Evaluation of Moving Social Work in Calderdale

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Evaluation report

SEPTEMBER 2026



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Decisions
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Executive summary

About Moving Social Work and the evaluation

This report presents the findings of the evaluation of the Moving Social Work (MSW) programme, in Calderdale Metropolitan Borough Council. MSW is designed to build social care practitioners' knowledge and confidence to discuss physical activity with Disabled people, embedding physical activity more consistently within adult social care practice.

MSW is delivered by Durham University and supported by Disability Rights UK (DRUK). Locally, the programme was coordinated by the Active Social Care Project Lead in Calderdale, and training sessions were co-delivered by the public health team, Active Calderdale.

Training took place in January and February 2026, for 105 practitioners. The evaluation drew on a range of sources including practitioner surveys, interviews with practitioners who took part in the training, and interviews with local stakeholders involved in supporting and delivering the training.

Impacts

The evaluation found that MSW made a positive contribution in Calderdale, strengthening practitioners' knowledge, confidence and motivation to talk about physical activity with Disabled people. Survey findings showed clear positive shifts after training in practitioners' confidence to discuss physical activity, provide information, identify and overcome barriers and include physical activity more routinely within care and support conversations.

Practitioners and stakeholders felt that the training helped re-frame thinking about physical activity in terms of everyday movement, not just formal exercise - making it feel more relevant to social care practice and showing how increased activity could support wellbeing, mental health, quality of life and social connections. The involvement of Active Calderdale increased awareness of local activity provision and helped practitioners feel better equipped to signpost people to appropriate opportunities.

Evidence of direct impact on Disabled people was limited because the evaluation did not secure participation from Disabled people or carers. However, practitioners' examples suggested that people benefited from more creative and practical support, including encouraging small amounts of movement at home or in the community, using carers or outreach support to enable activity, and considering the wider benefits for carers and families.

Learning

The training was effective in clearly connecting to existing local priorities, practice models and system relationships. MSW was seen to align well with strengths-based practice, prevention, wellbeing and independence agendas. Co-delivery with a local organisation added value by making the training practical, locally relevant and linked to wider work across adult social care, public health and community provision.

Dedicated capacity to follow up on the initial training, in the form of the Active Social Care lead, was key to embedding the learning into practice. Other factors that helped were senior leadership support, prompts within assessments and care planning processes, accessible local resources, practical follow-up with teams, and sustained communication after the initial training.

Ongoing barriers to Disabled people becoming more active remain, including the cost and availability of activities and transport and variable buy-in from care providers, whose support is key to implementing planned activity. These issues underline the need for MSW to be delivered as part of broader local system change, in order for the full impacts to be realised.

Conclusions and recommendations

Overall, MSW landed well in Calderdale. It prompted positive shifts in how practitioners understand physical activity and their role in supporting it, and made movement feel like a relevant, achievable and legitimate focus within social care practice. The programme can improve individual conversations and contribute to wider culture change, when supported by local leadership and capacity, practical resources and system-level follow-up.

For Calderdale, the key recommendations are to continue embedding physical activity into assessments, support planning and review processes across all adult social care teams; maintain promotion and communication around integrating physical activity into social care practice, including resources to support practitioners in having conversations and signposting activities; promote guidance on funding requests; keep local physical activity partners connected to adult social care; and plan to maintain MSW awareness and messaging throughout staff turnover through induction and ongoing workforce development.

For the MSW programme team, the recommendations are to support future areas to take a more strategic implementation approach, presenting MSW as part of broader culture change rather than a standalone session; increase the focus within the training on how to have conversations; build in lived experience wherever possible; clarify the added value for practitioners who feel they already do this work, and encourage local partners to plan capacity for follow-up from the outset, possibly supported by an adaptable implementation package with resources, plans and templates.

1. Introduction

Background to the Moving Social Work programme

The Moving Social Work (MSW) programme is designed to encourage social workers to have conversations about physical activity with Disabled people and others. It is co-produced by partners including Disability Rights UK (DRUK), and delivered by Durham University.

The core MSW training session lasts 2.5 hours and seeks to increase the knowledge, skills and confidence of social workers and other practitioners to promote physical activity to Disabled people. It also aims to support participants' own wellbeing, by promoting the benefits of physical activity and ways to increase it.

MSW was initially designed for social work students in universities, and was subsequently delivered to staff in local authorities, as a one-off session as part of CPD. Over the past two years, the delivery model has been varied, to test out different approaches. In Solihull Metropolitan Borough Council, the programme was delivered with the support of a local multi-agency steering group, including the local active partnership (ThinkActive). In a joint project across the neighbouring authorities of Shropshire Council and Telford & Wrekin Council, it was part of a wider DRUK programme, Get Yourself Active Local, co-led with the active partnership (Energize Shropshire, Telford and Wrekin). It has also been delivered in Hartlepool Borough Council, during the same period as in Calderdale.

Context for delivery in Calderdale

Following feedback and evaluation of delivery in other areas, the training sessions were co-delivered in by Active Calderdale, which sits within public health. The aim of this was to share their knowledge of local provision and connections within the local physical activity sector, with adult social care. The intention was to help 'join the dots' within the local system, so that not only would practitioners feel more confident in having conversations about physical activity with the people they support, they would also be better able to signpost people to opportunities for physical activity, from community groups to leisure centres, to home-based exercises.

The programme was coordinated by a dedicated Active Social Care Project Lead in Calderdale, a role funded by public health with the remit of promoting activity and wellbeing within adult social care - recently in post at the start of the programme.

In Calderdale, 105 staff took part, over 6 sessions. It was mandatory for frontline adult social care staff and open to others. The core training took place in January and February 2026; some additional, follow-up workshops were provided in the following months, with the aim of embedding and building on the initial learning (these are evaluated separately).

DRUK commissioned the evaluation of the delivery of the programme in Calderdale to be undertaken by independent evaluator, Lucy Smith.

2. Evaluation aims and method

Aims

The evaluation of MSW in Calderdale sought to assess the programme's impacts on:

- **Practitioners**' knowledge, confidence and skills to have conversations with Disabled people about physical activity and their ability to support access to physical activity.
- **Practitioners'** own approach to their physical activity levels and wider wellbeing.
- **Disabled people**'s experiences of conversations with MSW-trained practitioners and their ability to increase their physical activity as a result.
- **Wider system**: for example, collaboration and joined up working between local agencies; sustainability of the changes made through MSW.

