

Understanding sport and physical activity as a therapy choice for young disabled people

Views and opinions of paediatric physiotherapists



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Report findings based on a market research conducted in February 2014 by English Federation of Disability Sport in conjunction with the Association of Paediatric Childhood Physiotherapists.

Report written By Emma Spring, on behalf of the English Federation of Disability Sport in March 2014.

Foreword



The English Federation of Disability Sport is delighted to have released this report in partnership with the Association of Paediatric Chartered Physiotherapists (APCP), Cerebral Palsy Sport and WheelPower.

During our recent insight work on disabled people’s lifestyles, we found that for those who receive physiotherapy, the therapists can really influence how disabled people think about sport or exercise as well as how active they become.

This report gives greater insight in to the other side of those relationships, in particular when working with young disabled children. Working with APCP means we have been able to find out about some of the challenges involved and share them with you. EFDS hopes that everyone can use the findings within this report, make the necessary improvements and build on the insight we are sharing.

**Barry Horne
Chief Executive
English Federation of Disability Sport**



The APCP is committed to ensuring that young people with disabilities are included in all sporting activities and are very grateful to the English Federation of Disability Sport, Cerebral Palsy Sport and WheelPower for their support to complete this valuable study.

We hope to be able to increase the number of young people with disabilities taking part in sport across the UK and facilitate the training required for sports coaches and teachers to mainstream their participation.

The National APCP Committee

Acknowledgements

The English Federation of Disability Sport (EFDS) would like to thank Cerebral Palsy Sport, WheelPower and the APCP (Association of Paediatric Chartered Physiotherapists) for taking time to help develop this survey. We would also like to thank the members of the APCP who took the time to complete the survey.

Introduction

The English Federation of Disability Sport (EFDS) is the strategic lead in sport and physical activity for disabled people in England. Our vision is that disabled people are active for life. Our aspiration is to see equality in sport whereby disabled people are just as likely to be active as non-disabled people.

To achieve our vision, we work with various partners. They include National Governing Bodies of sport (NGBs) and National Disability Sport Organisations (NDSOs) to increase suitable and relevant opportunities for disabled people to take part in sport and physical activity. We are always looking for ways in which to improve provision, which includes identifying new partners who can bring different skills and experience to the sector.

Evidence has shown that many disabled people come in to contact with a physiotherapist or linked therapist in their daily living. EFDS believes that physiotherapists can play an important role in encouraging some disabled people to take part in sport and physical activity. Those disabled people who require physiotherapy often have long term regular contact with the same physiotherapists from childhood, which can lead to strong and trusting relationships. Physiotherapists are therefore in an enviable position, being a medical professional whilst also holding clients trust, meaning that their advice could prove more influential.

EFDS was unclear as to the extent to which physiotherapists are aware of and use sport and physical activity as part of their treatment plans. With support from Cerebral Palsy Sport and WheelPower, EFDS collaborated with the APCP (Association of Paediatric Chartered Physiotherapists) to gain a better understanding of physiotherapist's role in encouraging **young disabled people** to take part in sport. Due to the nature of the body involved, this restricts the findings to younger age groups.

An online survey was conducted with the APCP membership to develop a baseline understanding of physiotherapists views and opinions of sport and physical activity and the extent to which they use it to support therapy.

This report presents the findings from the 159 physiotherapists who completed the survey. It provides an overview of how, if at all, physiotherapists currently use sport and physical activity as part of treatment for their young disabled clients. Findings include a baseline understanding of the value they place on sport and physical activity as a therapy choice. In addition, it develops a level of understanding on the type of training they receive in recommending or providing sport and physical activity for young disabled people.

Executive Summary

The research showed physiotherapists have a very positive perception of sport and physical activity and the role that it plays in young disabled people's treatment.

