

Evaluation of Get Yourself Active Local in Shropshire and Telford and Wrekin

Evaluation report

SEPTEMBER 2026



Better
Decisions
Together

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Acronyms

ASC	Adult social care
DPO	Disabled people's organisation
DR UK	Disability Rights UK
GYA	Get Yourself Active
MSW	Moving Social Work
PSW	Principal Social Worker
STW	Shropshire, Telford and Wrekin

Executive summary

This evaluation finds strong early evidence that Get Yourself Active (GYA) Local in Shropshire, Telford and Wrekin has established the **foundations for meaningful, sustainable system change**. The first 18 months should be understood not as a finished intervention, but as **proof of concept for a disability-led, place-based model** that brings together Disabled people's lived experience, local leadership, workforce development, cross-sector collaboration and national disability-rights expertise to challenge the barriers that restrict Disabled people's participation.

GYA Local shifts the question from why Disabled people are not more active, to what needs to change around Disabled people so that they have genuine choice, control and opportunity to move, participate and live well. This **rights-based and social justice framing** is critical. Longstanding inequalities in physical activity participation will not be addressed by focusing only on individual behaviour change; they require changes in professional practice, commissioning, organisational processes, local provision, accessibility, transport, attitudes and expectations.

The programme has created important **conditions for system change**. It has strengthened relationships, built shared understanding, increased awareness of the barriers Disabled people face, and created spaces where partners can test ideas, solve problems and identify and act on opportunities. Stakeholders described the programme as helping them to think more holistically about provision, awareness and access, and to recognise that change depends on the whole local system working together rather than on any single service or organisation.

The strongest evidence of impact is from **Moving Social Work**. This training programme led to improved knowledge, confidence and motivation to discuss movement and physical activity with Disabled people. Crucially, the work has moved beyond individual practitioner learning into organisational process change, including the introduction of physical activity prompts within Care Act assessments. This is a significant finding: training can start change, but leadership, systems, commissioning and follow-up are needed to sustain it.

There is emerging evidence that **changes in practice can make a meaningful difference to Disabled people and carers**. Examples in the evaluation show physical, mental and social benefits from being supported to become more active, including improved confidence, independence, mood, relationships and community connection. For carers, support around physical activity can reduce worry and burden and create opportunities for shared activity. However, direct evidence from Disabled people remains more limited than evidence from professionals and system partners, and future evaluation should place greater emphasis on Disabled people's own experiences and outcomes.

The distinctive feature of the model in Shropshire, Telford and Wrekin is the **combination of trusted local leadership and national disability-rights expertise**. Energize STW has provided coordination, convening of local relationships and understanding of the system. Disability Rights UK has brought the perspective and expertise of a national Disabled People's

Organisation, including lived experience, co-production, training, resources, challenge and links to national learning. This combination of local ownership and national expertise should be retained as GYA Local develops.

Recommendations

For the next phase in Shropshire, Telford and Wrekin, the evaluation suggests that partners should sustain the partnership and local leadership model, develop a clear sustainability and legacy plan, and keep movement embedded within adult social care through refresher training, induction, communications, resources and monitoring of assessment prompts. They should strengthen the pathway from assessment to support and delivery, using commissioning, contracts, provider conversations and quality assurance as levers to turn aspirations around movement into practical support. Engagement should also be broadened, especially with leisure services, care providers, informal carers, health partners, transport, children and young people's services, and voluntary and community organisations.

The next phase should also strengthen the voice and power of Disabled people. GYA Local has benefited from lived experience in steering groups, training and the development of a dedicated lived experience group, but going forward, the programme should sharpen focus on what changes are created through this involvement. Disabled people and carers should shape priorities, governance, resources, workforce development, commissioning discussions and evaluation, with accessible routes to participation and appropriate recognition for their expertise.

For the wider GYA Local model, the evaluation suggests that future delivery should start with the place, not a predetermined intervention. Each area should map its local system, identify existing assets and barriers, and build a plan of action based on local priorities. A trusted local convenor is essential, but this need not be an active partnership; the key requirement is credibility, strong relationships and capacity to maintain momentum. Steering groups should be treated as evolving rather than closed structures, continually asking who is missing, who holds influence and whose voice is not being heard.

GYA Local should integrate Disabled people's lived experience from the beginning, secure senior and organisational commitment where workforce practice and culture needs to change, and sequence interventions to create leverage, rather than delivering all workstreams at once. The Shropshire, Telford and Wrekin experience suggests that starting where there is leadership and readiness for change can create momentum for wider engagement. Every training intervention should have an 'embed and sustain' plan, covering follow-up, leadership, communications, resources, process change, peer learning and evaluation.

At national level, DR UK should develop a common GYA Local evaluation framework and create a learning community across participating areas. This would enable comparison across localities, support shared problem solving and identify which components of the model contribute most effectively to system change. Evidence from local areas should also inform national policy and influencing work, creating a feedback loop from Disabled people's experience, to local system change, to national learning and policy influence.

1. Introduction

1.1 Background to Get Yourself Active

Since 2015, Disability Rights UK's (DR UK) [Get Yourself Active](#) (GYA) programme has been working to increase Disabled people's participation in physical activity. While the programme's starting point was around empowering Disabled people to realise their right to access physical activity, it has since evolved to include a number of strands, targeting different aspects of access to physical activity – providing information to Disabled people on ways to get active, building capacity of Disabled people's organisations (DPOs) to support this, developing policy to influence at national level, and working with relevant sectors including social work and social care, and the sport and physical activity sector. DR UK has developed training sessions to support this and has partnered with Durham University to develop and support delivery of training aimed at social work professionals.

1.2 About the programme in Shropshire, Telford and Wrekin

Delivery model

In 2022, the GYA team at DR UK was contacted by [Energize Shropshire, Telford and Wrekin](#) (Energize STW), the active partnership in the neighbouring local authorities of Shropshire and Telford and Wrekin, to explore how they could work better with adult social care (ASC) to upskill and support social care practitioners to enable Disabled people to be more active. Together they identified an opportunity to encompass this within a broader, system-wide approach, not only targeting social workers but bringing together a wide range of local partner organisations to take a comprehensive look at how they could work together around Disabled people's access to physical activity.

After a pause due to staff absence, Energize STW and DR UK re-opened their conversation in 2024, and presented an offer to ASC and other relevant council directorates setting out how GYA aligned with their agendas around wellbeing and how it could help Disabled people to be better supported. Both councils were engaged, because while they have different populations and challenges, their geographical location means that residents access services across their borders and Energize STW as the active partnership covers both.

Once approval was gained, Energize STW convened two steering groups under the banner of GYA Local - one for each local authority, so that meetings could be held in person. Sub-groups focusing on specific workstreams were joint across both areas, rather than separate for each authority. In practice the aim was to share as much information and learning across both authorities as possible. Steering group members included representatives from public health, adult social care, voluntary and community sector. Energize STW organised and chaired the meetings and DR UK provided external support and expertise.

Workstreams

While the premise of GYA Local was that it would be locally shaped and driven, in order best meet local needs and embed change sustainably across local systems, DR UK offered delivery of their existing training packages, free of charge, to kickstart change in specific parts of the system which can make a difference.

The three training programmes are outlined in the table below.

Training workstreams

Workstream and target audience	Rationale	Content
Moving Social Work (MSW) Social workers and other social care practitioners	Social workers have strong relationships and a position of trust with the people they support.	Session focuses on increasing knowledge of the benefits of activity and upskilling participants to have conversations exploring and promoting physical activity.
Social care workforce Care providers (e.g. residential, domiciliary) and informal/family carers	Carers have an important role in supporting people to access movement and physical activity.	Similar to MSW, around increasing knowledge, confidence and ability to support Disabled people to be more active.
Co-production Sport and physical activity sector (council, private, voluntary)	Physical activity opportunities will be better used and better quality if they are co-produced with people who access them.	Session explores the benefits of co-producing physical activity services with Disabled people – i.e. involving Disabled people in design and delivery of services to ensure they are accessible and meaningful.

DR UK commissioned independent evaluator Lucy Smith in July 2025, to evaluate GYA Local in Shropshire, Telford and Wrekin.

2. Evaluation aims and method

2.1 Aims

The evaluation looked at the impacts of GYA Local in two respects:

1. Impacts of the programme on the wider system, such as local partners working together in different ways.
2. The impacts of the three training workstreams: MSW, social care workforce training, and co-production training.

It also explored what worked and lessons learned, again about both the specific workstreams and the overall programme, in order to generate insights that can be applied

to future work in Shropshire, Telford and Wrekin, and to the delivery of GYA Local in other areas.

2.2 Method

Summary

Summary of evaluation phases and activities

Scoping and design (Jul-Sept 2025)	Fieldwork (Sept 25-May 26)	Reporting (June-July 26)
- Review programme documentation - Evaluation framework - Design surveys and interview discussion guides	- Observations at steering group meetings - Interviews with steering group members - Surveys and interviews with training participants - Interviews with Disabled people/carers	- Analysis - Presentation for celebration event - Report

Scoping and design

Based on programme documentation and conversations with DR UK and Durham University, an evaluation framework was developed setting out key areas of impact, evaluation questions and which sources would provide data to answer these. Surveys and interviews for training participants, Disabled people and wider stakeholders were designed based on existing versions used in earlier evaluations.

Fieldwork

System level stakeholders

A range of stakeholders working at programme level took part in an evaluation interview, between January and May 2026. They included members of the DR UK team and steering group members from local organisations, some of whom had more than one role or had lived experience of disability, as well as another role. The table below provides a breakdown, and the total is the number of individuals interviewed.

Stakeholder interviews by type

Type	Number (some people had more than one role)
Active Partnership	2
Adult Social Care	2
Public Health	2
Other council team	4
VCS	4
Local people with lived experience	4

DR UK	4
Total interviews:	17

Excluding DR UK and Energize STW, of those interviewed, 6 were from the Shropshire steering group and 5 from the steering group for Telford and Wrekin.

In addition, the evaluator attended most of the steering group meetings to keep up to date with actions and workstreams, and to observe interactions and processes.

Moving Social Work

Social work practitioners

Durham University developed a set of surveys for their evaluation of university-based training and local authority CPD training, which were modified for use in Shropshire, Telford and Wrekin. The surveys used the [COM-B model](#) to track changes to practitioners' capability, opportunity and motivation to have conversations with Disabled people about physical activity. The survey also asked about their own physical activity, and for their reflections on the training.

All staff who attended the training were asked to complete a survey at 3 time points: before the training (pre), 3 months after (post) and 6 months after (follow up), and could tick a box in the survey, to express interest in taking part in an evaluation interview.

Data collection with training participants: Moving Social Work

LA	No. of training participants	Pre survey	Post survey	Follow up survey	Interviews
Shropshire	123	94	47	36	6
Telford	123	54	7	5	4
Total	246	148	54	41	10

Disabled people/carers

A discussion guide to be used with Disabled people who had conversation/s about physical activity with a practitioner was drafted and a member of DR UK's advisory board, who has lived experience, provided feedback on the draft, to ensure the guide was clear and accessible. An information sheet was shared with staff for them to pass on to any clients they thought may be interested in taking part; the opportunity was also promoted via local channels including the Direct Payments newsletter in Telford and Wrekin. A £50 thank you payment was provided for anyone taking part in a short interview online or by phone. Six interviews took place with Disabled people and carers.

