

SPORT FOR CONFIDENCE

#PlayYourPart

Liz Fletcher and Deb Bullen
Sport for Confidence

Introduction

Liz Fletcher @lizdry
Occupational therapist
Educational Lead
@sportforconf

Passionate about physical activity being inclusive for all, regardless of someone's health condition or social circumstance.

Occupational therapist since 2006- various community settings, leadership year with HEE, quality improvement and risk management.

Sport for Confidence offered a strategic role imbedding physical activity into healthcare

Deb Bullen
@debbullen_OT
Occupational therapist
@sportforconf

Passionate about making physical activity inclusive and accessible to all.

Graduated from the MSc course at University of Brighton in 2019. Occupational therapist at Sport for Confidence and Sussex Community NHS Foundation Trust in Responsive Services.

Recognised the value of OT in sport and became interested in the role of an OT based in a leisure centre after completing her MSc research in this subject, which was published in the British Journal of Occupational Therapy in 2020. Deb delivers the model in Westminster and is currently helping to expand the delivery model to Sussex.

Reflection

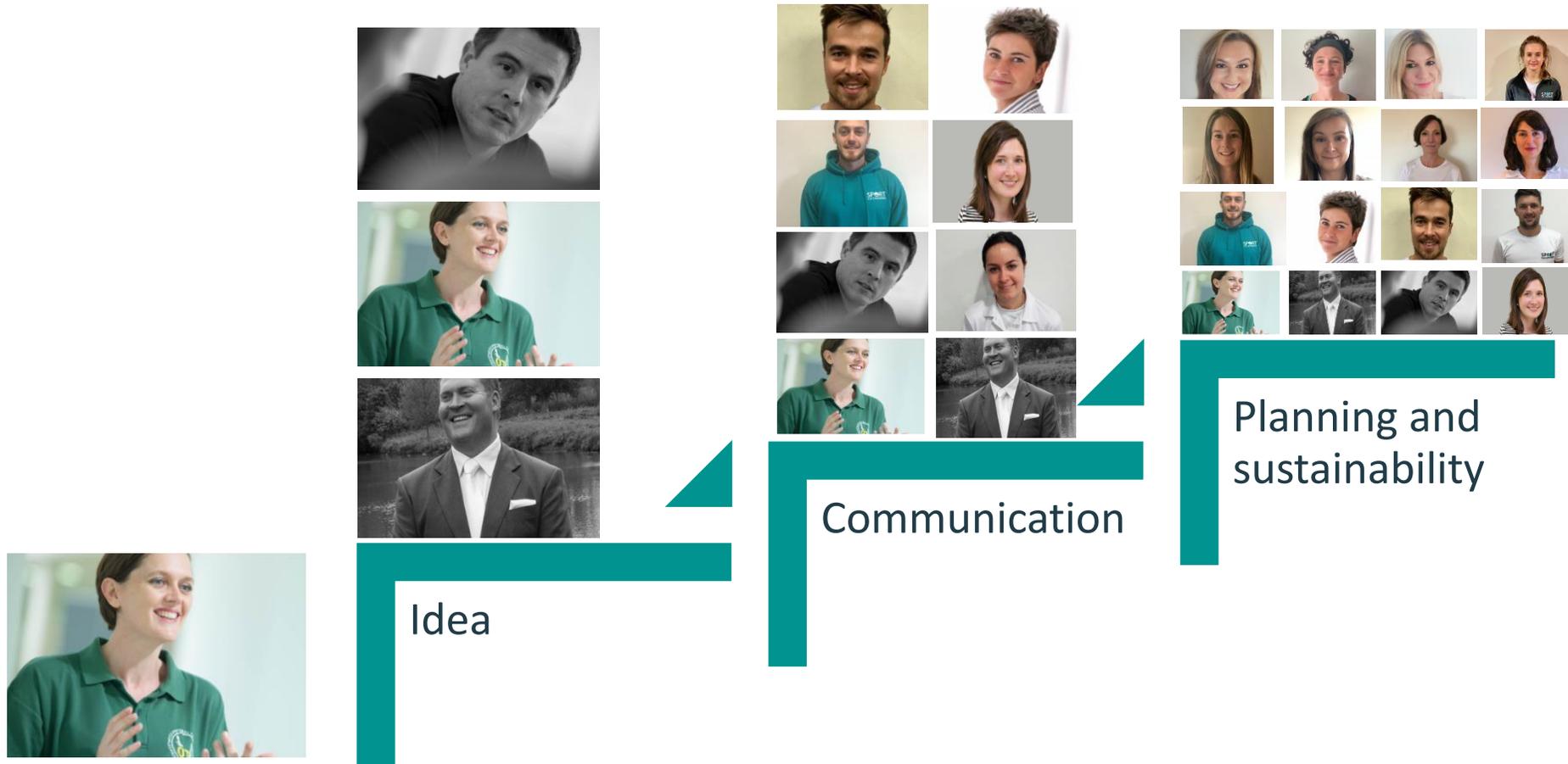
Is physical activity used and valued in your trust?

What works well?