The role of sport and physical activity

There was a unanimous agreement from the physiotherapists included in the research that taking part in physical activity and sport is important for young disabled people. All participants also agree that there is value in referring young disabled people to sport and physical activity as part of their care plan. This was reflected in:

- 99 per cent currently use sport and physical activity as a therapy choice for at least some, if not all young disabled patients.
- 3 in 4 (75 per cent) physiotherapists surveyed said that during their assessment of young disabled people, they take into account their current level of involvement in sport or physical activity.

The impact of sport and physical activity

The emotional and psychological impact that sport and physical activity can have on young disabled people is generally why physiotherapists think it is important.

- Almost half (45 percent) of the physiotherapists surveyed felt that the social integration and associated social skills sport and physical activity can help develop were most important.
- In addition, around 1 in 3 of the physiotherapists felt that the health and fitness benefits, the impact on confidence and self-esteem, and the fun and enjoyment of taking part were all important reasons to encourage participation.

The positive impact that participation has on therapy was also important. Physiotherapists feel that sport and physical activity are not only a useful complement to standard treatment, but offer a potential lifelong approach to treatment that the individual can control themselves.

The barriers in using sport and physical activity in therapy

Despite this positive view of sport and physical activity, it appears that there are numerous barriers, which are preventing physiotherapists from using it as part of treatment. The most notable barrier is the significant lack of training in how to use sport and physical activity as a therapy choice. Less than 2 in 10 (18 per cent) of those surveyed have received any training in how to incorporate sport and physical activity into treatment plans.

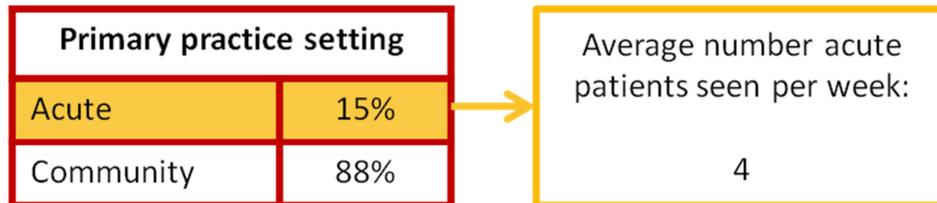
In addition to the lack of training, physiotherapists are also frustrated that they are restricted in knowledge and awareness of suitable and relevant opportunities for people with different impairments as well as being unaware of local provision that they can refer to.

Given that the majority of physiotherapists surveyed see a value in sport and physical activity as a therapy choice, but most are not currently receiving training, there is a clear need for improved support.

Section 1: Patient workload

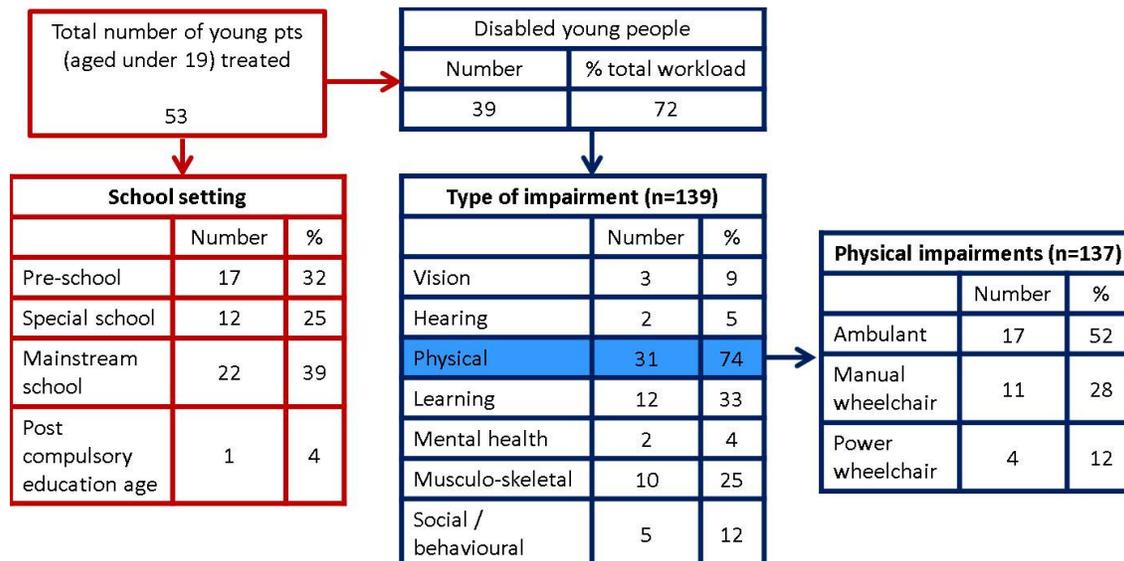
We asked the physiotherapists a number of questions about their workload.