Social care workforce training and co-production training for the physical activity sector

Training participants were asked to complete a survey after attending the training, which invited them to reflect on the impact of the training on their knowledge and confidence around the subject matter. They could tick a box to express interest in taking part in a follow

up interview. The same process was used for people accessing the online versions of the training. Numbers were as follows:

Data collection with training participants: care workforce and co-production

Training	No. of participants (across live sessions and recorded version)	Surveys	Interviews
Social care workforce	62	12	0
Co-production	40	6	2

Limitations

The evaluation had a number of limitations to bear in mind, as follows:

- **Uneven participation across three training workstreams** – MSW was vastly better attended than the other two workstreams, and therefore more data was collected for the evaluation. This means that the findings around MSW are more comprehensive than the other trainings, which will benefit from further evaluation of future delivery, in order to be able to understand their impacts in greater depth and with more confidence.
- **Lack of follow-up data for social care workforce and co-production training** – participants were sent a follow-up survey 6 months after attending the training, but no responses were received. This means we have limited knowledge of any medium/longer term impact of these trainings.
- **Uneven response rates to the MSW survey across the two councils** – a greater proportion of responses came from Shropshire than from Telford and Wrekin, particularly at post and follow up stages.
- **Limited participation by Disabled people and carers** – while input was gained from Disabled people and carers in relation to MSW, due to the lower numbers taking part in the social care workforce and the co-production training and engaging with the evaluation activities, it was not possible to reach any Disabled people or carers who may have been impacted indirectly by these two trainings.

3. Impacts

This section considers the impacts of the programme so far. It is important to recognise that that the evaluation only covers the first 18 months of the programme, and it looks at progress towards the overarching goal around Disabled people's access to physical activity. This is a long-term goal and the programme has so far worked largely on creating the conditions and foundations for it: exploring different ways of working, and working together instead of in silos. System change is not created in a year; systems change models typically anticipate 1-3 years as the building blocks for change over a 5 or even 10 year period. This section has three parts:

- **Impacts at system level** - what progress has been made towards developing a local system wide approach to enabling Disabled people to be more active.

- **Impacts on practice** - looking at each of the three areas targeted by the training workstreams: social work, social care and the physical activity sector.
- **Impacts on Disabled people** – whether and how changes in practice have begun to trickle down to those who access services.

3.1 Impacts at system level

Summary

Foundations for systems change established:

- Shared vision and understanding created
- Relationships established and developed
- Systems thinking better understood
- Ethos of testing and learning demonstrated
- Proof of concept achieved

Steps towards change for Disabled people:

- Raised profile of physical activity for Disabled people
- Change to social care assessments
- Influence at commissioning level
- Development of resources/tools
- Voice of lived experience and co-production

Foundations for systems change established

Shared vision and understanding

As a programme, GYA Local has a broad aim – for Disabled people to become more active - which ties in with local agendas and priorities in a wide variety of ways. Local stakeholders cited, among others: health inequalities, communities, weight and healthy lifestyles, prevention, rights and social justice and co-production. Because of this, at the start of the programme, those involved had **various expectations** or hopes around how it might contribute towards their agendas. Some said the programme initially felt quite conceptual, as opposed to having very specific set of intended outcomes and ways to get there, which reflects the programme ethos: for GYA to be shaped and driven locally.

“We all have different backgrounds and sectors but we all want the same thing, we have the same vision around accessibility and inclusion.”

As the programme has progressed, a shared vision and understanding of the local context in which it is being delivered has become established and clarified. Stakeholders are able to see **how the overall aspiration fits with their goals**, and the pathways emerging towards these. Many identified this as fundamental to working effectively together.

“There is a better understanding of what is happening across the landscape; an understanding of why certain areas are or aren't doing things, and how others could help.”

“The foundation is understanding everyone's drivers and communicating how the programme will help them get there.”

Space for relationships to be established and developed

Essential to delivering this kind of change over time is that the right people are around the table, they have strong connections, and they understand each other's roles and goals in relation to the overall vision. This forms a strong basis for collaborative working. Those involved in the steering groups generally felt that this was achieved, in the following ways;

- **Existing relationships strengthened**, including within the council, such as public health and adult social care, raising awareness of each others' priorities and challenges and building understanding of constraints and opportunities:

"A lot of people still don't understand the challenges the ASC face, and the benefits they bring for families and carers. So having that opportunity for other partners to discuss and put points across and get the direct feedback from ASC I think is positive and GYA has created a space for that."

- **New connections made**, across different organisations, with membership of the steering groups growing over time including an upsurge in new members from early 2026, demonstrating the momentum and profile being built:

"GYA has brought people round the table I don't usually come into contact with, so I have learnt about other's people work, and got in contact with organisations and partners I wouldn't normally connect with."

- **Exposure to wider networks**, through the breadth of representation on the steering groups and the range of organisations this provides links into. Energize STW have drawn on the connections of steering group members to find opportunities for promotion of GYA in diverse sectors including libraries, mental health and community connectors.

"Others in the steering group have their own links to help open the door to others and potential partners so they can have a look and see if it's of interest and aligns with their work and goals."

- **Collaboration and mutual support**, cross-sector information sharing, and alertness to opportunities.

"There is a genuine interest in listening and working out solutions together, there are lots of conversations going on within the steering groups and beyond."

Example: joining the dots

Members of the steering group from public health, commissioning and care providers' membership body, saw an opportunity to connect around separately funded, but closely related, programmes:

"Through GYA, because we had met each other there, we reached out to them and said look, we have the same audience, and the same objective here. So we are now looking at how we could approach it together.

Those synergies come about because we are on that group together, we can make that connection, because we are actively involved in the steering group, not just getting an email about it. You get ad hoc things that happen because you have GYA and those people in your mind. That is a real benefit of the programme."

There have been some **gaps** in terms of who has been involved so far, and it has become clearer why it matters to fill these gaps (see Lessons learned). Work is underway to further connect with leisure services, care providers, informal carers, health and others.

Increased understanding of systems thinking

Systems thinking, or understanding of how different organisations within a local landscape interact, underpins the GYA approach, so is a key indicator of the programme's effectiveness. In evaluation interviews with members of the steering groups, systems thinking was spoken about both explicitly and implicitly, suggesting that being involved with GYA has helped to develop understanding of the **value of this way of working**:

"We had a systems leadership event earlier this year, key directors were there and I was thrilled to hear that they are now talking about GYA, and GYA was given as an example of system level working, that has demonstrated a really forward-thinking way of working with a real openness to testing and trying things. By bringing people together around exploring what's possible, by working differently - not with new money, just by being collaborative."

For some stakeholders, GYA helped with their '**bigger picture**' thinking, about their role and their ability to influence change within the wider system. The programme ethos fostered a shift away from siloed approaches, towards a broader, more collaborative and cohesive approach that better supports impact, with several interviewees using the phrase, 'more than the sum of its parts'.

"When you get key players in the room, it is a brilliant opportunity to get to know each other and understand each other's roles in system change, and that bigger picture – how what we are doing fits into that."

Several stakeholders used the word '**holistic**' to describe the kind of thinking required to effect system change. In the case of Disabled people becoming more active, this means learning to think holistically around what is needed: **provision** of physical activity opportunities, **awareness** of the provision amongst Disabled people and professionals, and **access** to the provision, in terms of accessibility and transport. GYA has helped local stakeholders understand the barriers around all three aspects and how they interconnect.

Ethos of testing and learning

GYA has demonstrated a positive ethos around testing and learning, which is vital when the overall goal is broad and impacted by multiple and complex factors, as in the case of increasing Disabled people's access to physical activity. GYA started by testing three training workstreams targeting different parts of the system that have a role in this, and learned from these to **understand what worked and didn't work**.

This learning has since been applied to subsequent projects, to improve on the training where needed, and to target other parts of the system which could make a difference to Disabled people's physical activity and movement. Various projects are underway, which are discussed elsewhere in this report – for example, tweaks to training format and focus, development of resources for professionals supporting Disabled people, looking at use of assistive technology, and further promoting the programme's messaging via additional dedicated roles.

"We can draw on all of this to inform future practice. If the legacy is, this is what we learnt so we can do something differently next time - that is great."

Proof of concept

That the programme has achieved 'proof of concept' can be seen in a number of ways, as follows:

- **Funding secured:** GYA has been referenced in applications for Place Partnership funding from Sport England, i.e. provided an evidence base to help secure funding for a dedicated role in ASC to take this work forward:
"Through GYA we were able to show what we have achieved through increasing connectivity with adult social care, via the Principal Social Workers, and we could argue, if we were to pay for someone's time to take it forward, then what else could we do. So it shows how these conceptual ways of working have led to additional investment. If you look at changes that have been made with no money, then it's really exciting to think what could we do, even with some small money!"
- **Appetite to continue work locally:** stakeholders want to remain involved in the programme, beyond its initial iteration, which is testament to how positively it has been experienced and the potential of continuing to work in this way.
- **Wider influence:** GYA in Shropshire, Telford and Wrekin has had ripple effects beyond the area. Active partnerships from other regions have reached out to Energize STW, interested in learning about this way of working. PSWs in other local authorities are engaging with the MSW aspect, via regional meetings of the Association of Directors of Adult Social Services (ADASS). It has also informed development of the programme nationally, by DR UK, contributing to thinking around the model and how it is supported by DR UK in future.

Steps towards change for Disabled people

Raised profile of Disabled people's physical activity

Local stakeholders felt there has been increased awareness of the programme locally, and of what it is trying to achieve. Members of the steering groups reported that they are **talking about GYA** and hearing it being spoken about amongst colleagues, in and outside their own organisations, both informally and at events. Some noted that because of its broad relevance to many areas of work (for example, community and family hubs, local neighbourhood approach, community wellbeing outreach), GYA comes up in many contexts and conversations.

Energize STW, in particular, was noted to be highly visible and effective in **promoting the message** around supporting Disabled people's activity. For example, making the most of local networks such as 'community connectors' by visiting meetings and reaching out via the digital network, connecting into the voluntary sector, social prescribing, libraries and others:

"[The programme lead at Energize STW]'s work has been really impactful, she has spoken to so many people, loads of people are really engaged. Doing the promotion piece - she has been amazing."

As well as the local and regional focus, Energize STW has had a presence at **national** events:

"[The programme lead at Energize STW] gets asked to speak at events quite a lot so she is well placed to talk about the model. Sport England have had her speak about place-based working. So that leads to loads of recognition from other organisations and funders."

At a more **frontline** level, Disabled people's physical activity also has a higher profile within adult social care, thanks to MSW and follow up activity around it (discussed in more detail in the following section, Impacts on practice).

Change embedded within social care assessments

One key element of the increased focus on physical activity within adult social care is the addition of questions into Care Act assessments and reviews, used by social workers and others to assess and determine needs of people receiving adult social care. This is a **tangible change to process**, which means that case management software systems prompt practitioners to discuss movement and physical activity during assessments - rather than relying on individual practitioners as to whether they prioritise it.

This change has been recently implemented, so ongoing monitoring will be required to understand how practitioners engage with the physical activity prompt questions and what impact they have on assessment conversations and subsequent actions to support physical activity. But, in conjunction with the changes in mindset that the training has supported, stakeholders including the Principal Social Workers were optimistic that this change to process will support the **legacy of embedding movement** into social work conversations.

Initial influencing at commissioning level

Having local authority commissioners involved with GYA means that they can see the rationale for making **changes to contracts and specifications** for care providers, building in requirements on providers around supporting movement and physical activity. This is a vital step in terms of joining the dots, so where social workers include movement in their assessments, providers must then implement this as part of care plans. There are commissioners on the steering groups, with some attending the MSW training, and they have started to take steps towards tweaking specifications, as permitted by commissioning cycles. The aim is for those who have been involved with GYA to 'spread the word' to colleagues and gradually embed a greater focus on physical activity into processes, as has been done in the Care Act assessment paperwork.

