

ACTIVE NORFOLK DISABILITY AND LONG-TERM CONDITIONS FRAMEWORK



2021

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FOREWORD

A recent study by Public Health England has shown that people with disabilities are twice as likely to be inactive as those without disabilities. This alarming statistic indicates that society has a long way to go to equalise exercise opportunities for all.

This Disability and Long-term Conditions Framework is therefore a vitally important resource to ensure that Norfolk's organisations are accessible and appealing to everyone. Active Norfolk, key stakeholders, and people with disabilities in Norfolk can work together to create more opportunities to be active and feel included.

Ben Jones
Director, Active Norfolk



INTRODUCTION

Active Norfolk has developed the **Disability and Long-term Conditions Framework** to support future decisions in disability-specific physical activity in Norfolk to be based on evidence and best practice. It aims to increase the participation of individuals with disabilities and long-term conditions of all ages by improving access and reducing barriers to physical activity.

It aligns with our **Active Norfolk 2016 – 2021 Strategy** and key stakeholder strategies such as Norfolk County Council,^{*} Public Health England^{*} and Sport England^{*} to accomplish common goals. We want this document to be utilised internally by our team and externally by stakeholders. Organisations can analyse their own strategies with the Action Plan Resource and their sector's key recommendations guidelines.^{**}

The document provides the reader background information about why we need to improve physical activity, how we can do this by addressing the key focus areas, and then a set of outcomes we aim to achieve.

We have narrowed our focus to six key areas including accessibility, participation, quality of service, marketing and communications, representation, and collaboration. These key focus areas are based on research and consultation with local organisations and individuals.

We look forward to supporting and working with Norfolk organisations to turn this strategy into action.

DISABILITY¹

In this framework, we define disability as the restricted ability to participate in physical activity due to a health condition or impairment and the surrounding physical or social environment. This includes but is not limited to long-term conditions, mental health conditions, physical, intellectual, and sensory disabilities, and it allows us to be more inclusive in our work.

LONG-TERM CONDITIONS

There is not a universal agreement on what conditions are considered long-term conditions.² In our framework, we use the same definition as Sport England³, which includes but is not limited to cancer, hypertension, diabetes, arthritis, and dementia to support continuity.

* = a resource demonstrating the links is available on our website at www.activenorfolk.org under the 'Disability Framework' tab

** = these key recommendations guidelines are available on our website at www.activenorfolk.org under the 'Disability Framework' tab

1 - World Health Organization. (2019). International Classification of Functioning, Disability and Health (ICF). [online] Available at: <https://www.who.int/classifications/icf/en/>

2- Bernell, S. and Howard, S. (2016). Use Your Words Carefully: What Is a Chronic Disease?. *Frontiers in Public Health*, 4.

3 - Sport England (2018). Mapping Disability The Facts. [online]. Available at: <https://www.sportengland.org/media/3988/mapping-disability-the-facts.pdf>

NORFOLK DISABILITY AND LONG-TERM CONDITIONS DEMOGRAPHICS

The definitions of disability and long-term conditions vary among research sources. To avoid misinformation, we did not include these statistics. We recognise that we need to research this further in the future.

We know via statistics that the targeted population is not as physically active as the national average.⁹ To promote equality, improve overall health in Norfolk, and reduce health spending, we need to focus on this underrepresented population.

ENGLAND³

17.6%

of the population has a disability⁵

55%

Female

45%

Male

ALMOST 70%

Aged over 50

ALMOST 3 OUT OF 4

people with disabilities have more than one impairment

The number of **MULTIPLE CONDITIONS** people have increases with age

Long-term conditions take

70% OF THE HEALTH SERVICE BUDGET⁴

NORFOLK

20.1%

of the population has a disability⁵

It is predicted that there will be **130,000**

more people with disabilities by 2035^{6,7}

HIGH BLOOD PRESSURE and **HEART DISEASE** or **DIABETES** are the conditions that **MOST COMMONLY** occur together⁸

MENTAL HEALTH DISORDERS are a leading cause of ill-health in Norfolk⁸

3 – Sport England (2018). Mapping Disability The Facts. [online]. Available at: <https://www.sportengland.org/media/3988/mapping-disability-the-facts.pdf>

4 – NHS (2014). Five Years Forward View. [online]. Available at: <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

5 – Norfolk County Council (2014). Life Opportunities Study. Available at: <https://www.gov.uk/government/statistics/life-opportunities-survey-wave-one-results-2009-to-2011>

6 – PANSI (2010). Available at: <http://www.pansi.org.uk/>

7 – POPPI (2012). Available at: <http://www.poppi.org.uk/>

8 – Norfolk County Council (2018). Director of Public Health Annual Report. [online]. Available at: www.Norfolk.gov.uk/norfolklivingwell