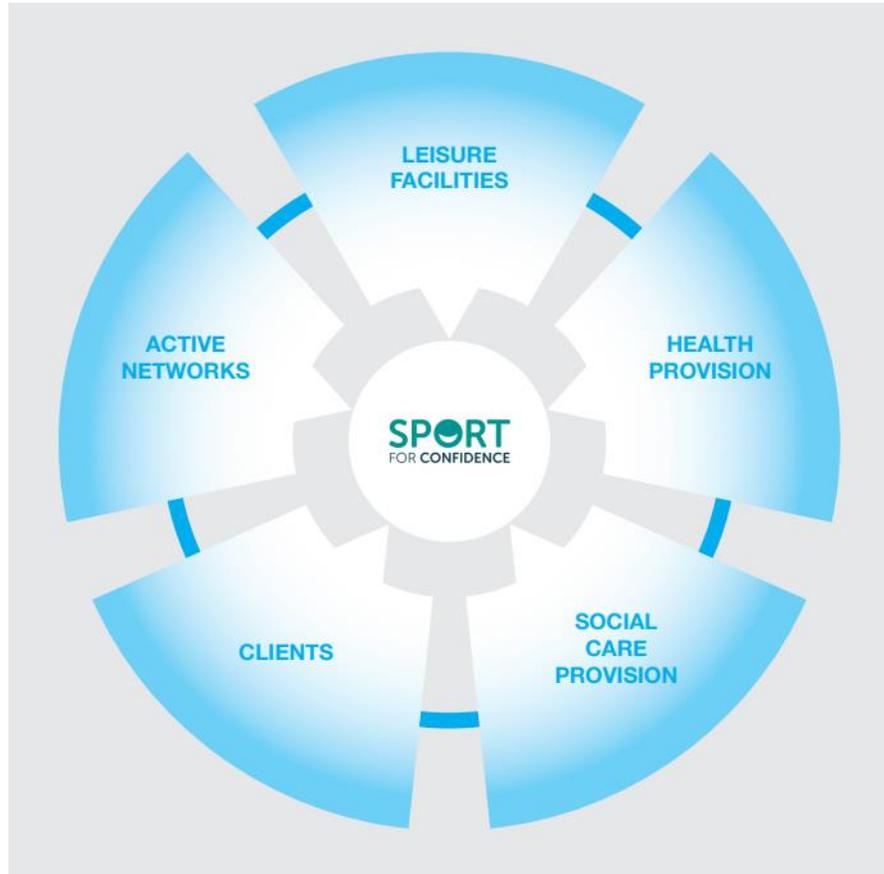
What could be improved?

Liz@sportforconfidence.com

Using physical activity in practice



Occupational therapist work in partnership with specialist coaches



- OT assessment and Reasonable adjustments
- Sense of community within leisure centres
- Workforce/Provide mentoring opportunities, training and support
- Adopt a person-centred, graded and collaborative approach
- Marginalised groups to take part in physical activity
- Facilitate a welcoming environment for people from all backgrounds
- Co-creation, to involve people with lived experience of disability/mental health and people with long term conditions in the development, delivery and evaluation of all activities offered

A Snapshot, last year and COVID-19

STAY CONNECTED

DAY	TIME	ACTIVITY	STAFF MEMBERS
MONDAY	11am	GENTLE EXERCISE	Sam & Taylor
	12pm	DANCE	James & Taylor
TUESDAY	10am	LOVE TO MOVE	Taylor & Sam
	1pm	QUIZ	Taylor & James
WEDNESDAY	10am	TEAM CREATE <small>(Group is bi-weekly)</small>	Everyone
	11am	DANCE	Shannon & Ashley
	2.30pm	FUN FITNESS	Ash & Nikki
FRIDAY	10am	MOVEMENT & BREATHING	Cara, Ashley & Chris





If you would like to be involved in these zoom sessions please email stayconnected@sportforconfidence.com

STAY CONNECTED

KEEP GOING KEEP GROWING 



281
Total referrals



6,084
Total Zoom interactions

Impact

- ✓ Increased physical activity
- ✓ Increased choice
- ✓ Increased opportunity
- ✓ Increased quality of life
- ✓ Increased health and wellbeing



Weekly average attendance
104
interactions



Average client rating
9.7 out of **10**



“ Had my first Stay Connected Zoom session today, it was brilliant. I was smiling from start to finish, even though it was first time. I was made to feel welcome and part of the class. ”

SFC Coach



“ Making the decision to participate in sport is as important as doing the sport itself, challenge yourself and try something new. ”

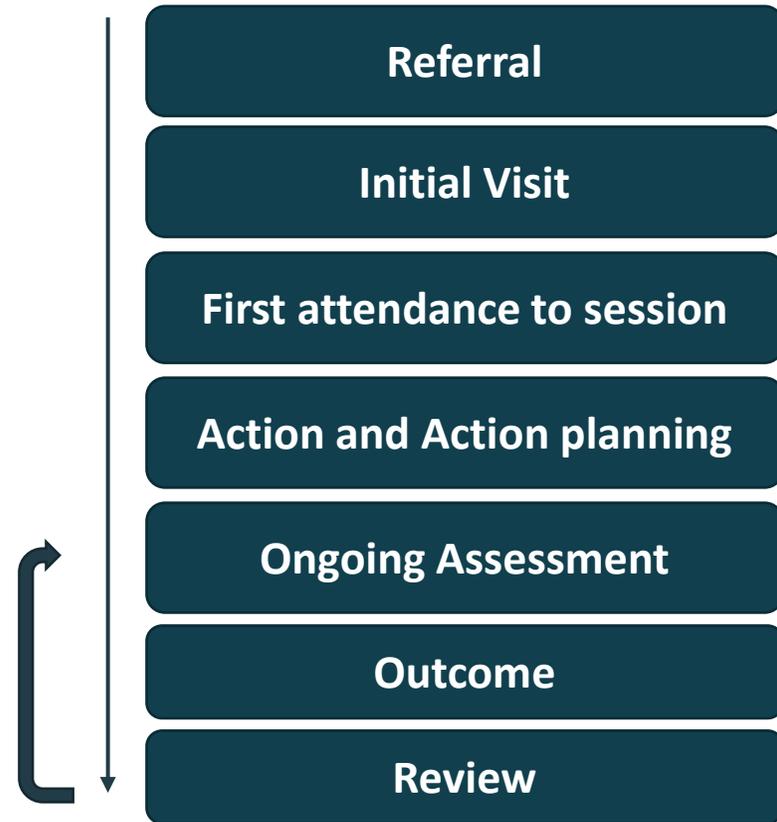
SFC O.T.



