

# Health Disability Sport Partnership

# Health Impact Assessment

12th May 2015



working in partnership with yn gweithio mewn partneriaeth â



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# Introduction to Health Impact Assessment

A Health Impact Assessment (HIA) is defined as (Elliott *et al.*, 2010, cited by Chadderton *et al.*, 2012):

...a process through which evidence (of different kinds), interests, values and meanings are brought into dialogue between relevant stakeholders (politicians, professionals and citizens) in order imaginatively to understand and anticipate the effects of change on health and health inequalities in a given population (p.4).

The Health Impact Assessment tool supports organisations to assess their services and identify potential consequences on people's health and well-being (Green and Parry-Williams, 2014). It is recommended that a range of stakeholders are involved in the process who can contribute different knowledge and insights (Green and Parry-Williams, 2014). The information collected in a HIA should be used to address any highlighted risks or inequalities in relation to health and well-being. Throughout this Health Impact Assessment links to the supporting literature has been included.

# Background to the Health Disability Sport Partnership

## About the Project

The partnership was established to create enhanced awareness, understanding and greater coherence between the health sector and disability sport network in North Wales, through a planned programme of education and up-skilling of professionals within both areas, so as to better enable a patient pathway which illustrates and opens opportunities for disabled people to get involved with physical activity, including sport.

### Aims

The specific aims for the partnership are to:

- Increase the numbers of physically active disabled people across the 6 local authorities in the region.
- Create a robust partnership between (Disability) Sport and Health.
- Contribute to the identification of talented disabled people who may be interested in/able to becoming involved with competitive or elite sport.
- Decrease disabled people's requirement for medical intervention as a consequence of ill-health linked to physical inactivity.
- Identify a model for best practice with regard to establishing a conduit between health professionals and settings, and physical activity (including sport) professionals, which could be modified as appropriate and rolled out through the other six Health Trusts/Boards across Wales.

### Key Year One Outcomes

- **510** healthcare professionals have attended up-skilling sessions.
- **222** disabled people have been signposted from health to disability sport/physical activity opportunities.
- **1 talented athlete** has been identified, representing Wales under 15's in Wheelchair basketball.
- Participation in sport and physical activity in North Wales has **increased to 4.4%**.

# The Pathway

A pathway has been designed enabling healthcare professionals to signpost disabled people from health to disability and inclusive sport and physical activity opportunities. The Pathway (figure 1) also links with National Exercise Referral Scheme. The pathway supports healthcare professionals to provide information and signposting to patients, without the requirement or expectation to know about all of the potential opportunities. This is a working model designed to fit into healthcare professionals' schedules. The pathway is designed to support disabled people into meaningful opportunities, providing support and information, and facilitate long term participation and lifestyle change.

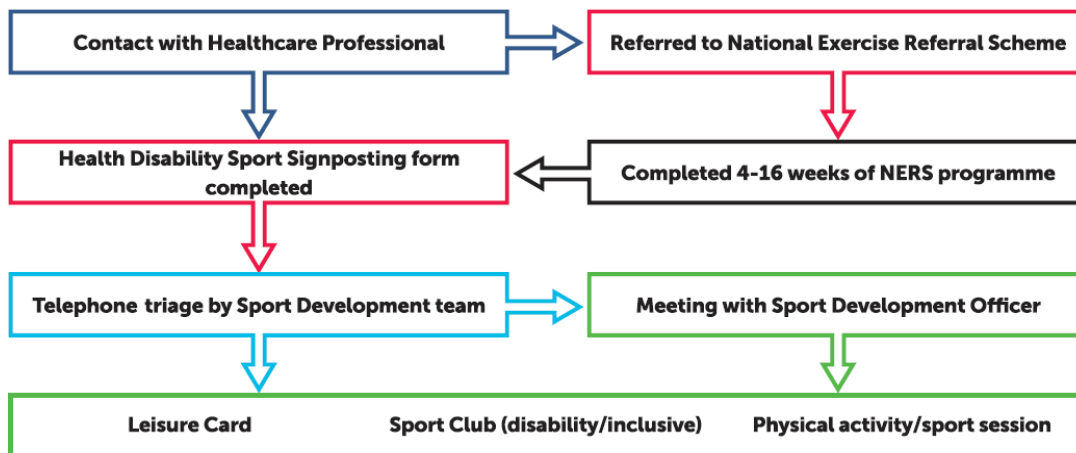


Figure 1: The Health Disability Sport Pathway



# Community Profile

Wales has the highest percentage of disabled people aged 16-64 years in the UK, at approximately 21.4% of the population (Office for National Statistics, 2011). With approximately 670,000 people living in North Wales (National Public Health Service for Wales, 2009) there are approximately 143,380 disabled people (aged 16-64 years) in North Wales (according to the Equality Act 2010 definition). With DSW looking to engage with disabled people of any age (DSW, 2012) this will be significantly higher than 143,380 taking into account those aged below 16 and over 65 years.