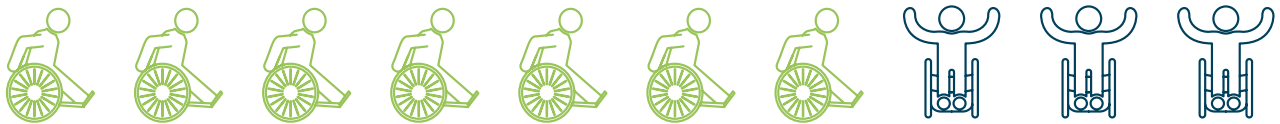
9 – Activity Alliance (2013). Disabled People's Lifestyle Report: September 2013. Available at: www.activityalliance.org.uk/how-we-help/research/1873-disabled-peoples-lifestyle-report-september-2013



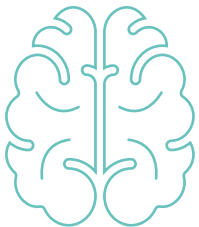
DISABILITY AND LONG-TERM CONDITIONS PHYSICAL ACTIVITY STATISTICS



7 IN 10 PEOPLE with disabilities want to participate more in sport and physical activity⁹



7 IN 10 PEOPLE with disabilities have not taken part in any physical activity in the last month compared to 5 in 10 adults without disabilities⁹



PSYCHOLOGICAL BARRIERS

are the biggest factors that prevent participation⁹

Other barriers to physical activity include: accessibility, money, emotional barriers, interpretation of regulations, information related barriers, training issues, stigma, and resource availability^{9,11}



HIGHEST RATES OF DISABILITY

are often in areas with the highest levels of physical inactivity¹²



People with disabilities are **HALF AS LIKELY** as people without disabilities to be active¹²

4TH

LARGEST risk factor for disability and disease is physical inactivity¹³

9 – Activity Alliance (2013). Disabled People's Lifestyle Report: September 2013. Available at: www.activityalliance.org.uk/how-we-help/research/1873-disabled-peoples-lifestyle-report-september-2013

10 – Sport England (2016). Active People Survey. Available at: https://www.sportengland.org/media/3388/active-people-survey-6_technical-report_final.pdf

11 - Rimmer, J., Riley, B., Wang, E., Rauworth, A. and Jurkowski, J. (2004). Physical activity participation among persons with disabilities: Barriers and facilitators. American Journal of Preventive Medicine, 26(5), pp.419-425.

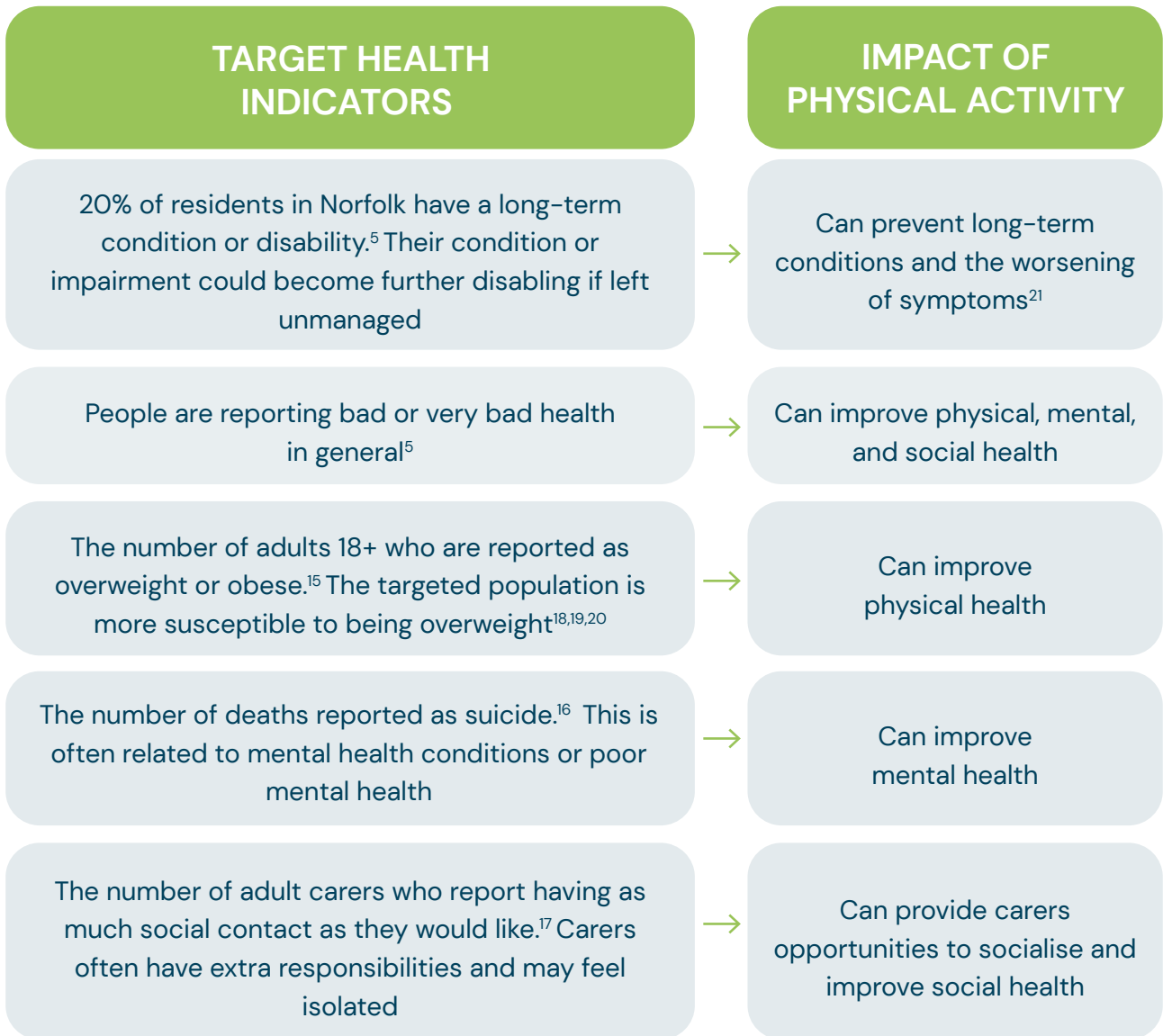
12 - Public Health England (2014). Everybody Active, Every Day: An Evidence-based Approach to Physical Activity. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/374914/Framework_13.pdf