“ Amazing things happen when you're having fun, believing in yourself, and doing something you love. ”

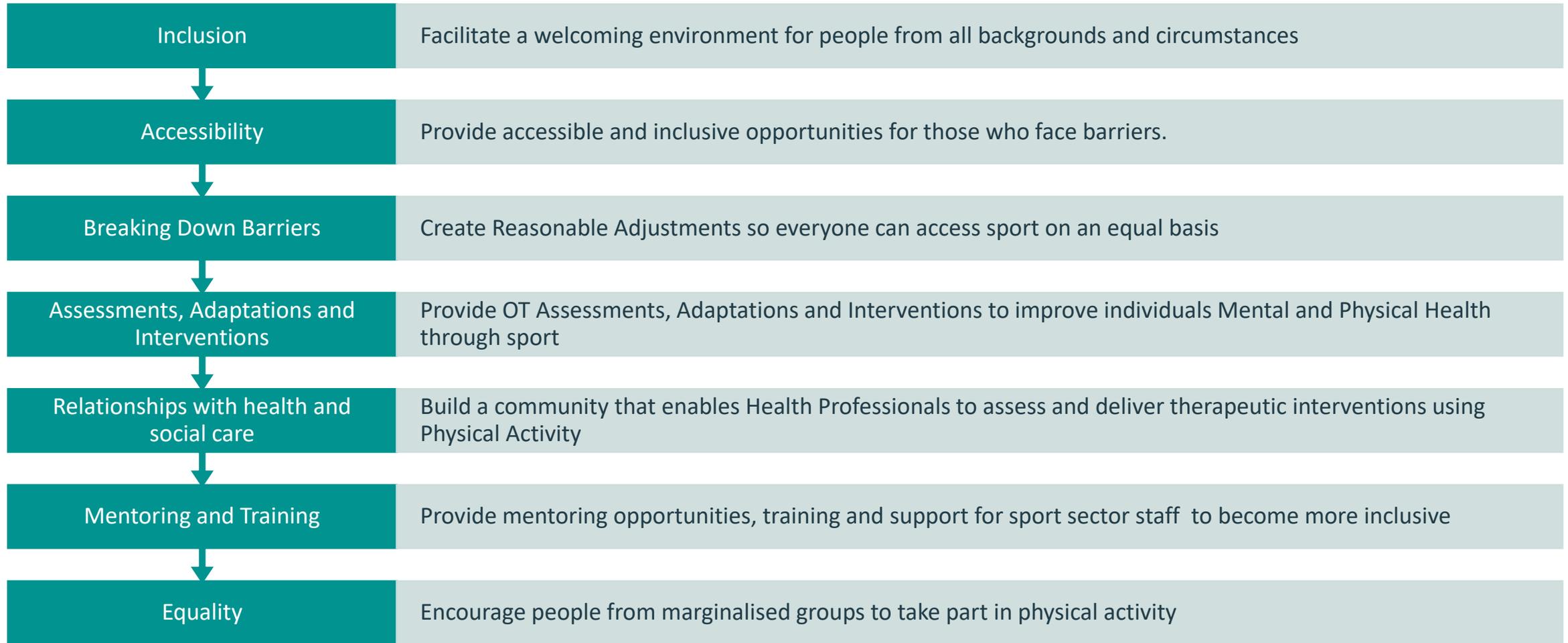
SFC O.T.

OT Process



Health care professional/ Carer/ Self referral
Initial assessment / Information gathering/ introduction to environment
Assessment / Goal setting / Pre-outcome measure
Attend chosen sessions / OT to support goals / Interventions
Revision of Goals / OT Observation
Outcome measure / Goal Achieve / Case study
Review needs / Set new goals / Signpost

An Occupational Therapist's Role in a Leisure Centre



The OT Lens

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	SEATED EXERCISE Mondays 11am-12pm
	INCLUSIVE DANCE Mondays 1.15-2.15pm
	HEALTH CLUB Mondays 3.30-4.30pm
	BOCCIA Wednesdays 11am-12pm
	MULTI-SPORTS Wednesdays 12.15-1.15pm
	FOOTBALL FITNESS Wednesdays 2.45-3.45pm

ALL SPORTS
£3.00
PER SESSION

Come along and try something different, meet new friends and learn new skills

Where: Leisure World Colchester,
Cowdray Avenue, Colchester CO1 1YH

This programme is developed in partnership with a allied health professional and coaching team

