

# Inquiry into physical activity of children and young people



Disability Sport Wales Response to the Health, Social Care and Sport  
Committee call for evidence

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Disability Sport Wales is committed to the sector vision for sport by creating an inclusive Wales in which *every disabled person is hooked on sport* and offered real choice as to where, when and how often they are physically active, including the playing or competing in sport, and in doing this build a *Nation of (disabled) champions*. DSW believe that this approach will help to secure the sector's goal of 'more people, more active, more often'.

Disability Sport Wales are very aware that this is not achievable through our actions and vision alone, the key to success will be bringing existing, as well as new partners on the journey; and in influencing and supporting inclusive cultural change across the sector. DSW's approach is to challenge and support partners and the wider sporting landscape to accept and embrace inclusion, and in so doing provide even greater levels of activity for disabled children, young people and adults.

## 1. What do we know about physical activity levels in children in Wales? How robust is the data on this issue?

- 1.1. Activity levels of disabled children within Wales is lower than that of their non-disabled peers. The School Sport Survey<sup>i</sup> suggested in 2015 that 40% of disabled children are hooked on sport (compared to 49% of non-disabled children) (and reflected a 9% increase from 31% of disabled children hooked on sport in 2013). The nature of this data is continuously strengthening, and DSW worked closely with Sport Wales prior to the 2015 survey to ensure that a version was available in Easy Read format to better engage disabled children within mainstream education, but also to capture the experiences of disabled people within SEN schools, units and Specialist Teaching Facilities (STFs). There is still further work to be done, and the percentage representation of disabled children and young people within the data is inconsistent across localities, and low.
- 1.2. DSW KPIs (2016) identify that there are 1.475 million participation opportunities available to disabled people in Wales; with 749,151 of these available to disabled children and young people under the age of 18. DSW collect KPIs at 6-month intervals on an annual basis and the data is cross-referenced and validated.
- 1.3. DSW are aware through their partnership with Betsi Cadwaladr University Health Board (BCUHB)<sup>1</sup> that there remains **reduced** opportunity for disabled children and young people to participate and be included within their Physical Education lessons at secondary school; and there is frequent provision of health interventions (OT and physio sessions) provided to disabled children in primary schools in place of their PE sessions<sup>ii</sup>.
- 1.4. The DSW insport Series Event in Cardiff (supported by Arriva Trains Wales)<sup>iii</sup> attracted more than 850 children and young people this year, with a large proportion of them never having experience physical activity (including sport) before. This is a showcase event for DSW highlighting the latent demand, but also reflects the pervasive lack (albeit decreasing) of inclusive opportunity in other events delivered within the sector; or that the data collected from other events does not allow engagement by disabled people to be monitored and/or evaluated.

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<sup>1</sup> This was a Calls for Action-funded partnership which intended to create a pathway between health and physical activity (including sport) for disabled people. It focused on the creation of a signposting process from health intervention in to a physical activity (including sport) opportunity<sup>iv</sup>. A Social Return on Investment study identified that for every £1 invested in work to signpost disabled people into physical activity resulted in a social return of £124<sup>ii</sup>.

1.5. There is a definite need to support the understanding of the sector around physical activity for disabled children and young people in schools (engaged in intra- and extra-curricular activities) through the provision of robust data, captured through inclusive methodologies.

## **2. Differences in gender-based attitudes towards, and opportunities for, participation in physical activity in Wales.**

2.1. DSW are aware through their 2016 KPIs of the following figure for U18's:

	<b>Membership</b>	<b>Participation Opportunities</b>
<b>Male</b>	7662	481,322
<b>Female</b>	4322	280,903
<b>Total</b>	12,284	749,151

2.2. Sixty-two percent of DSW's U18 membership identify as male, and 38% identify as female; with the males occupying 64% of the participation opportunities provided. Members are identified as individuals who attend inclusive (throughout the spectrum of provision (open, modified, parallel, and specific)) clubs and/or sessions within their local community. It is likely that there is a greater gap between the males and females who have an impairment than is seen within male and female populations of people without impairment; one explanation could be that there are greater numbers of disabled males than disabled females.

2.3. Further research is needed into the differences in gender-based attitudes towards participation in physical activity for disabled children, young people and adults.

## **3. The extent to which Welsh Government policies are aimed at whole populations and/or particular groups, and what impact that approach has on addressing health inequalities.**

3.1. As outlined in the Welsh Sports Association response to this call for evidence, there is a need for greater clarity around the remit of sport to help deliver the wider physical activity agenda.