Levels of physical inactivity and associated health risks are particularly prevalent among disabled people (Dinan and Messent, 1997). Disabled people are at greater risk of developing co-morbidities and suffering early mortality secondary to inactivity than their non-disabled peers (WHO, 2014). Disabled people are shown to be significantly less active than their non-disabled peers (figure 2). The estimated total cost of inactivity to health services each year in the UK is £8.3 billion (DOH, 2012). In order to ease this financial burden of chronic disease to the acute sector and public services, it is essential to increase physical activity within disabled communities (DOH, 2012). Increasing physical activity significantly improves both physical and mental wellbeing, reduces the risk of over 20 conditions and diseases, including coronary heart disease, cancer, diabetes, stroke and obesity, and reduces the risk of early mortality (DOH, 2011).

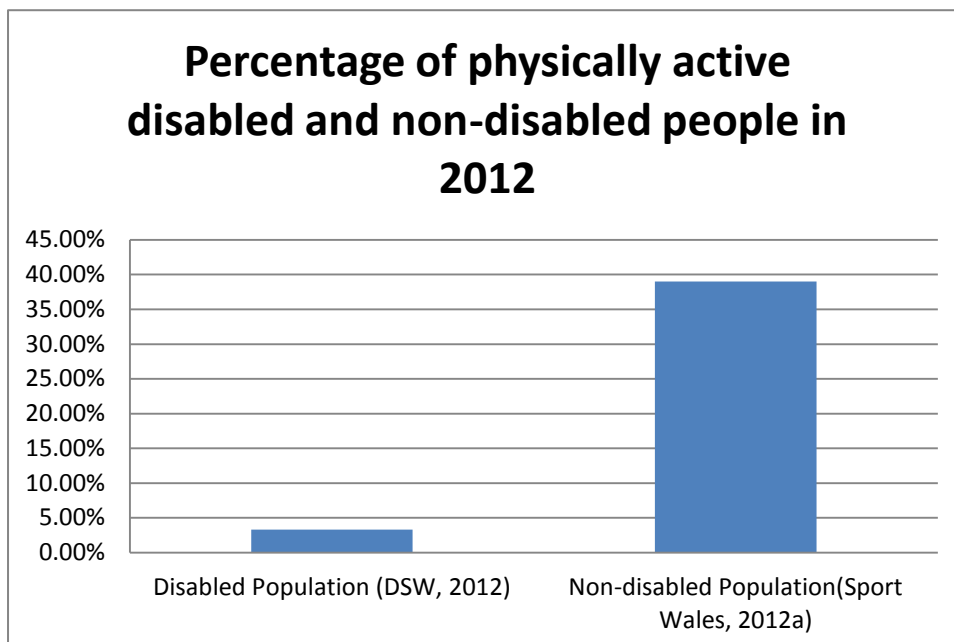


Figure 2: Percentage of physically active disabled and non-disabled people in 2012

Disability Sport Wales Development Officers consistently identify difficulties targeting and creating awareness amongst the disabled community of the opportunities which exist (DSW, 2012). As DSW strive to fulfil their duty in supporting every disabled person in their right to access opportunities, these targeting problems cause frustrations (Sport Wales, 2012). Collaborative working and better communication between partners is essential to fulfil these duties and achieve the future visions for sport in Wales (Sport Wales, 2012).

As the only institution which is anticipated to come into contact with every disabled person,, Healthservices provides a vital communication opportunity (DSW, 2012). Working in partnership with Health provides every disabled person in North Wales with the potential opportunity to become informed about disability sport/physical activity opportunities. There are numerous strategic drives that support the importance of increasing the levels of physical activity. 'Our healthy futures' sets out Wales' vision through to 2020 (WAG, 2009). The vision identifies the need for health to be a shared goal, specifying increased physical activity as a key action to achieving better health and wellbeing. The National Institute for Health and Care Excellence (NICE) sets out numerous guidelines for promotion of physical activity (NICE, 2015b). 'Let's Get Moving' commissioning guidance provides a systematic approach to support people to become more physical active, based on the NICE guidance (DOH, 2012).

# The Health Impact Assessment

This HIA retrospectively assessed the impacts that the Health Disability Sport Partnership has had on disabled people, and their families. The HIA also identifies any impacts on other key groups involved, including health professionals and disability/inclusive physical activity/sport opportunities. An action plan has been identified to address any issues and implement any appropriate recommendations from the HIA. The HIA will be used to share learning with others looking to develop similar partnerships.

The HIA was conducted with a group of key stakeholders. The stakeholders reflect those who have had positive involvement in the partnership. It was ensured that there was stakeholder representation from each stage in the pathway, including a disabled person who has made the journey through the pathway. Table 1 below details the role each stakeholder has had within the partnership.