For further information please contact Sophie Garratt via email at info@sportforconfidence.com or by telephone on 07394 564941

Bilateral Integration, posture, falls prevention and social conduct

Sequencing, memory and co-ordination

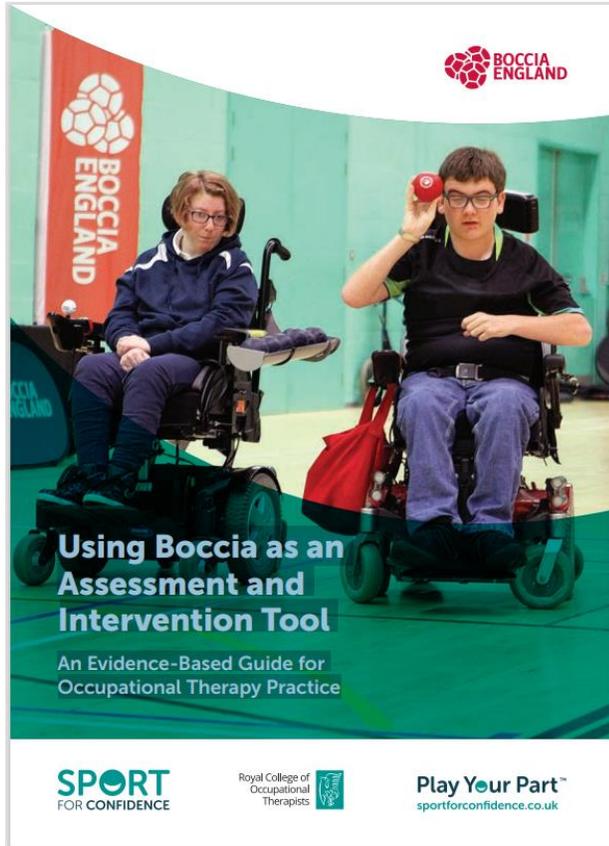
Energy, endurance, pace, and organisation

Visual perception/spatial awareness, self-control and turn taking

Decision making/adopting role, following new instructions and problem solving

Orientation, sensory awareness/proprioception and resilience

Activity Analysis [Download.ashx \(bocciaengland.org.uk\)](http://Download.ashx(bocciaengland.org.uk))



Using Boccia as an Assessment and Intervention Tool

An Evidence-Based Guide for Occupational Therapy Practice

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ACTIVITY ANALYSIS

Completing an activity analysis involves determining the typical demands of an activity, the range of skills involved in its performance, and the meanings that might be associated with it.

The below activity analysis of playing boccia is provided as a starting point to prompt reasoning and thinking, and is not therefore exhaustive in terms of the many forms and environments in which participation in boccia could potentially be enabled. The activity analysis has been informed by both the International Classification of Functioning, Disability and Health (WHO 2002) and the Occupational Therapy Practice Framework (American Occupational Therapy Association 2014).

Cognitive

- Conscious and orientated, with the energy and drive to participate.
- Concentration on game and related activities (for example, chatting to team-mates).
- Retains information about colour of team and rules of the game.
- Emotional response to winning or losing, potential sense of achievement.
- Success and development of self-esteem and belonging amongst team-mates.

Sensory

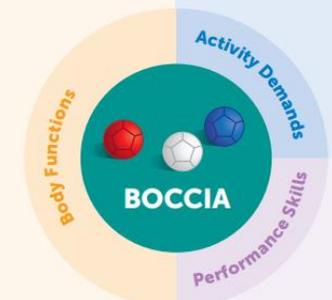
- Form, size, shape and colour of ball determined through sensory information.
- Vestibular functions and balance to enable positioning, manipulation and propulsion of boccia balls.
- Sensory demands of the game and playing environment will need to be considered and adapted carefully to enable meaningful participation. For example, a large sports hall may provide too much sensory stimulation for some players.

Speech

- No specific voice and speech demands, though playing the game provides opportunities for verbal interaction with team-mates in relation to rules, scoring and encouragement.
- Player may wish to ask for assistance at times (for example, passing of the ramp), but can adapt communication to gesturing and/or writing if required.

Neuromusculoskeletal

- Conventionally a seated game requiring postural control or support, though can be adapted to standing.
- Joint, muscle and movement functions to enable grip and propulsion of ball (may be through kicking rather than throwing).
- Development of hand-eye co-ordination through participation, as well as bi-lateral integration and crossing of the mid-line during ball manipulation, throwing, propulsion and general boccia play.



Relevance & Meaning

Boccia offers the opportunity to participate in a team sport and therefore a form of physical activity, to maintain or enhance health, well-being and/or independence.

Equipment & Resources

Boccia balls (six blue, six red and a white jack) and potentially, depending on the stage of participation, a ball ramp, paddles, score board and pens, measure, hoops and cones. Having a full range of equipment will enable different player roles and ways of participating.

Space

A clear and well-lit open space is needed, in which the boccia balls can be propelled. Conventionally a 12.5m x 6m indoor court. However, the size of the space will depend on the stage of participation. Boccia can be played as a paired activity at home, or in various other forms through to as a serious and competitive game in a large sports hall.

Social

Playing boccia as a sport involves rules in relation to turn-taking and scoring, although it is acknowledged that these might initially be areas of development for which the activity is used (for example, to develop social skills in relation to an awareness of others through turn-taking).

