sport, fitness sessions, cycling and walking, gardening and park activities. Activities are delivered either on a 1:1 basis or as part of a group. The programme also includes Active Living Volunteers who can assist the team in the development and provision of the Active Choices programme.

Portway Lifestyle Centre, Sandwell
A health, wellbeing and leisure centre developed by Sandwell Council, Sandwell Leisure Trust, Sandwell Primary Care Trust and Sandwell Liftco. It provides a focus for an integrated sports and leisure offer for a wide variety of customers including those with a range of care needs as well as the general public. As such, the planning for the centre has been informed by people who use adult social care and special interest groups based on an ethos of preventing escalation of care needs through sports and exercise activities.

The centre will incorporate a four-court sports hall, a hydrotherapy pool, gym and weights area, a dance studio, a climbing wall, floodlit five-a-side pitches, a café and a multipurpose area for activities including bowls, tea dances and other sports. The centre will also host a purpose-built GPs’ surgery as part of plans to introduce universal health information and advice.

http://www.slt-leisure.co.uk/leisure-centre/portway-lifestyle-centre
Care Pyramid

**Targeted offer**
Providers establish appropriate sporting and leisure opportunities for service users supported in residential settings or at home. Social care staff are required to work closely with exercise professionals to plan activities and facilitate participation.

**Customised offer**
Providers establish a variety of low impact and accessible sporting and leisure opportunities. Some support may be required from social care staff to plan activities and facilitate participation.

**Universal offer**
Service users are encouraged and supported to access existing sport and physical activity offer on a self-directed basis. Providers are trained to enable participation and social care staff involvement limited.
4.2 Effective Promotion

In order to increase demand effectively sport and physical activity providers need to have a greater understanding of the key stakeholders within the adult social care sector. Discussion between providers and local authority care managers can assist in mapping local stakeholders and then ascertaining/agreeing the most effective mechanism of raising awareness of what sport and fitness activities are available. Figure 4.2 below provides an outline of likely stakeholder groups that can play an important role in encouraging, supporting and motivating service users to access local opportunities.

The process of raising demand does however need to do more than simply presenting service users and key stakeholders with lists of activities. Scoping consultations identified a need to more clearly articulate the benefits of participation in sport and physical activity for adults in receipt of social care. In 2009 Demos looked at the future market in health and social care and concluded that ‘new opportunities need new forms of marketing…. providers need to be directly marketing to people using their services and/or families and friends and then selling
the service in a way that makes sense to them, and makes them feel confident about buying those services when they have alternative options"^{19}. 

In other words more effective marketing can help to encourage service users to discuss new opportunities that may be presented by engaging with sport and physical activity providers as part of their care assessment and ultimately where appropriate ensure that this forms part of their agreed care plan. This could include opportunities to participate in activities but also volunteering and coaching to support the participation of others.

As outlined in the recent CLOA publication the drive towards self-directed support offers opportunity for people to access a wider range of services to improve their own lives which can include sport and physical activity sessions.

It is however important to achieve a coordinated and planned approach as part of local market shaping in order to assist service users and the social care workforce in navigating the local sport and physical activity offer. A lack of coordination is likely to generate confusion amongst key stakeholders as to what is available and the extent to which it meets the needs, aspirations and abilities of service users.

Key stakeholders can also assist providers in engaging with service users in order to establish their views on existing sport and physical activity opportunities as well as exploring what activities they would like to access.

4.3 Summary

Further work is required to more clearly demonstrate the contribution of sport and physical activity to supporting re-ablement, preventative services and independent living^{20} including its value in reducing isolation, loneliness and enhancing quality of life.

Demand for participation in a range of sports and physical activity has to be at the heart of any cross-sector dialogue. Raising demand amongst adults in receipt of social care to participate will provide sports and leisure providers with greater

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^{19} Demos (2009)- ‘at your service navigating the future market in health and social care’. Author Jamie Bartlett.

confidence to invest in developing an appropriate offer and ensuring that their workforce has the skills and confidence to effectively support social care users.

This scoping report recommends that a small number of pilots are established to facilitate dialogue across both sectors with a view to raising levels of participation for adults in receipt of social care. This would provide models of practice to be shared more widely across local authorities in England and facilitate more effective cross-sector working.

**Recommendations**

- Produce a guidance paper for employers and providers within the SkillsActive footprint that provides an overview of the structure of the social care sector and approaches to increasing demand for participation from adults in receipt of social care.

- Produce a series of briefing papers which outline the benefits of participating in sport and physical activity including the contribution to adult social care outcomes. These should be tailored for each audience which could include local authority social care teams, social care providers, carers, personal assistants and service users.

- Commission a small number of pilots which focus on raising levels of participation for adults in receipt of social care. The pilots should cover different service user groups (e.g. mental health, physical disability, learning difficulty, dementia) across a number of settings (residential, day, community care, domiciliary).
5. Facilitating Participation

The development of more coordinated approaches to raising demand for participation in sport and physical activity has to be matched by considered planning and investment in order to facilitate participation of adults in receipt of social care. This includes assessing the effectiveness of local brokerage systems in enabling service users to identify local sport and physical activity opportunities as well as reviewing the deliver models of providers to ensure that they are inclusive and fit for purpose.

5.1 Brokerage
A common theme outlined in the scoping consultations was the lack of up to date information available to support brokers on sport and physical activity opportunities. For some areas this was due to the fact that limited provision was available and others because this has not been effectively promoted to the social care sector. Consequently the brokerage system was unable to advise service users on what opportunities are available or how to access them.

There is no consistent brokerage model across each local authority areas. In some areas the brokerage service is delivered in-house by the social care team whilst in others an external organisation has been commissioned to provide the service on behalf of the local authority. In many cases providers had limited understanding of how the brokerage system operates and which organisation was charged with delivering it.

Some local authorities such as Birmingham, Wigan21 and Hackney22 have established online marketplaces (e-marketplace) to bring together individuals, support brokers, organisations and businesses to buy and sell support. The e-marketplace system aims to enable providers to easily target and personalise their marketing to social care clients, to determine the market price of their support and to set their prices accordingly. Importantly, having a presence in the e-marketplace will enables providers to demonstrate their quality compliance and thus ensure that clients purchasing services are reassured as to the standard of services offered. The e-marketplace aims to provide benefits to brokers and by being able to easily search

22 http://www.hackneyicare.org.uk/kb5/hackney/asch/home.page
for and buy the support they need and want 24 hours a day from anywhere with internet access.