13 - Murray et al. (2013). UK health performance: findings of the Global Burden of Disease Study 2010. The Lancet, 381, pp.997-1020.



TARGET HEALTH INDICATORS

Norfolk is currently performing worse than approximately 75% of the other counties in England for these key health indicators. By increasing people with disabilities and long-term conditions' participation in physical activity we can potentially improve these indicators.



5 - Office for National Statistics 2011 Census; 15 - Sport England (2013 - 2015). Active People Survey; 16 - Public Health England (2012 - 2015). ON Source Data; 17 - NHS (2015 - 2016). Digital, Personal, Social Services of Adult Carers in England.; 18- Chen, A., Kim, S., Houtrow, A. and Newacheck, P. (2010). Prevalence of Obesity Among Children With Chronic Conditions. *Obesity*, 18(1), pp.210-213. 19 - Liou, T., Pi-Sunyer, F. and Laferrere, B. (2005). Physical Disability and Obesity. *Nutrition Reviews*, 63(10), pp.321-331.; 20 - de Winter, C., Bastiaanse, L., Hilgenkamp, T., Evenhuis, H. and Echteld, M. (2012). Overweight and obesity in older people with intellectual disability. *Research in Developmental Disabilities*, 33(2), pp.398-405.; 21 - Booth, F., Roberts, C. and Laye, M. (2012). Lack of Exercise is a major cause of chronic diseases. *Comprehensive Physiology*, 2(2).

IMPROVING NORFOLK

By removing barriers, increasing access, and supporting participation of people with disabilities and long-term conditions in activities, Active Norfolk plans to make a real difference to individuals and communities across the county. Below is a hypothetical example of how increased participation in physical activity may positively impact Norfolk.



Norfolk is Performing Low on Target Health Indicators^{14,15,16,17}

Remove Barriers to Activities and Support the Targeted Population^{22,23,24}

More People in the Targeted Population can be Active²⁴

Active People Report Better Health²⁵

Norfolk Potentially Performs Better on Target Health Indicators

Reduced Demand and Cost for Health and Social Services^{4,12}

Reduced Strain on Services and Public Savings^{4,12}

4.NHS (2014). Five Years Forward View. [online]. Available at: <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>; 12.Public Health England (2014). Everybody Active, Every Day: An Evidence-based Approach to Physical Activity. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/374914/Framework_13.pdf; 14.Office for national statistics, Census 2011; 15.Sport England (2013 - 2015). Active People Survey; 16.Public Health England (2012 – 2015). ON Source Data; 17.NHS (2015 – 2016). Digital, Personal, Social Services of Adult Carers in England; 22.Shields, N., Synnot, A.J. and Barr, M., 2012. Perceived barriers and facilitators to physical activity for children with disability: a systematic review. Br J Sports Med, 46(14), pp.989-997.; 23.Martin, J.J., 2013. Benefits and barriers to physical activity for individuals with disabilities: a social-relational model of disability perspective. Disability and rehabilitation, 35(24), pp.2030-2037.; 24.Martin Ginis, K.A., Ma, J.K., Latimer-Cheung, A.E. and Rimmer, J.H., 2016. A systematic review of review articles addressing factors related to physical activity participation among children and adults with physical disabilities. Health psychology review, 10(4), pp.478-494.; 25.Powell, K.E., Paluch, A.E. and Blair, S.N., 2011. Physical activity for health: What kind? How much? How intense? On top of what?. Annual review of public health, 32, pp.349-365.

