

**WE ARE
UNDEFEATABLE**

BRIDGING

THE GAP:

Understanding how to support people with long term health conditions to become more physically active

Published April 2024



AUTHORS

This report has been authored by Insight Angels Ltd based on a public consultation conducted by DJS Research Ltd on behalf of We Are Undefeatable.

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Designed by djsresearch.co.uk

Further information

For further information contact the We Are Undefeatable team at WeAreUndefeatable@ageuk.org.uk

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ABBREVIATIONS USED IN THIS REPORT

LTHC: Long term health condition.

MLTCs: Multiple long term health conditions.

Family/friends/carers: People involved in the care or support of someone with a LTHC.

Healthcare: People working within national or local health or social care.

Charity/voluntary: People working in the charity or voluntary sector.

Sport & PA: People working within the sport and physical activity sector.

Government: People working in central or local government.

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FOREWORDS

Our starting point, when designing services and support programmes, is understanding what it's like to live with long term health conditions.

From its launch in 2019, our We Are Undefeatable campaign has been continually informed and shaped by the voices and experiences of the people we are seeking to reach. A crucial part of this process is identifying the challenges that people with long term conditions face when trying to become more active. What people with chronic health problems consistently tell us, as this report illustrates, is that pain and low energy make it more difficult for them to get more active. These barriers are not insurmountable but, if we don't address them, we will not be able to develop the right solutions.

This report also reminds us that we need to listen to the professionals, carers, friends and family members who support people with long term health problems, to get a more complete perspective on how we can collectively overcome the barriers to physical activity. A key insight from this report is that there is a potential 'empathy gap', where perceptions of health and sport professionals, charities and government, and families, friends and carers do not necessarily correlate with people's lived experience.

For example, people with long term health conditions say that pain and low energy are the main barriers they face being active, while policy makers, professionals and care givers tend to focus on other factors such as cost, motivation and mindset.

The
Richmond
Group
of Charities



In order to design the support provision which can really help people with long term conditions to manage their mental and physical health, we need to meet them where they are at, and make physical activity feel meaningful and achievable.

There is a lot in this report for us, as a group of charities, to think about as we design the next phase of the We Are Undefeatable campaign. But our campaign, vital as it is, is only part of the solution. We need all organisations, local and national, in the health, sport and leisure sectors to play a part in encouraging and enabling people with long term conditions to move more.

Duleep Allirajah

**Chief Executive of
The Richmond Group of Charities**

We know our physical and mental health is our biggest asset. Being physically active has repeatedly been described as a 'wonder drug' – unlocking so much that's good for our health and wellbeing.

It shouldn't matter whether you're 25 or 75, live with multiple health conditions or none, the right range of opportunities and support should be available for everyone, irrespective of circumstances. A positive, enjoyable experience of being active is a must have, not a nice to have. This, as part of a relentless drive to tackle stubborn inequalities in sport and physical activity, is a fundamental principle behind Uniting the Movement and has been the focus of the We are Undefeatable campaign since its launch back in late 2019.

The data and insight captured through the different strands of We Are Undefeatable's Big Talk project, particularly people's lived experience, is a significant milestone. It builds on our We Are Undefeatable insight to date as well as broader research such as Sport England and Sheffield Hallam University's Easier to be Active report, and further enhances our understanding of the barriers faced by people living with long term health conditions in accessing opportunities to be active.

More importantly, it helps us determine how we can work systemically together across physical activity and health sectors to ensure pathways into activity are attractive, easy and well supported – with the individuals' needs and motivations at the heart of all our work.



This Big Talk consultation insight tells us not only how the campaign can continue to enhance its valuable resources, but how we can continue to collaborate to ensure that everyone is inspired to be active, has access to the right opportunities and feels supported to do so. No one organisation can achieve this alone.

The ask is simple – let's work together to bring this insight to life so that we have the right information and resources at the right time, to help more people living with long term health conditions to lead an active, happy and healthy life.

Ben Wilson

**Executive Director of Digital,
Marketing & Communications
at Sport England**



EXECUTIVE SUMMARY

We Are Undefeatable's 'Big Talk' public consultation was initiated to inform the resources the campaign should focus on developing, but it has delivered a unique set of insights worthy of review by anyone involved in supporting people with long term health conditions (LTHCs).