The evaluation aimed to build on those undertaken in other areas, to further explore what difference the involvement of place-based, physical activity focused organisations makes.

Method

Summary

Design (December 2025)	Fieldwork (January-May 2026)	Reporting (July 2026)
• Design surveys and interview discussion guides	• Surveys and interviews with training participants • Interviews with local stakeholders	• Analysis • Report

Design

Surveys and interviews for training participants, Disabled people and wider stakeholders were designed based on existing versions used in evaluations in other local authorities.

The **practitioner surveys** used the COM-B model to track changes to confidence, opportunity and motivation to have conversations with Disabled people about physical activity. The survey also asked about their own behaviour around physical activity, and for their reflections on the MSW training session. Additional questions assessed participants' knowledge of their local active partnership or other relevant local organisation. The survey was repeated at 3 time points: before the training (pre), immediately or shortly after the training (post) and 6 months after (follow up). All staff who attended the training were asked to complete the survey. Numbers of follow up responses were too small to be used.

Practitioner interviews explored perceptions of the training and whether it had led to any changes in practice, and if so, what changes. Within the survey respondents could indicate they were happy to be contacted to take part in a follow up interview.

Stakeholder interviews were tailored to individual roles, but broadly covered their reflections on what worked well and less well, and what difference the training had made.

A discussion guide to be used with **Disabled people and carers** who had conversation/s about physical activity with a practitioner was prepared, and an information sheet shared with staff for them to pass on to anyone they thought may be interested in taking part in a short interview, with a £50 thank you payment. However, despite efforts and support of the local project lead, no Disabled people or carers were engaged in the evaluation.

Fieldwork

Practitioners

The table below shows the numbers of practitioners taking part in the training and the evaluation. A broad mix of teams and roles were represented. Interviewees' roles included social worker, service coordinator, occupational therapist; supporting people with mental health needs, older adults, transition to adulthood, learning disabilities and neurodiversity, physical disabilities.

No. of training participants	Pre survey	Post survey	Follow up survey	Interviews
105	79	33	7	6

Local stakeholders

Local stakeholders interviewed were the project lead (Active Social Care lead), the Principal Social Worker and the programme manager in Active Calderdale.

Limitations

Response rate to follow up survey

Responses to the follow up survey for practitioners were low (7 responses, or 6% of the total number of training participants), and therefore the data is not included within this report.

Engagement with Disabled people and carers

Efforts to engage with Disabled people and carers, via staff interviewed and via outreach to local networks by the project lead, failed to lead to any interviews. Findings around impacts of the programme on Disabled people are based on practitioners' feedback, and therefore do not represent the full range of impact that the programme aims for.

3. Impacts

This section sets out the impacts of the programme on social care practice, people receiving care and support, practitioner wellbeing and the wider system.

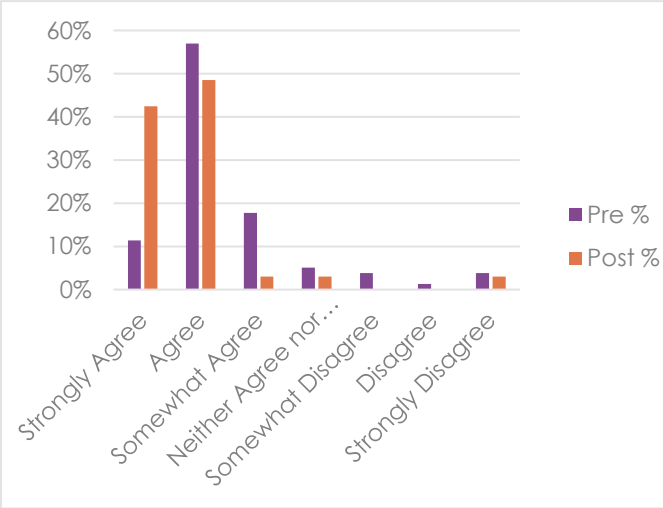
Impacts on practice

The impacts of MSW on practice identified through the survey and interview data were: increased knowledge of practitioners about the importance of and barriers to physical activity for Disabled people, increased confidence to have conversations about it, greater priority being placed on conversations, and increased ability to identify and signpost people to opportunities for physical activity.

Increased knowledge of the importance of, and barriers to, physical activity for Disabled people

Practitioners reported an increase in their knowledge of key contextual information underpinning the rationale for supporting Disabled people's physical activity, as illustrated by the survey findings:

"I have knowledge on the importance of physical activity for Disabled people."



In response to the survey statement, 'I have knowledge on the importance of physical activity for Disabled people', there was a shift towards '**strongly agree**' in the post-training results. Only 1 in 10 (11%) strongly agreed before the training, at post this rose to 4 in 10 (42%). Around half (48%) chose 'agree'.

The figures were supported by views shared in the interviews with practitioners and stakeholders, who said that even where practitioners already felt that supporting physical activity was part of their work, the training gave a powerful message about the importance of doing so, reinforced by the use of **evidence and research** in the training.

Interviewees identified the following areas of focus in the training as contributing to their overall increase in knowledge of the importance of physical activity:

- **Benefits of physical activity** – prompted by the stats, practitioners felt more inclined to talk about the benefits of physical activity with the people they support, and found it useful to be able to share this information:

  "They gave us some stats about mental health and how it improves through doing physical activity. You can tell clients about that, and it definitely changes their reaction - If someone explains the benefits of activity, they would be more inclined to take it up." Participant

- **Risks of inactivity** – the data and focus on the risks of inactivity motivated some practitioners to challenge their practice in terms of risk-aversion. They felt that the training was effective in highlighting the risks associated with people becoming more static, and potentially isolated, without encouragement to move. Nevertheless, changing culture around this requires senior support and ongoing messaging:

  "I am seeing more encouraging of risk-enablement and strengths-based approaches, and MSW does align with that. It's a struggle, there is still a culture around managing every risk - but the training has encouraged further discussion." Stakeholder

- **What counts as physical activity** – there was a very strong view that the training prompted a shift in mindset as to what constitutes physical activity, with the framing being around the value of any movement, however small. The perception of physical activity as 'going to the gym' can act as a barrier to even discussing it with someone, where this kind of activity is clearly out of reach for them. So, a focus on household tasks, moving more around the home, and relying less on carers or technology, was seen as a profound shift in terms of helping practitioners see that movement is possible for everyone, in their own way:

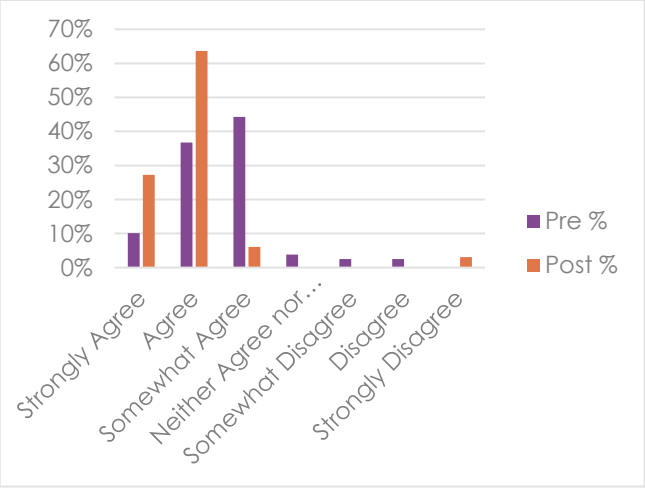
  "What I got from [the training] was, it doesn't have to be going to a class. It can be at home, like hanging the laundry – anything that's getting up from sitting all day." Participant

- **Barriers to physical activity** – in the survey, practitioners' agreement with the statement, "I have **knowledge of barriers** Disabled people may face to becoming physically active", increased following the training, from two thirds (66%) before, to nearly all (94%) after the training.

Increased confidence to have conversations about physical activity with Disabled people

The increased knowledge that participants gained from the MSW training sessions helped to bolster their confidence around having conversations about physical activity with Disabled people. The chart below show this in relation to a key statement from the practitioner survey, about confidence to engage in these conversations:

"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."



There is a clear shift - from over half of respondents choosing 'somewhat agree' or lower in the pre training surveys, to a majority (91%) choosing agree or strongly agree in the post training survey.

Other survey statements about confidence also show increases in agreement, as set out in the table below:

Survey statement: **I am confident I can….**	% agree or strongly agree		
	Pre	Post	Change
Provide information that will help disabled people be physically active in ways that feel right for them.	29	88	+59
Help Disabled people identify and overcome some of the barriers to becoming physically active.	28	82	+54
Regularly include conversations about physical activity when discussing personal budgets with Disabled people.[1]	27	82	+55

Practitioners interviewed for the evaluation noted factors that contributed to feeling more confident about conversations about physical activity, as follows:

- **Challenging assumptions** – in scenarios where practitioners may have previously assumed that an individual will not be open to conversations about physical activity, they felt the training prompted them to challenge this assumption, and gave them the confidence that it is always worth bringing the topic up:

  "You can make assumptions that someone isn't interested in being more active - so it reminds you to be open minded and ask someone." Participant

- **Alignment with existing approaches** - practitioners recognised that MSW aligns well with other agendas that they are used to in their practice, broadly around strengths-based practice, and more specifically, their 8Ps model which includes 'P for physical'. Understanding MSW as part of these, building on existing practice as opposed to doing something new, helped them to feel confident about incorporating physical activity into

[1] This statement included an option 'not relevant for my role'; percentages shown here exclude this

conversations. They felt encouraged to recognise what they are already doing, and to be more mindful, and purposeful, about it.

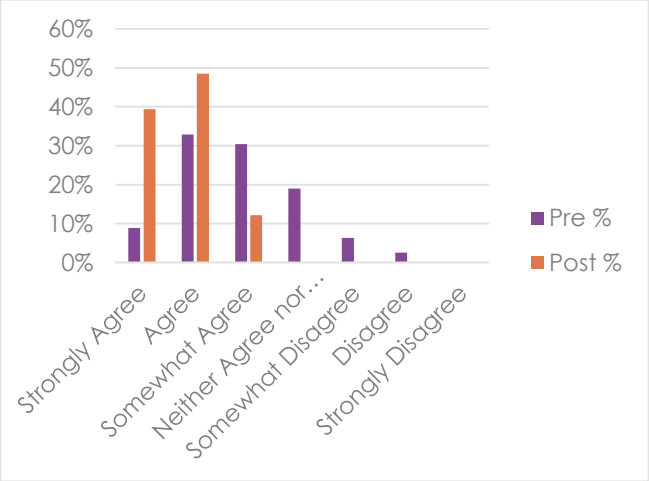
- **More motivation, even where already confident** - most of the participants interviewed said they were already used to discussing movement and activity as part of their role, but the nonetheless felt the increased knowledge around the importance of doing so made them more confident:

  "I wouldn't have any issues about bringing it up. It just made me more aware that I should be discussing it more and with more people." Participant

Increased priority on discussing physical activity with Disabled people

In survey statements around priority placed on conversations about physical activity, levels of agreement consistently rose in the post surveys, compared to the pre. For example:

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



The proportion of respondents who agree or strongly agree that talking about physical activity is something they will prioritise rose from about 4 in 10 (42%) in the pre-training survey, to 9 in 10 (87%) in the post survey.

Likewise, in relation to the statement, "I feel it is **important to promote** physical activity in my conversations with Disabled people", the percentage who agree or strongly agree increased following the training, from 66% to 93%.

Practitioners taking part in interviews reflected this increase in priority in their comments, with most saying that they place **more emphasis** on the topic of physical activity in their conversations with the people they support, following the training. This applied even to those for whom discussing and supporting physical activity was already very central to their work, such as occupational therapy and those working with young people:

"I try to promote it in more ways than I used to before. It's more in the forefront of the mind. I have always known about the benefits of physical activity, but certainly, I'm talking about it more with people now." Participant

There were **some groups being supported** where, prior to MSW, physical activity may not have seemed like a priority – such as palliative care, or in situations where people are

struggling with pain – and practitioners said they would now make it more of a priority, once any more urgent or basic needs have been addressed.

Other ways in which practitioners reported increasing the priority they place on physical activity included **thinking more broadly** about options for individuals, if they don't want to or cannot do an organised activity, and putting **more time into researching** what opportunities are available and accessible for people.