Sequencing

Playing boccia involves various steps, again depending on stage of participation: Taking a seated position (if not already), waiting for your turn, throwing or propelling the balls, scoring, collecting the balls, returning to throwing position. If playing according to boccia rules the losing team always plays until leading.

Cardiovascular

- Sufficient blood pressure to enable movement and postural control.
- Respiration functions to enable participation, though may require modification in specific incidences (for example pacing of play for a player with a respiratory condition).
- Consideration will need to be given to physical endurance, aerobic capacity, stamina and fatigability, with play being adapted accordingly.

Motor

- Positions self in seated or adapted standing position, if not already.
- Grips the boccia ball in hand (or assisted to place the ball at the top of the ramp) and co-ordinates to either throw or propel ball.
- Fine and gross motor skills can be developed by handling and propelling boccia balls, e.g. grip strength and endurance.
- May be adapted for balls to be kicked if required.

Process

- Chooses colour of boccia ball and therefore team.
- Initiates steps associated with playing boccia and completes in a logical manner.
- Adjusts performance to try different methods of positioning and/or throwing in order to participate.
- Process skills can be developed as participation in boccia progresses, for example through taking on a leadership role in terms of turn-taking and/or scoring.

Social Interaction

- Approaches or initiates interaction with team-mates, may involve speech and/or gestures.
- Places self an appropriate distance from other players during the game.
- Takes their turn and gives other players the freedom to take theirs.
- Social interaction skills can be developed through playing boccia, for example the regulation of emotion through winning or losing.

8 9

SFC Therapeutic use of table tennis (tabletennisengland.co.uk)

BRIGHTON TABLE TENNIS CLUB

Table Tennis England

The therapeutic use of table tennis

An Evidence Based Guide by Sport for Confidence

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WHAT IS THE EVIDENCE-BASE?

There is a lack of research concerned with the therapeutic use of table tennis, but there is some evidence of its therapeutic value.

In particular, recent research has suggested that table tennis has value as a therapeutic intervention that promotes motor skills, executive functions (a set of mental skills that include working memory, flexible thinking, and self-control) and social behaviour in children with cognitive/perceptual problems and learning disabilities (6,7).

Furthermore, research has indicated that movement patterns when playing real table tennis are different to when playing table tennis via an active virtual games console. This should therefore be considered when using table tennis to promote gross motor skill development (8).

A table tennis intervention has also been found to promote workplace health and wellbeing amongst warehouse workers (9). Please see our evidence table below for further details.

PUBLICATION & COUNTRY OF ORIGIN	AIMS OF STUDY	PARTICIPANTS	DESIGN (DATA COLLECTION & ANALYSIS)	KEY FINDINGS
Buhton et al (2014)	To compare movement patterns of nineteen 10-12 year old children, while playing table tennis on three active virtual games (Nintendo Wii, Xbox Kinect, Sony Move).	Nineteen 10-12 year olds, playing table tennis on three active virtual game consoles (Nintendo Wii, Xbox Kinect, Sony Move) and as a real world task.	Wrist and elbow joint angles and hand path distance and speed were captured for each of the participants in relation to the four different forms of table tennis.	Children playing real table tennis had significantly smaller and slower movements than when using all three active virtual game consoles. Hand path distance was smaller in forehand and backhand strokes during playing with Kinect than Move and Wii. The movement patterns when playing real and virtual table tennis were different and this may impede the development of real world gross motor skills.
Chen et al (2015) Taiwan	To investigate the effects of table tennis training (TTT) versus standard occupational therapy (SOT) on visual perception and executive functions in school-age children with mild intellectual disabilities and borderline intellectual functioning.	Children (n=91) randomly assigned to either TTT or SOT, plus a control group. Both TTT and SOT programs were administered 60 minutes per session, three times a week, for 16 weeks.	Randomised controlled trial. The Test of Visual Perceptual Skill – third edition (TVPS-3) was used to evaluate visual perception, and executive functions were assessed by the Wisconsin Car Sorting Test 64-card version (WCST-64) and the Stroop test.	Table tennis should be considered a therapy option while treating cognitive/perceptual problems in children with mild intellectual disabilities and borderline intellectual functioning.
Hertting et al (2020) Sweden	To explore a sport-based intervention (table tennis – with a focus on physical activity, social relations and learning) to promote health and well-being in the workplace.	Thirteen employees from the warehouse of a company within the retail sector.	One initial workshop, a sport-based intervention, three group interviews, and a final workshop. A hermeneutic phenomenological analysis focused on experiences of the intervention.	Three themes: (1) Expressing positive individual effects (2) Expressing improved work environment, and (3) the meaning of the workplace as lived space.
Pan et al (2016) Taiwan	To investigate the effects of a 12 week table tennis exercise on motor skills, social behaviours, and exercise functions in children with attention deficit hyperactivity disorder (ADHD).	Thirty-two boys with ADHD, aged 6-12 years. In the first 12 week phase, 16 children (group 1) received the intervention, whereas 16 children (group 2) did not. A second 12 week phase immediately followed with the treatments reversed.	Randomised controlled trial. The long form of the Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2). The Chinese version of the Child Behavior Checklist for the participants was completed by their parents for evaluating the behavioral problems and social competences of the participants. The children's version of the Stroop Color and Word Test for ages 5-14 years was used for evaluating executive functions.	The racket sport intervention is valuable in promoting motor skills, social behaviours and executive functions and should be included in standard care of children with ADHD.