"We have commitment from certain commissioners, which is needed because contracts and specifications is where you specify what providers need to be doing in terms of physical activity. If one commissioner can do it in their area, and demonstrate it to colleagues, then you have a drip feed effect. People want to see it proved before they take it on, but there is an appetite to change."

Developing resources and tools

Based on emerging learning and information gathered through GYA, a number of resources, tools and projects are in development. For example, a **top tips document** for care professionals, based on learning about the challenges for carers, and a resource for

adult social care in the form of a **booklet** containing ideas and links they can share with people to support movement and access to activities. Energize STW is working with **assistive technology** teams in Telford and Wrekin council to explore how existing technologies that support people with prompts around health, for example, medication and hydration, could be utilised to similarly support movement and physical activity.

Embedding voice of lived experience and co-production ethos

From the outset, GYA has aimed to involve people with lived experience, both in terms of representation on the steering groups, and in terms of the design and delivery of the training workstreams. The purpose of this is to put the experiences and voices of Disabled people at the centre of all of the programme's activities. Positive examples to date include:

- **Steering groups have members** who have experience of disability, as well as their relevant professional roles
- MSW training was **co-designed** with a group of people with lived experience
- The co-production training was **co-delivered** with a person with lived experience
- The top tips for carers is being **co-produced** with professionals and people with lived experience
- Energize STW has recently set up a **co-production group** with people who have lived experience, to act as a pool of experts who can support development of resources like the top tips for care professionals, co-deliver future training sessions and help with setting the overall direction of the programme.

Voice of lived experience in the co-production training

The co-delivery of co-production training with a person with lived experience made it more impactful for participants, bringing to life the challenges Disabled people face accessing physical activity, and sharing knowledge of the local area. For the person in this role, it was a positive experience that built her confidence and interest in further work:

"It was good, because there was not too much pressure on me. I felt there was enough time for them to get to know me and understand what I was comfortable with. At the first sub-group meeting, they said, you can have your microphone on if you want, but no pressure. I like that, it made me feel supported.

For me, it has made me want to carry on and do more - I'm looking into engaging with more things like that. It also made me feel more confident with doing online stuff – now I've done it, and it was fine, it has opened up more online things for me, like training.

And it was nice because I felt like I could make a difference, giving my ideas about what makes things more accessible. I explained how I wouldn't go somewhere if I didn't know what it looked like. It was good to let people [at the training] know that, so they could say, OK I'll make a video of the venue that people can see in advance."

There is scope to do more in terms of the breadth and depth of lived experience informing the programme, which is discussed in the Lessons learned section.

3.2 Impacts on practice

Summary

- Substantial numbers of adult social care professionals trained in having better conversations about physical activity, leading to
- Improved knowledge and confidence, greater priority placed on physical activity, and changes to processes to better embed physical activity into assessments
- Knowledge and confidence to support Disabled people's access to physical activity also increased for those taking part in social care training and co-production training

About these findings

This section looks at the three training workstreams delivered as part of GYA Local in Shropshire, Telford and Wrekin, and what difference they made to those who took part. There is more data, and therefore stronger evidence, around MSW than the other two workstreams, for the social care workforce, and the physical activity sector. This is because more people attended the training and a greater proportion of these took part in the evaluation. The evaluation included a detailed academic survey, with pre, post and follow up data, because it was also part of the evaluation of MSW at a national level. There was also more qualitative data collected. Training was mandatory for social work practitioners, and evaluation was supported by Principal Social Workers in Shropshire, Telford and Wrekin, who could influence their staff to complete surveys and take part in interviews, and support outreach to Disabled people and carers via existing networks.

In contrast, for the other two workstreams, participants were largely individuals, choosing to attend the training session (as opposed to attendance being mandated by their employer - with the exception of one group session at a care provider, part of Telford and Wrekin council). Collecting evaluation data had to be non-burdensome and could not be enforced. Therefore, we can draw only on a small number of post-training surveys and a couple of interviews. These indicate that the training itself was well received and participants largely felt that they would be able to use the learning in their work, but evidence on whether and how this played out in practice is very limited.

However, this is not to say that the experience of delivering the social care workforce and physical activity sector training did not generate insights and learning that can be applied to future delivery, and this is captured in section 4 (Learning).

Social work professionals

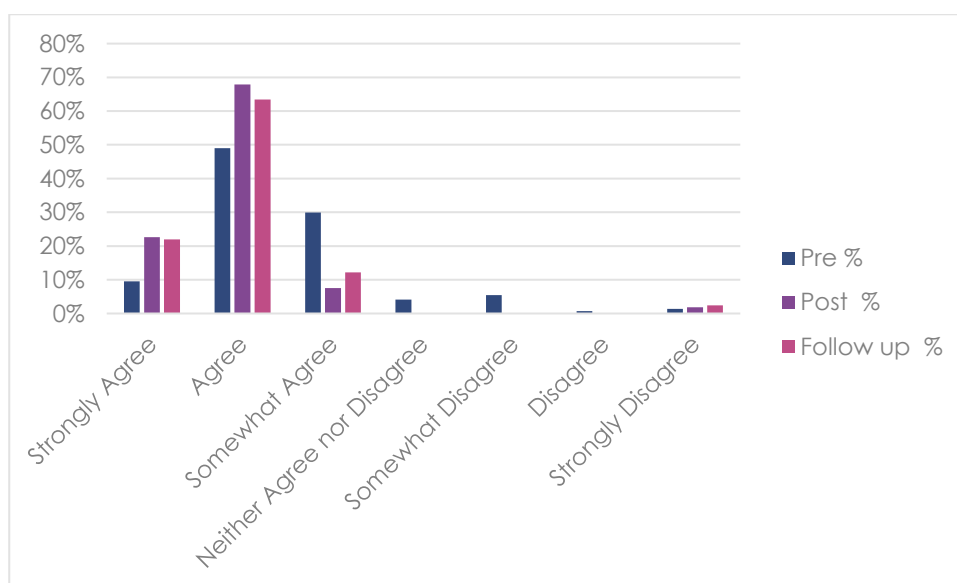
The MSW training was attended by 246 social work practitioners, with an even split between Shropshire, and Telford and Wrekin, councils. The largest group described their role as adult social care practitioner (qualified or unqualified) or social worker (n=110). The rest had a wide range of roles, including occupational therapist, carer support, reablement, mental health, safeguarding, hospital discharge/community hospital, learning disabilities.

Pre-training surveys were completed by 148 participants, with post and follow up surveys receiving fewer responses - 54 and 41 respectively. Ten participants took part in an evaluation interview.

Improved knowledge and confidence to discuss and support Disabled people's access to physical activity

The surveys and interview data indicated that participants felt that the sessions improved their knowledge and confidence to support people to become more active. They reported increased knowledge of the **importance and benefits** of physical activity, the risks of inactivity and the barriers to being active. For example, the chart below shows that after the training, 9 out of 10 of survey respondents agreed or strongly agreed that they know about the barriers Disabled people face to becoming active, compared to 6 out of 10 before the training.

"I have knowledge of barriers Disabled people may face to becoming physically active."



Knowing about the **risks of inactivity** helped participants to become more comfortable around reasonable levels of risk, so they are more likely to encourage movement, where possible:

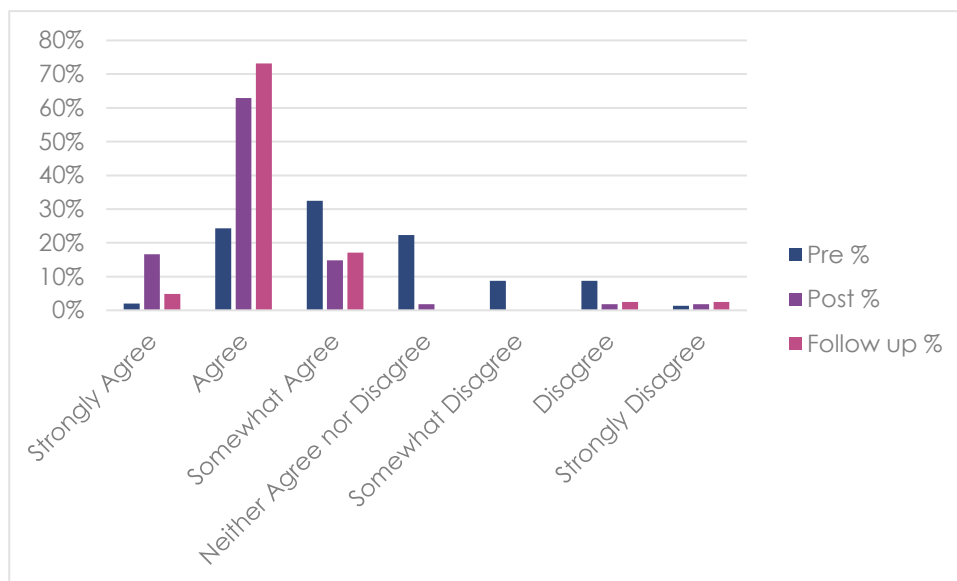
"There is less fear among staff, it has changed mindset and perception of risk. Risk is a good thing but you need to manage it positively. That shift in positive risk management approach is vital."

Many noted the focus on research within the training, which appeals to social workers as professionals who value **evidence-based** practice. Knowing the evidence gave them more impetus to bring up the topic of physical activity, and helped them to engage and motivate people around physical activity:

"After the training I went on my next visit and talked about the stats, 'the research says this', and it has more power with people, it makes you feel that conviction and you can see that lands with them more than you just saying it, without the evidence."

Statements in the survey designed to assess changes in confidence also showed positive results, for example, before the training around a quarter of respondents agreed or strongly agreed that they felt confident to engage in conversations about physical activity with Disabled people, rising to over three quarters after the training which was maintained at the time of the follow up survey, 6 months later.

“I am confident I can engage in conversations about physical activity with Disabled people, including helping them to understand the benefits engaging in physical activity can have for them.”



While the use of evidence in the training contributed towards increased confidence to discuss physical activity, this was further supported by the aspects of the training around **how to have the conversation**. This applied both in terms of **sensitive framing** of the discussion with individuals and families:

“We learned how to open conversations about physical exercise, without fear of upsetting those we support.”

And, in terms of making a **compelling case** to care providers, and around funding:

“I am having more conversations with care providers about how they can support people to stay active, or start being more active and the importance of this. I have a better understanding of how we can work together with our finance team to reduce costs and make physical activity more affordable.”

In addition, the messaging around **social justice** gave participants confidence around Disabled people’s right to be active, which again, not only prompted conversations with Disabled people, but boosted confidence to make funding requests around physical activity and feel confident to justify these.