A few said they were more likely to **persist with discussing** physical activity, when someone is initially reluctant, giving more effort to exploring the reasons behind this and potential solutions:

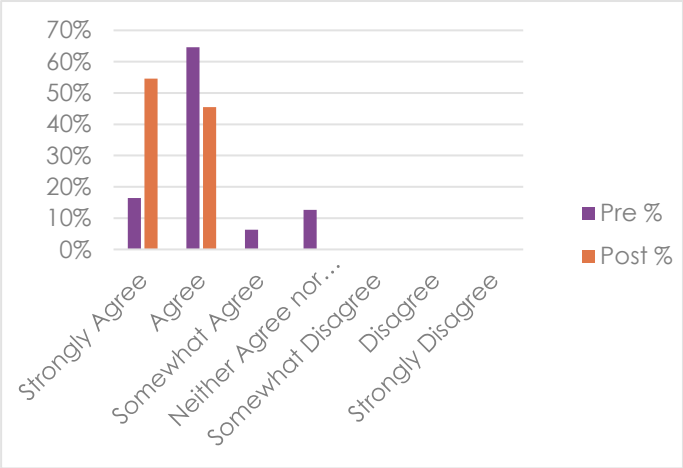
"When someone has said no, you need to think more about why have they said no. Ask yourself, can I approach it in a different manner? Can I give them a bit more detail, to try and persuade them?" Participant

This persistence could also be applied to interactions with staff in a care setting, where there is an opportunity for social care practitioners to influence as part of placement reviews:

"Sometimes the staff might ask someone, 'Do you want to take part?' and if the person says no, they just give up and don't bother asking again. I can influence that, I can say, 'OK you offered him this and he said no, but are you trying hard enough to get him engaged with the activity?'" Participant

A pre-condition for practitioners to prioritise conversations about physical activity is that they must see doing so as **part of their role**, and the survey assessed this through the following statement:

"Promoting physical activity is a valuable thing for social care practitioners, as well as health professionals, to do."



The survey shows, very positively, that even before the training, most participants did feel that promoting physical activity is a valuable thing for social care practitioners, as well as health professionals, to do. But after the training, there was a shift towards greater agreement: the percentage who 'strongly agree' went up from 16% to 55%.

One practitioner described the impact of the training on her **understanding of the potential to influence** in relation to promoting physical activity:

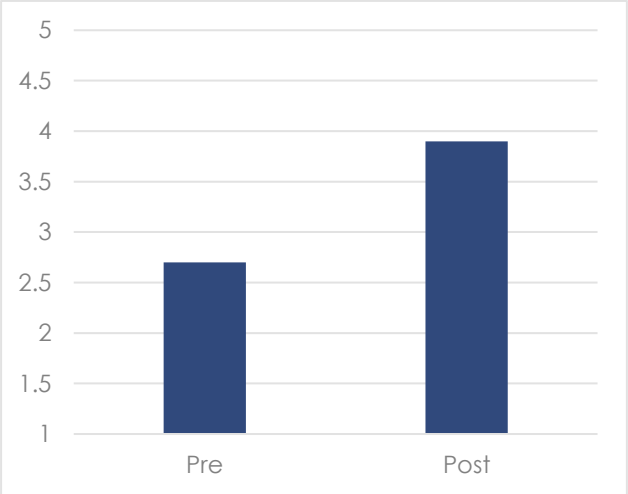
"It was just something that had never crossed my mind before, that social care could have an input in this, because it always feels framed as a health issue. So before the training, I would have left it to health professionals – I'd have maybe made a referral to a social prescriber, rather than trying to find out myself what is available for someone. And the benefit of [me doing it, instead of making a referral] is, it's one less step for them to have to take. You have to think about it like, you might be the only person to have the opportunity to speak to someone about this – so don't assume it is someone else's job. You can take that chance to say, 'have you thought about this?'" Participant

The framing of MSW as a **shift in emphasis** within the social care role, rather than an entirely new ask of practitioners, was seen as helpful.

Ability to identify and signpost physical activity opportunities

In order for Disabled people to become more active, practitioners need to know about activities they can signpost people to, and they are more likely to have conversations about physical activity if they do. This was the rationale for having local physical activity organisations presenting at the training, alongside Durham University, to promote local provision and establish closer links into adult social care to do this on an ongoing basis. Survey respondents were asked to score their level of awareness of Active Calderdale before and after the training.

Awareness of key partner organisations supporting access to physical activity



Awareness of Active Calderdale increased following the training, from an average of 2.7 to 3.9. This increase in awareness suggests that the training was an effective route for raising the profile of relevant local organisations with social care practitioners.

In the interviews, participants said they were pleased to hear from Active Calderdale at the session and interested in the activities they offer. Some said they would contact Active Calderdale to find out more about a specific activity or share an idea for one. Nonetheless there was still an appetite (at the time of the evaluation interviews taking place, around 3 months after the training) for more information about what is available locally for them to signpost people to.

Some of the survey statements sought to assess **support mechanisms for practitioners** around having conversations about physical activity, in terms of access to resources they

can share with people they support, tools to remind them to have the conversations, and how supported they feel to do so. On all of these statements, levels of agreement rose substantially post training, as follows:

- **"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."
  - Increase from a third (29%) agree or strongly agree pre training, to two thirds post training (66%).
- **"Tools and prompts are available** to remind me to have a conversation about physical activity with Disabled people."
  - Increase from a quarter (26%) to two thirds (67%).
- "Promoting physical activity in my conversations with Disabled people is something I am **encouraged and supported** to do as a social care practitioner or health professional."
  - Increase from half (49%) to a large majority (88%).

Impacts on people who receive care and support

Practitioners were readily able to identify the positive impacts of increasing physical activity for Disabled people. They felt that for the people they support, the main benefit of being more active was around **improved mental health**, **quality of life** and **reduced isolation**:

"I think the biggest difference is where people are struggling with mood and mental health, which is very common. If you can find something you enjoy and do it and continue it, then I really think the mental health benefit is great, especially when there's a social side like a group activity – because the impact of isolation is huge." Participant

There were no examples gathered by the evaluation directly from Disabled people, due to challenges around engagement, but practitioners shared some examples of impacts, or potential impacts, on individuals they were supporting, as follows:

Not just stuck inside those four walls

"He has poor mobility and mild cognitive impairment so if he went out by himself there is the risk he would get lost. So, we have scheduled carers to come in and once they have done his food, they take him out just to walk up the road for 10 minutes, to get some air and some company - he's not just stuck inside those four walls. I wouldn't necessarily have thought of it without the training. I might have thought about suggesting activity groups, and if he said, no thanks, I would have left it."