The HIA meeting took place on 12<sup>th</sup> May 2015 in a specifically arranged meeting (appendix 1). The HIA was lead by myself as lead on the partnership in the role as Health Disability Sport Officer. It is recognised that this introduces a risk of bias (Corbin and Strauss, 2014), and reflexive analysis identifies that this relationship could have an impact on the stakeholders and the HIA (Finlay, 2002). The meeting was facilitated by Lee Parry-Williams, Senior Public Health Practitioner (Policy and Health Impact Assessment) from the Wales Health Impact Assessment Support Unit.



Table 1: Stakeholders involved in the HIA

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**Role in partnership**

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Conwy Disability Sport Wales Development Officer

Gwynedd Disability Sport Wales Development Officer

Senior Physiotherapist in the National Exercise Referral Scheme, Lifestyle programme

Physiotherapy advanced practitioner in neurology

Conwy National Exercise Referral Scheme Co-ordinator

Mother of a disabled child who was signposted through the Health Disability Sport Pathway and is now playing Boccia and Cricket

Disabled person who was signposted through the Health Disability Sport Pathway after acquiring an impairment. Now playing Golf after this was identified to be a latent demand and the opportunity developed.

Local disability sport club (wheelchair basketball) volunteer coach/ National league wheelchair basketball player

OT student who has completed a placement with Disability Sport Wales. During the placement with DSW worked in the role of an officer to meet with disabled people who had been signposted from Health. Also represents a student health professional learning about disability sport pre-registration. Additionally volunteers and coaches local disability sport clubs in wheelchair basketball and football

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During the meeting the health and wellbeing determinants checklist (Chadderton *et al.*, 2012) (appendix 2) was used to facilitate considerations of the impacts on health and wellbeing. A list of the main affected groups (appendix 3) was created and used in the meeting to strengthen considerations around, but not limited to, these key groups. Stakeholders were asked to discuss any positive or negative impacts the partnership has had, or could potentially have, on all those involved, as well as providing any other comments or recommendations. All discussions during the HIA meeting were recorded on flipchart paper in a paraphrased fashion. All paraphrased notes were checked for accuracy of interpretation with the stakeholders during the meeting. All paraphrased comments have been transcribed and grouped into common themes using axial coding (Corbin and Strauss, 2014) (appendix

4). The sections below provides a summary of the key finding from the HIA, which have been triangulated with stakeholders (Carter *et al.*, 2014) and agreed to be an accurate representation

## Health and wellbeing

It was widely discussed and agreed amongst stakeholders that the Health Disability Sport Partnership has had many positive impacts on the health and wellbeing of disabled people in North Wales. Health is referred to in a social model context, 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO, 1948, p. 100). Through increased participation in physical activity/sport, disabled people have increased health literacy, ongoing improvement in rehabilitation (NICE, 2015a), and ongoing improvements in function (Chou *et al.*, 2012). It was also identified that becoming more physically active supports management of some conditions, as well as secondary prevention of other medical conditions (DOH, 2011). It was identified that there is a significant cross over between improved physical fitness and improved mental health and wellbeing (DOH, 2011). Through increased participation, there are improvements in emotional health and self esteem (Morgan and Goldston, 2013).

Discussions around using physical activity/sports in the earlier stages of rehabilitation highlighted the importance of promoting the pathway to disabled people at the right time. Stakeholders agreed that some people may benefit from being signposted to physical activity/sport at an early stage in rehabilitation, where others may need more time to come to terms with a recently acquired impairment (Smith, 2015). Additionally, recommendations were made that further discussions are needed in regards to engagement with mental health. Mental health is currently not one of the impairments groups involved with disability sport, however the evidence for the benefits of physical activity for people with mental health conditions are compelling (NICE, 2013).

## Lifestyle and wider impacts for individuals and families

All stakeholders agreed that the partnership has had positive impacts on the lifestyles of disabled people. Participation in physical activity/sport increases socialisation (DOH, 2011), increases confidence (Morgan and Goldston, 2013), and can give people a sense of belonging. These benefits transfer into other daily skills (Chou *et al.*, 2012), and overall self-confidence. Social inclusion through physical activity/sport can give disabled people improved well-being as it 'gives them something to talk about with family and friends'. It was identified that when a disabled person becomes more physically active this can have positive impact on family members, encouraging them to also become more physically active (Let's Move, no date); this can strengthen family relationships.

Stakeholders identified that sport can have a positive impact on wider aspect of life. An example was given of an individual moving from using an electric wheelchair to a manual one, through participation in sport. A second example described a young disabled person whom was previously bullied, gaining 'status' with peers and becoming a role model in school, secondary to his participation in sport through the partnership. It was identified by stakeholders that for the partnership to be successful it is important to recognise the point when the individual is ready to, or in the position to, make a change (NICE, 2014). Recommendations are to review how timeliness of signposts can be emphasised in the current up-skilling sessions.