Online brokerage systems are not currently used across all local authorities although many are understood to be exploring the use of similar systems\(^{23}\). Consequently this provides an opportunity for providers of sport and physical activity services to promote their services for adult social care clients as well as assisting support brokers to identify suitable suppliers of services that clients wish to purchase. Effective brokerage has the potential to increase demand for sport and physical activity and thus encourage providers to invest in new services and associated workforce development.

### 5.2 Signposting

Whilst the use of online marketplace systems can improve the efficiency of local brokerage systems this shouldn’t be regarded as the only method by which adults in receipt of social care support can be made aware of local sport and physical activity opportunities. Closer working amongst relevant professionals from the sport and fitness, social care and health sectors can aid the development of more effective signposting.

Providing opportunities for professionals to meet and discuss the potential to work more closely to encourage increased participation in sport and physical activity of adults in receipt of social care support is an important step to building sustainable links between both sectors. This may take the form of local events where providers showcase the services and support they can provide or briefing updates provided at existing local authority social care team meetings. Crucially this requires the social care workforce to focus on what service users are able to do rather than what they aren’t (i.e. avoiding a deficit model).

What is important is that any model of facilitating professional interaction is built on a shared understanding of the ultimate benefits to the service users. This can help to avoid concerns expressed by a number of providers that they had to ‘sell the

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*Sports, leisure and social care: Moving towards a joint workforce development programme Scoping report*
benefits to social care staff rather than both sectors discussing the mutual benefits of collaboration.

Effective professional interaction requires frontline staff to have sufficient time to network. As such managers from both sectors need to recognise the benefits that this can bring in terms of raising awareness of joint working opportunities as well as encouraging more effective signposting of service users to local sport and physical activity opportunities.

5.3 **Addressing low confidence and motivation**

As with the wider population many adults in receipt of social care support do not regularly participate in sport (i.e. 30 minutes per week). A Sport England (2002) report on the participation of adults with disability in sport highlights the most common reasons cited for not playing any sport which included being limited by health, a lack of time or a lack of money. However other related factors can include a lack of confidence to participate and/or a lack of motivation. Consequently it is important that providers recognise the need to build confidence and motivation and to establish effective models of engaging and facilitating the participation of adults in receipt of social care support.

In recent years new or adapted sports and activities have been developed which many adults will not have experienced before such as Boccia and New Age (indoor) Curling. These activities can be played by people of all abilities and are more recreational than competitive in nature. As such they are easy to learn and offer a chance to quickly improve skills and ability thereby addressing low confidence issues.

The use of ‘taster’ sessions is one approach adopted by a number of providers whereby service users can participate in range of activities for free. This can be effective in demonstrating to service users (also to carers and social care staff) that they are able to participate in sessions and be supported by sports and trained fitness professionals that have experience of adapting sessions so ensure that they

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24 The most recent Active People Survey 6 conducted between October 2011 and October 2012 outlines that 58.9% men and 68.9% women do not participate in at least 30 minutes of moderate intensity sport per week. [http://www.sportengland.org/research/active_people_survey/active_people_survey_6.aspx](http://www.sportengland.org/research/active_people_survey/active_people_survey_6.aspx)

are inclusive and accessible for all levels. In the context of enabling service users to exercise choice and control the use of taster sessions is an important step to widening the range of activities that the individual feels confident to access.

Several stakeholders engaged through the scoping consultations suggested that the production of high-quality promotional videos could be more effective than the dissemination of leaflets in encouraging service users to try different activities. For adults that may not have participated in sport or physical activity for a long time then the use of short videos has the potential to demystify the wide range of opportunities available and to provide reassurance that the sessions are accessible for people with additional support needs.

There is potential for these videos to be pre-loaded onto tablets thus providing a portable resource that can be taken into a range of social care settings in order to promote local activities. These videos can also provide a useful resource for challenging perceptions amongst some carers and social care professionals on the ability of service users to access sport and physical activity opportunities.

Providers should look to establish and promote a suite of opportunities that are leisure centre-based, community-based (i.e. delivered in community centres or church halls), outdoor based (i.e. using local parks and green spaces) or home-based. This is particularly important when service users may lack the initial confidence to attend a leisure centre or where transport costs present a barrier. Many fitness instructors already work on an outreach basis and as such simply require support from social care support brokers, Personal Assistants (PAs) and carers to promote sufficient uptake so that the costs of delivering the session can be covered.

5.4 Maximising the use of leisure centres
The closure of day centres across many local authorities has attracted substantial media attention. A recent survey commissioned by Unison found that 57% of workers in social care in England and Wales reported day centre closures with more than half also indicating that they were aware of impending closures. The

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26 Unison (2012) - ‘What is happening to Day Centre Service: A view from frontline staff’. Report by the Health Services Management Centre, University of Birmingham. Author Dr Catherine Needham.

Sports, leisure and social care: Moving towards a joint workforce development programme
Scoping report
survey report raised concerns of ‘a real danger that shared spaces for vulnerable people might disappear completely’. Whilst many centres have been closed as a result of budget pressures this is not the sole reason with local authorities exploring alternative models of providing support to social care users.

However scoping consultations revealed that many providers viewed the closing of day centres as a real opportunity to strengthen partnership working between the two sectors by providing the ‘shared spaces’ within existing leisure centre infrastructure. To date stakeholders indicated that there had been limited joint asset planning through which to highlight the potential to re-locate day centre services into leisure centres. Whilst a number of local authorities are promising to replace day centres with new forms of provision (‘community hubs’ or new ‘Lifestyle’ centres- see case study below) as outlined in the Unison report there is a danger that existing provision will close without adequate investment in alternatives.

**Holt Park Active, Leeds City Council**

The development of the £28m Holt Park Active wellbeing centre will feature a 70-station Bodyline gym, 25-metre pool, hydrotherapy and learning pools, dance studio, café, garden, sports hall, multi-activity rooms and meeting areas. Crucially however, it will also provide a base for social care clients including older people and people with physical impairments and learning disabilities with the objective of providing inclusive facilities for people from across the community and of all ages and abilities to enjoy more active lifestyles.

The facility, which is set to open in October 2013, will enable service users to enjoy a more extensive and higher quality social care offer – both in terms of day care provision, specialist sports and leisure facilities and easy access to the local facilities given the centre’s location within a urban area. Learning disability and physical impairment clients will be based at the centre five days a week, minimising transport to sports facilities and enabling strong relationships with both sports and social care staff to be built and maintained with a view to providing the highest quality, personalised care package possible.