Rather than stewing, he could go to the gym

"There is someone who calls into the Duty team over and over, he has neurodiversity and mental health challenges, so the training got me thinking – I could talk to him about what he can do physically about his anxiety. When he finds himself in a spiral with his anxiety, rather than stewing - he could go to the gym."

The project lead collects stories of the impact of physical activity as part of her role as Active Social Care lead. The following is taken from a detailed case study which can be found on the Active Calderdale website, alongside other examples:

With support from a social worker

With support from a Social Worker, Jane (pseudonym) was introduced to carers who could help her manage her neck and shoulder pain. Previously, she'd been given exercises by her GP, but they didn't feel realistic. As Jane put it, "I'm not a gymnast!".

This time, things were different. With encouragement and the right level of support, Jane began doing simple, manageable exercises every day for three weeks. Just as importantly, the experience was positive. The carers were kind, there was laughter, and the routine became something she could stick with. Jane describes it as "really helpful", a small but significant step forward.

For full case study, see LINCed in with Adult Services

The effect on carers, when the person they are caring for is enabled to get out and about, was also recognised by practitioners interviewed as an important impact:

It takes the carers' strain off too

"This gentlemen had a knee injury in the army and more recently he had an accident, so he has some brain damage and cognitive impairment. He lives with his mum who's in her 80s. He doesn't get out much and he said to me, he would love to go swimming. So we are waiting to see if outreach support for that will be approved. It would be great because it's getting him active, and it takes the pressure off his mum, it's a break for both of them. If you can get someone out, then it takes the carers' strain off too."

Impacts on practitioner wellbeing

As well as motivating and upskilling practitioners around supporting Disabled people to be more active, MSW aims to inspire staff to increase their own physical activity levels. The training encourages staff to be aware of the sedentary nature of their work and the health and wellbeing benefits of countering this with movement, and provides tips and ideas for increasing movement at work.

Local stakeholders felt that this aspect of MSW **tied in well with their existing agendas**, contributing to a broader message around the importance of staff wellbeing. For example, Calderdale was already trialling 'Active Teams', an initiative to get staff more active. MSW helped to raise awareness of existing initiatives by reinforcing the message; staff interviewed were able to name some of these initiatives, including Take 10 and Wellbeing Wednesdays, and spoke positively about them.

The idea of **giving permission** to staff to take time for their own wellbeing, even when they have a demanding workload, was seen as important and MSW helped to do this.

Practitioners agreed it was appropriate to include a focus on staff wellbeing as part of the training, in light of their **barriers to being active** including heavy workloads, working from home, lack of access to outside space while at work and lack of screen breaks if on duty:

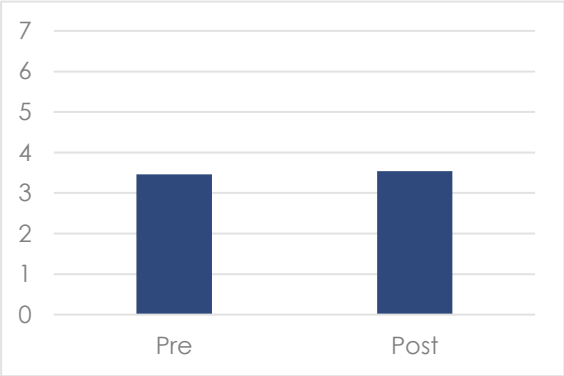
"The focus on staff wellbeing was very well received and people enjoyed looking at the movement menu. It is a very sedentary job and it's easy to become unhealthy and it's good to put that on the agenda. I do think it's needed because of the work-hard culture of social work." Participant

Paying attention to their own physical activity could make it more of a focus in conversations with the people they support, to '**lead by example**', and enable a better rapport around the topic:

"People respond really well to that. If you share your own experiences, it starts the conversation in a way that feels natural." Participant

In terms of concrete **impact on activity levels**, there was limited evidence of change. The practitioner survey asked respondents how many days per week they engaged in moderate or strenuous activity, such as a brisk walk. There was a very small increase from pre to post (0.1 days):

Average days per week doing moderate to strenuous exercise e.g. a brisk walk



Participants offered a handful of **examples of changes** since the training, including one team taking walks around the car park to have a break from their desks. One participant noted that having become aware of Active Calderdale through the MSW training, she had signed up for updates, which helped prompt her to be more active:

"I receive regular updates as to what is going on across Calderdale to support people being more active and I am mindful of increasing my own levels of activity on a daily basis because of this initiative." Participant

Participants shared some **ideas for embedding activity into the workplace**, including: incorporate activity into team meetings, have reminders as part of the council-set screen background, encourage screen breaks, hold mini activity sessions in a meeting room at lunch times. Workplace initiatives should be embedded into policies, and led by managers, to encourage culture shift:

"It gives that message and that permission to people, that movement is beneficial and their wellbeing matters." Participant

"We have 'Take 10' – taking 10 mins for a break to move - that is now in a policy which is brilliant. Because otherwise you feel guilty taking time!" Participant

Impacts on wider system

Different parts of the council were felt to be well networked already within Calderdale, with the dedicated Active Social Care role acting as a direct link between public health and adult social care. Moving Social Work has provided a bedrock of messaging around physical activity to social care staff, which the Active Social Care lead has found very helpful in underpinning work to bring in other parts of the system:

"We would be doing all this anyway, but the training and knowledge and clear value and messaging of MSW has made it stronger and has helped me to deliver it all." Stakeholder

Examples of this wider work, targeting other parts of the system that can influence physical activity access for Disabled people, included:

- **Transformation of Direct Payments**, alongside Birmingham University's Impact programme. The Active Social Care lead sits on their information and guidance group, talks about messaging about Direct Payments and physical activity, enables people with lived experience to share ideas about accessing physical activity, and promotes the use of Direct Payments for physical activity, at community events.
- **Review of in-house day services**, to understand the current offer of physical activity in day services and gain insight from people and families on what they want. This will inform a new day service model, with a greater emphasis on physical activity.
- **Home care recommissioning** will take place next year, so the project lead is working with commissioners on the specification, to incorporate a more significant commitment to physical activity.
- **Work with care providers**, to develop resources to increase staff's skills, knowledge and confidence in promoting movement with the people they support.
- **Work with carers**, collaborating with the Carers Lead and commissioned carers service, Carers Count, to embed physical activity into the new co-produced Carers Strategy.
- **Work with leisure/sports services** within the council, to improve inclusivity and accessibility of their provision, across current leisure centres and a new one being built.