## Access and engagement

The partnership was identified to have had many positive impacts for disabled people on accessing and engaging with inclusive/disability physical activity/sport opportunities. Due to the partnership DSW are accessing an increased range of people, often at an earlier stage in their pathway (whether they have a congenital or acquired impairment). It was recognised that accessing people at these earlier stages has positive impacts on supporting access and engagement. Earlier intervention can support people who have acquired an impairment, or

young people with a congenital impairment, with social integration, confidence building and adopting healthy lifestyle choices through participation in physical activity/sport.

Having the point of contact with the DSW Development Officer was also identified as having a positive impact on engagement, enabling tailored support, and positively de-medicalises the interaction with physical activity/sport.

It was identified that a potential barrier to participation, as regularly identified in the literature, is cost (EFDS, 2012). The partnership has supported a change in pricing policies for disabled people accessing Local Authority leisure centres in two Local Authorities, improving access through reducing financial barriers. It was also identified that most clubs/ opportunities provide all necessary equipment, supporting access and reducing financial barriers. However potential negative impacts in relation to cost were also identified. There are discrepancies in the cost of disability leisure cards across North Wales, which can potentially have a negative impact on engagement in some areas. An additional financial risk exists for individuals who progresses along the sport pathway, if identified to be a talented athlete; it was recognised that some grants are available for such individuals, but this may not cover all costs.

Stakeholders identified a potential risk to engagement through use of the term 'disabled'. It was recognised that not all individuals whom this partnership looks to engage with identify themselves to be disabled (DWP, 2014). Others who have recently acquired an impairment may not have come to terms with this new status of being disabled. The language used when looking to engage a person to be signposted therefore requires careful consideration. A further potential risk to access and engagement was identified through the role of the family. It was identified in many cases support would be required from family or carers in order to access the opportunities. Stakeholders agreed that families may not engage due to a number of reasons, one being fear on behalf of the disabled person. There is a significant risk to engagement if family/carers are not on board with the process (EFDS, 2012).

## Health professionals' involvement

It was identified by one stakeholder that 83% of disabled people acquire their impairment during working life (Papworth Trust, 2010). Health professionals are therefore assumed to be the group that disabled people are most likely to be engaged with, making Health arguably the most befitting group to work in partnership with DSW to improve engagement with

disabled people. Stakeholders recognised that engagement with disabled people in relation to physical activity/sport has improved due to the support from health professionals.

Stakeholders agreed that disabled people were more likely to become active and engage with disability/inclusive physical activity/sport opportunities due to the endorsement from the health professionals. The trust people have in health professionals (McPhail and Schippers, 2012) was reported to give confidence to the individuals reinforcing that 'you are ready', and subsequently having greater influence than the same advice coming from someone outside of Health.

A number of stakeholders agreed that signposts coming from certain professional groups may be more successful. Disabled people may be more willing to engage in a conversation regarding physical activity/sport with a Physiotherapist or Occupational Therapist as people expect to have conversations regarding their lifestyles and daily activities with these professional groups, due to their expertise. It was however recognised that this does depend on the person's impairment, as being signposted by an Ophthalmologist if a person had a visual impairment, may be just as successful. A potential risk was identified in the ability of a health professional to signpost. It was highlighted that although the signposting form may be quick to complete, the process itself is not this simple for all individuals. It was recognised that it can take time to build up the conversation about becoming active. Signposting can therefore be challenging for a health professional where they have short appointment times (Campbell *et al.*, 2012).

The importance of the health professional being fully engaged and motivating was emphasised. It was agreed that having a health professional who was enthusiastic about disability/inclusive physical activity/sport has led to the current successful outcomes. If information was given in a different method, such as handing out a leaflet, it was felt by stakeholders that this would not have the same positive outcomes. It was identified that health

professionals value feedback (BHF, 2010), however this is not currently given as standard. It was recommended that feedback to the professional should be added to the pathway process. It was also recommended that future training to health professional teams should include a case study that relates specifically to their patient group. It would also be valuable to evaluate which health professional teams are referring in high numbers, and which are referring in low numbers, or not at all.

## **Awareness of inclusion – society impacts**

Stakeholders identified that the partnership has had positive knock on effects in other areas, disseminating the messages of inclusion. Disability Sport Wales' mission on inclusion is to 'Create an inclusive sporting Wales which is equitable in its choice and location of sport for, and reflective of and responsive to the needs of disabled people' (DSW, 2014, p. no page). An example was given of an individual, who has become active due to the partnership, standing up in school assembly to teach other about disability sport. Secondary to this pupil's involvement in disability sport the teachers in this school have become very engaged in disability and inclusive sport and are now working with other local schools to share this inclusive practice. It has been identified that through up-skilling of health professionals they have begun to signpost in a professional capacity, but also in a personal capacity, where they have passed the information to family, friends and neighbours. This overlap of information sharing has had a positive effect on awareness of disability/inclusive physical activity/sports opportunities across North Wales.