[^27]: [http://www.leeds.gov.uk/sports/Pages/Holt-Park-Active.aspx](http://www.leeds.gov.uk/sports/Pages/Holt-Park-Active.aspx)
Utilising existing leisure centres as shared space for service users that have traditionally attended day centre provision has the potential to provide a range of mutual benefits, including:

- generating footfall within leisure centres especially during off peak times when user numbers are lower
- enabling service users that may not have previously attended leisure centres to learn more about the wide range of activities available and participate in taster sessions initially before becoming fully engaged
- presenting opportunities for providers to engage service users in order to learn more about what sport and physical activities they would like access.

Many leisure centres already have café space and meeting rooms thus have the capacity and facilities to cater for large numbers of service users. The use of leisure centres as shared spaces can also address one of the barriers highlighted by social care staff, namely the disproportionate cost and effort that can be required to transport a service user to access a one-hour activity.

Future models can enable service users to attend leisure centres for several hours and thus enabling them to participate in a wide range of activities which support their health and wellbeing (perhaps not solely restricted to sport and physical activity but also incorporating facilities where service users can access hairdressing or library activities). This approach also has the benefit of potentially bringing carers into the centres and encouraging their participation.

Adopting this approach may require some investment in existing facilities and workforce development (see next section) but many local authorities are already planning more multi service hubs that can provide a step-change in the way in which providers engage and support adult social care users.

### 5.5 Using volunteers

A number of providers indicated that they were interested in exploring the use of volunteers to facilitate the participation of adults in receipt of social care in a range of sport and physical activities. Whilst volunteers could be recruited through a range of routes (i.e. local Volunteer Centres) providers were particularly interested in models that offered volunteering opportunities for adult social care users, carers and family members. The potential benefits of using volunteers specifically for social care clients may include:

- providing sports and fitness professionals with additional capacity during activities to meet the additional needs of participants
- developing a network of advocates and champions within the community that can promote the benefits of local sport and physical activity opportunities in their peer networks/service user groups
- providing social care clients with a volunteer opportunity that enables them to receive training and improve their employability as part of their care plan
- developing volunteer capacity to lead activities (where appropriate) in the community (i.e. walking or gardening).

The Ageing Well and Steady Steps projects\(^{28}\), delivered by Edinburgh Leisure\(^{29}\), provide an example of activities which are led or supported by volunteers. Both projects are focused on supporting adults aged over 50 and the volunteers are also older people. The approach has proven successful in maintain strong participation levels as well as retaining volunteers for many years. After initial training some volunteers choose to remain with one activity, others expand their involvement with Ageing Well and support several activities throughout the week.

Sport England’s Centre of Excellence for Volunteering\(^{30}\) works with a range of funded partners and programmes to give national governing bodies (NGBs) the help and information they need to develop volunteering strategies as part of their whole sport plans. However there currently isn’t an equivalent lead organisation providing guidance and support to leisure providers in using volunteers specifically to facilitate the participation of adult social care clients. In addition there is currently no data on the extent to which providers are using volunteers to work alongside sport and fitness professionals to support social care clients.

### 5.6 Summary

Scoping consultations have identified pockets of innovative practice and investment specifically designed to facilitate the participation of adults in receipt of social care support. Providing more opportunities for sport and physical activity providers to engage local authority social care teams and social care employers to consider the

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\(^{28}\) [http://www.edinburghleisure.co.uk/opportunities-edinburgh-leisure/become-volunteer](http://www.edinburghleisure.co.uk/opportunities-edinburgh-leisure/become-volunteer)

\(^{29}\) Edinburgh Leisure was created in 1998 to manage and develop sport & leisure services on behalf of the City of Edinburgh Council. They are a company limited by guarantee and hold charitable status and were awarded ‘social enterprise’ status in 2010. [http://www.edinburghleisure.co.uk/](http://www.edinburghleisure.co.uk/)

\(^{30}\) [http://www.sportengland.org/support_advice/volunteers/centre_for_volunteering.aspx](http://www.sportengland.org/support_advice/volunteers/centre_for_volunteering.aspx)

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*Sports, leisure and social care: Moving towards a joint workforce development programme*  
*Scoping report*
needs of service users represents a sensible starting point. This can highlight potential areas for within sector and cross-sector coordination and joint investment in order to support increasing numbers of adults to exercise choice and participate in quality sport and physical activity opportunities.

**Recommendations**

- Produce guidance on different approaches used by employers and providers within the SkillsActive footprint to facilitate participation of adult social care recipients in sport and physical activities. This should include universal, customised and targeted services for both group sessions and one-to-one support. The guidance could also cover funding, transport and outreach provision.

- Produce guidance for adult social care brokerage managers/support brokers on how to identify what sport and physical activity opportunities are available in order to guide service users. This should take into account existing and emerging examples of social care e-marketplaces.

- Disseminate a briefing paper to Chief Leisure Officers and Directors of Adult Social Services that highlights the potential shared benefits of using existing leisure centres as a base for adults that have previously attended local authority daycentres.

- Commission a research study to assess the current use of volunteers (including carers) by employers and providers within the SkillsActive footprint to facilitate participation of adults in receipt of social care. The research should inform the production of a guidance document to support the effective use of volunteers as well as different models of using volunteers to work alongside sport and fitness professionals.
6. Promoting Quality

A lack of awareness by many social care professionals of what sport and physical activity opportunities are available to adults in receipt of social care can bring additional challenges in terms ensuring quality of provision. Overly cautious attitudes to risk was reported in many consultations as a strong influencing factor when care providers and care managers are exploring what activities would be suitable to incorporate as part of an individual’s care plan.

Anecdotal evidence highlighted in a number of consultations revealed that some social care professionals were unsure as to how to recognise quality sport and physical activity providers and as such felt uncomfortable with either recommending activities to service users or incorporating activities within individual care plans. This served to limit the choice available to service users as well as reducing participation in a wide range of high quality sport and physical activity provision. Ensuring quality is essential in particular when many adults in receipt of social care may not have participated in sport and physical activity for some time and may lack confidence. A quality first experience can help to maintain regular participation as a key component of an individual’s care plan.

Specific work is required to raise awareness within the adult care sector of existing quality standards used within the sport and physical activity sectors. This would help to provide reassurance regarding the quality of provision and importantly ensure that social care professionals have greater confidence that the activities would support the achievement of the health and social care outcomes included within an individual’s care plan. These quality standards could also be integrated within existing or new brokerage systems to ensure that professionals, carers and service users are able to select a provider that can demonstrate the necessary skills and experience to support the effective and safe participation of adults in receipt of social care.