Table: Table tennis for therapeutic means and ends: Summary of informing literature

Collaboration with a Coach

Within the role OTs and Coaches work together to provide an inclusive session. This is done by sharing knowledge, skills and using clinical reasoning for adjustments and grading.



Transferable Skills for ADLS



Gymnastics
Sensory Skills



Swimming
Self Care



Dodgeball
Behaviour Management, Proprioception

Evidence base, why moving matters

- The benefits of being active last a lifetime
- Movement connects and strengthens our communities
- Physical activity is also hugely valuable to the national economy
- Right now, movement matters more than ever

“From improved wellbeing to greater employment opportunities, more resilient communities to multi-billion-pound healthcare savings... there’s a proven, effective way to reach people across the country – and create a wealth of overlapping, life-changing benefits.” [Why moving matters | Sport England](#)

UK Perspective



Around one in two women and a third of men in England are damaging their health through a lack of physical activity.

This is unsustainable and costing the UK an estimated £7.4bn a year.

If current trends continue, the increasing costs of health and social care will destabilise public services and take a toll on quality of life for individuals and communities.

Over one in four women and one in five men do less than 30 minutes of physical activity a week, so are classified as 'inactive'

Physical inactivity is the fourth largest cause of disease and disability in the UK

Google doc link: https://docs.google.com/spreadsheets/d/1_aY-eaq97cTIEZZVGqEHul9wlePvXrhJ9wFeg9uc5p4/edit?usp=sharing

Evidenced Based Practice



Physical Activity for the Prevention and Management of Long-Term Conditions

FREE training for healthcare professionals

Expert Physical Activity Clinical Champions are delivering FREE, peer to peer 1-3 hours online training sessions to groups of healthcare professionals at a date and time to suit local needs e.g. Vocational Training Schemes, Protected Learning Time, lunchtime learning, etc.



How can I book a group training session?



Do you have at least 12 HCPs who can access the training? (From your organisation or with partners)



Do your HCPs have access to suitable IT hardware, such as laptops, tablets or phones?



Will participants be able to attend for at least 1 hour (sessions can be extended but not reduced)?



If the answer to these three questions is YES

contact physicalactivity@phe.gov.uk today who will help connect you with your local Physical Activity Clinical Champion.



Public Health, physical activity clinical champions

Part a Evidence base

Part b Applying to practice

Email: physicalactivity@phe.gov.uk and info@sportforconfidence.com

Sport England: Uniting the movement, 5 Big Issues

Recovery and Reinvent

Recovering from the biggest crisis in a generation and reinventing as a vibrant, relevant and sustainable network of organisations providing sport and physical activity opportunities that meet the needs of different people.

Connecting Communities

Focusing on sport and physical activity's ability to make better places to live and bring people together.

Positive experiences for children and young people

An unrelenting focus on positive experiences for all children and young people as the foundations for a long and healthy life.

Connecting with health and wellbeing

Strengthening the connections between sport, physical activity, health and wellbeing, so more people can feel the benefits of, and advocate for, an active life.

Active environments

Creating and protecting the places and spaces that make it easier for people to be active.

Tackling inequalities

Deep-rooted inequalities in sport and physical activity.

- Disabled people and people with a long-term health condition are twice as likely to be physically inactive than those without a disability or health condition.
- If you're in a lower socio-economic group you're more likely to be inactive than people in higher social groups.
- Women are less active than men, and this gender gap starts with girls being less active from a very young age.
- People from Asian and Black backgrounds are far more likely to be physically inactive than people who are White – a fact reinforced by our 2020 'Sport for All?' report.

What is physical activity?

WHO Definition

“Any bodily movement produced by skeletal muscles that requires energy expenditure. Physical activity refers to all movement including during leisure time, for transport to get to and from places, or as part of a person’s work. Both moderate- and vigorous-intensity physical activity improve health”

Popular ways to be active

Walking, cycling, wheeling, sports, active recreation and play, and can be done at any level of skill and for enjoyment by everybody.

SPORT



MOVEMENT

The power of a health care professional

Physical inactivity directly contributes to one in six deaths in the UK, the same number as smoking