Figure 1: Flow chart of primary practice setting and acute patient workload



The majority of the physiotherapists who took part (88 per cent) primarily work in a community setting. 15 per cent work in an acute setting with an average of four acute patients per week.

Figure 2: Flow chart of current patient workload



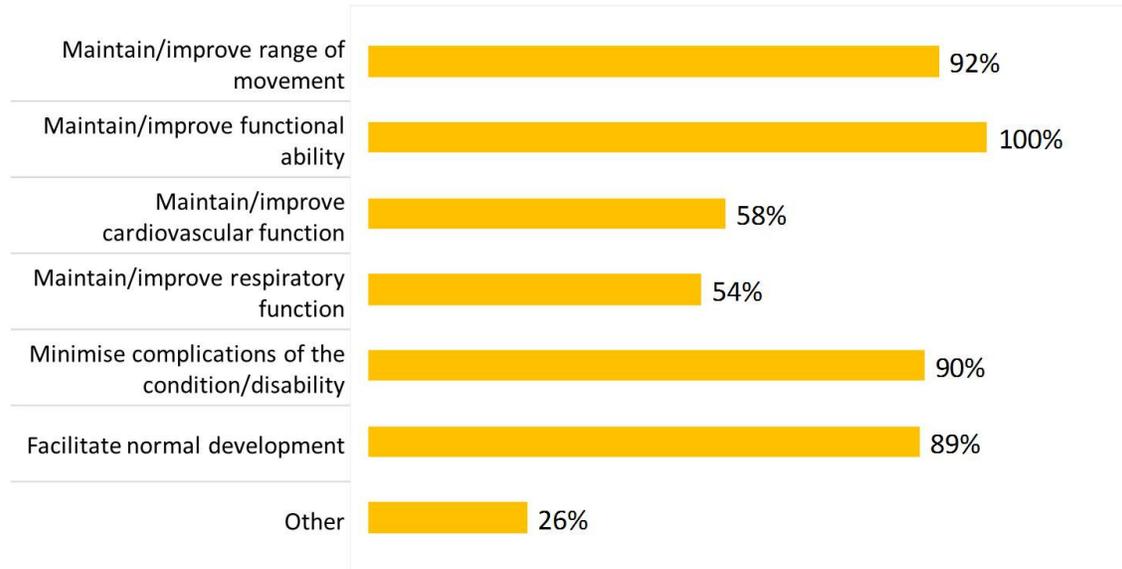
On average, the physiotherapists have a total of 53 young patients (aged 19 or under). The majority of these patients attend a mainstream school (39 per cent). 32 per cent attend a pre-school and 25 per cent attend a special school.

72 per cent of the young patients that physiotherapists treat are disabled, that equates to an average of 39 young disabled patients per physiotherapist. 3 in 4 of the young disabled people treated have a physical impairment, most commonly some form of ambulant impairment (an impairment that impacts people's ability to walk or stand).

Section 2: Treatment goals

We asked the physiotherapists to select the main treatment goals they have for young disabled people.

Figure 3: Chart depicting results to question: When treating young disabled children, what are you main treatment goals?