Drawing together input from those with lived experience and from the networks that support them, the consultation provides a reference point not just for We Are Undefeatable but more broadly, building on existing evidence in this area¹.

The latest Active Lives data from Sport England² reveal a continuing disparity between the activity levels of people with and without LTHCs or disabilities, and this disparity is leading to ever widening health inequalities. While findings in this consultation highlight that most do recognise the importance of physical activity when managing LTHCs, all too often, there are significant barriers. This consultation brings to prominence not only the pain and physical limitations many people with LTHCs have to contend with, but the fact that these challenges are not fully appreciated by others.

At the heart of the data we have collected also lies a separate conundrum: people naturally turn to the healthcare system for guidance on how to get active with a LTHC, but the NHS, challenged and under pressure, cannot adequately address their needs by itself.

Health charities are in a strong position to support the physical activity agenda due to their expertise in the management of LTHCs, more holistic perspective on wellbeing, and local reach and connections. Many participants felt they play a role other organisations simply cannot play. Charity involvement in We Are Undefeatable is therefore seen as both highly appropriate and important for trust and credibility.

Family/friends/carers can be a key source of enablement for people with LTHCs to become active, yet many feel ill-equipped and fear 'making things worse'. There is an opportunity to provide them with reassurance and tailored advice so that they can confidently assist those they care for to be more active.

When it comes to helpful resources, people with LTHCs responded most favourably to the idea of easy to access workouts appropriate to their capabilities, combined with inspiration they can relate to. Professional audiences revealed a strong appetite for informational resources but the nature of what was relevant varied by sector. Across a number of question areas, responses from professionals also surfaced a fundamental need for greater leadership and engagement with the physical activity agenda at a local level.

We Are Undefeatable will act directly on many of the findings contained within this report and we have outlined our next steps in the final section. However, we acknowledge that some of the broader environmental and system issues surfaced can only be tackled collectively. Therefore, we pledge to share these insights far and wide and call upon all organisations with a relevant interest to consider how we may work together to support more people with LTHCs to be active in a way that works for them.

To get in touch with us, contact:
WeAreUndefeatable@ageuk.org.uk



¹ In addition to We Are Undefeatable's own extensive insight and resources available at www.weareundefeatable.co.uk, another example is the Easier to be Active project which explored the ways in which we help people with long term health conditions lead a more active lifestyle. See: shu.ac.uk/advanced-wellbeing-research-centre/projects/etba.

² Active Lives Adult Survey November 2021–22 Report. See: sportengland.org/research-and-data/data/active-lives.

BACKGROUND

'We Are Undefeatable' is a movement supporting people with a range of long term health conditions to be more physically active in ways that work for them. Supported by Sport England with National Lottery funding, it is led by The Richmond Group of Charities³, in collaboration with Mind, MS Society and Parkinson's UK.

Existing We Are Undefeatable resources include ideas on ways to move, tips for getting started and tools such as downloadable mini workouts⁴. But our vision is bigger: to be the go-to resource to support people living with LTHCs to start and stay active, by galvanising and connecting people to enjoy the benefits of ongoing activity.

Being 'Undefeatable' is understanding that how you feel can change from day-to-day, that everybody's situation is unique, and that moving more when you can is just as important as accepting when you can't. We believe that every achievement, no matter how small it might seem to someone else, is worth celebrating.

The campaign brings together partners who reach people living with: Arthritis, some long term limiting mobility conditions, Alzheimer's, Asthma, Back pain, Cancer, Chronic Obstructive Pulmonary Disease/ Lung Condition, Dementia, Heart Disease, Stroke, hypertension (or other heart related conditions), Long term mental health conditions including depression, anxiety, schizophrenia and bipolar disorder, MS, Parkinson's, Type 1 Diabetes and Type 2 Diabetes.



³ The Richmond Group of Charities is a coalition of 12 health and care charities which includes Age UK, Alzheimer's Society, Asthma+Lung UK, Breast Cancer Now, British Heart Foundation, British Red Cross, Diabetes UK, Macmillan Cancer Support, Rethink Mental Illness, Royal Voluntary Service, Stroke Association and Versus Arthritis. For more information see: richmondgroupofcharities.org.uk.

⁴ For more information see: weareundefeatable.co.uk/ways-to-move.

METHODOLOGY

The purpose of the We Are Undefeatable 'Big Talk' public consultation was to inform the future resources We Are Undefeatable could offer based on an understanding of the needs of the target audience, and of the networks of people and organisations that support them.