Stakeholders identified that the partnership is supporting a culture change amongst health professionals, positively increasing their awareness of opportunities for disabled people in the community. It was recognised that changing culture in relation to disability/inclusive sport on a whole is a slow process. The partnership has helped step this process up. It is identified that the partnership provides an exciting opportunity to take the learning and messages from the partnership case studies to other areas, sharing the messages of inclusion and influencing positive developments. It was recommended that the partnership take further opportunities to promote case studies in waiting rooms and sport centres, in both print and on TV screens. It was also recommended that a newsletter or e-bulletin for all stakeholder

groups would be beneficial to further promote opportunities across North Wales. Reviewing the original stakeholders list was recommended as this may have expanded since the partnership inception.

## Disability/ inclusive opportunities

The partnership was identified to have positively impacted upon local opportunities through increased membership. Local opportunities refers to inclusive/disability physical activity/sport clubs, sessions or Local Authority leisure activities. Through increased engagement with disabled people, and engaging with groups that are new to DSW, this has provided an opportunity to increase provision for people of all ages. The partnership has been able to support the development of new opportunities to meet identified demands; this has included Golf and Cricket in Conwy. Stakeholders recognised that there are currently less opportunities for older people and younger children. It was recommended that comparisons are made across North Wales in regards to current opportunities and current participation levels, looking to build on these. All stakeholders agreed on the importance of matching individuals to the right opportunities in order to have a successful outcome. This includes making sure that there is a relevant range of opportunities, and opportunities are appropriate.

## Sustainability

The sustainability of the partnership was discussed. Sustainability is defined by European Commission Directorate-General Education and Culture (2006):

A project is sustainable when it continues to deliver benefits to the project beneficiaries and/or other constituencies for an extended period after the Commission's financial assistance has been terminated (p. 3).

Increased membership of disabled people to physical activity/sport clubs/sessions secondary to the partnership has a positive impact, supporting the sustainability of the opportunities. It was agreed that officers should make it clear to all disabled people who are signposted that



the door remains open should they wish to speak to them in the future; this will support long term participation. It was also identified that there is potential through increased use of case studies and newsletters, as previously discussed, to promote the pathway and opportunities without the need for face to face up-skilling.

A potential risk was identified in relation to the pathway design. As the partnership develops the numbers of signposts are anticipated to increase. There is a potential risk that this demand will exceed capacity with regards to all individuals receiving a phone call, and being

offered a face to face meeting. The pathway may need to be adapted in future to ensure it is fit for purpose. It was suggested that options for embedding the partnership messages in relevant health professional training programmes should be explored. This would support sustainability once the Health Disability Sport Officer is no longer in place to deliver up-skilling sessions.

## Impacts on Health and leisure services

The partnership has provided an opportunity for service integration between Health and Local Authorities beyond the remit of the partnership itself. The partnership has also supported NERS with exit routes into disability/ inclusive opportunities, included pre-existing opportunities, and ones created specifically to support the services' requirements. The partnership has increased Local Authority leisure membership through signposts, supporting leisure services with increased revenue. It was identified that secondary to becoming physically active through the partnership, some disabled people have reduced the amount of contact they were having with health professionals. Reducing the need for Health interventions positively increases health professionals' capacity, having a positive impact on the economy.



## Conclusion

Throughout the HIA meeting the discussions were very positive. All stakeholders agreed that the Health Disability Sport Partnership is a positive project that has been beneficial for disabled people, health professionals and local sport/physical activity opportunities. Many wider impacts were also identified, influencing wider inclusion in education, as well as positives for Local Authorities and the Health Board. There were far few negative impacts identified. The points raised were not negative impacts on health and wellbeing, but were potential risks to non-engagement with the partnership or with the opportunities. Potential risks included financial barriers, use of terminology leading to disengagement, breadth of opportunities and support from families.

There were a number of recommendations and considerations raised that provide opportunities to further strengthen the partnership. Some of these themes were known, including better use of resources, working with mental health, and use of terminology. Lack of print resources and lack of time were barriers also identified in the literature (Campbell *et al.*, 2012). Some were new recommendations that had not previously been identified, including the use of tailored case studies and consistently feeding back to health professionals. An action plan to implement these recommendations can be found below.

A second HIA will be conducted at the end of the three year partnership to further evaluate the pilot project. To strengthen the HIA a more representative group of stakeholders will be included, including those who have had a less positive involvement, such as a disabled person who is signposted but chooses not to participate.