Participants readily identified the training as supportive of their existing processes in the form of the **Care Act assessment**, and culture, in terms of **strengths-based approaches**. In this way the training helped endorse physical activity as aligning with the Care Act assessment, and the ripple effects that it can have on different areas of wellbeing. One of the Principal Social Workers identified this as a key benefit of the training, in terms of increasing practitioners’ confidence to make it part of their conversations:

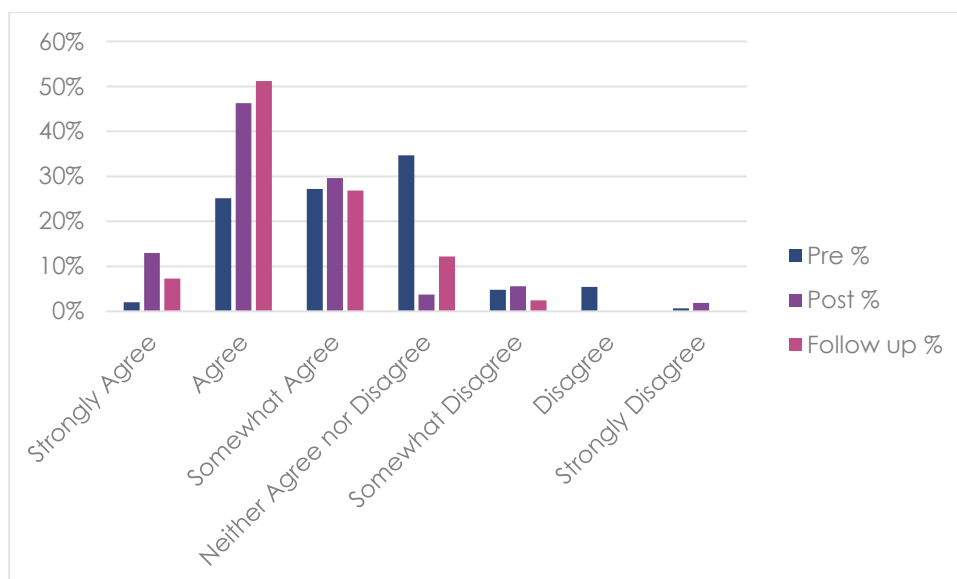
“We have struggled in the past to get physical activity authorised because it was not seen as falling under the Care Act assessment. MSW has helped to change that, helped us to join the dots and show how physical activity aligns with the assessment – because it’s about someone feeling healthy and happy, and having more independence – and physical

activity contributes to that. The MSW approach helps to cement and promote that and has really bolstered what we were doing, given it a stronger rationale."

Increased priority placed on physical activity for Disabled people

The survey contained a number of statements about practitioners' motivation to value and prioritise physical activity as part of the support that Disabled people receive. For example, the chart below shows that after the training, practitioners were more likely to prioritise talking about physical activity with Disabled people compared with before the training.

"Talking about physical activity is something I will prioritise in my conversations with Disabled people."



The qualitative data from surveys and interviews suggested that this increased priority was based on the following aspects of the training:

- Strong message that supporting physical activity is **part of the social worker's role**, not something to necessarily be left to, or referred to, an occupational therapist or physiotherapist.
- Spotlight on the value and **benefit of all movement**, so practitioners understand that it is worthwhile to encourage movement of any type: "it doesn't necessarily need to be a full workout or going the gym!"

By challenging assumptions about what exercise is, and who it is for, the training prompted participants to think outside the box to look for different **ways for individuals to be active**, in ways that work for them, whether the constraints are physical or financial:

"In some cases, it may not be financially possible to increase carer time [to support someone to be more active]. That made me think, if we can't increase time – then how can we think outside the box, and have a different conversation with a care provider. What can they do that's achievable and small, that doesn't need extra funding."

Participants often cited **small tasks** around the home, or short, 'achievable', home-based exercises, as examples of ways that the people they support could increase their activity, and felt that the training had opened their eyes to this:

“What it really did for me, it reiterated that any kind of movement helps. Like using the stairs instead of the stairlift, if you can. And that movement is different for every individual – you just need to do enough for yourself.”

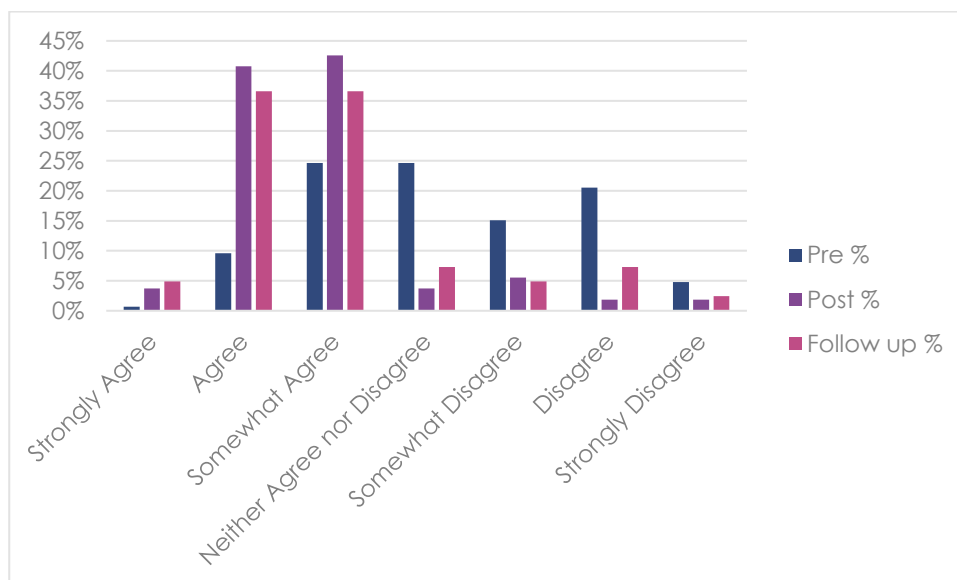
Some participants also said they were more likely to **push the conversation** a bit further than they used to, before the training:

“I try to be a bit more positive and encouraging for people, where they are perhaps feeling negative. So if they can't get out into the back garden from their sitting area, I can say, 'but oh look, great, you have access to the front garden and you can go round to the back from there'. You can be a bit more 'can do', try a bit harder to find a solution and use more positive language.”

Ability to identify and signpost opportunities for physical activity

The survey asked questions to understand whether training participants felt they had access to information resources that would help them to identify and link people into physical activity opportunities. The chart below shows that the training significantly helped raise awareness of such resources, compared to before the training.

“I have access to resources (e.g. information to share with Disabled people about the benefits of physical activity or a list of physical activity opportunities available in the local area) to help me have conversations about physical activity with Disabled people.”



However, participants said in the survey and in interviews that there was a **need for more information on local provision**, and often noted the challenges of finding activities that could be accessed by Disabled people living in different parts of Shropshire, as the county has a dispersed and rural population. This was a very common barrier mentioned by staff, and for some it affected their willingness to raise the topic of physical activity, for fear they would then be unable to find a suitable activity to fit the person's needs and interests, or that people would not be able to get there due to **lack of transport**.

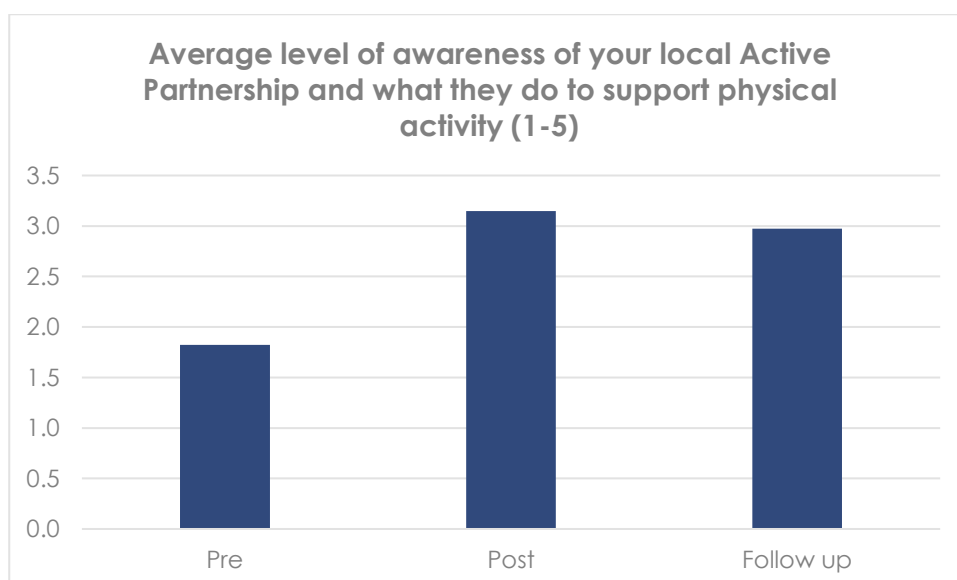
This need was recognised by Principal Social Workers and at the programme steering group level, and efforts to **build up knowledge and connections** of adult social care and the wider local offer around physical activity have been implemented. For example, public

health colleagues have attended ASC internal communications sessions to promote awareness of local provision, and ASC are working with the existing online community directory (Live Well Telford) to ensure that information on accessibility of activities is provided.

The presence of **Energize** STW at all of the MSW training sessions helped raise participants' **awareness of the active partnership** and open up a link between social work practitioners and Energize STW:

"The training gave me more ideas – now I get the Energize newsletter and I attend Community Connectors meetings, so I can keep in touch with what there is available, what's new. So it helped me in terms of accessing more information on provision."

In the surveys, respondents were asked to rate their level of awareness of the active partnership and what they do to support physical activity, with 5 being the most aware; the chart below shows that the average score rose from 1.8 before the training to 3.1 after the training and remained strong at the follow up stage (6 months after the training).



In response to practitioners' need for more information that they can share with the people they support, Energize STW is developing a **resource for adult social care** staff to take out on visits, to support conversations around movement with signposting to directories, online videos and more. Energize STW has linked up with the Calm Café in Telford, run by Mind and Telford and Wrekin council, to look at ways to embed movement into Calm Café sessions.

Embedding into practice

Looking at whether the impacts of MSW are being sustained over time, the surveys completed 6 months after the training generally showed that **positive change was sustained** over that period, with levels of agreement with statements around knowledge, confidence and practice remaining close to 'post' survey levels. Likewise in evaluation interviews, which took place 6-7 months after the training, participants generally had very good recall of the learning and felt that they were continuing to put it into practice, both in principle and process:

"It's very much part of conversations I have been having with the people I support, and I think it is getting more emphasis in support plans, because if you can evidence it in the plan then finance will take it into account."

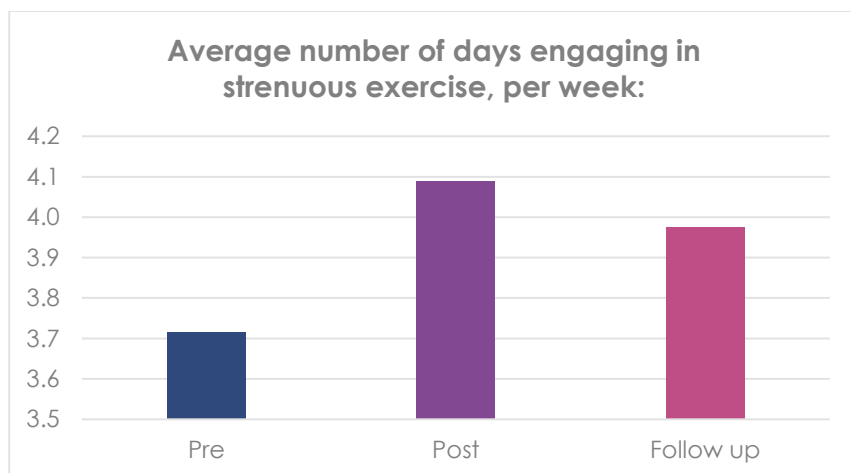
It is likely that sustained change was supported by a number of factors:

- Ongoing efforts by the PSWs, Energize STW and others, to keep MSW on the radar via regular communications
- Additional workshops delivered by Durham University, building on some of the themes introduced as part of the initial training; the workshops received very positive feedback from participants
- The addition of new prompt questions around physical activity into the Care Act assessment. In Telford and Wrekin, where this happened earlier than in Shropshire, interviewees were largely aware and positive about the change:

"It makes a difference, definitely, it gets me thinking on it, like, have I covered everything I could have, to the extent I could have. It doesn't feel like a tick box."