4. Learning

MSW training sessions

What worked well about the training

Amongst survey respondents, over 80% agreed or strongly agreed that the session **met their needs**, they had **opportunity to share knowledge and ideas** with colleagues, and they felt **motivated and engaged** during the session. Staff and stakeholders identified similar positives about the sessions, as follows:

- The information about **local activities and services**
- The **knowledge, expertise and enthusiasm** of the trainers
- Research and evidence on the **importance of physical activity**

- The **re-framing of physical activity** to include everyday movement such as housework.

The sequencing of speakers and topics within the sessions was seen to flow well, with the **input of Active Calderdale** felt to complement the core MSW content. People enjoyed the opportunity to **interact with staff in different teams and roles**.

What could be improved about the training

There were some suggestions to improve the training made by practitioners. In terms of format, a few would have liked **more opportunities for interaction**, through discussion and group work such as role play.

Other suggestions were:

- Provide more **information on local provision** and how to find out about it.
- Include **case studies** showcasing where accessing physical activity had led to positive outcomes for individuals.
- More consideration of **balancing the risks and benefits** of physical activity.
- Greater focus on **how to have the conversations**, as well as why they are important.
- Have a person **with lived experience** at the session – this could be impactful in terms of communicating to practitioners what difference that activity could make.

Lastly it was suggested that staff would benefit from more information on how to frame **budget requests around physical activity**. This topic is likely to require input from individual local authorities, as illustrated in Calderdale where the project lead has developed a resource for managers focusing on budget requests and approvals:

"I think there could have been more about budget requests, Direct Payments, how to write a robust budget request. Staff have to really justify the care they put in for someone, so that is a challenge." Stakeholder

Embedding and sustaining MSW after the training

Participants and stakeholder alike noted generic and ongoing challenges to embedding learning from any training: staff are extremely busy, they have other training and guidance to absorb, they may be set in their ways of doing things and lack the headspace to think differently once back in the day to day. There were also more specific barriers identified, to staff being able to support access to physical activity for Disabled people – these are discussed in the next section.

What helped to embed the training

A range of factors helped to embed MSW learning after the initial training.

Embedding into assessments and other documentation

Calderdale sought to increase the embedding of physical activity into policies and processes, by adding **prompts into templates** to remind practitioners to discuss movement and make this more systematic and routine. Physical activity was already part of the Care Act assessment, and has subsequently been add into closure summaries, 8Ps guidance, assessment and eligibility policy, carers strategy, caseload management, supervision and quality assurance frameworks.

Connecting MSW to a wider programme of work

MSW was seen to **align well with wider local priorities** around strengths-based practice, independence, prevention and wellbeing; this helped emphasise its alignment and relevance to core work. Stakeholders described MSW as one part of a broader effort to maintain independence and support people to be active in practical, everyday ways, slotting into the existing programme of work around physical activity in adult social care, supported by the dedicated Active Social Care role as part of a wider change strategy.

Positioning MSW as a shift in emphasis, not an additional task

It was helpful to frame MSW as **building on** what practitioners were already doing, rather than adding another demand to an already pressured workload. This helped staff see physical activity as part of strengths-based, person-centred practice, rather than an extra responsibility. The project lead worked with teams to apply the core messages in their own contexts, with a particular emphasis on enjoyment, independence, quality of life and the value of compassionate, person-centred social care – see next point.

Tailored follow-up with teams

Tailored follow-up with individual teams was a major factor in embedding MSW learning. The project lead is working team by team, including with early intervention (LINC or Link Into Calderdale team), palliative care, locality teams, and learning disabilities and neurodiversity teams. This gives teams an opportunity for additional reflection and learning, and to work out how to apply the learning from the training in ways relevant to the people they support.

As noted above, the messaging was combined with changes to process, such as assessment forms and policies, so that changes in mindset were supported and reinforced by everyday systems, both across the board and specific to each team. It is important to note that this level of follow-up depended heavily on having dedicated capacity, and would have been difficult to deliver alongside an existing role.

Senior leadership and top-down support

Stakeholders highlighted the importance of senior leadership support, in order to place sufficient importance both on staff attending training, and as a result, changes being made to practice such as the inclusion of physical activity in budget requests.

Senior leaders in public health and adult social care were already committed to the wider agenda around tackling inactivity and social care's role within this, before MSW was introduced. Stakeholders emphasised that aligning physical activity with existing drivers including the Care Act, CQC standards, staff wellbeing, strengths-based practice and local strategic frameworks helped secure leadership support and made it easier to embed expectations of staff through the 8Ps and related processes.

Continuing collaboration between adult social care and physical activity partners

Ongoing collaboration between adult social care and relevant partners – primarily public health - helped keep MSW visible, enabled information about local provision to be shared, and created opportunities to reinforce the messages through managers' meetings, follow-up workshops and wider conversations. This was supported by the project lead sitting within

adult social care, while being funded through public health - enabling regular communication and practical follow-up.

Keeping MSW on the radar

Sustained communication was important in keeping MSW visible after the training. This included newsletter items, policy portal updates, emails, staff engagement events and regular reminders about local resources. Stakeholders felt that repeated messaging helped reinforce awareness and keep movement on the agenda, but again this relied on the Active Social Care lead role, without which there would have been much less capacity to follow up, communicate consistently and drive it forward.

Overall, the experience in Calderdale suggests that MSW is most likely to become embedded where there is someone with dedicated time to keep making connections, sharing resources, working with teams and maintaining momentum.

Ongoing challenges to supporting Disabled people's physical activity

Moving Social Work alone cannot address all of the barriers to Disabled people being active, and staff and stakeholders highlighted some of the aspects that they felt were out of their control, or where they needed more support to influence.

Outside social care practitioners' control:

- The cost of activities, and of getting to and from activities, is often prohibitive for Disabled people. Practitioners often spoke about the need for free or low cost options.
- Limited public transport is an issue in Calderdale, as it is a rural area.
- Limited availability of specialist provision for specific groups, according to type of disability, or other factor such as age, and lack of accessibility in universal provision.