The National Standards of quality and safety which care services have to meet, and which the Care Quality Commission (CQC) enforces, provide a broad structure within which the sport and physical activity can legitimately contribute (e.g. the inclusion of relevant activities within a personal care plan developed between the service user, carers/family and the care provider). The key elements of the National Standards linked to sports and physical activity include the service user’s involvement in their care
planning, the receipt of care that meets their needs and the expectation that care is delivered by staff with the right skills to do their jobs properly.

Moreover, there is considerable scope within the detail and spirit of CQC’s strategy for 2013 to 201631 and specifically within the expressed desire to work better with partners across health and social care to develop enhanced guidance for and recognition/promotion of the role of sports and physical activity within quality care provision.

6.1 Register of Exercise Professionals/Aquatic Professionals

The Register of Exercise Professionals (REPs)32 and forthcoming Register of Aquatic Professionals (RAPs)33 both provide independent public registers which recognise the qualifications and expertise of health-enhancing exercise and aquatic professionals across the UK. Entry onto either register ensures that the instructor is appropriately qualified and has the knowledge, competence and skills to perform specific roles. Register members are acknowledged for their professionalism, adherence to industry recognised national standards (including National Occupational Standards) and have a commitment to on-going professional development. They are also legally covered to practice by appropriate insurance.

Consequently by seeking out and using REP instructors social care employers and service users can be reassured that the exercise professional is appropriately qualified and skilled in order to perform specific roles and facilitate safe and effective participation in a range of physical activities. REP instructors are also divided into different categories to enable users to select an instructor with specific skills and experience to meet their needs.

Different REP categories can be broadly matched with the differing care needs and abilities which characterise adult social care users (see Figure 6.1 over page). Level 4 REP instructors have specific skills which enable them to work with adults with more complex care needs as part of a targeted and customised offer. Level 3 REP instructors are able to involve adults with less complex care needs in universal mixed-ability classes or to work with them on a one-to-one basis to support their personal goals. Both

31 Raising standards, putting people First, CQC
32 http://www.exerciseregister.org/about-reps/about-reps
33 Currently being piloted http://www.aquaticregister.org/

Sports, leisure and social care: Moving towards a joint workforce development programme
Scoping report

25
Level 4 and Level 3 REPs can also undertake specialist training to support their work with specific audiences including older adults and users with a disability.

Consequently both REPs and RAPs provide an opportunity for the social care sector to promote physical activity opportunities with the confidence that these can be delivered by professional instructors as part of mixed ability group sessions, targeted ability group sessions or through one-to-one sessions34. At the time of writing a new searchable database was in development to enable users to search REP membership on a geographical basis. This will provide a valuable resource for social care professionals and service users and should be promoted through local brokerage teams and by Skills for Care area teams.

Figure 6.1 - Matching REP categories with care needs

![Figure 6.1 - Matching REP categories with care needs](image)

6.2 National Governing Bodies of Sport and sports coach UK

There are 46 Sport England funded National Governing Bodies of Sport (NGBs) with a much longer list of about 200 activities recognised under the sport and physical activity umbrella. Some of these are activities specifically designed for people with disabilities (e.g. wheelchair basketball) whilst others have developed opportunities for people with a range of abilities to play (e.g. swimming and football). Underpinning their work are teaching and coaching qualifications to accredited standards.

The new 2013-17 Whole Sport Plans for NGBs approved by Sport England has a key driver of increasing participation. NGBs are going to develop more inclusive coaching qualifications without specialist sections for the disabled, as some had previously. In future from Level One, teachers and coaches will be qualified to be able to work with people from all backgrounds and abilities.

In addition, sports coach UK recognises that a fully inclusive and skilled coaching workforce will be highly beneficial for their partners to achieve their objectives of increasing participation and improving sporting performances. Some specialist coaching units will be developed in future to supplement those that already exist. For example CP Sport provides 3 hour workshops for those coaches working with Cerebral Palsy sports people.

The National Disability Sport Organisations (NDSOs) are a collection of six sports charities who work closely with Governing Bodies of Sport and other sports partners to develop participation and competition opportunities within sport for people within specific impairment groups. The six NDSOs are Dwarf Sport UK, Mencap Sport, British Blind Sport, UK Deaf Sport, Wheelpower –British Wheelchair Sport and CP Sport (Cerebral Palsy).

Factsheets have been written by the NDSOs along with two further factsheets which have been developed in conjunction with the National Autistic Society which provide coaching awareness around Autism and Asperger Syndrome. An awareness factsheet around ADHD has also been developed.

Similar to the REPs example above, the lower levels of NGB coaching qualifications will be most suitable for those self-caring. More advanced condition specific qualifications will be most appropriate for those with more complex needs or for those who wish to participate in higher levels of competitive sport. These are likely to be short courses developed for specific target audiences (see Figure 6.2 below).
As sports coach UK says “Coaching people with different abilities and goals makes your job or role a whole lot more interesting as you are pushing yourself and your own abilities further. Ensuring that every participant, athlete or player that attends your session, irrespective of their level, receives the same levels of respect and support should be your responsibility as their coach. It is not as daunting as you think. Mostly it involves common courtesy, an open mind and not being afraid to ask the relevant people the relevant questions.”

The development of a more confident and skilled sports coaching workforce can provide reassurance to social team teams regarding the quality of activities provided for service users with additional needs and differing ability levels. As such increased demand for participation can be met with an increased supply of appropriately qualified coaches.

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6.3 Inclusive Fitness Initiative

The Inclusive Fitness Initiative (IFI) is managed by the English Federation of Disability Sport, which is the national body for disabled people in sport and physical activity throughout England\(^{36}\). The IFI Mark is a quality standard which provides leisure facilities (public and private) with recognition of their commitment and provision to the inclusion of disabled people within their service. There are currently 400 IFI Mark accredited gym facilities in England.

Leisure facilities are assessed every 3 years and are accredited at 3 levels to support continuous improvement and to ensure that inclusion is achievable from entry level to excellence. The 3 levels include:

- **Provisional level** - for facilities beginning to consider and work towards meeting the needs of disabled customers.
- **Registered level** - for facilities which are proactive on their journey to be more inclusive and attract disabled customers by providing a better customer experience.
- **Excellent level** - for facilities who demonstrate an outstanding commitment to inclusion reflected in their service provision.

Consequently the IFI Mark provides another mechanism by which the social care sector (commissioners, professionals, employers and service users) can identify facilities that have a commitment to facilitating quality participation of disabled users.