There were four goals, which the majority of physiotherapists selected. The most common, chosen by all who took part, was to maintain or improve the functional ability of the disabled young people. To maintain or improve range of movement, minimising complications of the condition or disability, and helping to facilitate normal development were also selected by most, around 9 in 10 respondents.

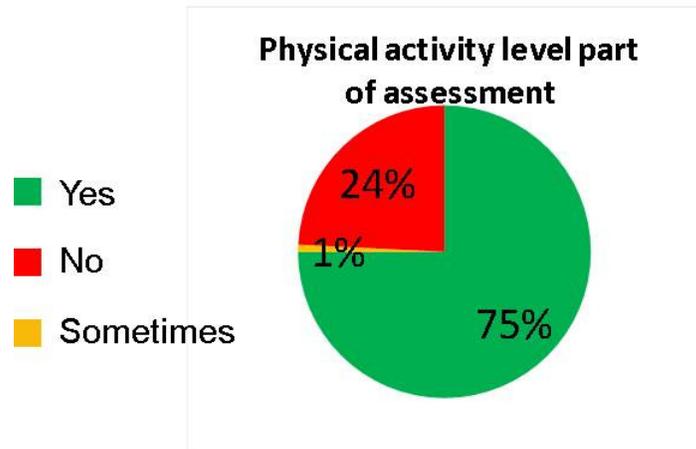
Maintaining or improving cardiovascular function and maintaining or improving respiratory function were not as prevalent, selected by just over half of the sample.

The physiotherapists also spontaneously identified other treatment goals, which are important including improving muscle strength, aiding pain management and encouraging participation in everyday activities.

Section 3: Extent to which sport and physical activity are seen as important to therapy

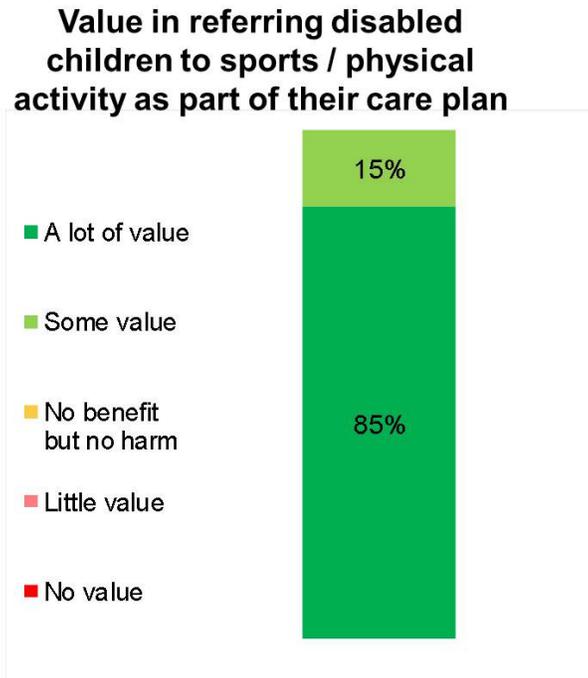
The physiotherapists were asked whether the level of sport or physical activity that young disabled people take part in is part of their assessment.

Figure 4: Is discussing the level of physical activity that a patient is involved in part of your assessment for each young disabled person?



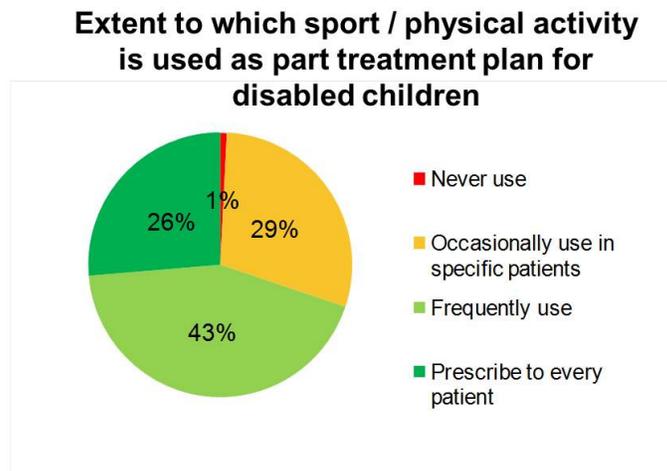
3 in 4 (75 per cent) said that they take the level of sport or physical activity into account in their therapy assessment. All of the physiotherapists surveyed thought it was important that young disabled people take part in sport or physical exercise.