KEY FOCUS AREAS

Targeted areas recognised in research and by the Norfolk community that organisations can positively influence.



ACCESSIBILITY

Remove the physical barriers that people with disabilities and long-term conditions face when trying to participate in physical activity.

PARTICIPATION

Advocate the benefits of physical activity and promote engagement by working with individuals with disabilities and long-term conditions and non-traditional partners. Non-traditional partners include, but are not limited to, healthcare professionals, social prescribers, and carers.

QUALITY OF SERVICE

Ensure that physical activity providers and organisations have a trained workforce that possess skills to engage with the targeted population, provide a welcoming environment, and offer various options for participation. Provide the workforce opportunities for continuous professional development.

MARKETING AND COMMUNICATIONS

Ensure the communication methods that we use are physically and electronically accessible, provide sufficient information, and reach our target audience.

REPRESENTATION

Ensure the views of people with disabilities and long-term conditions are represented at board level, in our research, and in our programming.

COLLABORATION

Facilitate opportunities to collaborate, build inter-disciplinary networks, and develop the sustainability of physical activity. Utilise collaboration among various sectors such as physical activity, disability, and health to achieve common goals.





ACCESSIBILITY

Remove the physical barriers that people with disabilities and long-term conditions face when trying to participate in physical activity.

WHAT DOES THE RESEARCH TELL US?

Accessible building designs should be considered at the beginning of planning^{*26,27,28}

Transportation can be a barrier for the targeted population. Organisations should provide specific parking instructions and details about nearby accessible transportation^{*26,27}

There is a wide variety of adaptive sport and physical activity equipment available. Participation in adaptive sports helps individuals feel less stigmatised and it promotes better well-being^{*29,30,31,32}

Two-thirds of the targeted population depend on financial assistance to be active, but the fear of losing benefits is stopping almost half from becoming more active^{*33}

WHAT DO OUR STAKEHOLDERS TELL US?

- There is a lack of public transport, especially in rural areas of Norfolk
- The targeted population often may not be able to use public transport independently or may have difficulty affording it
- Individuals and organisations want physical activity to come to them
- Individuals are confused if they can use personal independent payments (PIP) for physical activities and they are concerned it may be taken away from them if they improve
- Organisations want to offer more adaptive sports and equipment, but do not know what to purchase, where to get it, or the equipment is too expensive*

WHAT DO WE NEED TO DO?

- Improve design of infrastructure to support access in and around facilities
- Facilitate participation by providing options for equipment, location, transportation, and payment
- Inform and spread awareness of accessibility and payment measures

* = an online resource with more information is listed on our website at www.activenorfolk.org under the 'Useful Disability Resources' tab

26.Hull, D. (2014). Provision for Sport for those with a Disability. Available at: http://www.niassembly.gov.uk/globalassets/documents/raise/publications/2014/culture_arts_leisure/14214.pdf; 27.Sportanddev.org. Sport and adapted physical activity (APA) | sportanddev.org. [online] Available at: <https://www.sportanddev.org/en/learn-more/disability/sport-and-adapted-physical-activity-apa-0>; 28.Nda. Make your buildings more accessible | The National Disability Authority. [online] Available at: <http://nda.ie/Resources/Accessibility-toolkit/Make-your-buildings-more-accessible/>; 29.Disabled Sports USA. Adaptive Equipment - Disabled Sports USA. [online] Available at: <https://www.disabledsportsusa.org/sports/adaptive-equipment/>; 30.Activityalliance.org.uk. Inclusive Fitness Initiative | Programmes | Activity Alliance. [online] Available at: <http://www.activityalliance.org.uk/how-we-help/programmes/65-inclusive-fitness-initiative/>; 31.Lundberg, N.R., Taniguchi, S., McCormick, B.P. and Tibbs, C., 2011. Identity negotiating: Redefining stigmatized identities through adaptive sports and recreation participation among individuals with a disability. *Journal of Leisure Research*, 43(2), pp.205-225; 32.Yazicioglu, K., Yavuz, F., Goktepe, A.S. and Tan, A.K., 2012. Influence of adapted sports on quality of life and life satisfaction in sport participants and non-sport participants with physical disabilities. *Disability and Health Journal*, 5(4), pp.249-253; 33. Activity Alliance. (2018). The Activity Trap: Disabled people's fear of being active. Available at: <http://www.activityalliance.org.uk/how-we-help/research/4404-the-activity-trap-benefits-or-being-fit>

PARTICIPATION

Advocate the benefits of physical activity and promote engagement by working with individuals with disabilities and long-term conditions and non-traditional partners. Non-traditional partners include, but are not limited to healthcare professionals, social prescribers, and carers.