6.4 Quest

Quest is the UK quality scheme for sport and leisure and is designed primarily for the management of leisure facilities and leisure development. There are two models in use as part of the Quest scheme\(^{37}\), namely:

- **The Facility Management (FM) model** - aimed at the management of any facility which provides an activity for customers; public, private, trust and voluntary sector.
- **The Sports Development (SD) model** - aimed at the management of any team

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\(^{36}\) [http://www.efds.co.uk/](http://www.efds.co.uk/)

\(^{37}\) [http://www.questnbs.org/quest-home](http://www.questnbs.org/quest-home)
which provides or facilitates participation in an activity; public, private, trust and voluntary sectors.

Through Quest, staff working within leisure facilities and sports development can access training and development resources across a number of areas to support continuous improvement and quality delivery. These include modules that have direct relevance for providers wishing to support the participation of adults in receipt of social care such as the ‘Access & Equity’ module and ‘Contribution to Health & Wellbeing’ module. These modules provide guidance and examples of best practice that can provide the framework for discussions with the social care sector as well as supporting professional development.

6.5 Voluntary Kitemark for Social Care

Combined the existing quality systems provide coverage of leisure centres (centre-based activity) as well as exercise professionals (centre-based activity and activity delivered across community venues). They also provide a minimum standard that can reassure social care commissioners, employers and service users of the quality that they can expect when accessing providers which have achieved accreditation.

However evidence from scoping consultations indicates low levels of awareness of sport and leisure quality systems within the adult social care sector. Consequently specific work is required to raise levels of understanding of the quality standards in use and to ensure that commissioners, employers and service users know what to look for when selecting which providers they wish to engage to support their participation in sport and physical activity opportunities.

Consideration may also be given to the feasibility of establishing a voluntary kitemark for employers and providers within the SkillsActive footprint committed to delivering excellence and quality services to adult social care service users. This has the potential to drive up quality standards and encourage more service users to engage in activities that have been specifically designed and quality assured to meet their needs.

6.6 Summary

Raising awareness of the quality standards used within the sport and leisure sector can help to alleviate concerns regarding the appropriateness of a wide range of activities available to adults in receipt of social care. Encouraging social care commissioners, employers and service users to seek out these quality standards when selecting which providers to use can encourage more providers commit to minimum quality standards when supporting adults in receipt of social care.
Recommendations

- Work towards strengthening the presence of sports and physical activity values and messages within the quality guidance issued by local authorities and through the inspection regime led by the Care Quality Commission.

- Raise the profile of REPs and NDSOs within adult social care in order to highlight the benefits of using a REPs instructor or accredited coach and to enable social care commissioners and service users to clearly differentiate professional competency.

- Assess the feasibility of establishing a voluntary kitemark for employers and providers within the SkillsActive footprint to demonstrate their commitment to delivering excellence and quality services to adult social care service users. The use of the kitemark would assist social care commissioners, care managers/brokers and service users in selecting providers that adhere to agreed quality standards.
7. Workforce Development Opportunities

The previous sections of this report have provided an overview of a number of development areas that would need to be supported through training and workforce development across both sectors. Given the limited evidence currently available elsewhere through which to inform investment in shared workforce development, this section of the report provides further detail on workforce development opportunities and where possible makes reference to existing practice or planned activities.

7.2 Senior Managers and Commissioners

A key requirement evidenced through the scoping consultations was a need for senior managers from both sectors and commissioners to come together to learn more about how the opportunities for greater joint planning and investment can be taken forward. What is clear is that local authorities are at very different stages of cross-sector dialogue and as such concern has been expressed by some stakeholders that these opportunities may be lost.

Guidance and support would be helpful to frame discussions between sport and leisure providers and the social cares sector. The aforementioned CLOA (2012) paper has provided a helpful starting point although an equivalent briefing paper is required specifically for Directors of Adult Social Services and registered care managers.

In the medium term further consideration is likely to be required as to the improvement framework for both Directors of Adult Social Services and Chief Leisure Officers in order to provide the necessary challenge and support to deliver stronger cross-sector working as well as the monitoring tools to measure change (i.e. increased participation, quality of service, delivery of adult social care outcomes, effective use of budgets). These considerations are beyond the remit of this scoping research but nevertheless could form part of discussions between the two sectors at both a national and local level.

Directors of Adult Social Services, social care employers, Chief Leisure Officers and leisure providers should also consider delivering joint training and information sharing days to their respective workforce. This would provide opportunities for professionals from both sectors to share ideas and build networks thus facilitating a greater understanding of the needs and challenges facing each other in supporting adults in receipt of social care. In addition organisations that provide professional development for leaders and managers within both sectors may also wish to develop new
programmes or amend existing programmes to take account of the themes outlined in this paper.

7.3 **SkillsActive workforce**

Scoping consultations revealed a mixture picture with regards to the uptake of workforce development opportunities relevant for supporting adults within the social care sector. Specific themes emerging from the consultations included:

- a lack of awareness of what training is available
- concern regarding the cost of accessing the training and whether this was a good investment (i.e. was there demand)
- an interest in shadowing fitness professionals/instructors with more experience of working with social care clients.

A survey of REPs members which attracted 261 responses highlighted the myriad of training and qualifications undertaken in order to work with people in receipt of social care (see Appendix 3 for profile of respondents). Areas identified ranged from chair-based exercise, Pilates, exercise referral, EXTEND, postural stability and Zumba Gold as well as more generic training courses including personal training. However, many REPs members also highlighted the value of experience of working with service users and adapting existing skills and knowledge. The usefulness of training to support social care service users is exhibited in Figure 7.1 below.

![Figure 7.1: Usefulness of training accessed to support social care service users](image)

157 of 261 respondents (60%) to the survey identified barriers to accessing training to support their work with social care service users (Figure 7.2) with the cost the major barrier identified.
Examples of training courses which REPs members would like to access in order to work more effectively with people in receipt of social care include:

- Specialist training in mental health, adapting for multiple co-morbidities.
- Some crossover or up-skilling to physiotherapy and/or osteopathic skills and knowledge, without having to commit to a full 4-5 year training course.
- How Pilates can be appropriate for people with particular medical conditions.
- Updates which are aimed at old people (i.e. not over 50 but over 60 through to 100 years or more.
- Exercise for older people and people with mental health problems, people on the autistic spectrum and people with disabilities.
- To have some formal training/qualifications which recognise the experience gained in working with service users with mental health needs and older people and providing some underpinning knowledge.
- How to effectively work with other health care professionals to identify when exercise would be a good form of treatment to support other interventions.