DJS Research Ltd hosted an open consultation between 4th and 30th September 2023. It was promoted within the United Kingdom⁵ to people living with long term health conditions, their family/friends/carers, and to professional audiences, via social media and email.

Alongside the open consultation, DJS Research conducted a panel survey in order to supplement responses from certain audiences. These included health and social care professionals, sport and physical activity sector staff and government and local authority staff.

Efforts were made to optimise accessibility of the consultation through question wording and design, by allowing completion by proxy, and by offering the option to answer questions over the phone or return responses by email.

Participants were asked to respond through the lens of their main interest, be that professional or personal lived experience, but could complete the questions again from another perspective if desired.

Overall, 2,241 responses were obtained and a breakdown is shown on page 9 with further detail in the Appendix.

It is important to note that while a consultation is a valuable way to gather opinions about a topic, participants are self-selecting, and certain categories of people may be more likely to contribute than others. This consultation is no exception, and it means that the responses can never be representative of the population as a whole, as would be the case with a representative sample survey.

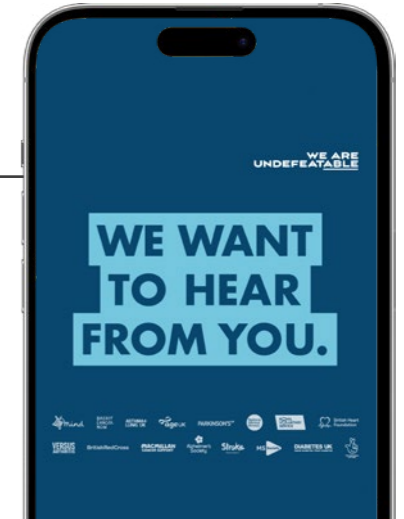
Typically, in a consultation, there can be a tendency for responses to come from those more likely to consider themselves affected and more motivated to express their views. Responses are also likely to be influenced by endorsements or campaigns that are run alongside the consultation.

PUBLIC CONSULTATION OBJECTIVES:

- Gather a wide range of evidence to inform future We Are Undefeatable resources and activities.
- Create an information resource for stakeholders across the system who support people with long term health conditions.
- Be inclusive at a national and local level: collect input from anyone, anywhere in England, including professionals.
- Demonstrate We Are Undefeatable's long term commitment to this agenda.



⁵ We Are Undefeatable is a campaign in England. While the consultation was open to participants across the United Kingdom, the majority of responses were from England.



TOPICS COVERED:

- ✓ How much of a priority is physical activity?
- ✓ What's the role of We Are Undefeatable?
- ✓ What resources would help?
- ✓ What are the barriers to providing support to those who need it?
- ✓ What do people think of specific ideas for resources?
- ✓ What are the barriers to being active?

CONSULTATION RESPONSE:

This is a breakdown of the sample achieved from combining the open consultation data and the panel data. No weighting has been applied to either set of data, therefore results throughout this report should be viewed as indicative and only reflective of those that took part. Further detail on the sample breakdown can be found in the appendix.



KEY FINDINGS





1. 'GOOD FOR THE BODY & SOUL': The importance of physical activity when managing a long term health condition

The vast majority of consultation participants acknowledged the importance of physical activity in managing or preventing long term health conditions.

While it may have been expected that consultation participants would buy in to the importance of physical activity, their near universal endorsement is striking and corroborates previous insight gathered by We Are Undeatable⁶.

The motivations expressed for being physically active related most often to maintaining physical health, managing symptoms or mental wellbeing – see pages 14 – 15 for more detail.

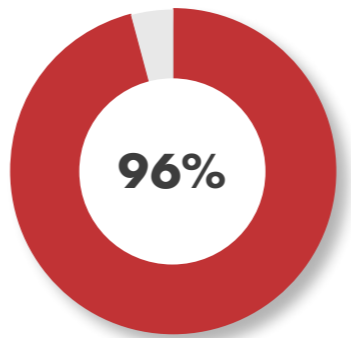
“It is good for the body & soul. Fresh air is good, and some sun exposure. Activities that are social are good for the mind. Relieves boredom and monotony, sets challenges, can bring improvement physically and mentally.”