Improved practitioner wellbeing

A secondary aim of the MSW training is to encourage participants to think about and take steps to improve their own levels of physical activity, in recognition of the sedentary nature of social work. Survey respondents and interviewees enjoyed this part of the training and appreciated the focus on their own wellbeing. The survey asked respondents how many days per week, on average, they engaged in moderate to strenuous exercise (like a brisk walk); the chart below shows an increase from 3.7 days before the training, to 4.1 days after and 4 days at the follow up point:



This is a small increase and cannot be conclusively attributed to MSW, however it is reflected in the qualitative comments of those taking part in the evaluation, for example:

"It was very motivational and insightful, and the session made me think about how to have these conversations with individuals, but it also made me think about my own physical activity level and it has encouraged me to be more active!"

Some interviewees noted that the training helped them be mindful of how they **model and relate** to the people they support around physical activity:

"If we are going out there and asking people to be more active, then they are going to be looking at us! If we struggle, then it is good that we ask ourselves, how would we be more active in those small ways, that we are asking them to."

Participants shared some examples of how they were building in more **activity as part of the working day**, such as taking screen breaks, a lunchtime walk or walking instead of driving.

"It has definitely encouraged me to change my habits. So when I have a break, rather than sit and close my eyes for 10 minutes or scroll, I will go for a walk, I use an app to do a 10 minute Pilates. I'm pretty active anyway, I like a walk, go out in the garden, and do the housework. But after the training I started to be more conscious of spending time moving rather than sitting."

Modelling and encouragement by **managers and senior leaders** was seen as important to making people feel that they are allowed to do this:

"At work, at lunchbreaks, I will go around the office and encourage people to go out and get away from their desk, remind them that nothing catastrophic will happen in that 20 minutes! So as a team we are moving more. We do have some staff shortages at the moment, so looking at how we can support the wellbeing of staff is really important."
(Manager)

Some spoke about increasing their activity levels **outside work**, for example, doing 'couch to 5k', or about **spreading the word** to others in their personal lives, about the importance of physical activity, for example, encouraging their young adult children or elderly parents to get more active:

"My parents live in the countryside and they were lifting logs and my mum said, 'I'll probably do my back in!' So I was like, 'No, Mum, it's brilliant for you to be doing that kind of thing!'"

What could help to increase impact

Many of the social work practitioners who took part in the training spoke about the importance of the **role of care providers**, and informal/family carers, in enabling Disabled people to be more active. This is not a new insight and it is why GYA as a programme includes the delivery of training to care providers and informal carers. Nonetheless the views of MSW participants re-iterates the importance of this bigger picture approach.

"Care agencies are massively important – we are relying on them to implement all this, and they have a huge task, supporting people with 24 hour support needs, mental health, challenging behaviour, physical health. It is a massive responsibility that we put in their hands. So it's good for us to be able to share this learning with them."

Managers noted that it would be useful to have the training available on a regular basis to mitigate loss of knowledge through **staff turnover**.

Social care workforce

The training for paid and unpaid carers, about supporting Disabled people to be more active, had 62 participants, of which 32 attended a live session and 30 registered to access

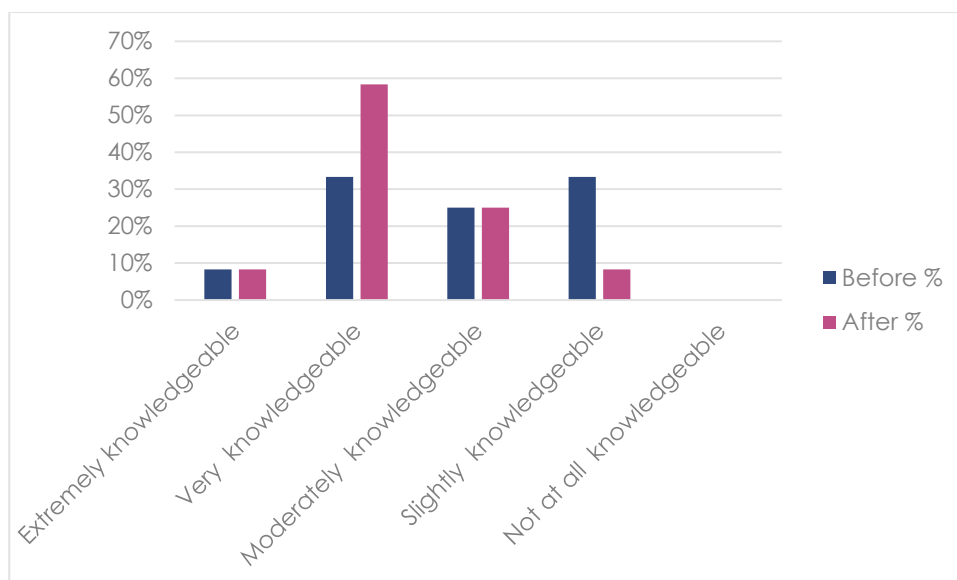
the recorded version online. The majority were employed by a local authority, others by a care provider and smaller numbers by a specialist college, university or charity.

The following findings are based on a small sample of 12 survey responses, so should be treated as indicative rather than conclusive. Survey respondents included a mix of paid (around 50%) and unpaid carers, with roles including care worker, support worker and personal assistant, in a range of settings including residential, domiciliary, community and day opportunities.

Increased knowledge and confidence to support people to be active

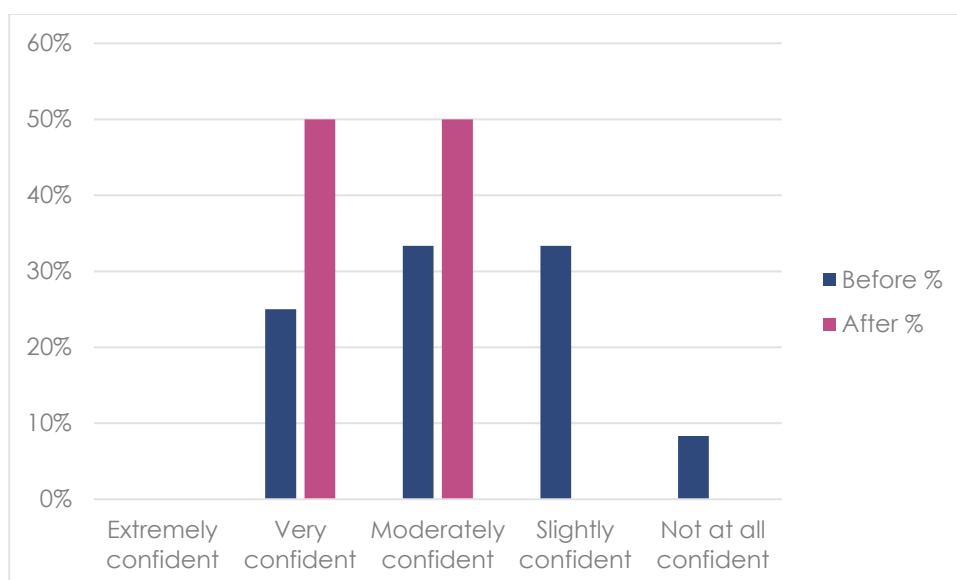
Survey respondents reported that the training led to an increase in their knowledge of physical activity and its benefits for Disabled people, and their confidence to support Disabled people to be physically active. As shown in the chart below, the proportion who considered themselves very or extremely knowledgeable about physical activity and its benefits, rose from less than half before the training, to about two thirds after.

How would you rate your knowledge of physical activity and its benefits?



Confidence in supporting Disabled people to be physically active also rose, with all respondents feeling very or moderately confident after the training – compared to just over half before.

How confident do you feel with supporting Disabled people to be physically active?



The training was seen to increase **understanding of the barriers** and limitations that Disabled people face in accessing physical activity, help thinking around **how to start conversations** and what language to use, and increase **awareness of opportunities** that are available locally.

Using the learning in practice

Around half of survey respondents said that the social care workforce training was very (42%) or extremely (8%) **useful**, with a further third saying it was moderately useful (33%). It was described as informative and engaging, with two thirds saying they were very (50%) or extremely (17%) likely to **use the learning in their work**.

In terms of how, most simply said they would use it to help them in supporting people to be more active; specific examples included by using the motivational interviewing techniques discussed in the training, and by contacting Energize STW to find out more about local opportunities.

Respondents liked attending the training in person, valued the information and resources provided, including easy to digest 'hints and tips'.

Suggestions for improving the session included more use of real examples and to hear directly from Disabled people, and/or carers who are already supporting physical activity.

Barriers to using the learning were mostly around the willingness of individuals to engage with physical activity, for example, if they have had previous negative experiences or struggle with pain. Lack of availability and inconvenient location or timing of activities could also act as a barrier.

What could help the workforce to support people to be more active could include, for those with an employer, to have the support of their manager in doing so. A directory-type resource to make it easy to find out about local activities, and resources to support exercise at home, such as infographics, were suggested.

Physical activity sector

The co-production training for the physical activity sector had 40 participants, 16 of which attended a live session and 24 registered to access the recorded version online.

Participants were from a mix of organisations including social care, community support, activity/sports providers and local authority.

Responses to the co-production training survey were especially low with only 6 responses, (therefore percentages are not used to describe this data). Two interviews provided some depth and examples to supplement the survey data.

Increased knowledge and confidence about co-production

Five out of 6 survey respondents felt that the training increased their knowledge of co-production and its benefits, and their confidence in using co-production approaches in their work. For each of these metrics, half of the respondents started from 'not at all' knowledgeable or confident; after the training most were moderately or very knowledgeable and confident.

Using the learning in practice

All respondents found the training very or extremely **useful**, with several commenting that a lot of the learning was new to them, and all said they were likely to **use it in their work**.

In terms of how they would use the learning, some planned to use the learning in setting up a new project:

"It was timely and explained what I needed to do for a new project."

Using co-production to make yoga accessible for Deaf people

After attending the co-production training, a yoga teacher set up a class for Deaf people. The class is free to attend, in exchange for the participants helping the teacher to work out the most effective techniques for teaching yoga to this audience.

"At the sessions, I'm asking them, what is good for you, how can I make my class better. Like, how do I get them to open their eyes when they have had their eyes closed. First we tried a spray, so people could smell it and that was their signal to open their eyes. But that didn't work for everyone, so we have settled on banging the floor, because people feel the vibration.

[The training] really gave me the impetus. Everything the trainer was saying, about how we can say we want to be inclusive, but we are not actually asking people - that really spoke to me.

So I knew I could do something different and the training gave me the motivation to go and put it [into practice]."

Respondents liked there being a cross-section of participants in different roles and organisations, although in some sessions this was limited by low numbers. The mix of visual information, case studies, contact information provided and (only in one of the sessions, due to low numbers), the break out discussions.

"We shared our own ideas – and that was great, that is where you start to really understand and get it. When you talk about actually setting something up, it becomes more real, it gives you more confidence you would be able to do it for real."

To improve the training, some would have liked it to be face to face (this was planned, but had to shift online due to circumstances). There was a suggestion to broaden the focus, so participants could take away some easily actionable first steps:

"I like the idea of having some useful tips and tricks that activity providers can take away as inspiration to begin co production / ways to be more disability friendly at their sessions and location. This might help them to understand and take action quicker."

Barriers to using the learning that respondents identified in the survey were lack of time, lack of support and understanding from their manager, and needing to further develop their knowledge of co-production.

What could help included signposting to further resources/reading (3 people), advice sessions (2) and direct support (1) (options from a multi-choice list).

3.3 Impacts on Disabled people and carers

Summary

- Disabled people who are supported to increase physical activity experience physical, mental and social benefits
- Carers experience reduced stress and burden

Impacts on Disabled people

The benefits of physical activity are already well-evidenced, and include physical health (mobility, stamina, strength), mental wellbeing (mood and sense of purpose), social opportunities (getting out to an activity and having a sense of belonging). This section gives some examples from MSW, drawing on interviews with social work professionals, Disabled people and carers.