Figure 5: Extent to which physiotherapists see a value in referring young disabled people to sport and physical activity



All physiotherapists surveyed also saw some value in referring young disabled people to sport and physical activity as part of their care plan, with almost 9 in 10 of them seeing a lot of value in referral.

Figure 6: To what extent do you use sport/ physical activity as part of your treatment plan for disabled children to help achieve your therapeutic goals



99 per cent of the physiotherapists surveyed said they use some level of sport and physical activity as part of their care plans. 3 in 10 (29 per cent) use it occasionally in specific patients, 4 in 10 (43 per cent) use it frequently and over 2 in 10 (26 per cent) use it with every patient.

Physiotherapists gave various reasons as to why they value sport and physical activity and see it as important that young disabled people take part. Example quotes include:

“I would rather my children did their exercise through sport than alone at home because of the extra benefits”.

“For me you cannot separate the two aspects of physio and disability sports/physical activity”

The social integration and subsequent social skills of taking part was the main reason it is seen as important, identified by almost half of those surveyed (45 per cent). The associated benefits on health and fitness were seen as the second most important reason, identified by 3 in 10 respondents.

Figure 7: Reason physiotherapists gave for sport and physical activity being important

Reasons why physical activity is important	
Social integration / skills	45%
Health and wellbeing	31%
Fitness	28%
Confidence and self esteem	27%
Fun and enjoyment (more fun than physio)	27%
Inclusion with peers	25%
Facilitates / compliments therapy	17%
Develops / maintains muscle strength	15%
Team work	14%
Improves cardiac / respiratory function	13%
Improves physical function	13%
Set / achieve goals	12%

Just over 1 in 4 physiotherapists (27 per cent) stated that the fun and enjoyment of taking part and the impact on confidence and self-esteem is important. 1 in 4 (25 per cent) identified that being included in something with their peers was important. The fact that sport and physical activity facilitates or complements physiotherapy was seen as important by just under 2 in 10 respondents.

Section 4: Physiotherapists perceptions of the benefits and barriers of young disabled people taking part in sport and physical activity

The physiotherapists surveyed identified a number of benefits for disabled young people taking part in sport and physical activity

Figure 8: What are the benefits of referring a young disabled person on to sport or physical activity as part of their treatment plan?

Benefits of referring a young disabled person on to sport or physical activity	
Fun and enjoyment	30%
Social interaction / skills	27%
Confidence and self esteem	24%
Inclusion with peers	23%
Maintains / develops muscle strength	23%
Facilitates / compliments therapy	20%
Health and wellbeing	18%
Self-management of physio	15%
Improves fitness	13%
Improves cardiac /respiratory function	13%
Greater motivation as they are interested in it	10%

The most frequently stated benefits were the ones which provided emotional or psychological improvements. 3 in 10 physiotherapists (30 per cent) stated the fun and enjoyment of taking part as the most common benefit. Just less than 3 in 10 (27 per cent) felt that the social interaction and associated social skills was a significant benefits. Just over 2 in 10 felt that the confidence and self esteem (24 per cent) and the inclusion with peers (23 per cent) were notable benefits.

There were also a number of therapeutic benefits which physiotherapists thought were important. The most commonly mentioned was the improvement it can have on muscle

strength. Physiotherapists also identified the use of sport and physical activity as a facilitator of treatment along with the fact it encourages self-management of treatment as important.