Family/friend/carer of someone with a LTHC

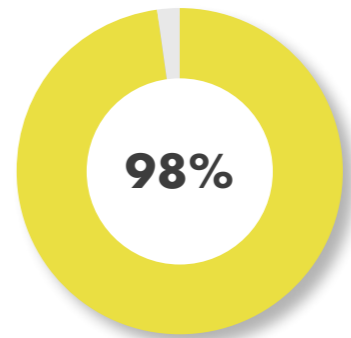
⁶ Previous insight gathered by We Are Undeatable is available at: weareundefeatable.co.uk/supporters-hub (sign up required).

ALMOST EVERYONE KNOWS IT'S KEY FOR PEOPLE WITH LTHCs TO BE PHYSICALLY ACTIVE

% agree 'physical activity is important in managing or preventing long term health conditions'



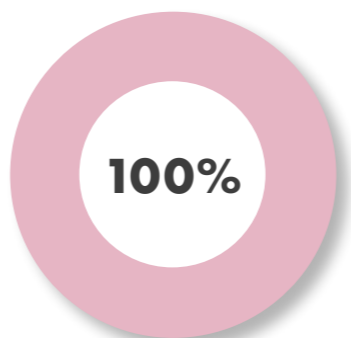
People with LTHCs



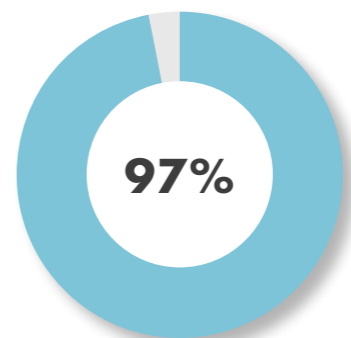
Family/friends/carers



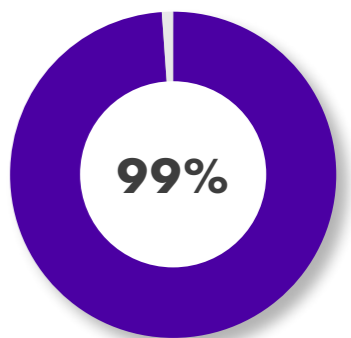
Health & social care professionals



Charity/voluntary professionals



Sport & PA professionals



Government professionals

“I am battling so many different issues that it makes physical activity very difficult but, when I am able to, I find that it helps my mobility and my energy levels.”

Person living with arthritis, heart condition, chronic fatigue & fibromyalgia

Source: Q01. In your opinion, how important is physical activity in managing or preventing long term health conditions?
Base: People with LTHCs (n=1,009), Family/friends/carers (n=569), Health & social care professionals (n=339), Charity/voluntary professionals (n=63), Sport & physical activity professionals (n=117), Government professionals (n=71).

THE MOTIVATIONS EXPRESSED FOR BEING ACTIVE FALL INTO THREE CATEGORIES

42% cite physical health/fitness

"Weight loss, increase strength & stamina."

"To be more healthy for my kids."

"Staying active also ensures sleep rhythm remains consistent."

28% cite symptom management

"To try & manage my back issues & prevent them getting worse."

"Being as physically active as possible means a reduction in stiffness & pain."

"I exercise regularly to prevent flare ups with my fibromyalgia & osteoarthritis."

25% cite better mental health

"A nice walk always helps clear the head."

"I regularly go out walking for two hours a day after work with my dog... it makes me feel better in myself."

"I also exercise to control my endorphins which help with my mood & mental health."

Source: Q03. Would you be able to tell us, in as much detail as you feel comfortable giving, what motivates you to be more physically active?/Would you be able to tell us what you believe motivates people with long term health conditions to be more physically active? **Base:** All respondents (n=2,241).



TOP THREE MOTIVATIONS FOR DOING PHYSICAL ACTIVITY: BY LTCH

1ST

2ND

3RD

Arthritis (n=417)	Physical health/fitness	Manage symptoms	Mental health
Back pain (n=273)	Physical health/fitness	Manage symptoms	Mental health
A limiting mobility condition (n=180)	Physical health/fitness	Manage symptoms	Mental health
Breast cancer (n=58)	Physical health/fitness	Mental health	Manage symptoms
Cancer (excl. breast) (n=62)	Physical health/fitness	Mental health	Manage symptoms
Heart conditions (n=174)	Physical health/fitness	Manage symptoms	Mental health
Stroke (n=71)	Physical health/fitness	Manage symptoms	Mental health
Asthma (n=170)	Physical health/fitness	Mental health	Manage symptoms
Lung conditions/ COPD* (n=69)	Physical health/fitness	Manage symptoms	Quality of life
Type 1 diabetes (n=42)	Physical health/fitness	Manage symptoms	Mental health
Type 2 diabetes (n=142)	Physical health/fitness	Manage symptoms	Mental health
Long term depression (n=171)	Physical health/fitness	Mental health	Manage symptoms
Long term anxiety disorder (n=185)	Physical health/fitness	Mental health	Manage symptoms
Severe mental health condition** (n=89)	Mental health	Physical health/fitness	Manage symptoms