Need more support in order to influence:

- Although the training helped with staff's knowledge of what is available locally, there was still a view that this could be improved.
- Practitioners were not always sure what to suggest in terms of home-based exercises, either because of a lack of ideas or feeling unsure what is appropriate to recommend without the approval of a physio.
- Some practitioners felt it could be difficult to overcome reluctance, or 'fixed mindset', of some individuals they support.
- Co-operation and buy-in from care providers, with risk aversion within care settings identified as a significant issue, sometimes preventing carers from implementing movement-related goals identified in assessments by social workers.
  "Some people are worried about risk, so we have to emphasise, it's about ways of moving that work for each person, we're not saying everyone has to go to the gym. And we are still chipping away, to get that message across." Stakeholder

Programme level learning

Relationships with Durham University

Local stakeholders were very positive about interactions with Durham University colleagues involved in planning, setting up and delivering the training. Aspects of the support that were appreciated were:

- **Clear information and helpful discussions upfront**, to explain the rationale and evidence behind the programme and the content of the session so that local stakeholders had a clear understanding and felt supported to gain buy-In from other colleagues.
- **Responsive and enthusiastic approach**, with Durham available to meet as needed.
- **Flexibility,** with stakeholders noting they were offered the opportunity to input and shape the training according to their local context.
- **A two-way exchange** that felt mutually beneficial, with local areas benefiting from a research and evidence-based programme, as well as having the opportunity to influence national policy by sharing their experiences with Durham.
- **Support continuing beyond the initial training** with the provision of the additional workshops focusing on specific themes, and further support to implement structures to promote MSW on an ongoing basis:

  "I was always going to create a champions network, but it has been so much better to do it working with Mark from Durham University – he has been really helpful. He provided a role spec and an infographic, he has lots of ideas for sessions, like getting guest speakers. So I would have done it anyway, but Mark's involvement has elevated it." Stakeholder

Alignment with local agendas

As noted above in relation to what helped to embed the learning from MSW, local stakeholders felt that a key part of MSW's appeal was how well it aligned with their existing agendas and priorities. They talked about MSW's resonance with their existing **strengths-based approach** within social care.

MSW linked clearly into the **existing '8Ps' model** within adult social care, with one of the Ps being 'physical'. Adult social care and public health in the form of Active Calderdale had already done a lot of work together to think about how physical activity and movement could become better integrated into social care practice, so MSW slotted into these wider efforts:

"It wasn't new to people because it was one of our 8Ps, which we intertwine with everything we do. We make it clear we expect staff to care about activity and movement, and that they need to be tailoring it to individuals. So [MSW] fits really nicely into that." Stakeholder

It is clear from the evaluation that MSW is most likely to be effective when it **lands into an already-committed context**, where work is already underway and MSW contributes to the broader direction of travel.

Delivering with a local organisation

Following on from the above point, local stakeholders felt that there was a clear logic to having a local organisation deliver the training alongside the Durham University facilitators, and that this was a productive model for delivery. As already noted, the contribution of each party felt clear and useful, and flowed well within the sessions. Active Calderdale set out the context for the MSW training within their **wider Active Calderdale programme**, to help participants understand how it aims to tackle inactivity, their part in this and how it aligns with related workstreams:

"I was there to explain our overall active strategy to increase people's level of physical activity and reduce inactivity, and how working with social care is one of the workstreams within this - so they know they are part of a wider effort." Stakeholder

The experience shows that the involvement of **the local organisations can add value** to the training, with careful planning to clarify roles, avoid duplication and ensure the training is tailored to the local context. This need not look the same in every area, but should draw on what is there in terms of expertise and knowledge, and enhance existing connections or create new ones between social care, public health and active partnerships.

5. Conclusions and recommendations

Conclusions

The evaluation indicates that Moving Social Work made a positive contribution in Calderdale, strengthening practitioners' knowledge, confidence and motivation to talk with Disabled people about physical activity. The training helped practitioners understand the importance of physical activity, including everyday movement, and to reinforce its positive effect on independence, mental health, quality of life, social connection and prevention. Survey findings showed clear positive shifts after the training in practitioners' confidence to have conversations, provide information, help people identify and overcome barriers, and include physical activity more routinely within discussions about care and support.

A key strength of MSW was that it reframed physical activity in a way that felt relevant to adult social care practice. Rather than presenting physical activity as formal exercise or something primarily led by health professionals, the programme emphasised movement, enablement and what matters to the individual. This framing helped practitioners see physical activity as part of person-centred, strengths-based social care, and as a natural extension of conversations they were already having about independence, wellbeing, outcomes and risk enablement.

The involvement of a local physical activity organisation in delivering the training added clear value. Practitioners welcomed the opportunity to access information about local

provision and activities, and survey results showed increased awareness of Active Calderdale. This local input made the training feel practical and helped bridge the gap between recognising the importance of physical activity and knowing what to do next. It also strengthened system connections between adult social care, public health and community-based support. MSW reinforced and accelerated an already developing programme of work around active social care.

The evidence of impact on Disabled people is more limited, because the evaluation did not secure direct participation from Disabled people or carers. However, practitioners' examples suggest that MSW can influence the support people receive in practical and meaningful ways, prompting practitioners to suggest small, achievable forms of movement; incorporate activity within care planning; think creatively about how carers or outreach support can enable people to get active; and consider the wider benefits for carers and families. These **examples point to the potential for MSW to support better outcomes**.

The programme also contributed towards improving staff wellbeing. MSW provided a useful opportunity to reinforce messages about practitioners' own movement and wellbeing in roles that can be highly sedentary and pressurised. Staff and stakeholders valued the permission it gave to take movement seriously as part of workplace wellbeing, and it aligned well with existing local initiatives. However, there was limited evidence of measurable change in staff activity levels over the short evaluation period. While MSW can raise awareness and contribute to a positive culture around staff wellbeing, changes in behaviour are likely to require sustained organisational reinforcement, manager support and practical opportunities to build movement into the working day.

The evaluation shows that training alone is not enough to embed lasting change; traction was increased by connecting MSW to wider priorities, processes and leadership. Prompts within assessments were an important practical mechanism for embedding physical activity into routine practice. Calderdale provides a strong example of what is possible when training is supported by dedicated capacity, senior leadership buy-in, alignment with existing practice models, tailored follow-up with teams, sustained communication, and changes to policies and guidance. The dedicated Active Social Care role was particularly significant in maintaining momentum, translating the training into team-specific practice, and connecting MSW with wider system change.

Several ongoing barriers sit outside the scope of MSW: cost, transport, activity provision and variable buy-in from care providers continue to affect practitioners' ability to support Disabled people to be more active. These barriers underline the importance of seeing MSW as part of a broader local system change effort. To realise its full potential, MSW needs to be accompanied by information on local provision, guidance on risk and funding decisions, support from managers, engagement with care providers, and mechanisms for practitioners to keep learning and sharing examples.