“Most courses run are irrelevant to where I work (i.e. in care/nursing homes/community and sheltered schemes). Most are aimed at personal trainers who work in gyms.”

92% of REPs members surveyed stated that people in receipt of social care want to participate in sports and exercise activities but only 23% of REPs members surveyed stated that people in receipt of social care have the necessary information to make an informed choice about potential sports and exercise.

The production of a simple guidance document which outlines the range of training and professional development opportunities relevant for working with adults in receipt of social care would help leisure managers and individual instructors to address identified
workforce development needs. This could include information on exercise based qualifications for instructors (i.e. low impact activities) as well as awareness training related to specific conditions (i.e. supporting people with dementia or working with people with mental health difficulties) that would be relevant for both instructors and front of house leisure centre staff.

Where appropriate the providers may consider approaching local service user groups who may welcome the opportunity to deliver awareness training to staff from sport and leisure providers (e.g. Dementia and Parkinson’s awareness training was in particular highlighted in the survey of REP members). This approach can deliver a number of benefits including reducing the cost of training for providers as well as enabling them to establish links with local service user groups who at the same time can learn more about the range of sport and physical activity opportunities available in their area.

In some areas leisure providers have jointly purchased training opportunities in order to share the cost. This suggests that there is a potential role for County Sport Partnerships (CSPs) who already provide this co-ordinated training role for some sports working with Chief Leisure Officers to identify shared training needs across local authority areas and then jointly commission training providers.

Confidence was identified as an important factor by exercise professionals for working with social care clients that may have a range of additional needs. Although completing relevant training opportunities represents an important step in providing professionals with skills and knowledge many highlighted a desire for work experience or placements to gain their confidence of working with specific groups. With nearly 30,000 members REPs provides an extensive resource for supporting peer learning and sharing of practice. Consideration could be given to leveraging the value of the REPs professional network by including information as to whether individual members would be willing to mentor or coach other members in order to transfer learning and professional experience around working with adults in receipt of social care.

Consideration may also be given to introducing a new additional category to the REP qualifications that specifically covers working with the social care sector. This may cover working directly with service users but also approaches to working with the social care

38 SkillActive has an online catalogue of providers which can be accessed at http://shop.skillsactive.com/index.php?dispatch=categories.view&category_id=41
workforce (including support workers, personal assistants and carers) as well as methods of engaging with service users to seek feedback in order to shape future delivery. Wigan Leisure and Culture Trust have already produced guidance on how exercise professionals and support workers can work in partnership to support the participation of adults with additional needs (see Appendix 2).

7.4 Social Care workforce
The social care workforce is not a homogenous group. As such any coordinated approach to meeting workforce development needs to identify the specific needs of different groups within the workforce.

7.4.1 Care Managers/Local Authority Social Care Teams
The inclusion of information on the benefits of participation in sport and physical activity as part of training for registered care managers, within local authority social care induction training and through existing social care team meetings provides a sensible starting point.

Care Managers could also ensure that sport and physical activity is incorporated as a mandatory question/discussion as part of care assessments and care plans. This will help to ensure that service users are advised on the benefits of participation and the availability of local opportunities that may be appropriate as part of an individual’s care plan.

The feasibility of developing a specific unit within social care apprenticeship frameworks could be explored which could develop knowledge of the benefits and application of ‘non-traditional/non-mainstream’ activities including sports and physical activity and promote the longer term acceptance of such activities within social care.

7.4.2 Activity Coordinators
A survey 51 Activity Coordinators registered with the National Association of Providers of Activities for Older People revealed that:

- 42% of Activity Coordinators know what opportunities are available in their local area for service users to participate in sport and physical activities
- 73% of Activity Coordinators stated that they have sufficient information about the benefits of their service users engaging in sport and physical activities
- 20% of Activity Coordinators have had any contact from staff from local leisure centres or local sports clubs and associations.
Activity Coordinators highlighted a range of barriers that may prevent the engagement of service users in sports and exercise activity. The overwhelming majority stated that the physical ability of service users to get involved was the main barrier with either service users lacking confidence/motivation or care staff recognising their service users’ limited scope for involvement.

The majority of Activity Coordinators would welcome support from sports and exercise professionals to increase participation amongst service users under their care with calls for greater engagement in order to inform the activities delivered in residential settings. There were specific calls for guidance in encouraging participation amongst service users with specific care needs (e.g. very old people) alongside calls for taster sessions to inform both activities and training needs.

Examples of training courses and resources which Activity Coordinators would like to access in order to help them promote and facilitate participation in sport and physical activity with their service users included:
- a DVD for the care home to show / play to the service users in order to show how to participate in the physical activity
- guidance, including events/seminars, for staff to deliver more regularly the minimal physical exercise that elderly people should take part in
- training in suitable seated exercise like arm chair yoga
- guidance in undertaking activities with the frail and people with dementia
- guidance in the use of Therabands
- online and attending at courses/training.

Personal Assistants
The seven common core principles to support self-care, drawn up by Skills for Care and Skills for Health, were published by the Department of Health in 2008. They are designed to help health and social care professionals support people to live independently, stay healthy and make the most of their lives by managing long-term conditions and other needs. The principles are:

39 http://www.skillsforcare.org.uk/selfcare/
1 Ensure individuals are able to make informed choices to manage their self-care needs.
2 Communicate effectively to enable individuals to assess their needs, and develop and gain confidence to self-care.
3 Support and enable individuals to access appropriate information to manage their self-care needs.
4 Support and enable individuals to develop skills in self-care.
5 Support and enable individuals to use technology to support self-care.
6 Advise individuals how to access support networks and participate in the planning, development and evaluation of services.
7 Support and enable risk management and risk-taking to maximise independence and choice.

One of the concerns raised by sport and physical activity providers was the extent to which PAs were aware of the opportunities available for individuals to participate in sport and physical activity and the extent to which risk management could be addressed effectively through qualified instructors and coaches.

In light of the increasing number of service users electing to employ a PA then consideration may be given to assessing the practicality of delivering training for PAs on the availability of local sport and physical activity opportunities and their potential role in facilitating participation. This may be provided as part of their induction training and could also include information on what training is available for PAs wishing to learn new skills that can be promoted to clients (i.e. allowing service users to select a PA with a specific interest in sport and physical activity and training to facilitate their participation).

This can help to move PAs away from a task-based approach that employs ‘core care skills’ to working in new, creative and person-centred ways which empowers clients to participate in a range of activities which can improve their health, quality of life and meet their personal aspirations.