“For some of families having a lot of healthcare professionals involved in their child's life can remind them that their child has a disability and they can feel that they have no control/say over what their child can do. Promoting sport and physical activity can be very empowering for the child”

The main barrier that physiotherapists believe prevent young disabled people from taking part is the lack of suitable options available to the young disabled people. This is strongly linked to the location of the activities, with many people having to travel long distances in order to take part in activities which are of interest to them.

“There is so little available in the local area. Some families are prepared to travel, but not many.”

Figure 9: What are the barriers of referring a young disabled person on to sport or physical activity as part of their treatment plan?

Barriers of referring a young disabled person on to sport or physical activity	
Lack of available options	41%
Parent support / cooperation	34%
Location	34%
Financial limitations of family	33%
Transport issues	23%
Inadequate facilities	20%
Unaware of opportunities	15%
Lack of motivation	12%
Time available in life	10%
No coaches/staff who understand condition	10%

Young disabled people are extremely reliant on support from their family in order to take part in sport and physical activity. Lack of cooperation and support from parents and family members therefore has a significant impact on their level of and continued participation.

“Parental involvement is huge, if they are not motivated to take their child to the session, it won't happen”

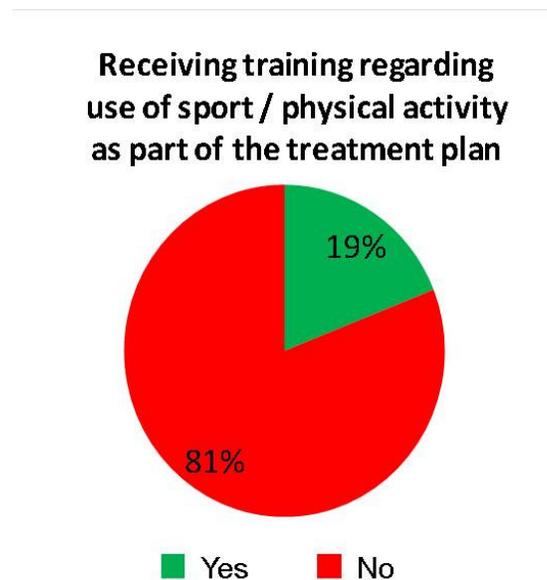
The cost of taking part in sport, either paying for the sport and associated equipment, or the travel to attend, is a significant barrier to some disabled children and their families.

Physiotherapists also feel that a lack of awareness is a strong barrier, not only are the disabled children and their families unaware of opportunities but the physiotherapists are also often limited in their knowledge of suitable opportunities that they can refer patients on to.

Section 5: Training in providing sport and physical activity as a therapy choice

Although physiotherapists agree that sport and physical activity play a significant role in therapy for young disabled people, it appears that their training does not reflect its perceived importance

Figure 10: Proportion of physiotherapists receiving training regarding sport and physical activity as therapy



The majority of the physiotherapists surveyed (81 per cent) are not currently receiving any training on how to use sport or physical activity as part of the treatment plan for disabled children.

Figure 11: Contents of current training for using sport and physical activity as part of a treatment plan

Current training	
In service training	35%
Courses about disability sport	30%
Training from specific sports	22%
Liaison with local groups /leisure centres who provide opportunities	17%
Classification course	13%

Of those that have received some training, they most commonly receive in service training, provided by colleagues. 3 in 10 people have received some training about disability sport, with 2 in 10 receiving training from specific sports about how to provide for disabled people. Around 1 in 10 people have received classification training.

Other ways in which physiotherapists learn is to make links with local groups or leisure centres where current provision is available.

Those who have received training were asked for opinions of how they think it could be improved.