# Action Plan

Action	Time	Responsible	Evaluation
Review the current up-skilling session resources. Develop the session to expand on 'timeliness' of signposts. Ensure that the new resource reflects the importance of signposting at an appropriate time for any given individual.	30 <sup>th</sup> June 2015	Health Disability Sport Officer	To be reviewed in the bimonthly delivery group meeting under the standing order of signposts. Timeliness of the referrals to be discussed. It is recognised that this will never been 100% efficient; a health professional may identify a person to be at an appropriate stage to engage, and they may be ready to make a change, however there may be additional barriers that cannot be pre-empted.
Facilitate discussions with DSW regarding engagement with people with mental health conditions. Explore opportunities to engage with mental health service through the partnership.	30 <sup>th</sup> September 2015	Health Disability Sport Officer	Initial discussions to be held between the Health Disability Sport Officer and the DSW Partnership Manager. Outcomes of the discussion to be reviewed with the delivery group. Any agreed upon actions to be signed off by the operational group.
Review the current up-skilling session resources. Develop the session to include 'use of terminology'. The aim of this will be to ensure health professionals consideration the terminology they use depending on the individual when looking to signpost. This will include the use of 'disabled' and 'sport'.	30 <sup>th</sup> June 2015	Health Disability Sport Officer	Feedback to be collected from health professionals following up-skilling session. Terminology used when being signposted to be reviewed when evaluating signposts through random sampling.

<b>Action</b>	<b>Time</b>	<b>Responsible</b>	<b>Evaluation</b>
The current pathway is to be updated to include feedback to the referring health professional. This is to be done for each signpost. A column will be added to the current excel sheet where all signposts are logged and monitored. Officers completing the signposts will be responsible for recording when they have given feedback to the referring health professional.	30 <sup>th</sup> June 2015	Health Disability Sport Officer	The DSW development officer were made aware that this change would be made in a recent delivery group meeting that took place on 28 <sup>th</sup> May. Compliance with this will be reviewed bimonthly when signposting logs are submitted prior to the delivery group meeting. Feedback will be discussed during the meetings under the standing order of signposts.
Case studies are to be included in the current up-skilling session resources. Relevant case studies should be used in relation to the team being up-skilled (where they are available). Gaps in the current selection of case studies will be highlighted and reported to the delivery group.	30 <sup>th</sup> June 2015	Health Disability Sport Officer	Feedback will continue to be collected following each up-skilling session. Any comments regarding case studies will be reviewed and actioned as indicated.
Evaluate which teams are signposting and which are not. Carry out a survey with teams who are not signposting to identify the barriers. Review result and plan appropriate action.	30 September 2015	Health Disability Sport Officer	Feedback to be given to the Operational group. Actions to be agreed with operational and delivery groups.

Action	Time	Responsible	Evaluation
Waiting room resources to be developed to promote disability/ inclusive physical activity/sport opportunities. To be displayed in relevant health waiting areas across North Wales.	30 <sup>th</sup> September 2015	Health Disability Sport Officer	Resources to be agreed with operational group prior to printing/ producing.
A quarterly newsletter is to be produced. The newsletter is to reflect the partnership, as well as the opportunities across North Wales. The newsletter is to be sent to all stakeholders in electronic form.	31 <sup>st</sup> July 2015	DSW Communications Officer	The newsletter will be reviewed by the communications teams prior to each quarterly circulation.
The stakeholder analysis that was completed at the start of the partnership (January 2014) is to be reviewed and updated.	15 <sup>th</sup> July 2015	Health Disability Sport Officer	The stakeholder analysis will be updated in the communication strategy. This will be reviewed and signed off by the communications team.
Explore opportunities to embed the partnership messages in relevant health professional training sessions.	31 <sup>st</sup> October 2015	Health Disability Sport Officer	Feasibility of inclusion to be discussed with relevant programme leads. Any actions to be agreed with the operational group.
Ensure all officers make it clear at their first contact/ meeting that support from DSW can be sought at any time.	30 <sup>th</sup> June 2015	Health Disability Sport Officer	To be evaluated when reviewing signposts through random sampling. Individuals will be asked if it was made clear that they can go back to the officer in the future.

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# Appendix 1: HIA meeting agenda