7.4.3 Carers
There are almost seven million carers in the UK and over the next 30 years the number of carers will increase by 3.4 million (around 60%)40. Carers provide an integral part of

40 [http://www.carers.org/key-facts-about-carers](http://www.carers.org/key-facts-about-carers)
efforts to encourage and facilitate adults in receipt of social care to participate in sport and physical activity.

Simple guidance could be provided for carers on how they can support people in their care to participate in sport and physical activity. This could include examples of the range of opportunities available for people with different interests and differing ability levels. The guidance could also include information on opportunities to volunteer and to receive training to lead and/or support sessions in the community.

**Recommendations**

**Cross-Sector Strategic Level**

- Adult social care commissioners to host facilitated workshops involving employers/providers within the SkillsActive footprint, local authority social care teams, social care employers and service user groups to discuss approaches to joint investment and shared planning to increase the number of adults in receipt of social care participating in sport and physical activities.

**SkillsActive footprint**

- Liaise with County Sport Partnerships / Chief Leisure Officers to cluster training opportunities for employers and providers in order to reduce costs per organisation/individual.
- Produce guidance in accessible formats (e.g. YouTube, DVDs etc.) for REP Instructors on working with Personal Assistants and/or carers to facilitate service user participation.
- Review the existing REPs and RAPs Continual Professional Development opportunities and consider including additional modules for working with specific service user groups (both on a one-to-one basis and as part of group sessions).
- Consider amending the REPs and RAPs Directory to include information as to whether REP members would be willing to mentor or coach other members in order to transfer learning and professional experience around working with adults in receipt of social care.
- Provide a guidance document for employers/providers within the SkillsActive footprint on relevant training opportunities for supporting the participation of adults in receipt of social care. This should include training and professional development for instructors, front of house staff, managers and volunteers. Where appropriate this should also consider approaching local service user groups to provide training and professional development input.

**Social Care**
Care Managers/Area Teams
- Assess the feasibility of developing a specific module with social care apprenticeship frameworks which will development knowledge of the benefits of ‘non-traditional / non-mainstream’ activities including sports and physical activity and promote the longer term acceptance of such activities within social care.
- Include information on the benefits of participation in sport and physical activity as part of training for registered care managers, local authority social care induction training and through existing social care team meetings.
- Ensure that sport and physical is incorporated as a mandatory question/discussion as part of care assessments and care plans.

Activity Coordinators
- Build on evaluation and good practice emanating from existing pilots / workforce development activities aimed at upskilling Activity Coordinators in acknowledging the benefits of sports and physical activity and identifying suitable/available options (e.g. QCF (NVQ) Level 3 Certificate in Activity Provision in Social Care).

Personal Assistants
- Assess the practicality of delivering training for PAs on the availability of local sport and physical activity opportunities and their potential role in facilitating participation. This should also include what training is available for PAs wishing to learn new skills that can be promoted to clients.
- Assess the feasibility of incorporating knowledge of the value/complementarity of and access to sports and physical activities to complement the ‘core care skills’ which form the bulk of the workload at the moment.

Carers
- Provide guidance for carers on how they can support people in their care to participate in sport and physical activity. This should include information on opportunities to volunteer and receive training to lead and/or support sessions.
8. Recommendations

A summary of the key recommendations for consideration by Skills for Care and SkillsActive, categorised across the broad headings of Strategic & Operational Development, Advice and Guidance and Research and Development, is provided below. Recommendations that the research team consider should be afforded priority are presented in bold:

<table>
<thead>
<tr>
<th>STRATEGIC &amp; OPERATIONAL DEVELOPMENT</th>
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<tbody>
<tr>
<td>Realising Potential</td>
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<tr>
<td>1. Deliver workshop sessions with key strategic partners to consider the themes emerging from this scoping research and reach consensus as to a way forward.</td>
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<tr>
<th>Workforce Development</th>
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<tr>
<td>Cross-Sector</td>
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<tr>
<td>2. Adult social care commissioners to host facilitated workshops involving employers/providers within the SkillsActive footprint, local authority social care teams, social care employers and service user groups to discuss approaches to joint investment and shared planning to increase the number of adults in receipt of social care participating in sport and physical activities.</td>
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| SkillsActive footprint                |
| 3. Liaise with County Sport Partnerships / Chief Leisure Officers to cluster training opportunities for employers and providers in order to reduce costs per organisation/individual. |

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<th>Social Care</th>
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<tr>
<td>Care Managers/Area Teams</td>
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<tr>
<td>4. Ensure that sport and physical is incorporated as a mandatory question/discussion as part of care assessments and care plans.</td>
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</table>
ADVICE AND GUIDANCE

Raising Demand
5. Produce a guidance paper for employers and providers within the SkillsActive footprint that provides an overview of the structure of the social care sector and approaches to increasing demand for participation from adults in receipt of social care.

6. Produce a series of briefing papers which outline the benefits of participating in sport and physical activity including the contribution to adult social care outcomes. These should be tailored for each audience which could include local authority social care teams, social care providers, carers, personal assistants and service users.

ADVICE AND GUIDANCE

Facilitating Participation
7. Produce guidance on different approaches used by employers and providers within the SkillsActive footprint to facilitate participation of adult social care recipients in sport and physical activities. This should include universal, customised and targeted services for both group sessions and one-to-one support. The guidance could also cover funding, transport and outreach provision.

8. Produce guidance for adult social care brokerage managers/support brokers on how to identify what sport and physical activity opportunities are available in order to guide service users. This should take into account existing and emerging examples of social care e-marketplaces.

9. Disseminate a briefing paper to Chief Leisure Officers and Directors of Adult Social Services that highlights the potential shared benefits of using existing leisure centres as a base for adults that have previously attended local authority daycentres.

Promoting Quality
10. Work towards strengthening the presence of sports and physical activity values and messages within the quality guidance issued by local authorities and through the inspection regime led by the Care Quality Commission.

11. Raise the profile of REPs and NDSOs within adult social care in order to highlight the benefits of using a REPs instructor or accredited coach and to enable social care commissioners and service users to clearly differentiate professional competency.
Workforce Development

**SkillsActive footprint**

12. Produce guidance in accessible formats (e.g. YouTube, DVDs etc.) for REP Instructors on working with Personal Assistants and/or carers to facilitate service user participation.

13. Provide a guidance document for employers/providers within the SkillsActive footprint on relevant training opportunities for supporting the participation of adults in receipt of social care. This should include training and professional development for instructors, front of house staff, managers and volunteers. Where appropriate this should also consider approaching local service user groups to provide training and professional development input.