Source: Q03. Would you be able to tell us, in as much detail as you feel comfortable giving, what motivates you to be more physically active? Bases shown in figure. Conditions with sample sizes under 40 are not shown. *COPD: Chronic Obstructive Pulmonary Disorder **Examples of severe mental health conditions include schizophrenia and bipolar disorder.



2. THE NHS IS A TRUSTED SOURCE, BUT ONLY A STARTING POINT

People with LTHCs naturally turn to the healthcare system for guidance on how to get active with a LTHC, as the bar chart on the right highlights. The most trusted sources are the NHS and healthcare professionals such as General Practitioners.

However, while the NHS has a key role to play in supporting people with LTHCs to be active, some participants acknowledged that it cannot succeed in this mission alone. As one GP remarked:

“A one off clinical encounter is not likely to have much impact.”

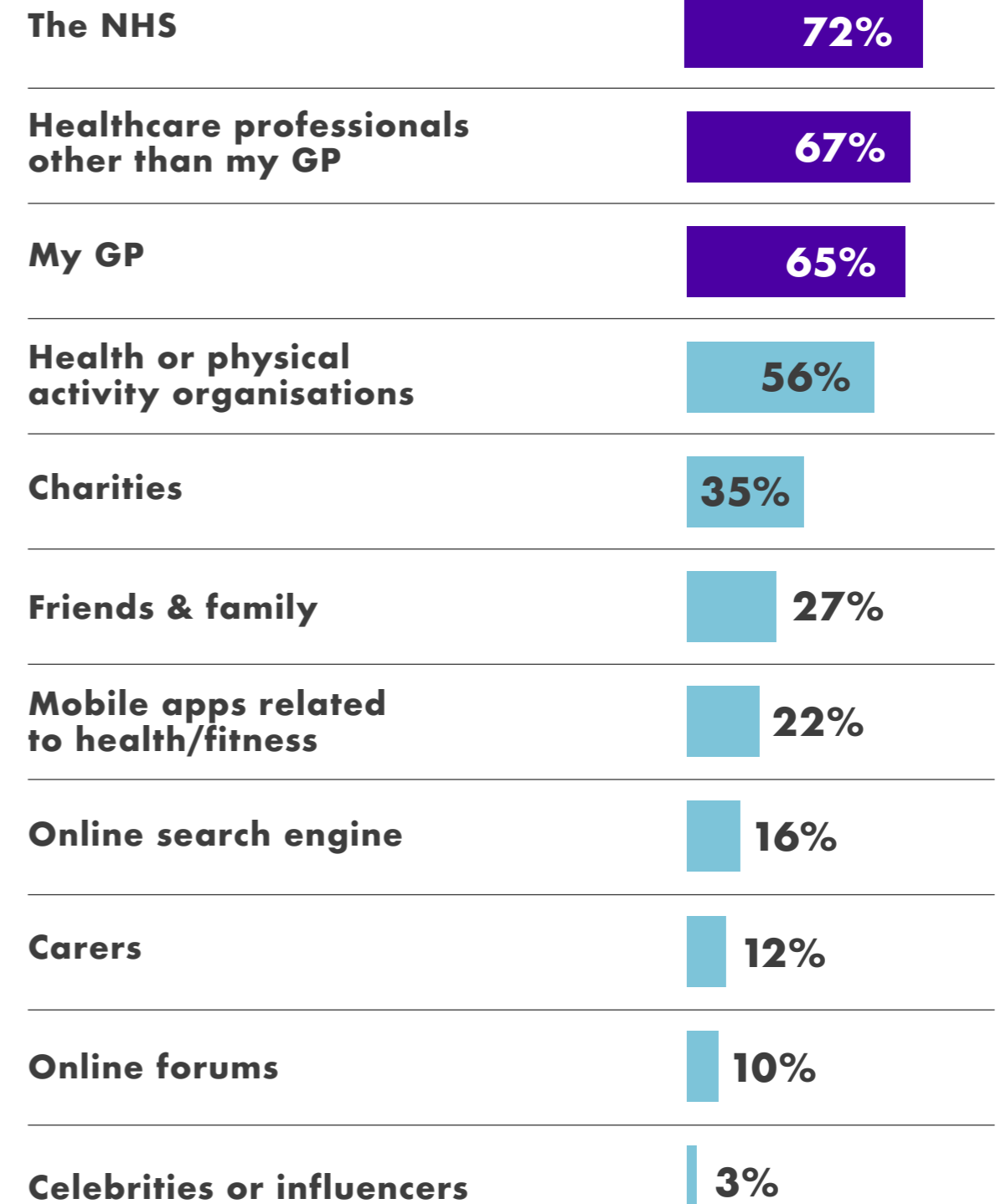
While a professional working for a community organisation articulated that:

“A change in lifestyle is not something that can be discussed or actioned easily – it involves emotion, physical exertion and a culture change.”

Indeed, the actions of multiple players across the system – in healthcare, the charity sector, sport and physical activity, government and elsewhere – are needed to support change, and their cumulative impact is important to consider. This report will provide perspectives from across the system, but we begin with the views of people with LTHCs themselves.

THE STARTING POINT FOR TRUSTED ADVICE IS THE NHS

Most trusted sources of physical activity advice/information:



Source: Q02. Which of the following sources of physical activity related advice and/ or information would you trust?
Base: All respondents (n=2,241).



3. WHY IT CAN BE HARD TO GET ACTIVE

Acknowledging the benefits of physical activity does not mean that it is straightforward for people with LTHCs to be active.

In response to a question about motivations, almost **1 in 5** people with LTHCs (18%) responded that nothing at all motivated them to be more active, and those with multiple long term health conditions (MLTHCs) were around twice as likely as those with a single condition to report this. In order to unpick this, we need to delve into the barriers they face.

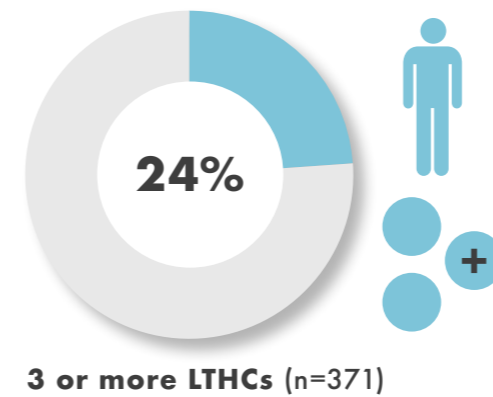
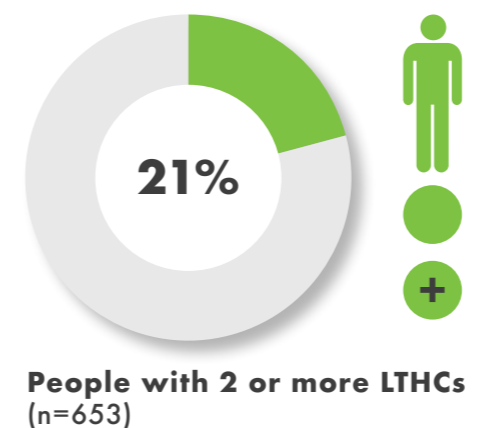
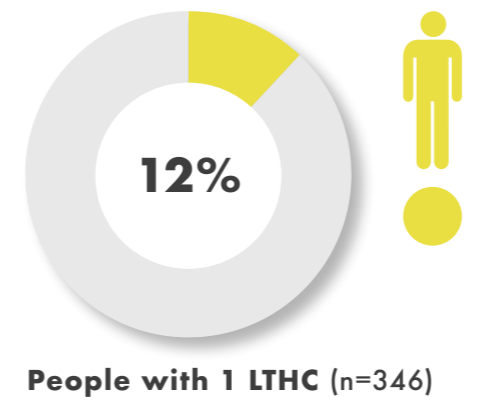
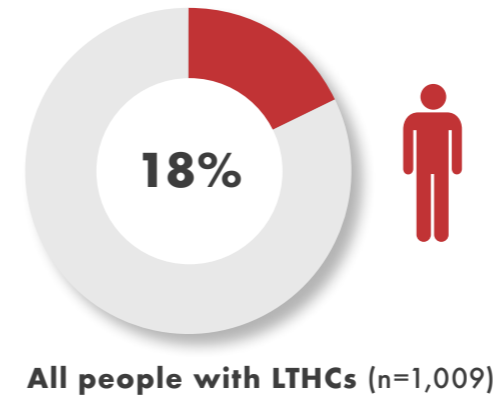
The top three barriers to activity are all physical ones. Starkly, the most cited barrier was pain, followed by a lack of energy or feeling too tired.