## Health Impact Assessment

## Health Disability Sport Partnership

12<sup>th</sup> May 2015 9am – 12 pm

**9am :** Arrive. Tea and Coffee

**9:10am:** Welcome. Around the table introductions  
Brief presentation on the partnership from year 1 (Catherine Chin)

**9:25am:** An introduction to Health Impact Assessment (Lee Parry Williams)

**9:35am:** Health Impact Assessment

**10:30am :** Tea and Coffee break

**10:40am:** Health Impact Assessment

**11:50am:** Meeting Close



# Appendix 2: HIA Checklist

## Health and Well-Being - Determinants Checklist

<p>1. Lifestyles</p> <ul style="list-style-type: none"> <li>Diet</li> <li>Physical activity</li> <li>Use of alcohol, cigarettes, non-prescribed drugs</li> <li>Sexual activity</li> <li>Other risk-taking activity</li> </ul>	<p>2. Social and community influences on health</p> <ul style="list-style-type: none"> <li>Family organisation and roles</li> <li>Citizen power and influence</li> <li>Social support and social networks</li> <li>Neighbourliness</li> <li>Sense of belonging</li> <li>Local pride</li> <li>Divisions in community</li> <li>Social isolation</li> <li>Peer pressure</li> <li>Community identity</li> <li>Cultural and spiritual ethos</li> <li>Racism</li> <li>Other social exclusion</li> </ul>
<p>3. Living/ environmental conditions affecting health</p> <ul style="list-style-type: none"> <li>Built environment</li> <li>Neighbourhood design</li> <li>Housing</li> <li>Indoor environment</li> <li>Noise</li> <li>Air and water quality</li> <li>Attractiveness of area</li> <li>Green space</li> <li>Community safety</li> <li>Smell/odour</li> <li>Waste disposal</li> <li>Road hazards</li> <li>Injury hazards</li> <li>Quality and safety of play areas</li> </ul>	<p>4. Economic conditions affecting health</p> <ul style="list-style-type: none"> <li>Unemployment</li> <li>Income</li> <li>Economic inactivity</li> <li>Type of employment</li> <li>Workplace conditions</li> </ul>
<p>5. Access and quality of services</p> <ul style="list-style-type: none"> <li>Medical services</li> <li>Other caring services</li> <li>Careers advice</li> <li>Shops and commercial services</li> <li>Public amenities</li> <li>Transport including parking</li> <li>Education and training</li> <li>Information technology</li> </ul>	<p>6. Macro-economic, environmental and sustainability factors</p> <ul style="list-style-type: none"> <li>Government policies</li> <li>Gross Domestic Product</li> <li>Economic development</li> <li>Biological diversity</li> <li>Climate</li> </ul>

# Appendix 3: Main affected Groups

## Groups Affected

The Health Impact Assessment will be looking at the main group who are affected by the Health Disability Sport Partnership. This list is a guide and is not exhaustive.

### Disabled People

- Disabled people of all ages
- Physical Impairments
- Learning Disabilities
- Deaf/ Hard of hearing
- Visual Impairments

### Health Professionals

- All professions
- BCUHB and Social Services

### Local Opportunities/ Provision

- Leisure Centres
- Sport clubs
- Physical Activity Sessions
- Any other relevant opportunities

## Appendix 4: HIA Flipchart Notes

### Health Impact Assessment Stakeholder Workshop – Flipchart comments and notes

#### Health and Wellbeing

+ ve	- ve
Increased health literacy through participation in sport/ physical activity	
Increased self esteem	
Increased rehabilitation – ongoing improvements in function	
Support secondary prevention and management of conditions	
Improved emotional health/ mental well being	
Massive cross over between disability (physical learning) and mental health	
<b>Opportunities/ Recommendations</b> <ul style="list-style-type: none"> <li>• Combination of rehab and getting ready for next stage – important to promote the project at the right time.</li> <li>• Further discussion on mental health engagement</li> </ul>	

## Lifestyle and wider impacts for individuals and families

+ ve	- ve
Sport can have a positive impact on other aspects of wider life. Opening more opportunities. Example of moving from an electric wheelchair to a manual chair.	
Wider lifestyle changes through participation in sport/ physical activity	
Increased socialisation through participation in sport/ physical activity	
Sense of belonging. Returning to a previous club 'feel like a golfer again'.	
Increased confidence – which transfers into other daily living skills.	
Powerful impact on wider life aspects – increased confidence, bullying stopped for one individual, gained 'status' with peers, and became role model	
Family members now participating in sport – strengthens family relationships	
Increased social opportunities through mutual participation and support	
Social inclusion- occasions when a disabled person will stay in ll day, and have nothing to talk about then with friends. The engagement in the project has given individuals a 'boost' and enabled them to talk about things they have done – enable engagement with friends.	
<p><b>Opportunities/ Recommendations</b></p> <ul style="list-style-type: none"> <li>• Important to recognise the point when the individual is in a position to make a change – how can this be emphasised in the training?</li> </ul>	

## Access and engagement

+ ve	- ve
Accessing an increased range of people, at an earlier stage, during rehab stage for some	Term 'disabled' – some people may not identify with this, or others may not have yet accepted this if they have recently acquired an impairment
Most clubs have the required equipment, therefore initial access is supported	Increased cost if an individual progresses on a sport pathway (club to county to national levels). Some grants can be accessed, Gold Card in Conwy.
Supported a change in pricing policy in two local authorities	Discrepancies in disability leisure card prices across North Wales
Flexible approach via project to reach specific demographics	'Fear factor' on behalf of a care network around an individual may prevent engagement – concerns on behalf of carer to protect child/person
Positive to have the point of contact with DSW officer through the pathway process	Could be a barrier if significant other do not support
Enables really tailored support appropriate to activities – de-medicalise interaction	
<b>Opportunities/ Recommendations</b>	