WHAT DOES THE RESEARCH TELL US?

The target population often faces the following barriers: perceptions of own ability, resistance to change, logistics, and support when they get there^{34,35,36}

Negative experiences or a lack of early experiences in physical activity may lead to a lack of interest in later life^{* 22,27,38,39}

The targeted population is more likely to be physically active if a healthcare professional recommends it^{*40}

There should be options for the targeted population to participate in activities with people with and without the same disability, backgrounds and genders⁹

WHAT DO OUR STAKEHOLDERS TELL US?

- The targeted population believes their symptoms will become worse instead of better
- Individuals never viewed themselves as “sporty” and do not think they are capable
- Individuals vary in their desire to participate in activities with individuals of a similar disability
- Individuals feel healthcare professionals are not talking to them about physical activity
- Organisations want to support more participants from the targeted population

WHAT DO WE NEED TO DO?

- Decrease the social, physical, and psychological barriers that individuals with disabilities and long-term conditions face
- Increase awareness of the importance and benefits of physical activity to the targeted population, their family members, and their carers
- Promote physical activity as fun and achievable for everyone

* = an online resource with more information is listed on our website at www.activenorfolk.org under the ‘Useful Disability Resources’ tab

9.Activity Alliance (2013). Disabled People’s Lifestyle Report: September 2013. Available at: [HYPERLINK "http://www.activityalliance.org.uk/how-we-help/research/1873-disabled-peoples-lifestyle-report-september-2013"](http://www.activityalliance.org.uk/how-we-help/research/1873-disabled-peoples-lifestyle-report-september-2013) www.activityalliance.org.uk/how-we-help/research/1873-disabled-peoples-lifestyle-report-september-2013; 22.Shields, N., Synnot, A.J. and Barr, M., 2012. Perceived barriers and facilitators to physical activity for children with disability: a systematic review. *Br J Sports Med*, 46(14), pp.989-997; 27.Sportanddev.org. Sport and adapted physical activity (APA) | sportanddev.org. [online] Available at: <https://www.sportanddev.org/en/learn-more/disability/sport-and-adapted-physical-activity-apa-0>; 34.Activity Alliance. (2014). Motivate Me: May 2014. Available at: <http://www.activityalliance.org.uk/how-we-help/research/1874-motivate-me-may-2014>; 35.English Federation of Disability Sport. (2012). Understanding the Barriers to Participation in Sport. Available at:http://www.activityalliance.org.uk/assets/000/000/807/Understanding_the_barriers_to_participation_20120510_original.pdf?1473697192; 36.Richmond Group. (2016). People with long-term conditions and attitudes towards physical activity. Available at: https://richmondgroupofcharities.org.uk/sites/default/files/richmond_group_debrief_final_1.pdf; 38.Youth Sport Trust. (2014). Disability Sport in School Survey Infographic. Available at: https://3113bd565d2f8d649361-a9ae00dd0e64385bd82d92fba68e6c40.ssl.cf3.rackcdn.com/images/2014/07/Disability_sport_in_schools_2.jpg; 39.Carroll, D.D., Courtney-Long, E.A., Stevens, A.C., Sloan, M.L., Lullo, C., Visser, S.N., Fox, M.H., Armour, B.S., Campbell, V.A., Brown, D.R. and Dorn, J.M., 2014. Vital signs: disability and physical activity—United States, 2009–2012. *MMWR. Morbidity and mortality weekly report*, 63(18), p.407; 40.Naccho (2016). Five Steps for Inclusive Communication: Engaging People with Disabilities. [online]. Available at: https://www.naccho.org/uploads/downloadable-resources/HDFactsheet_accessiblecomms-Oct2016.pdf

QUALITY OF SERVICE



Ensure that physical activity providers and organisations have a trained workforce that possess skills to engage with the targeted population, provide a welcoming environment, and offer various options for participation. Provide the workforce opportunities for continuous professional development.

WHAT DOES THE RESEARCH TELL US?

There is still a stigma and lack of awareness around the targeted population^{22,23,35}

Staff and workers should be trained on how to accommodate for and communicate with the targeted population^{*27,36,40,41}

There are a wide range of physical activities available for people with disabilities and they should be the same quality of non-disability physical activity^{*31,42,43}

WHAT DO OUR STAKEHOLDERS TELL US?

- Organisations feel their workforce lacks the skills to engage with the targeted population
- The targeted population desires a more welcoming environment
- Individuals want a wider range of physical activities closer to them
- Individuals may have the same diagnosis, but they want their different likes, personalities, and abilities to be recognised
- Individuals want coaches to realise the barriers to attending sessions and be flexible if disruptions or delays occur
- Individuals want coaches to adapt or grade activities, so they are challenging but not too difficult

WHAT DO WE NEED TO DO?