3.2. There has been an increasing focus on equity, equality, diversity and inclusion within WG policies, which has undoubtedly supported an approach to delivery which has been more reflective of particular groups. However, there is arguably more work to be done, specifically around education and the position and provision of PE within the curriculum and it being inclusive of disabled children and young people; as well as greater challenge to support the UK CMO Guidelines (2011)<sup>4</sup> for the achievement of 60 minutes a day of physical activity for *disabled* children and young people aged 5 – 18.

3.3. Deliverers of physical activity (including sport) to children and young people often do not provide opportunity for disabled children and young people to engage with their activity, or it is added-on after provision has been made available to non-disabled children and young people first. This means that there is a lag in provision, and consequently physical activity levels, to disabled people; the risk of this continuing to happen is that the health inequality gap continues to grow.

Welsh Government policy needs to explicitly challenge deliverers and partners to include specific groups, and to take positive action which will then have a resultant impact on health inequalities.

#### **4. Barriers to increasing the levels of physical activity among children in Wales, and examples of good practice in achieving increases in physical activity, and in engagement with hard to reach groups, within Wales, the UK and internationally.**

- 4.1. There are many barriers to children in Wales which prevent increasing levels of physical activity (which are highlighted in the WSA response to this call for evidence) but these are further enhanced and extended when the child or young person has an impairment (and further again if that child lives in poverty or social deprivation). Additional barriers to disabled children and young people include: limited availability of opportunity and choice; lack of knowledge and awareness; accessibility; perceptions of providers and parent linked to functional ability; social isolation; transport; cost; and appropriate 'care' support<sup>vi</sup>.
- 4.2. DSW have led on innovative and successful examples of good practice to enhance the levels of physical activity in disabled children and young people; but the common denominator for all centre around: raising awareness of the impact (insport series events<sup>iii</sup>); identifying what inclusion is (insport NGB, insport Development and insport Club<sup>viii</sup>); links to support, knowledge, and skills (Sainsbury's Active Kids for All<sup>ix</sup>) and enhancing confidence to deliver (DSW/BCUHB HDSP<sup>iv</sup>); and how to be creative in provision and format of that provision (Get Out Get Active (GOGA)<sup>x</sup>).
- 4.3. The intersectionality associated with being a disabled child and also a member of a/other group(s) who share protected characteristics is not understood by the physical activity (including sport) sector and it is therefore essential that further insight is supported to appropriately address the "complex and multifactorial"<sup>vi</sup> barriers.

#### **5. Physical activity guidelines and how we benchmark physical fitness in children.**

- 5.1. These need to be clearly challenging of providers to ensure that they are considering appropriate models and guidelines which are appropriate to the benchmarking of the physical fitness of disabled children and well as non-disabled children.
- 5.2. Physical Literacy, and physical competencies work has been carried out by Sport Wales in partnership with Swansea University<sup>vii</sup> on the Dragon Challenge (and accompanying Dragon Tracker app) for non-disabled children and young people at yr6. This is intended as a measure of physical competency rather than physical fitness, but if adopted will provide insight into the physical competencies of (non-disabled) children in Wales. More recently DSW have worked to ensure that the provision is also accessible to disabled children, and whilst there is more work to do, this area of work forms an important function in understanding some of the benefits of physical activity.
- 5.3. It is essential that any work done within this area is inclusive of disabled children and young people to assess their levels of physical fitness, and to develop guidelines for physical activity, to ensure that there is not a fitness or measurement tool gap. Currently, within the vast majority knowledge and insight linked to guidelines and benchmarks, there is an assumption that the model identified for non-disabled individuals will also translate to disabled individuals. This assumption potentially means that essential considerations which would drive best practice and

high-quality engagement and provision are missed, and diverse communities (in this case disabled people) are still over-looked and not effectively provided for without additional support from agencies such as DSW.

## **6. Measurement, evaluation and effectiveness of the Welsh Government's programmes and schemes aimed at promoting physical activity of children.**

- 6.1. Often programmes which are delivered through partner and funding agencies do not capture sufficient information regarding disabled children, young people and adults; therefore, measurements and evaluations with specific regard to disabled children and young people's experiences of physical activity (including sport) and its promotion are not readily available.
- 6.2. DSW would suggest that there is a greater demand from Welsh Government on partners to ensure that programmes aimed at promoting physical activity (including sport) for children, young people (and adults) are a) inclusive, and b) capture appropriate data which enables effective measurement and evaluation of disabled children and young people's experiences.
- 6.3. The Health Disability Sport Partnership between DSW and BCUHB is an example of a disability-focused initiative which intends to measure, evaluate and establish a pathway through which disabled children, young people and adults are encouraged to be(come) physically active. The training and resources which have been developed to support the pathway have resulted in 58% of the signposting being to children and young people; linked to this there have been notable reductions in bullying, increased involvement in and provision of opportunity for inclusion in PE, heightened levels of self-worth and identify, and creation of stronger friendship groups within the stories captured from children and young people<sup>xi</sup>. This partnership is now delivered sustainably through BCUHB with partnership engagement from DSW<sup>2</sup>.