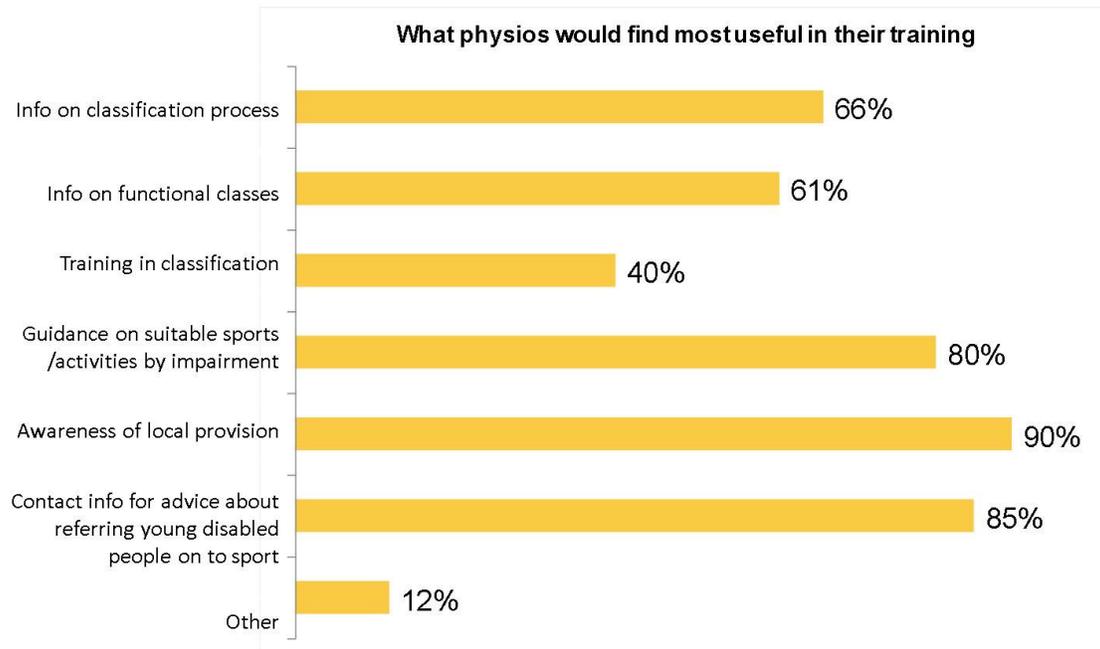
Figure 12: Ways in which training could be improved

Suggested improvements	
Understanding suitable sports for different impairments	22%
Info on what is available in local area	17%
Practical workshops with local club involvement	17%
Connections with specialist trainers to integrate into treatment plan	13%
More frequent training / more regular updates	13%

The top areas identified as needing improvement included guidance on suitable and relevant sports for people with different impairments, guidance on what opportunities are available in the local area, practical experience through hands on workshops and connections to experts who can provide advice on including things in therapy. Physiotherapists would also like this training to be more frequent, with regular updates.

In addition, all the physiotherapists who were surveyed were asked what kind of information they would find most useful when providing sport and physical activity as therapy.

Figure 13: If you were to receive training or information about including sport and physical activity in treatment plans for young disabled people, which of the following would you find useful?



Physiotherapists feel that the most important things that future training should focus on is increasing awareness of what is available in the local area. Secondary to that is providing guidance on the protocols of how to refer young disabled people on as part of their treatment and being made aware of what is suitable for different impairments.

Information on classifications and functional classes, whilst interesting, is less important.

Section 5: Conclusions

Physiotherapists clearly see a value in using sport and physical activity as a therapy option. They can complement official treatment to help achieve their therapy goals. It passes some of the responsibility of therapy from the physiotherapist on to the individual and provides a life-long care management option. This is particularly important for those people who may not be eligible for statutory medical support post-childhood.

Despite the clear buy-in from physiotherapists and numerous associated benefits, there is little consistent and standardised training around the use of sport and physical activity as a therapy choice. Primarily, physiotherapists are frustrated with their lack of awareness of suitable and relevant opportunities within the local area. In addition, they feel that they need improved support and guidance to understand more about which opportunities are suitable and relevant for people with different impairments.