- Improve the workforce's engagement skills and understanding of individuals with disabilities and long-term conditions
- Increase the training opportunities available for the workforce to continue their development
- Provide a greater variety of adaptable, sociable, and non-traditional activities

* = an online resource with more information is listed on our website at www.activenorfolk.org under the 'Useful Disability Resources' tab

22.Shields, N., Synnot, A.J. and Barr, M., 2012. Perceived barriers and facilitators to physical activity for children with disability: a systematic review. *Br J Sports Med*, 46(14), pp.989-997; 23.Martin, J.J., 2013. Benefits and barriers to physical activity for individuals with disabilities: a social-relational model of disability perspective. *Disability and rehabilitation*, 35(24), pp.2030-2037; 27.Sportanddev.org. Sport and adapted physical activity (APA) | sportanddev.org. [online] Available at: <https://www.sportanddev.org/en/learn-more/disability-sport-and-adapted-physical-activity-apa-0>; 31.Lundberg, N.R., Taniguchi, S., McCormick, B.P. and Tibbs, C., 2011. Identity negotiating: Redefining stigmatized identities through adaptive sports and recreation participation among individuals with a disability. *Journal of Leisure Research*, 43(2), pp.205-225; 35.English Federation of Disability Sport. (2012). Understanding the Barriers to Participation in Sport. Available at: http://www.activityalliance.org.uk/assets/000/000/807/Understanding_the_barriers_to_participation_20120510_original.pdf?1473697192; 36.Richmond Group. (2016). People with long-term conditions and attitudes towards physical activity. Available at: https://richmondgroupofcharities.org.uk/sites/default/files/richmond_group_debrief_final_1.pdf; 40.Naccho (2016). Five Steps for Inclusive Communication: Engaging People with Disabilities. [online]. Available at: https://www.naccho.org/uploads/downloadable-resources/HDfactsheet_accessiblecomms-Oct2016.pdf; 41.Activity Alliance (2014). Access for all: Inclusive Communications. Available at: http://www.activityalliance.org.uk/assets/000/000/020/EFDS_Inclusive_comms_guide_accessible_PDF_APRIL_2014_FINAL%281%29_original.pdf?1456915910; 42.BBC Sport. Rio Paralympics 2016: An A-Z of Paralympic sport classifications. [online] Available at: <https://www.bbc.co.uk/sport/disability-sport/18934366>; 43.Wilson, P.E. and Clayton, G.H., 2010. Sports and disability. *Pm&r*, 2(3), pp.S46-S54.

MARKETING AND COMMUNICATIONS

Ensure the communication methods that we use are physically and electronically accessible, provide sufficient information, and reach our target audience.

WHAT DOES THE RESEARCH TELL US?

Advertising works when it is linked to the values of physical activity such as social pros, maintaining health and fun, and less to the disability itself^{34,36}

Labelling groups as “inclusive” may exclude individuals with long-term conditions as they do not identify as having a disability³⁴

Advertising with role models and case studies of the targeted population can positively influence individuals’ and the public’s opinion⁴⁴

Information should be provided in multiple formats and be easy to find^{40,41}

It is important to provide sufficient information including adaptations and available support^{41,45}

WHAT DO OUR STAKEHOLDERS TELL US?

- Carers are happy when advertisements promote the physical, social, and mental health aspects
- The targeted population feels unaware of what physical activity is available locally
- The targeted population is unaware if mainstream activities can be adaptive or who the intended audience is
- The targeted population wants to know the accessibility before they go so they can prepare sufficiently
- Information about costs, discounts, and accessibility is difficult to find on organisations’ websites and in facilities
- Organisations that are disability or long-term condition focused have difficulty connecting with their targeted audience

WHAT DO WE NEED TO DO?

- Improve individuals with disabilities and long-term conditions access to complete information
- Increase individuals’ understanding of the activity and their desire to participate through appropriate advertisements
- Improve organisations’ ability to reach the targeted population through marketing and communications

* = an online resource with more information is listed on our website at www.activenorfolk.org under the ‘Useful Disability Resources’ tab