Positivity and sense of achievement

One of the most often mentioned impacts of being enabled to be active was around mental wellbeing, specifically feeling more positive, with a sense of achievement and purpose associated with doing some activity (however small). Several interviewees talked about a **positive mindset** shift, feeling good about what they can do, instead of focusing on their limitations, which can lead to a 'why bother' attitude. They spoke about **empowerment and optimism**, incredibly important in the context of living in a disabling environment. One social care professional described how she fosters this with her own son, who is Disabled:

"I look at things differently with my own son now too, he has learning disabilities – really focusing on things he is achieving, however small, like opening a jar. I bring it into everything – and it creates a sense of positivity and progress. I will say, look you can do this."

A palliative care professional reported the positive impacts on **emotional wellbeing** that she saw from encouraging people to build in activity to their day:

"It reminds people they are not just poorly, they can do things that make them feel just a little better and fresher. I had a lady in the pain clinic at the hospice, she started joining in with dominoes in the lounge instead of just sitting alone in a room. And a gentleman with dementia, he had all this pent-up energy and he couldn't walk but he could use this lying down pedalling machine, and it was really good for him."

Doing things differently

While many people focused on 'small' wins in terms of activity, in some situations it can lead to major **shifts in service use** and wider wellbeing impacts. For example, through discussions about increasing movement, a person who was attending day services, but not really interacting with anyone there, moved to receiving care at home and being supported to try out different activities including trampolining, swimming and cycling – opening up her options and increasing her exposure to **social opportunities** as well.

In another case, with someone who was no longer eligible for support following a review, social workers agreed a plan to reduce support over an agreed period, during which the individual was supported to access community-based and informal support, including volunteering herself. By stepping down the paid service, in a supported way, she could **increase her independence**.

"It's all about thinking creatively about how we can achieve outcomes for people and really importantly focusing on the fact that Independence and movement go hand in hand."

Impacts on carers

Conversations and support around physical activity have the potential to make a huge difference to carers, as well as Disabled people. When people are supported to improve their physical wellbeing, those caring for them don't have to **worry** about their health, safety or mental wellbeing as much; their caring **burden** may be reduced; and they have **time and energy** freed up:

"For us as a family, it means another thing we haven't got to do. We are out with [our daughter] seven days, even in the week we will do things in the evening with her after her day service, it's early mornings on the weekend, out all day, it's full on, it's great but it's exhausting and we are getting older. So if anyone can take a bit of that off us, it makes a big difference."

A carer support practitioner shared an example of someone who, after a fall, no longer felt safe to go out for a walk; the practitioner worked with the community physiotherapy team and the falls clinic to provide a treadmill with safety rails, that could be used at home. Not only did this help to improve the person's confidence about walking again, it had a transformative impact on her daughter's **outlook about her caring responsibilities**:

"Where the training helped was the fact that I raised the topic in the first place. For the carer, it gave her hope about her mum improving and what that means for her life - it gave

her a lot of hope and optimism and she felt so much better to see her mum improving and building her confidence and strength back up."

Some interviewees talked about physical activity as a **shared activity** that carers and cared-for could enjoy together, such as swimming and cycling sessions. The impacts could go beyond the physical health benefits, and even beyond spending 'quality time' together, to really **affect relationships** positively. In this example, a practitioner helped a carer to achieve this through sharing the MSW message about starting small:

"This carer is very sporty himself, but he was struggling to get his son interested in fitness. So I could help him by saying, 'Look, stop pressuring him, just let him do a bit - chat during a walk, take the bikes in the car and do a little bike ride'. It has been massive for them – and he has now started volunteering in sport, building on that bond he has got back with his son. And it started just by thinking about, what *could* you do together."

Case study: Rosemary

This case study is based on an interview with Rosemary, a Disabled person from Shropshire, whose social worker was instrumental in enabling her to access the activity she wanted and which made a huge difference to her. Names have been changed.

Rosemary

Before I became Disabled, I was used to doing a lot of exercise. I had a job and friends and after, all that changed... I wasn't 100% me anymore. I was just alive and healthy. But I didn't feel I had any goals.

When Anne became my new social worker, we went through my plan, and she said, what would I really like to do? I said swimming, but I thought I wouldn't be able to. I had mentioned swimming before to previous social workers, but no one listened. Whereas Anne said, if that's what you want, we'll find a way. She had this can-do attitude, she was adamant, 'we will make this happen!'

So we had to change the care company, the old one was fine but there just wasn't anyone who wanted to go swimming with me. Anne found the right care company, who would support me to go swimming.

And it was amazing! I couldn't believe it - it wasn't just a dream anymore! Once I get in the pool, I feel like everyone else, it's the one time I feel like that – when I swim, I am free, nothing holds me back.

For me personally - it has given me back myself. It has made me think that nothing is impossible. It impacts on my mood, on my pain, I'm not lethargic. I have made such good friends. Getting into this has opened so many doors for me.

The main thing I want to say is, it's in the mindset of our social workers – they may put limitations on people. We [Disabled people] are quick enough to put barriers up ourselves, so you really need someone who says, yeh we can do it, no matter what.

If I'd had Anne as my social worker sooner, then things could have been so different for me. I had a lot of wasted years. But I am just so grateful for where I am now.

4. Learning

This section looks at what worked well, in terms of implementing the programme effectively and enabling positive outcomes and impacts to be achieved, and lessons learned, about what could have been done better or differently. This learning is shared in order to help those delivering GYA or any similar programme that involves working in partnership towards a shared goal.

4.1 What worked

Summary

- Shared ownership
- Local leadership
- Effective logistics
- Open membership
- Open ethos
- External support
- MSW specific learning

Shared ownership

A key element of what has worked well in GYA in Shropshire, Telford and Wrekin has been a sense of shared ownership amongst the partners involved. All ideas have been welcomed and actions taken on by different members. This has practical benefits in terms of the **distribution of effort** but also encourages **individual investment** and responsibility for moving actions forward.

"I think GYA has created a foundation of shared ownership. There isn't any one person who has a bigger stake. You need a key person to drive it, but it has to be about a shared goal. Energize have led and steered the ship but aren't doing every action and every follow up."

Energize STW and DR UK facilitated this shared ownership by through very **open facilitation** of the meetings, regularly reinforcing the message that the meetings were a space for local stakeholders to drive the programme, based on their knowledge of the system. This was then supported by the Energize STW lead collecting ideas, actions etc into a framework, inviting the group to discuss them and mutually work out whether actions could be taken on by someone within the group, or taken elsewhere: "*She put some **structure** to it and encouraged ownership.*"

"That willingness and energy in the group really helps to motivate action and motivate us to keep thinking in between steering group meetings, and have good conversations."

Local leadership

Stakeholders involved in the programme were unanimous in their praise for the leadership provided by Energize STW. The Energize STW lead was credited with bringing abundant enthusiasm and commitment to the programme, creating a sense of **energy and**

momentum in the steering groups. Her social work background meant she could draw on existing connections as well as her understanding of social care landscape, when bringing others into the group and engaging with relevant senior leaders to gain buy in.

“Often in the past, you've got pockets of good work but it's one-off and it fizzles – but this isn't like that. [The Energize lead] is really important in driving this.”

Beyond the individual programme lead, Energize STW as an organisation was recognised to be **highly connected into the local system**, again making them a well-placed partner to lead the implementation, based on their understanding of the local landscape and priorities of different organisations within it.

“It was well explained and well positioned to local stakeholders, so it was easy for us to see how our involvement would contribute and how it would benefit us too.”

Effective logistics

There was also a strong consensus that the programme has been very **well organised and managed**, in terms of logistics and administration of the steering groups, such as recording actions, using online platform Padlet to capture ideas, sharing successes. Members of the steering groups felt they had been kept in regular contact with updates and information:

“The comms are great, the Padlet is an excellent idea. I think [the Energize STW lead] has looked at opportunities, recognising that those around the table have lots of challenges and high workloads, and she has found the best ways to engage with us. It's a really nice group to be part of.”

Many also appreciated meeting **face to face**, for the majority of meetings:

“Having things in person is good, it can make more impact, keeping the momentum and driving things forward, staying linked together – connecting more and continuing conversations.”

The programme spanned the two local authorities, so had **separate steering groups** in order to enable the face to face meetings, but in practice there was a lot of connectivity and sharing of ideas across both, via Energize STW and also via **sub-groups** for each training workstream, which were joint across both areas. Sub-groups offered space for specific stakeholders to get into the detail of each workstream, without taking up time in the wider steering groups. This was seen by stakeholders as an appropriate and productive approach, with several noting that the neighbouring element of the two councils provided an opportunity for sharing inspiration and good practice.

In the main, those attending the steering groups felt that meetings were **well facilitated** and supportive of everyone's input. Some observed that conversations could sometimes be quite exploratory and therefore feel that they had drifted off topic, or not feel relevant to everyone there – perhaps this is unsurprising given the openness of the agenda and the diverse range of participants, and may be justified by the value of creating a space for stories and ideas to be shared.

Open approach to membership

Those involved described a very open and welcoming ethos within the steering groups. **Key participants** were identified at the start, based on the initial plan of work around the three training workstreams and on Energize STW's knowledge of the local landscape.

"It didn't feel like, tick box, 'we have got someone from the council'- it was thinking about the right people. The council is big and you can't just have one person from one bit."

As mentioned earlier, **new members continued to join** over time rather than a fixed membership. Allowing the groups to grow and evolve in this way has led to a breadth of representation and newer members have asked to join, having heard about GYA, or have been invited in a targeted way, where it has become clear how their involvement would support the programme.

"Always Energize and DR UK were asking who else we could involve. That was really positive, rather than just saying, 'we've got our group, that's that.' it has continuously been, 'let's make people aware and get them to join'."

Ethos of learning and adapting

The approach to steering group membership – i.e. open and evolving – was also reflected in the groups' attitude towards **trying things out**, being creative, and learning and adapting:

"Trying things, looking at what's gaining traction, looking at where the energy and buy in is and taking it forward. And knocking on doors that could be important in helping to get more opportunities for Disabled people. By involving all layers of the system."

Members of the steering groups described the meetings as an opportunity not only to share ideas, but to **problem solve and think creatively** about ways forward, and felt there was a positive ethos in terms of being open about challenges, in order to draw on the expertise of the group to tackle them.

"There has been an ongoing focus on follow-up, what next, how can we take this further."

For example, following the MSW training, a 'task and finish' group was set up with social workers, to look at what could help to embed the learning into practice.

The approach has also been very **pragmatic**, with Energize STW consistently focusing on 'the possible':

"There will always be blockers and financial barriers, but no-one wants to focus on what can't happen. What can we do, that has to be the focus – I want people to feel inspired and motivated, and the energy in the room is great."

Examples of adapting in response to learning

- Made recorded versions of the training sessions, in response to low attendance, so that people can watch them online at a convenient time.
- Developed an alternative session to co-production, which has a broader focus on inclusivity, with the aim of making it feel more achievable.

- Opened up Durham University's workshops beyond social workers, to enable a wider range of relevant professionals to access it, and enable participants to connect.
- Developed a shortened MSW session for managers and senior leaders, to help gain buy-in at that level.
- Secured budget within Energize STW to develop and produce resources in response to emerging demand, e.g. booklet for social workers, the top tips document for carers.
- Re-framed language to make it easier to engage with, for example, 'movement' instead of 'physical activity', 'inclusivity' instead of 'co-production'.