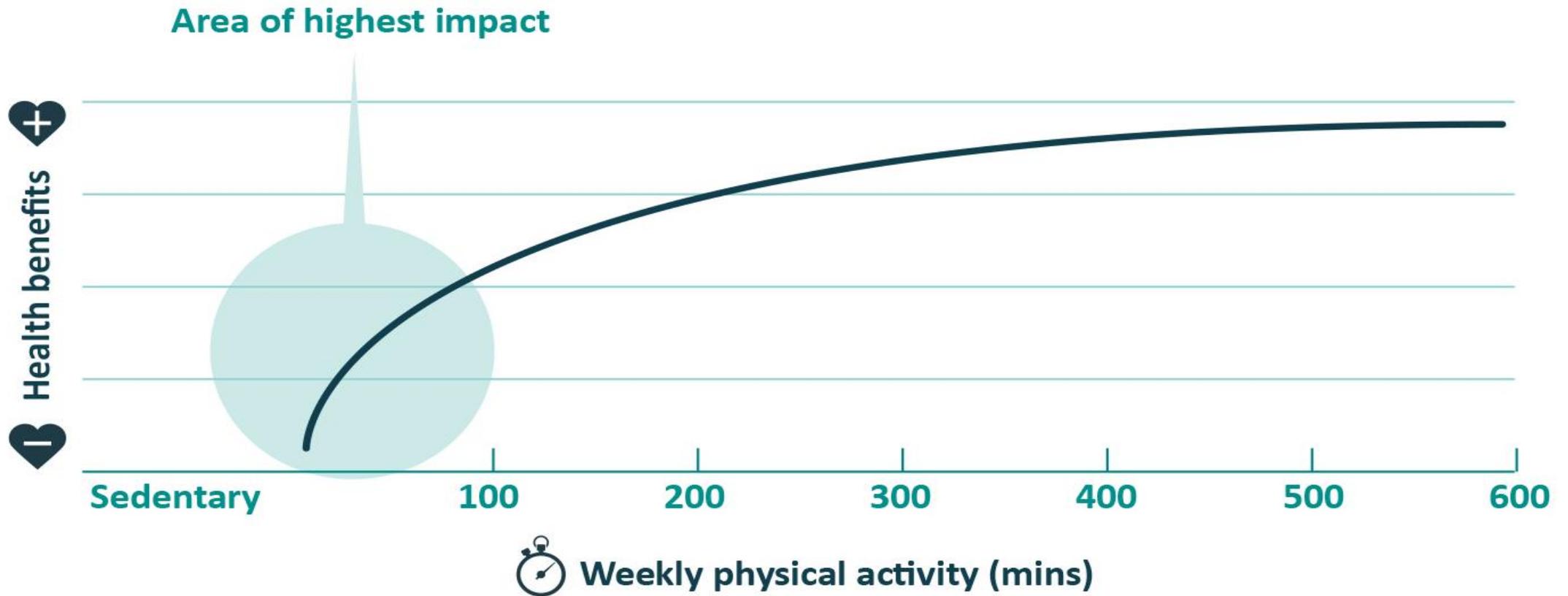


Both have comparable health benefits¹

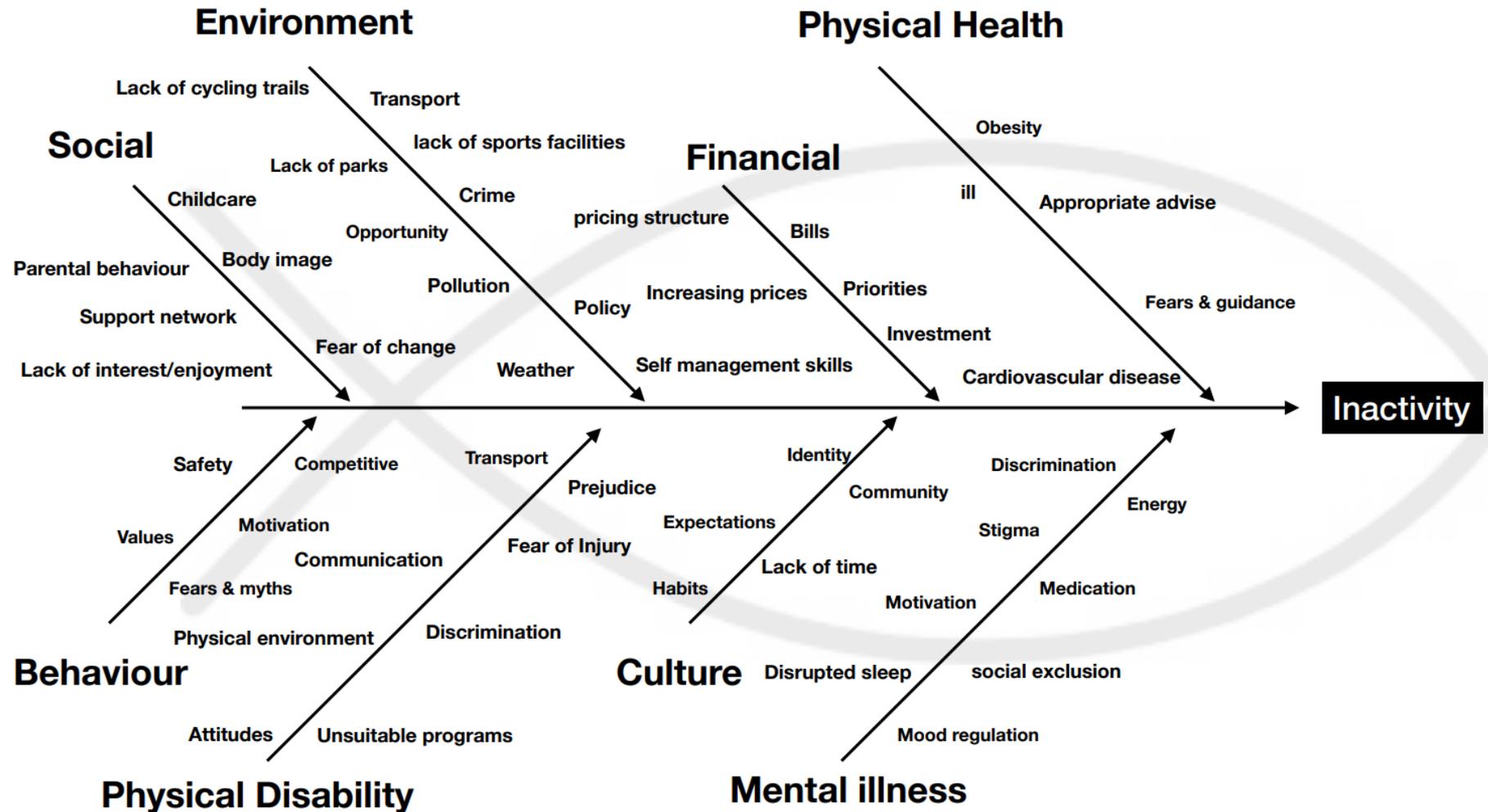


Let's make every contact count for physical activity!²

'Move more' to achieve some health benefits



What leads to an inactive lifestyle? Your observations



Sport England #PlayYourPart

- **Strategic Steering Group**
 - **Strategic Partners**
1. Appoint six Sport for Confidence Active Partnership AHP Ambassadors
 2. Number of NGBs worked with by Sport for Confidence to produce a practice guide
 3. Universities worked with on pre-registration curriculum content
 4. Students lectured by Sport for Confidence outlining the Sport for Confidence approach
 5. SfC operating models developed with leisure operators and other key stakeholders
 6. New customers accessing Sport for Confidence via new operational models over 2 years
 7. Curriculum models to be produced embedding the SfC approach into workforce training

Connect with us and join our networks!

O.T. >>>>

ON THE MOVE

Action Network Empower

A monthly CPD session for Occupational Therapists looking to add physical activity into their everyday practice.

What is OT on the Move?

Each month the session will be led by one of our OTs and a specialist sports coach. During the sessions you will be able to experience different types of physical activity, learn how to grade and adapt the movements and increase your own well-being. The session will also allow for networking with other local and national OTs and a resource will be shared amongst the group which will aid evidence-based practice and clinical reasoning.

Why is this important?

According to Sport England one in four people do fewer than 30 minutes physical activity a week while 1 in 6 deaths is caused by inactivity. Occupational therapists are best placed to provide the health-activity link which can enable people to become more active. Integrating physical activity into everyday life can not only increase physical well-being but also provide routine, increase self-esteem, promote friendships and community connections. By providing a holistic client centred approach OTs can facilitate participation in meaningful activities whilst using physical activity as both a therapeutic means and ends.

Who is it for?

- Students
- Independent OTs
- ASC OTs
- Health OTs
- OTAs
- Non-Traditional OTs
- Newly-Qualified OTs
- Lone Working OTs

When is it on?

Second **Tuesday** of every month
3:30-4:15pm on Zoom.

How do I book?

Email otonthemove@sportforconfidence.com to book or for more information.



Join us 2nd Thurs of every month 3.30-4pm to take part in adaptive physical activity session, learn and share how this can be imbedded into your practice

Next session:

9th Dec 3.30-4pm

Email:

otonthemove@sportforconfidence.com