34. Activity Alliance. (2014). Motivate Me: May 2014. Available at: <http://www.activityalliance.org.uk/how-we-help/research/1874-motivate-me-may-2014>; 36. Richmond Group. (2016). People with long-term conditions and attitudes towards physical activity. Available at: https://richmondgroupofcharities.org.uk/sites/default/files/richmond_group_debrief_final_1.pdf; 40. Naccho (2016). Five Steps for Inclusive Communication: Engaging People with Disabilities. [online]. Available at: https://www.naccho.org/uploads/downloadable-resources/HDFactsheet_accessiblecomms-Oct2016.pdf; 41. Activity Alliance (2014). Access for all: Inclusive Communications. Available at: http://www.activityalliance.org.uk/assets/000/000/020/EFDS_Inclusive_comms_guide_accessible_PDF_APRIL_2014_FINAL%281%29_original.pdf?1456915910; 44. Blauwet, C. and Willick, S.E., 2012. The Paralympic Movement: using sports to promote health, disability rights, and social integration for athletes with disabilities. *PM&R*, 4(11), pp.851-856; 45. English Federation of Disability Sport. (2016). Supporting Me to Be Active: January 2016. Available at: <http://www.activityalliance.org.uk/how-we-help/research/1903-supporting-me-to-be-active-january-2016>

REPRESENTATION

Ensure the views of people with disabilities and long-term conditions are represented at board level, in our research, and in our programming.

WHAT DOES THE RESEARCH TELL US?

Disability rights should be embedded into planning, implementation and evaluation processes^{46,47,48,49}

The targeted population should be consulted for all projects^{47,48,49,50}

Coaches, volunteers and other participants with disabilities and long-term conditions can be positive role models^{44,46}

Personal and professional carers have a large influence on the participation of the targeted population, therefore their opinion should also be included^{*45}

WHAT DO OUR STAKEHOLDERS TELL US?

- Activities that were unsuccessful may have resulted from a lack of understanding about the needs and wants of the targeted population
- Personal and professional carers may decide whether the individual participates based on their own attitude toward physical activity and their contribution to cost and travel
- Personal carers have a break when their children or loved ones are in activities. They also get the opportunity to connect with others with similar experiences

WHAT DO WE NEED TO DO?

- Increase the engagement levels of individuals with disabilities and long-term conditions and their carers in the creation of projects and activities
- Improve organisations understanding and support of the targeted population in relation to physical activity
- Improve the diversity of the physical activity workforce

* = an online resource with more information is listed on our website at www.activenorfolk.org under the 'Useful Disability Resources' tab

44. Blauwet, C. and Willick, S.E., 2012. The Paralympic Movement: using sports to promote health, disability rights, and social integration for athletes with disabilities. *PM&R*, 4(11), pp.851-856.; 45. English Federation of Disability Sport. (2016). Supporting Me to Be Active: January 2016. Available at: <http://www.activityalliance.org.uk/how-we-help/research/1903-supporting-me-to-be-active-january-2016>; 46. Inclusive Health. Center for Inclusive Health. [online] Available at: <https://inclusivehealth.specialolympics.org>; 47. Activity Alliance. (2014). Gathering and Using Insight on disabled people. Engagement factsheet 4. Available at: [HYPERLINK "http://www.activityalliance.org.uk/assets/000/002/807/Gathering_and_using_insight_on_disabled_people_original.pdf?1556029172"](http://www.activityalliance.org.uk/assets/000/002/807/Gathering_and_using_insight_on_disabled_people_original.pdf?1556029172) www.activityalliance.org.uk/assets/000/002/807/Gathering_and_using_insight_on_disabled_people_original.pdf?1556029172; 48. Peterson, W., 2008. Role of persons with a disability in the design process. *Topics in stroke rehabilitation*, 15(2), pp.87-96.; 49. Franklin, A. and Sloper, P., 2009. Supporting the participation of disabled children and young people in decisionmaking. *Children & Society*, 23(1), pp.3-15.; 50. Nda. (2019). Accessibility toolkit | The National Disability Authority. [online] Available at: <http://nda.ie/Resources/Accessibility-toolkit/> [Accessed 29 Apr. 2019].



COLLABORATION

Facilitate opportunities to collaborate, build inter-disciplinary networks, and develop the sustainability of physical activity. Utilise collaboration among various sectors such as physical activity, disability and health to achieve common goals.

WHAT DOES THE RESEARCH TELL US?

Sharing knowledge and coordinating activities can promote new ideas, reduce uncertainty and reduce costs^{51,52,53,54}

Organisations working collaboratively can accomplish more shared goals than in a controlled approach^{53,54,55}

Collaborating proactively can be more sustainable and impactful than collaborating retrospectively^{54,56,57}

WHAT DO OUR STAKEHOLDERS TELL US?

- Collaborating with local disability and long-term condition organisations has improved inclusivity
- Collaboration between physical activity and disability and long-term condition organisations has been successful, but some organisations, levels of engagement have been varied
- Parents often run volunteer events but want a break themselves. This can cause an overreliance on one individual
- Organisations want to upscale projects and expand delivery

WHAT DO WE NEED TO DO?