External support

GYA is a national programme, conceived by DR UK, but designed to be driven locally, so it best meets local need and is more likely to be sustainable. This model has played out well in Shropshire, Telford and Wrekin. **DR UK** has been seen to bring expertise as a DPO, in terms of lived experience and co-production, tools and resource in terms of the training design and delivery, and kudos and reach as a national organisation. **Durham University** has contributed credibility and academic rigour in the form of the evidence-based programme, MSW. **Local partners**, led by Energize STW, have brought the locality angle and made it truly place-based.

DR UK support

"DR UK have been great – great communications, keeping us all informed and on board, constantly offering support to help us embed this. It has felt shared, not like something handed to me to do. They can sometimes play devil's advocate to get us to think differently, and bring us suggestions from other areas as to what has and hasn't worked. [DR UK's MSW lead] is great at remaining solutions-focused and bringing that test and learn ethos. It has given structure and momentum, alongside Energize, to keep things going."

Moving Social Work

Some of 'what worked' is specific to MSW; however, the learning may be applicable to other initiatives within and beyond GYA. As mentioned earlier, MSW is a national programme led by Durham University and DR UK and is part of a national level evaluation. This section focuses on what factors helped make MSW effective in Shropshire, Telford and Wrekin.

- **Strong senior support and buy-in from adult social care.** Approaching Principal Social Workers (PSWs) in the first instance, and thereby taking a 'top-down' approach, was agreed by those involved to have been fundamental:

"Targeting the PSWs was key, it was so important to get this on their agenda and explain how it aligns with what they are doing, what would be important to them e.g. the Care Act. That was how we were able to get them involved. We could have gone in at operational level, but that would not have been as effective."

PSWs attended the training sessions, providing a strong endorsement of the training and communicating to staff that it was important. Their visible presence and logistical support was crucial to the successful delivery, and impact, of the training:

"They are neighbouring authorities and they understood they needed to cooperate because so much takes place across the borders. It was very helpful that they were happy to be consistent and coordinated. They were super responsive and took it on board and wanted to make it land well."

- **Mandatory and broad attendance:** the PSWs in each local authority agreed to make attendance mandatory, so substantial numbers of social work practitioners and others took part. In the context of a busy workload and many competing demands, it is likely that making the training mandatory made a significant difference to numbers that would have been trained otherwise. The training was also promoted to a broad spectrum of practitioners beyond social workers, including occupational therapists, carer support workers and hospital-based roles, which created an opportunity for those in different roles to connect and gain a better understanding of each other's roles, as well as supporting the message that promoting physical activity is part of everyone's job.
- **Integration of the active partnership** into the training and follow up: this was the first time that MSW was delivered with the pre-planned involvement of the active partnership, and Energize STW's input in terms of information about local provision was valued by participants. It was an opportunity for the Energize STW lead not only to raise awareness of the organisation and the local offer, but also to make links with social workers and remain in contact after the session. The Energize STW lead's background as a former social worker also helped to build a rapport with staff:

"Some people knew her, but even if they didn't, the shared professional background created a real connection for people. It generated warmth in the room, to know that she understands our struggle, our challenges, our context."

- **Supported by changes to process:** as discussed earlier, the addition of questions into case management systems, to prompt practitioners to discuss physical activity, was widely seen as a very positive step in terms of integrating change into practice.
- **Follow-up, supported by partners,** to help embed and sustain learning: this was led by PSWs with activities to keep MSW on the radar such as newsletters, communications sessions, linking with public health and active partnership, and follow-up workshops focusing on specific themes, delivered by Durham University.

4.2 Lessons learned

Summary

- Engagement of key sectors
- Lived experience voice
- Learning around carer and physical activity sectors

Engagement of key sectors

It has taken time to build up the membership of the steering groups in order to represent the full range of local organisations, sectors and voices that will be needed to continue the work started by the programme, and this work is ongoing. In some areas, individuals or organisations were approached early on and proved difficult to engage, with others, the potential of their contribution has only become clear, or clearer, as the programme has

developed. In all cases, there have been common challenges including capacity of organisations and individuals to commit time, and demonstrating the value of the programme and the rationale for involvement.

"The will has been there from the start but it takes time to 'build a movement', so you can make the case to everyone you need on board."

Specific gaps in terms of representation include the following, and work is underway by Energize STW and others to engage with these:

- **Leisure:** leisure was the key gap identified by stakeholders, having a vital role in terms of planning, developing, commissioning and providing leisure services such as leisure centres, gyms, pools and other sports facilities. Efforts were made to engage with leisure services at the outset of the programme but their participation was limited. Stakeholders were frustrated by the lack of engagement because of their potential influence.

"We had a sense of impotence that they weren't there to hear about the issues and what's needed, and they aren't there publicising their inclusive offer that they do have."

- **Care providers:** while the care sector membership body Partners In Care was involved in the steering group, some felt there was scope for more, and more direct, representation of providers and organisations supporting a wide range of Disabled people.
- **Informal carers:** likewise, although families and other unpaid carers were represented on the steering group, this was seen as an important audience where greater involvement would benefit the programme with insights into a wider range of experiences.
- **Children and young people:** while the programme set out to focus on adults, there is also an appetite to look at physical activity for children and young people, based on the principles of early intervention and the benefits of forming positive habits around physical activity at a young age, to take into adulthood. Several stakeholders wanted to expand the scope of the programme to include provision and access to physical activity for children and young people, looking at how physical activity is reflected in EHCPs, and during transition to adult services.
- **Health:** despite engaging with a range of health partners, it was not possible to identify a someone who could dedicate time to represent the health sector at the steering groups.
- **Transport:** public transport came up frequently as a barrier to accessing physical activity, so there is a potential for a role within the steering groups to influence this.
- **Voluntary sector:** voluntary sector participation in the steering group was not lacking by any means, but nonetheless many thought that having more variety of organisations involved would help to represent more perspectives and bring a better understanding of real life experiences and barriers. As noted above, ongoing efforts to engage voluntary sector organisations faced the challenge of their very limited capacity and time.

Overall, most stakeholders felt positive about the range of organisations 'around the table', and about the evolution of the membership over time, moving towards a better balance in terms of the public, private and voluntary sectors and the specific areas represented.

"Steering group representation was very good overall, but there was perhaps some imbalance – it felt quite public sector/ASC-heavy. So perhaps there could be a better balance between 'system' organisations and more grassroots/community level – voluntary sector, families and carers."

Lived experience voice

While at a programme level, GYA has had an invaluable contribution from people on the steering group who are both wearing a relevant professional hat, and have lived experience, many stakeholders felt that there is scope to bring in a **more diverse range of voices**, of those who are not necessarily in a professional or voluntary role that gives them access to share their views and who are not already tapped into networks and channels to do so. There was a strong view as to the importance of ensuring this diversity at the programme level, as well as within the training delivery.

As well as **who** is involved from a lived experience angle, there was learning around **how** best to integrate these voices. While those involved in the steering groups felt they had been able to share their views and experiences, there was a challenge recognised in how these are then translated into actions and solutions to progress change:

"It can be hard to broaden it out from individual concerns and steer the conversation to, what are the implications at system level, what we can we do about it."

To enable access to a broader range of lived experience voices, and ensure they can make a meaningful contribution, Energize STW has recently established a **lived experience group**, creating a space for people to shape and feed into the programme, alongside the steering groups. The aim is to enable participation by offering **different ways to input** their knowledge and views, rather than within the traditional structure of a group, based around meetings. This is a work in progress and, in line with the wider ethos of the programme, will respond to feedback and evolve as it develops.

Engagement with care workforce and physical activity sectors

As explained earlier in this report, numbers of participants in the training aimed at the care workforce, and the co-production training for the physical activity sector, were low, and those who took part tended to already have some level of knowledge and commitment to the topics. Possible reasons for this - based on feedback from stakeholders and those involved in delivering the training - are as follows:

- **Lack of a 'top down' route into the sectors:** the nature of the care and physical activity sectors made a 'top down' approach - which worked so well for the MSW training where the PSWs within adult social care were key advocates - less feasible. Both sectors have a less clear route in than social care, as they are more dispersed in the sense of including a wide range of individuals and organisations, both commercial and voluntary, and therefore lack a cohesive leadership or structure for the sector. This meant that outreach and recruitment was more scattergun in approach, and could not be supported by clear endorsement from a sector leader:

"Those sectors are made up of separate organisations and individuals, so how do you work out, with them, how best to deliver for them. It's very hard because they are dispersed. It's about looking at who are the system leaders you need on board."

- **Lack of time and capacity to attend training:** again the nature of both workforces affects their ability to attend training; those who are employed may struggle to take out from

work without the support of their employer, and equally it may be hard for volunteers and informal carers to take time away from their responsibilities.

“With sport and leisure and grassroots community sport organisations, I think it is just an ongoing thing of being very hand to mouth. If CPD is not linked to governance – safeguarding, first aid, level 1/2/3 quals - they will not have time.”

- **Lack of familiarity with co-production:** for the co-production training for the physical activity sector, it seems likely that a lack of familiarity with the term, and the concept, may have acted as a barrier to take-up. In addition, co-production may have felt like a goal that would be difficult to achieve through a one-off training session, so a shift to focusing on inclusion more broadly, with some ‘quick wins’ that could be easily put into practice, could help with engagement:

“We wonder whether we should use that term when marketing it. Co-production is the aim, the gold standard - but in the meantime there are building blocks you can take towards it. So maybe we call it involvement, participation, inclusion, instead. We are testing that out with a new workshop.”

These challenges have already been recognised by the steering groups and are being addressed with a range of changes to training, marketing and outreach and ongoing efforts to engage with key players who can support participation in training, and wider engagement with the programme. There was a key message from stakeholders in the evaluation interviews, as well as discussed in the steering groups, that an effective way to promote further engagement is through **celebration of success**, by sharing examples and demonstrating the difference that GYA, and more broadly, the difference that enabling Disabled people to be active, could make. In response, a celebration event was held in Shropshire in June 2026, with a wide variety of local organisations and speakers attending for a full day to reflect on the programme so far, and make a pledge to take forward some aspect of the change in their own work.

5. Conclusions and recommendations

5.1 Conclusions

The evaluation provides strong early evidence that Get Yourself Active (GYA) Local in Shropshire, Telford and Wrekin has established the foundations for meaningful and sustainable system change.

The first 18 months should not be viewed simply in terms of the number of activities, training sessions or individual interventions delivered. GYA Local is testing a different approach: bringing organisations, sectors and Disabled people together around a shared ambition to

address the interconnected barriers that prevent Disabled people from being as active as they want to be.

The evaluation demonstrates emerging **proof of concept for GYA Local as a disability-led, place-based approach to system change.**

Significant progress has been made in developing relationships across the local system, creating greater shared understanding, increasing awareness of the barriers Disabled people experience, strengthening workforce knowledge and confidence, and beginning to embed physical activity and movement within everyday adult social care practice.

Importantly, there are examples of change moving beyond individual knowledge and behaviour into organisational processes and systems. These include the introduction of prompts about physical activity within Care Act assessments and reviews, emerging influence on commissioning and provider expectations, development of practical resources for the adult social care workforce, stronger connections between adult social care and the physical activity system, and increased consideration of co-production and lived experience.

These developments are important because long-term inequalities in physical activity participation will not be addressed through interventions aimed solely at changing the behaviour of Disabled people. Sustainable change requires the systems, services, policies, commissioning arrangements, environments and professional practices around Disabled people to change too.

From physical activity to rights and social justice

GYA began from the principle that Disabled people should have the same right and opportunity to be active as non-Disabled people. The experience of GYA Local reinforces the importance of taking this further through a social justice approach.