Overall, MSW has landed well in Calderdale, prompting positive shifts in practitioners' mindsets around the importance of physical activity for Disabled people and others, and their own role in supporting it. Calderdale's experience indicates that the programme can have sustained impact when delivered into a receptive local context, with strong senior endorsement, collaborative working with local physical activity partners, practical

resources, embedded prompts in social care systems and dedicated capacity to follow up on the initial training. Where these conditions are in place, MSW has the potential not only to improve individual conversations, but also to contribute to wider culture change in how social care supports Disabled people to live active, connected and fulfilling lives.

Recommendations

For Calderdale

The following recommendations are intended to support Calderdale to sustain and build on the positive shifts achieved through MSW.

1. **Continue to embed physical activity into processes.** Maintain and further develop prompts within assessments, support plans and review templates so that conversations about movement become routine rather than dependent on individual practitioners' interest.
2. **Strengthen follow-up after training.** MSW should be reinforced through opportunities such as team meetings, away days, briefings, supervision, peer discussion and practice sessions. Bite-sized refreshers may be more realistic than repeating the full training, particularly where staff have already attended previous sessions. Follow-up should focus on practical application: how to raise the topic, how to respond to reluctance, how to identify realistic options, and how to use movement to lead to outcomes that are eligible for funded support.
3. **Provide resources for practitioners and people receiving support.** Practitioners want resources they can use in the moment and share with people after conversations to read in their own time. This includes local activity information, home-based movement ideas and conversation prompts. Online folders, local practice portals and printed resources should be kept up to date and actively promoted, rather than relying only on emails which can be missed.
4. **Communicate a clear approach to funding.** Practitioners and managers need shared guidance on when physical activity can appropriately form part of meeting eligible needs, through Direct Payments or commissioned support. This should include examples of budget requests, guidance on balancing risks and benefits, and consistent messaging that movement can contribute to independence and wellbeing.
5. **Keep local physical activity partners connected to adult social care.** Active Calderdale should continue to have structured routes into social care, for example, through managers' meetings and team briefings, to give updates on local provision. These relationships can support practitioners' awareness of local provision and how to support access to it.
6. **Plan for staff turnover and new starters.** Build MSW into induction, student placement learning, practice development sessions and rolling workforce development programmes. This will help avoid learning being lost as teams change. It may be best addressed by the central MSW programme team, who could develop templates and guidance for local areas to implement.
7. **Consider how best to build champions or peer support without overloading staff.** A champions model could help maintain momentum, but be mindful that it can become a crowded space, with champions for many different agendas likely already in place.

Any champion role should be light-touch and supported, not a paper exercise without time or structure to implement it.

8. **Sustain the dedicated system leadership that has enabled MSW to become embedded.** Calderdale's experience shows the value of dedicated capacity to translate training into practice change. The Active Social Care role should continue to be supported to work with teams, influence commissioning and providers, update resources, collect case studies and maintain links between adult social care, public health and leisure or physical activity partners.

For the MSW programme team

The following recommendations are intended to strengthen MSW as a programme model for delivery in other local authority areas.

9. **Support local authorities to take a more strategic, top-down implementation approach.** Future delivery should begin with senior leaders and managers, before moving to frontline staff. The programme team should provide a clear case for MSW at directorate and management level, showing how it supports statutory duties, CQC expectations, preventative and strengths-based practice agendas, staff wellbeing and better outcomes for Disabled people. This would help local areas to justify prioritising attendance and, where appropriate, making training mandatory.
10. **Present MSW as part of culture change, not as a standalone training session.** The programme should encourage local authorities to connect training with changes to assessment questions, care planning processes, supervision and practice guidance. A suggested implementation sequence could include senior engagement, review of local processes, training delivery, introduction of prompts and resources, and planned follow-up with teams.
11. **Provide a practical implementation package for local areas.** Alongside the core training, MSW should offer a set of adaptable resources that local leads can use to embed the learning. This could include briefing slides for managers, short refresher materials, conversation prompts, a movement menu, examples of team meeting activities, a champions role description, template communications, case studies, and guidance on how to maintain momentum after the initial session. It could also include resources to support longer-term, through staff turnover (see recommendation 6).
12. **Increase focus on the 'how' of conversations.** Practitioners valued the evidence and rationale, but wanted more focus on how to have conversations about physical activity. Future delivery should give greater emphasis to examples, scenarios, role play or discussion of challenging situations, such as individual reluctance, family or provider resistance and concerns around risk.
13. **Develop guidance for local areas on funding requests.** While local authorities will need to apply their own policies, the programme team could provide principles, prompts and examples to help local leads frame physical activity as a legitimate route to meeting eligible outcomes.
14. **Clarify the added value for practitioners who feel they are already doing this work.** Some staff, such as occupational therapists, may feel that 'we are already doing this'. There may be scope to consider how best to convey the added value to this cohort – for example around consistency of practice across teams, sharing evidence for the

benefits of movement, improving links to local provision and a greater focus on a rights-based and/or compassionate approach..

15. **Build in lived experience wherever possible.** Future delivery could include Disabled people, carers or experts by experience, either in person or via more use of video clips. Hearing directly about the difference physical activity can make would help make the training more impactful and motivating for practitioners.
16. **Encourage local delivery models that draw on the most relevant local partners.** The evaluation supports the value of co-delivery with local physical activity organisations, but this should remain flexible. In some areas the active partnership may be the key partner, in others it may be public health, or, a combination of both. The programme team should help each area clarify roles, avoid duplication and demonstrate alignment between MSW and local agendas.
17. **Plan for follow-up capacity from the outset.** The programme team should encourage local areas to identify who will keep MSW visible after training, and how, even if they do not have a dedicated role like Calderdale. The importance of follow-up should be made explicit in programme planning, not left as optional.
18. **Explore opportunities to scale delivery across wider local systems.** Where active partnerships or place-based partnerships cover several local authorities, MSW could be delivered across neighbouring areas. This may be particularly useful where Disabled people access services across boundaries, or where local authorities share physical activity infrastructure.
19. **Share evaluation findings and early impact data during delivery, not only at the end**. The programme team should consider sharing emerging findings, case studies and examples from other areas throughout implementation. This could help motivate staff, support senior buy-in and provide practical examples of what change can look like.