- Improve the quality, efficiency, and sustainability of physical activity projects through organisational collaboration
- Decrease the strain of resources felt by organisations
- Decrease repeating research and unsuccessful projects by sharing knowledge

* = an online resource with more information is listed on our website at www.activenorfolk.org under the 'Useful Disability Resources' tab

51.Chelladurai, P. (2014). Managing Organizations for Sport and Physical Activity (4th Edition). Sport Management Education Journal, 8(1), p.75; 52.Misener, K. and Doherty, A. (2013). Understanding capacity through the processes and outcomes of interorganizational relationships in nonprofit community sport organizations. Sport Management Review, 16(2), pp.135-147; 53.Varda, D., Shoup, J.A. and Miller, S., 2012. A systematic review of collaboration and network research in the public affairs literature: implications for public health practice and research. American Journal of Public Health, 102(3), pp.564-571; 54.Chandra, A., Acosta, J., Carman, K.G., Dubowitz, T., Leviton, L., Martin, L.T., Miller, C., Nelson, C., Orleans, T., Tait, M. and Trujillo, M., 2017. Building a national culture of health: background, action framework, measures, and next steps. Chapter 6: Fostering cross-sector collaboration to improve well-being. Rand health quarterly, 6(2). Pp. 62 – 81; 55.Reade, Ian. (2010). The Application Of Agency Theory To Managing Collaboration Relationships Between Sport Organizations: The Case Of Sport Canada And Canadian Interuniversity Sport. University Of Alberta.; 56.Manning, M.A., Bollig-Fischer, A., Bobovski, L.B., Lichtenberg, P., Chapman, R. and Albrecht, T.L., 2013. Modeling the sustainability of community health networks: novel approaches for analyzing collaborative organization partnerships across time. Translational behavioral medicine, 4(1), pp.46-59; 57.AL-Tabbaa, O., Leach, D. and March, J. (2013). Collaboration Between Nonprofit and Business Sectors: A Framework to Guide Strategy Development for Nonprofit Organizations. VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations, 25(3), pp.657-678.

ONLINE GROUPS AND FORUMS

Online groups, forums, and resources are all available on our website at www.activenorfolk.org and can be found under "Disability Framework" or "Useful Disability Resources."

COLLABORATION INTEREST GROUP

- This group is for organisations or professionals who want to promote disability sport and inclusive physical activity by networking and collaborating on new projects
- They can also opt to be part of a disability newsletter that provides new ideas and information regarding disability activities in Norfolk

NORFOLK DISABILITY PHYSICAL ACTIVITY STORIES AND PROGRAMMES FORUM

- This online forum is an opportunity for organisations and individuals with disabilities and long-term conditions to share their projects and experiences in inclusive physical activity and sport
- By sharing successful and challenging ideas, we hope to facilitate upscaling of programmes that work and prevent activities that did not work

ALTERNATIVE FORMATS

- Individualised Disability Framework
 - ▶ This framework is for an individual with a disability or long-term condition who is considering to be more physically active or who is considering changing their local community to provide more and better disability sport and physical activity opportunities

If you need this information in large print, Braille, spoken, in a different language, or in another alternative format, please contact us and we will do our best to help.



ONLINE RESOURCES

The following resources are available on our website at:
www.activenorfolk.org/useful-resources-disability

- ✓ Key Recommendations by sector
- ✓ List of local and national strategies and their links to the framework's outcomes
- ✓ List of resources for organisations to evaluate their facility's accessibility and workforce
- ✓ List of adaptive equipment, adaptive games and types of disability sports
- ✓ List of benefits of physical activity for people with disabilities
- ✓ List of recommendations for healthcare professionals to use to advise physical activity to people with disabilities
- ✓ List of information and resources related to personal and professional carers
- ✓ List of physical activity recommendations and health information for people with long-term conditions
- ✓ List of physical activity recommendations and health information for children with disabilities



ACTION PLAN

Active Norfolk aims to achieve the outcomes in the key focus areas and prioritise disability sport and physical activity. We ask you to join us by completing and implementing the action plan resource with your sector's key recommendations. These key recommendations are available in a separate document on our website.

YOU CAN HELP BY:

- Contacting the Active Norfolk team if you want advice or guidance around disability sport and physical activity
- Referring interested individuals to the Active Norfolk website and this Disability and Long-term Condition Framework
- Completing the Action Plan Resource to analyse your own organisation
- Utilising the online groups, forums, and resources on the Active Norfolk website
- Collaborating with us or other organisations by taking part in the Collaboration Interest Group
- Sharing success stories and challenges by taking part in the Norfolk Disability Physical Activity Stories and Programmes Forum

KEY FOCUS AREAS

GOAL:

What we want to change

Accessibility

Participation

Quality of Service

Marketing and
Communications

Representation

Collaboration

YEAR 1 ACTIONS:

What, When, How

YEAR 2 ACTIONS:

What, When, How

YEAR 3 ACTIONS:

What, When, How