Disabled people should not have to overcome inaccessible services, restrictive systems, low expectations, financial barriers, transport difficulties or assumptions about risk simply to participate in movement and physical activity.

The role of GYA Local is therefore not to ask why Disabled people are not more active, but to work collectively with Disabled people and local partners to ask:

What needs to change around Disabled people so that they have genuine choice, control and opportunity to be active in ways that work for them?

This shifts responsibility away from the individual and towards collective responsibility for creating the conditions in which people can participate.

The evaluation provides evidence that this framing can influence professional practice. Moving Social Work has helped practitioners see physical activity not as an optional addition to someone's support, but as something connected to wellbeing, independence, relationships, community participation and wider Care Act outcomes.

Building the conditions for system change

The evaluation demonstrates the importance of relationships as infrastructure for system change.

GYA Local has created spaces where people from different organisations and sectors can understand each other's roles, priorities and constraints; identify connections between their work; test ideas; solve problems together; and identify opportunities that may otherwise have remained within organisational silos.

Shared ownership has been particularly important. GYA Local has not been experienced as a programme imposed on the locality by an external organisation. Instead, local partners have been encouraged to determine priorities, contribute ideas and take responsibility for action.

This is an important lesson for future GYA Local areas: **system change cannot simply be delivered to a place; it has to be developed with the place.**

The experience in Shropshire, Telford and Wrekin also demonstrates the value of combining strong local leadership with national disability-rights expertise.

Energize Shropshire, Telford & Wrekin has provided trusted local leadership, relationships, coordination and detailed understanding of the local system. Disability Rights UK (DR UK), through GYA, has brought the perspective and expertise of a national Disabled People's Organisation, together with lived-experience and co-production approaches, training, evidence, resources, challenge and connections to wider national learning.

This combination of **local ownership and national expertise** is a significant feature of the GYA Local model and should be retained as the programme develops.

Workforce change can become system change

Moving Social Work provides the strongest evidence of impact within the evaluation.

Training 246 practitioners created significant reach, but the importance of the work extends beyond participation numbers. The evaluation found improvements in knowledge and confidence, greater priority being placed on conversations about movement and physical activity, increased awareness of barriers, and evidence that changes were sustained at six-month follow-up.

The involvement of Principal Social Workers and the alignment of the programme with existing adult social care priorities were important factors in achieving this.

Most significantly, learning has begun to move from individual professional practice into organisational processes through changes to Care Act assessments and reviews.

This demonstrates an important principle for GYA Local:

Training can start change, but systems, leadership, commissioning and organisational processes are needed to sustain it

Future delivery should therefore avoid treating training as a stand-alone intervention. Each workforce intervention should be accompanied by an explicit plan for how learning will be reinforced and embedded.

The next stage must strengthen the voice and power of Disabled people

GYA Local has benefited from lived experience throughout its development, including representation within steering groups, involvement in training and the development of a dedicated lived experience group.

However, the evaluation also identifies an important opportunity to go further.

The next phase should move beyond simply increasing the number of Disabled people involved and consider how lived experience influences **power, priorities and decision-making**.

This means ensuring that Disabled people and carers have meaningful opportunities to shape programme priorities, governance, resources, workforce development, commissioning discussions and evaluation.

Particular attention should be given to reaching people who are not already connected to established professional, voluntary or community networks. This should include people with different impairments and experiences and people whose experiences are shaped by multiple and intersecting inequalities.

The question should increasingly become not simply **"Have Disabled people been involved?"** but **"What changed because Disabled people were involved?"**

Measuring change in Disabled people's lives

The evaluation provides strong evidence of early system and workforce change and some powerful examples of impact for Disabled people and carers.

However, direct evidence from Disabled people remains more limited than evidence from professionals and system partners.

This is understandable at this stage of a system change programme. Changes in relationships, workforce practice, commissioning and organisational processes take time to translate into measurable population-level outcomes.

Nevertheless, the ultimate test of GYA Local must be whether changes within the system result in Disabled people experiencing greater choice, control and opportunity to be active.

Future evaluation should therefore increasingly connect:

System change → organisational change → workforce practice → Disabled people's experience → wider outcomes.

Outcomes should extend beyond levels of physical activity to include wellbeing, confidence, independence, relationships, community participation, choice and control.

A model with wider potential

The experience in Shropshire, Telford and Wrekin has relevance beyond the locality.

Interest from other Active Partnerships and engagement through professional networks demonstrate the potential for learning from GYA Local to influence practice elsewhere.

Rather than creating an identical delivery model for every locality, the learning suggests that GYA Local should develop as a set of **core principles and conditions for change** that can be adapted to different places.

These include disability leadership, co-production, strong local convening, cross-sector collaboration, senior leadership engagement, workforce development, shared learning, practical system change and a sustained focus on Disabled people's rights and experiences.

The first phase has therefore been less about delivering a finished model and more about demonstrating what becomes possible when different parts of a local system work collectively with Disabled people.

The next phase should consolidate these foundations, broaden participation, embed the changes already achieved and connect local learning more deliberately with national policy and system influence.

5.2 Recommendations

The following recommendations are intended to support the next phase of GYA Local in Shropshire, Telford and Wrekin and inform future delivery of the programme in other areas.

For Shropshire, Telford and Wrekin

1. Sustain the partnership and local leadership model

Continue the steering groups as spaces for shared ownership, problem solving, learning and cross-sector action.

The coordinating and convening role undertaken by Energize STW has been central to maintaining relationships and momentum and should continue to be appropriately supported and resourced.

At the same time, ownership should remain distributed across partners so that GYA Local becomes increasingly embedded within the local system rather than dependent upon any single individual or organisation.

2. Develop a clear sustainability and legacy plan

Partners should agree how the work will be sustained over the next phase, including governance, leadership, resources, workforce development, communications, lived-experience involvement, evaluation and responsibility for individual workstreams.

The plan should identify which changes need continued programme support and which can become part of business-as-usual practice.

3. Keep movement and physical activity embedded within adult social care

Build on Moving Social Work through regular communications, refresher opportunities, workshops, resources and induction for new staff.

Monitor how physical activity prompts within Care Act assessments and reviews are being used and whether they result in meaningful conversations, support planning and subsequent action.

4. Strengthen the pathway from assessment to support and delivery

Identifying physical activity as an outcome during an assessment will have limited impact if the wider care and support system cannot respond.

Partners should strengthen the connection between assessment, support planning, commissioning and service delivery so that aspirations around movement and community participation can translate into practical support.

5. Use commissioning as a lever for system change

Explore opportunities to embed expectations around movement, physical activity, community participation and choice within relevant commissioning frameworks, service specifications, contracts, provider conversations and quality assurance processes.

This would help move the programme from reliance on motivated individual practitioners towards sustainable organisational expectations.

6. Strengthen engagement with the social care workforce

Continue to develop approaches for paid and unpaid carers, personal assistants, support workers, care providers and managers.

Future approaches should recognise workforce pressures and use flexible, practical formats supported by accessible resources, examples from practice and Disabled people's lived experience.

7. Broaden the system around the table

Strategically expand engagement with sectors that can influence Disabled people's opportunities to be active.

Priority should be given to health and NHS partners, primary and community care, social prescribing, leisure services, care providers, informal carers, transport, children and young people's services, voluntary and community organisations and other relevant local partners.

Engagement should begin with the priorities and pressures facing each sector and demonstrate how removing barriers to movement and physical activity contributes to their own objectives as well as wider system outcomes.

8. Embed lived experience and co-production within governance

Continue developing the lived experience group and establish clear routes through which its priorities and recommendations influence steering groups and programme decisions.

Disabled people and carers should be involved not only in commenting on resources or training but in identifying priorities, designing solutions, evaluating progress and influencing the overall direction of GYA Local.

Different and accessible ways of participating should be available, with appropriate recognition and payment for people's expertise.

9. Develop practical and accessible tools

Continue developing resources that make it easier for practitioners, carers and Disabled people to translate conversations into action.

Resources should support conversations about movement, provide appropriate signposting, help people understand accessibility and demonstrate practical ways of incorporating movement into everyday life.

Resources should be co-produced where appropriate, widely promoted and regularly reviewed.

10. Establish a shared outcomes framework

Develop a manageable set of indicators that allow partners to understand change across the system.

Measures should consider system relationships and processes, workforce knowledge and behaviour, commissioning and organisational practice, and, most importantly, the experience and outcomes of Disabled people.

Qualitative evidence and stories of change should sit alongside quantitative measures.

11. Create structured opportunities for reflection and learning

Maintain the programme's test and learn culture by building regular reflection into steering groups and workstreams.

Partners should routinely ask what has changed, what has not changed, what Disabled people are telling the programme, what barriers remain and what needs to happen next.

For the wider GYA Local model

12. Start with the place, not a predetermined intervention

Before delivery begins, map the local system, including strategies, priorities, inequalities, existing provision, relationships, assets and previous work.

GYA Local should build upon what already exists, and identify where its disability rights and system change approach can add the greatest value.

13. Identify a trusted local convenor

Each locality needs an organisation with credibility, strong local relationships, an understanding of the system and sufficient capacity to maintain momentum.

This does not necessarily have to be an active partnership. The essential requirement is the ability to convene partners and translate collective ambition into action.

14. Build a movement rather than a closed steering group

Membership should evolve as understanding of the system develops.

Partners should continually ask:

Who is missing? Who holds influence? Whose voice is not being heard? Who could help remove this barrier?

This will enable GYA Local to respond to emerging opportunities rather than becoming constrained by its initial membership.

15. Integrate Disabled people's lived experience from the beginning

Co-production should not be an additional workstream operating alongside system change; it should be a principle underpinning the whole model.

Localities should establish accessible mechanisms through which Disabled people can shape priorities, governance, delivery and evaluation from the outset.

16. Secure leadership and organisational commitment

Where change depends upon workforce behaviour, GYA Local should identify senior leaders, commissioners, employers and professional leads capable of legitimising the work and creating the conditions for participation.

The experience of Moving Social Work demonstrates the importance of senior endorsement and follow-through.

17. Sequence interventions to create leverage

Workstreams should not automatically be delivered simultaneously.

Localities should identify where there is strongest potential for change and use early progress to create momentum elsewhere.

For example, changes within social work assessment and support planning may create stronger reasons for commissioners, providers and the physical activity sector to engage.

18. Build an embedding plan around every training intervention

Training should be treated as the beginning of change rather than the end.

Each training offer should consider from the outset how learning will be reinforced through leadership, communications, practical resources, peer learning, processes, commissioning and follow-up support.

19. Develop a common GYA Local evaluation framework

DR UK should establish a core national evaluation framework that can be used across GYA Local areas while allowing flexibility for local priorities.

This should enable learning to be compared across localities and help identify which components of the model contribute most effectively to system change.

Importantly, evaluation should follow the pathway from changes in systems and professional practice through to changes experienced by Disabled people.

20. Create a national GYA Local learning community

As GYA Local expands, participating areas should have structured opportunities to share learning, challenges, resources and solutions.

This would reduce duplication, accelerate learning and allow localities at different stages of development to support one another.

People with lived experience should be integral to this national learning community.

21. Use GYA Local as a vehicle for national policy and system change

DR UK should systematically bring together evidence from GYA Local areas to identify recurring barriers that cannot be resolved solely at local level.

Evidence and lived experience from localities should inform DR UK's national policy and influencing work across adult social care, health, local government and the sport and physical activity sector.

This creates an important feedback loop:

Disabled people's experience → local system change → national learning and policy influence → improved conditions for local change.

Local GYA partners should also be supported to act as advocates and ambassadors within their professional and sector networks, spreading successful approaches beyond individual programme areas.