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**Social Care**

*Care Managers/Area Teams*

14. Include information on the benefits of participation in sport and physical activity as part of training for registered care managers, local authority social care induction training and through existing social care team meetings.

**Activity Coordinators**

15. Build on evaluation and good practice emanating from existing pilots / workforce development activities aimed at upskilling Activity Coordinators in acknowledging the benefits of sports and physical activity and identifying suitable/available options (e.g. QCF (NVQ) Level 3 Certificate in Activity Provision in Social Care).

**Carers**

16. Provide guidance for carers on how they can support people in their care to participate in sport and physical activity. This should include information on opportunities to volunteer and receive training to lead and/or support sessions.

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**RESEARCH AND DEVELOPMENT**

**Raising Demand**

17. Commission a small number of pilots which focus on raising levels of participation for adults in receipt of social care. The pilots should cover different service user groups (e.g. mental health, physical disability, learning difficulty, dementia) across a number of settings (residential, day, community care, domiciliary).
Facilitating Participation
18. Commission a research study to assess the current use of volunteers (including carers) by employers and providers within the SkillsActive footprint to facilitate participation of adults in receipt of social care. The research should inform the production of a guidance document to support the effective use of volunteers as well as different models of using volunteers to work alongside sport and fitness professionals.

Promoting Quality
19. Assess the feasibility of establishing a voluntary kitemark for employers and providers within the SkillsActive footprint to demonstrate their commitment to delivering excellence and quality services to adult social care service users. The use of the kitemark would assist social care commissioners, care managers/brokers and service users in selecting providers that adhere to agreed quality standards.

Workforce Development
SkillsActive footprint
20. Review the existing REPs and RAPs Continual Professional Development opportunities and consider including additional modules for working with specific service user groups (both on a one-to-one basis and as part of group sessions).
21. Consider amending the REPs and RAPs Directory to include information as to whether REP members would be willing to mentor or coach other members in order to transfer learning and professional experience around working with adults in receipt of social care.
Social Care

Care Managers/Area Teams
22. Assess the feasibility of developing a specific module with social care apprenticeship frameworks which will development knowledge of the benefits of ‘non-traditional / non-mainstream’ activities including sports and physical activity and promote the longer term acceptance of such activities within social care.

Personal Assistants
23. Assess the practicality of delivering training for PAs on the availability of local sport and physical activity opportunities and their potential role in facilitating participation. This should also include what training is available for PAs wishing to learn new skills that can be promoted to clients.

24. Assess the feasibility of incorporating knowledge of the value/complementarity of and access to sports and physical activities to complement the ‘core care skills’ which form the bulk of the workload at the moment.
## Appendix 1 - List of consultations

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<td>Active Newham</td>
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<td>Amateur Swimming Association</td>
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<td>Cerebral Palsy Sport</td>
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<td>Chief Cultural &amp; Leisure Officers Association</td>
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## Organisation

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- Leeds City Council
- Leeds City Council
- Leicester and Rutland CSPN
- Level Water
- Live Active Leisure
- London Borough of Greenwich
- London Borough of Hackney
- National Care Association
- National Skills Academy for Social Care
- North Tyneside Council
- North Tyneside Council
- Ottaway Strategic Management Ltd
- Pioneering Care Partnership
- Register of Exercise Professionals
- Register of Exercise Professionals
- Register of Exercise Professionals
- Sandwell Leisure Trust
- Sandwell MBC
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- SkillsActive
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- Skills for Care
- Sport England
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Active Choices - Supporting Healthier Lifestyles

Active Choices is delivered by Wigan Leisure and Culture Trust’s Active Living Team. We provide a diverse programme available to all adults with a learning disability, physical disability or those who experience a mental health problem. The aim of Active Choices is to improve access and choice, to get more people physically active in the borough.

As a support worker you also have a role in encouraging the people you work with in making positive changes, and together we can help people to lead a healthier life. This document clarifies how we can make this partnership work.

We promise …

- To provide a wide range of diverse, low cost physical activity opportunities across the borough.
- To make it easy for you to contact us either by phone or email.
- To support people access the Profile gyms, other Active Living Sessions, WLCT Sports Development activities or clubs within the community, if the participant chooses.
- To support participants in becoming volunteers in Active Living to help develop their skills, if they wish to do so.
- To listen to feedback and to continually improve or develop the service to meet the needs of the participants.
- To consult with our partners and participants when planning new activity sessions.
- To provide workshops to help you support people to become more active.

What we ask of you …

- To encourage and support your client(s) to come along to the sessions we deliver.
- To lead by example and actively take part in the sessions to help your client be confident in a new activity and get the most out of the activity. Then step aside when your client(s) is ready to increase their independence, (you may want to continue to join in as this is a good thing for you too!)
o To inform the instructor before the session if your client has any pre-existing conditions that may affect your client’s ability to take part in physical activity, by completing a medical screening form.

o To keep up to date with the activities and events that Active Living has to offer.

o To provide feedback and suggestions to help us to further develop and improve the service we provide and tell us when your client no longer wants to attend a session. We can work together to find a more suitable activity for them.

o To lead by example by living a healthy and active life while you are supporting your client(s).

o Keep the good work going and ensure your client(s) stay active outside of the Active Choice sessions.
### Appendix 3 - REPs Survey (Selected Results)

#### REPs Categories Worked in

<table>
<thead>
<tr>
<th>Level</th>
<th>No.</th>
<th>%</th>
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<tbody>
<tr>
<td>Level 2 (i.e. gym, exercise to music, aqua, physical activity for children)</td>
<td>86</td>
<td>27</td>
</tr>
<tr>
<td>Level 3 (i.e. fitness instructor / personal trainer, advanced exercise to music, exercise referral, EMDP, yoga, pilates)</td>
<td>190</td>
<td>60</td>
</tr>
<tr>
<td>Level 4 (i.e. cardiac disease, falls prevention, stroke, mental health, back pain, obesity/diabetes, chronic respiratory disease, cancer rehabilitation, long term neurological conditions, accelerated rehabilitation (military only))</td>
<td>40</td>
<td>13</td>
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<tr>
<td></td>
<td>316</td>
<td>100</td>
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#### Service Users REPs Members Work With

![Bar chart showing service users REPs members work with](chart.png)

- Older people: 66%
- People with physical disabilities: 48%
- People with mental health problems: 29%
- People with learning disabilities: 26%
- People with sensory impairment: 21%
- Families: 20%
- Others: 19%
- People with dementia: 15%
- Carers: 15%
- People with autistic spectrum disorder: 9%
- People who misuse drugs/alcohol: 9%