There is an opportunity to improve relationships between physiotherapists and the sport sector, enabling them to share knowledge and experience, as well as improve participation of disabled people in sport. EFDS and the National Disability Sports Organisations, such as WheelPower and Cerebral Palsy Sport, can provide significant support to physiotherapists in helping them increase their knowledge and awareness of sport for disabled people. In return, physiotherapists can share their expert medical knowledge on how sport and physical activity can offer medical and well-being benefits.

Section 5: Recommendations

Based on the findings in this report there are two key areas to focus upon in order to improve the use of sport and physical activity as a therapy choice: awareness and training.

EFDS have drafted an initial list of recommendations of how improvements can be achieved within these areas.

Training:

The physiotherapists identified two main areas they feel would be most beneficial in terms of training around the use of sport and physical activity as a therapy choice

1. Information which improves their understanding of relevant and suitable sports / activities for people with different impairments.
2. Guidance on local quality provision that they can refer disabled people to as part of treatment.

The most common way physiotherapists currently receive training is through in service training from colleagues. Therefore, the most effective intervention would be for a standardised and consistent training module around sport and physical activity as therapy introduced and delivered by a respected physiotherapy body. For maximum impact this should consist of continued refresher courses which focus on practical application.

There are a number of resources already available which can be used as a basis for more focused training. EFDS can provide guidance to and support the APCP to review current resources and determine the extent to which they are useful and applicable. For example the EFDS profiling toolkit

http://www.efds.co.uk/resources/profiling_and_competition_grouping/profiling_toolkit_re
[source](http://www.efds.co.uk/resources/sainsbury_s_active_kids_for_all/active_kids_for_all_inclusive_community_training) or the Sainsbury's Active Kids for All Community Training Programme
http://www.efds.co.uk/resources/sainsbury_s_active_kids_for_all/active_kids_for_all_inclusive_community_training

Included in this training could also be examples of good practice from physiotherapists who are already frequently using sport and physical activity as part of their treatment plans. This provides practical examples that physiotherapists can relate to and apply to their daily practice whilst increasing awareness and confidence. Also, physiotherapists could find it very useful to include disabled people within the training courses so they can provide feedback on their experience and perceptions of the types of recommendations.

Awareness

Increased awareness of the benefits and use of sport and physical activity as therapy is needed not only among the physiotherapists, but also among the patients.

Physiotherapists need support in gaining a better understanding of local provision that they can be confident will provide a quality experience for their patients and help them to achieve therapy goals.

Using the EFDS engagement team as well as Cerebral Palsy Sport and WheelPower links, physiotherapists can be supported to improve their awareness of local provision. For example, inclusion of physiotherapists in the regional disability sports forums will increase awareness of local opportunities and provide a platform to share their own experience, knowledge and skills.

As part of this process, it would be beneficial to emphasise the importance of measuring the level of physical activity young disabled people are currently involved in their initial assessments. This can help to determine the most useful and suitable additional interventions to recommend.

Increasing awareness among other healthcare professionals can also help emphasise the benefits of sport and physical activity and help promote its use. EFDS and APCP can work together to open doors to different relationships that may be beneficial. For example, improving links with Sport England who are increasingly building relationships with the health sector.

Once awareness of provision has been established, the APCP can play a role in ensuring it is communicated effectively among their membership and beyond.

For more information on this survey or report, please contact Emma Spring at EFDS. Email research@efds.co.uk or telephone 0161 200 5442
Twitter @EFDSInsight

The report is available to download on the EFDS website www.efds.co.uk

Join our insight panel

EFDS is always looking for disabled people's support on our insight projects. There are many occasions we may get asked to help with other organisations' research or for our own development plans.

If you would like to join our panel of disabled people, please contact us on research@efds.co.uk or 0161 200 5442. It will be mainly communication via email or telephone, so you do not have to commit to any unnecessary time or travel.