to book or for more information

Any Questions?



Liz Fletcher: Liz@sportforconfidence.com

Deb Bullen: Deb@sportforconfidence.com

TED Talks and other resources



Wendy Suzuki
[The brain changing benefits of physical activity](#)



Leon Taylor
[How to manage your mental health](#)



Emily Balcetis
[Why some people find exercise harder than others](#)



Ogie Shaw
[Winning The Mental Battle of Physical Fitness and Obesity |](#)

[Google doc with training and useful resources for health care professionals \(please look, share and add to this\):](#)

https://docs.google.com/spreadsheets/d/1_aY-eaq97cTIEZZVGqEHul9wlePvXrhJ9wFeg9uc5p4/edit?usp=sharing

Resources

Making Every Contact Count (MECC): Consensus statement

Produced by Public Health England, NHS England and Health Education England, with the support of partner organisations identified below

April 2016

WE ARE UNDEFEATABLE

When you're managing a long term health condition, being active is about finding what works for you.

[WAYS TO MOVE](#) [WATCH FILM ▶](#)

Active 10

Add more regular bursts of brisk walking to your daily routine with activity tracking, encouragement and achievable milestones.

Download on the **App Store** GET IT ON **Google Play**

Why we're here Know your audience

Home > Campaigns and our work > Moving Healthcare Professionals

Moving Healthcare Professionals

e-Learning for Healthcare

Moving Medicine

Physical Activity and Health

Physical activity for adults and older adults

- Benefits health
- Improves sleep
- Maintains healthy weight
- Manages stress
- Improves quality of life

- Type II Diabetes -40%
- Cardiovascular disease -35%
- Falls, depression etc. -30%
- Joint and back pain -25%
- Cancers (colon and breast) -20%

Some is good, more is better. Make a start today: it's never too late. Every minute counts.

Be active

at least 150 minutes moderate intensity per week OR at least 75 minutes vigorous intensity per week

Build strength on at least 2 days a week

Minimise sedentary time Break up periods of inactivity

Improve balance 2 days a week

that counts as **strengthening and balance activities**

Aim to do muscle strengthening and balance activities at least 2 days a week

- going to the gym
- yoga
- carrying heavy shopping
- ball games
- racket sports
- resisted circuit training

Public Health Outcomes Framework

A. Overarching indicators B. Wider determinants of health **C. Health improvement** D. Health protection E. Healthcare and premature mortality Supporting information

Overview Compare indicators Map Trends Compare areas Area profiles Inequalities England Population Reports Definitions Download

Area type: County & UA Area: Sheffield Region: Yorkshire and the Humber

Indicator: C17a - Percentage of physically active adults