## **7. Value for money of Welsh Government spending to promote exercise in children.**

- 7.1. It is difficult to identify whether there is value for money in Welsh Government spending to promote increased physical activity (and exercise) to disabled children and young people without robust monitoring and evaluation data (see 6.1).
- 7.2. The Welsh Government and Lottery funding invested in DSW through Sport Wales is used effectively and strategically to deliver broad-ranging and high-quality impacts; but for genuine success, inclusive delivery must be delivered, monitored and evaluated by all those who also have an integral role to play in increasing, and advocating for physical activity to disabled and non-disabled children and young people. It is essential that this includes Education, Health (NHS and Public Health Wales, and more widely than BCUHB and North Wales), and Social Care; as well as Housing Departments and Associations, Town Planning, Facilities providers, Youth Services, Play Wales, Sustrans, Public Services, etc.

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<sup>2</sup> There is a proposal for National delivery within the other Health Boards across Wales, which has been delivered to the DOTHS, and the Cabinet Secretary for Health, Well-being and Sport. All monitoring and evaluation is centred around the experiences of disabled people.

## 8. The role of schools, parents and peers in encouraging physical activity, and the role of Sport Wales, NHS Wales and Public Health Wales in improving levels of physical activity.

- 8.1. Schools, parents, families and peers are essential to facilitating physical activity to disabled children<sup>vi</sup>. Therefore, it is essential that curricular and extra-curricular provision is inclusive of the disabled children and young people in the school; that community options for disabled children and young people reflect choice and assure confidence to parents that their child will be safe, welcomed and have a great experience; and that children and young people have the chance to participate with their friends. Without these elements “children with disability [*sic*] are potentially missing out on a range of opportunities to develop the skills they require to be physically active”<sup>vi</sup>.
- 8.2. Sport Wales, NHS Wales, Public Health Wales all have an essential role to play in the provision of inclusive physical activity (including sport) and Disability Sport Wales are a key partner to the successful and coordinated delivery of this. However, there needs to be clear direction from Welsh Government regarding the specific areas of the physical activity continuum that SW (and the National Governing Bodies for sport in Wales), NHS Wales, and PHW will lead on and be responsible for. Similarly, resultant definitions of ‘sport’ need to be flexible and genuinely reflect formats which are inclusive of disabled people from participation through to elite competition.

## 9. Conclusions

- 9.1. DSW support the comments highlighted within the WSA response to the call for evidence, provided on behalf of National Governing Bodies for Sport in Wales
- 9.2. DSW would strongly call attention to the fact that there remains a significant disparity in the availability of insight and knowledge around physical activity for disabled children and young people (as well as adults), and that non-disabled paradigms are applied without consideration of the implications.
- 9.3. Investment should only be made in programmes which emphasise a genuinely inclusive (meaningful involvement) approach to the provision of physical activity (including sport).
- 9.4. It is imperative, in order to increase the physical activity levels of disabled children and young people, that:
  - 9.4.1. they are **not** excluded from their school PE sessions, extra-curricular clubs, and play-times;
  - 9.4.2. the physical literacy journey (and assessment of this) is inclusive and reflective of disabled children and featured within the (new) school curriculum for Wales;
  - 9.4.3. work continues to take place which ensures inclusive community provision is appropriately supported, advocated, championed, measured and evaluated;
  - 9.4.4. physical activity (including sport) is proactively encouraged by health professionals who are knowledgeable or aware of the sign-posts into appropriate activity locally; and
  - 9.4.5. definitions used of sport by Welsh Government and the Sector are reflective of the formats which include disabled people.

## References

- i <http://sportwales.org.uk/research--policy/surveys-and-statistics/school-sport-survey.aspx>
- ii [http://whiasu.publichealthnetwork.cymru/files/5114/9554/8836/Health Impact Assessment- Health Disability Sport Partnership.pdf](http://whiasu.publichealthnetwork.cymru/files/5114/9554/8836/Health_Impact_Assessment-Health_Disability_Sport_Partnership.pdf)
- iii <http://www.childreninwales.org.uk/item/insport-series/>
- iv <http://www.wales.nhs.uk/sitesplus/861/page/72926>
- v <http://gov.wales/docs/phhs/publications/170403infographicen.pdf>
- vi <https://bmcpediatr.biomedcentral.com/articles/10.1186/s12887-016-0544-7>
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