## Health professional's involvement

+ ve	- ve
Improved engagement with disabled people through health professionals.	It takes time to build up to the conversation about being active. Therefore not always as quick as filling in the form. Not appropriate in certain situations, such as a short outpatient appointment.
Improved likelihood to become active/ engages as increased endorsement from health professionals	
Trust element – long process to gain trust and therefore signposting has more weight coming from a health professional. Would not have same affect if just a leaflet given.	
More likely to access due to health professional recommendation	
Certain professional roles strengthen the signpost further (e.g. physio/ OT)	
Engaged referral process	
As 83% of disabled people acquire their impairment, health is the service that will be most engaged with this large population, therefore potential to have a huge impact	
<p><b>Opportunities/ Recommendations/ Comments</b></p> <ul style="list-style-type: none"> <li>• Important health professional is engaged and motivating/ supporting individual to engage, leaflet is not enough. Provides confidence 'you are ready'.</li> <li>• Being signposted by certain professional groups can carry more weight (for example a GP or physio); however this does depend on the impairment – for example being signposted by an ophthalmologist would carry equal weight to someone with a visual impairment.</li> <li>• Professionals value feedback.</li> <li>• Always feedback to the referrer – not always done at present.</li> <li>• It would be good to do some further evaluation re signposting process – which teams have high and low referrals</li> <li>• Training – tailor case studies to specific staff groups/ disability specific</li> </ul>	

## Awareness of inclusion – society impacts

+ ve	- ve
Knock on improvements in other areas- one individual standing up in school assembly to teach about disability sport. Teachers coming on board and encouraging other schools to engage in inclusive sport.	Constraints on finances in schools, less supply teachers to enable release of staff for specific disability inclusion training
Supports a culture change from professionals – increased awareness of opportunities for disabled people	
Culture change re disability sport and opportunities – a slow process but partnership and health professionals engagement has stepped up process.	
Through training health professionals signposts have come from professionals role and also personal roles (passing information to friends/ neighbours/ social circles)	
Overlap of information sharing across personal/ professional role. Therefore wider social impacts	
Could be a catalyst – use lessons from the project to progress inclusion messages in other areas – take to schools to support inclusive opportunities	
<p><b>Opportunities/ Recommendations</b></p> <ul style="list-style-type: none"> <li>• Opportunities to use case studies to promote disability sport further to patients in waiting rooms, and other places such as sports centres (both hard copies, and using technology such as video clips).</li> <li>• Newsletter/ e-bulletin to raise awareness of good news stories – briefing paper to all stakeholders, clubs, schools, health professionals – North Wales focus.</li> <li>• R/V the original stakeholder analysis – expand.</li> </ul>	

## Disability/ Inclusive opportunities

+ ve	- ve
More people attending local clubs	Less opportunities for older people and younger children
Opportunity to increase opportunities for all age groups – access to new information to allow matching supply to demand	
The partnership has identified the need for new approaches with disability sport officers work plan to look for new opportunities	
The partnership has supported starting to open more opportunities – golf and cricket in Conwy	
Building up the base for opportunities in existing club to open access – age specific/ level specific/ ability specific – matching/ effective signposting	
<p><b>Opportunities/ Recommendations</b></p> <ul style="list-style-type: none"> <li>• Important of matching the individuals to the right opportunities – otherwise diss-incentive</li> <li>• Important recommendation – ensuring opportunities are appropriate, and there is an appropriate range of opportunities.</li> <li>• Compare participation level of disability sport across LAs in North Wales – compare schemes – build on plans.</li> </ul>	



## Sustainability

+ ve	- ve
More people attending local clubs, supports the sustainability of clubs/ sessions.	Potential risk that as the referrals on the pathway increase, will it be possible for all to have a phone call/ face to face meeting – will capacity always allow for this, or will the pathway need to be adapted to suit the service need/ capacity.
Potential to use the good practice/ case studies to promote referrals/ take up without the face to face up-skilling	
<p><b>Opportunities/ Recommendations</b></p> <ul style="list-style-type: none"> <li>• Are there options to embed the approach in relevant training programmes for professionals</li> <li>• Leave the door open – ensure people signposted know that they can come back to the officers at a later stage- flexible/ long term referral process/ repeated offer</li> <li>• Unpick risks for sustainability</li> </ul>	

## Impacts on health and leisure services

+ ve	- ve
Needing to see health professionals less, due to benefits of being active, and doing the 'rehab' in the community	
Opportunity for integration	
Increased referrals to leisure- increased revenue outcomes for local authorities.	
Strengthened partnership between health and leisure	
Supporting the National Exercise Referral Scheme with exit routes- existing ones, with new ones set up in Anglesey	