The theme of physical limitation was dominant across a wide range of LTHCs as shown on page 21 (top three barriers by LTHC: almost all are physical), with verbatim evidence highlighting the extent to which such challenges can affect motivation. For some, ongoing management of pain and the unpredictable nature of their symptoms could compound the effect and make it harder to build physical activity into their routine.

“My pain threshold is low, and sometimes it’s more effort than it’s worth to stay motivated to be physically active.”

Person living with arthritis, type 2 diabetes, long term depression and anxiety

A SIZEABLE PROPORTION SAY ‘NOTHING MOTIVATES ME TO BE MORE PHYSICALLY ACTIVE’



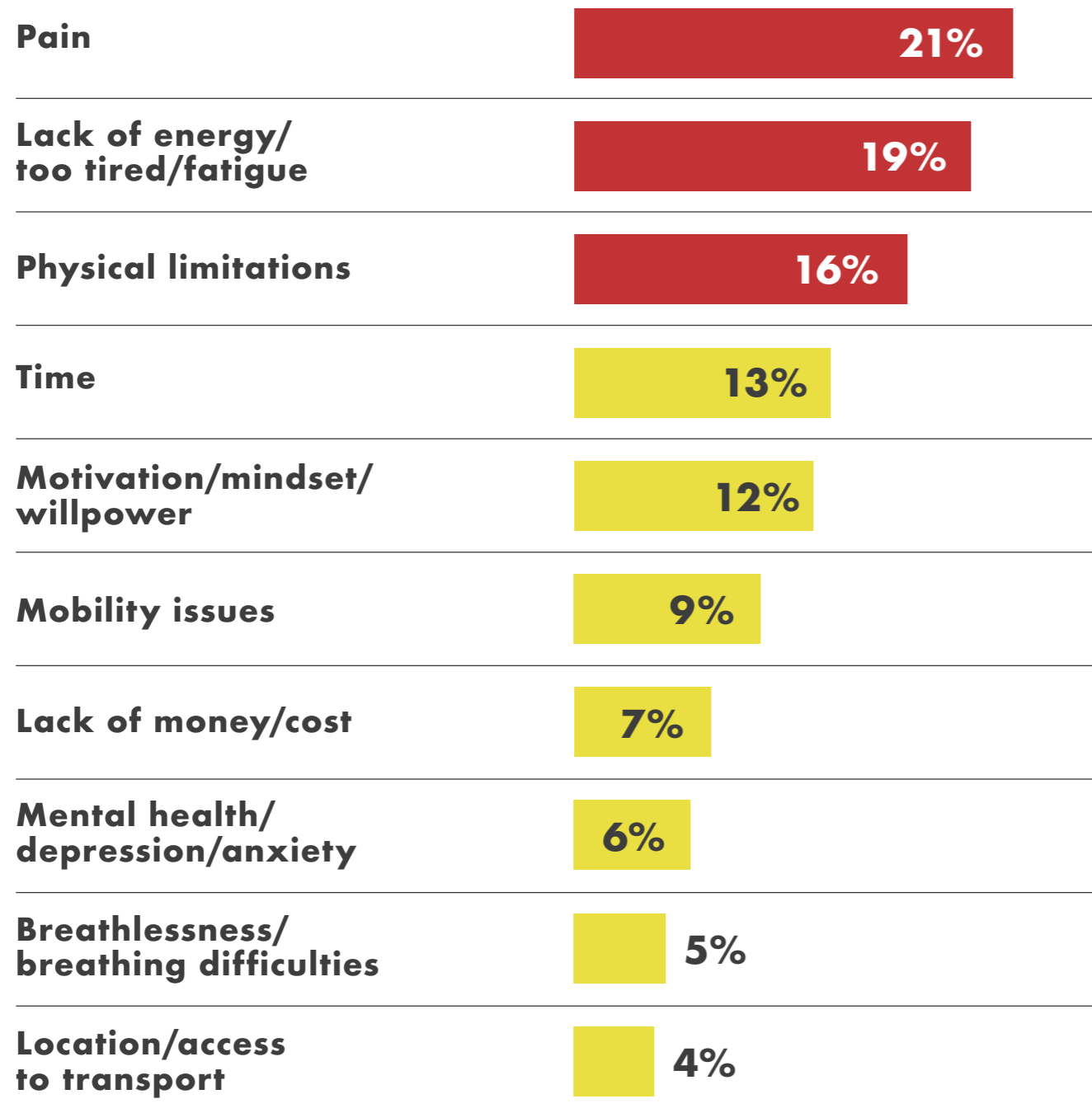
People living with:

Arthritis (n=417)	16%
Back pain (n=273)	22%
A limiting mobility condition (n=180)	21%
Breast cancer (n=58)	10%
Cancer (excl. breast) (n=62)	19%
Heart conditions (n=174)	22%
Stroke (n=71)	20%
Asthma (n=170)	23%
Lung conditions/ COPD* (n=69)	30%
Type 1 diabetes (n=42)	19%
Type 2 diabetes (n=142)	30%
Long term depression (n=171)	30%
Long term anxiety disorder (n=185)	26%
Severe mental health condition** (n=89)	15%

Source: Q03. Would you be able to tell us, in as much detail as you feel comfortable giving, what motivates you to be more physically active? Bases shown in figure. Conditions with sample sizes under 40 are not shown. *COPD: Chronic Obstructive Pulmonary Disorder **Examples of severe mental health conditions include schizophrenia and bipolar disorder.

TOP 10 BARRIERS TO ACTIVITY CITED BY PEOPLE WITH LTHCs:

People with LTHCs are most likely to cite pain and low energy as barriers to physical activity.



Source: Q04. What, if any, are the main barriers you face when it comes to being more physically active?
Base: People with LTHCs (n=1,009).

TOP THREE BARRIERS BY LTHC: ALMOST ALL ARE PHYSICAL

	1 ST	2 ND	3 RD
Arthritis (n=417)	Pain	Lack of energy /too tired	Mobility issues
Back pain (n=273)	Pain	Lack of energy /too tired	Physical limitations
A limiting mobility condition (n=180)	Pain	Lack of energy /too tired	Mobility issues
Breast cancer (n=58)	Lack of energy /too tired	Physical limitations	Pain
Cancer (excl. breast) (n=62)	Physical limitations	Lack of energy /too tired	Pain
Heart conditions (n=174)	Pain	Physical limitations	Lack of energy /too tired
Stroke (n=71)	Lack of energy /too tired	Mobility issues	Physical limitations
Asthma (n=170)	Pain	Lack of energy /too tired	Physical limitations
Lung conditions/ COPD* (n=69)	Breathing difficulties	Physical limitations	COPD
Type 1 diabetes (n=42)	Physical limitations	Time	Pain
Type 2 diabetes (n=142)	Physical limitations	Pain	Lack of energy /too tired
Long term depression (n=171)	Depression/ anxiety	Pain	Lack of energy /too tired
Long term anxiety disorder (n=185)	Pain	Depression/ anxiety	Motivation/ mindset
Severe mental health condition** (n=89)	Depression/ anxiety	Motivation/ mindset	Lack of energy /too tired

Source: Q03. Would you be able to tell us, in as much detail as you feel comfortable giving, what motivates you to be more physically active? Bases shown in figure. Conditions with sample sizes under 40 are not shown. *COPD: Chronic Obstructive Pulmonary Disorder **Examples of severe mental health conditions include schizophrenia and bipolar disorder.



4. THE EMPATHY GAP:

A mismatch between lived experiences & perspectives from the system

It is not clear that those in a position to support people with LTHCs to be active fully appreciate their physical constraints.

When asked to describe what they thought were the main barriers faced by people with LTHCs, others assumed that factors such as pain were secondary to issues like mindset and cost. For example, 36% healthcare professionals assumed that 'mindset' was the top barrier to being physically active among people with LTHCs, followed by 'Cost' at 29% - these factors rank much lower among those with lived experience.

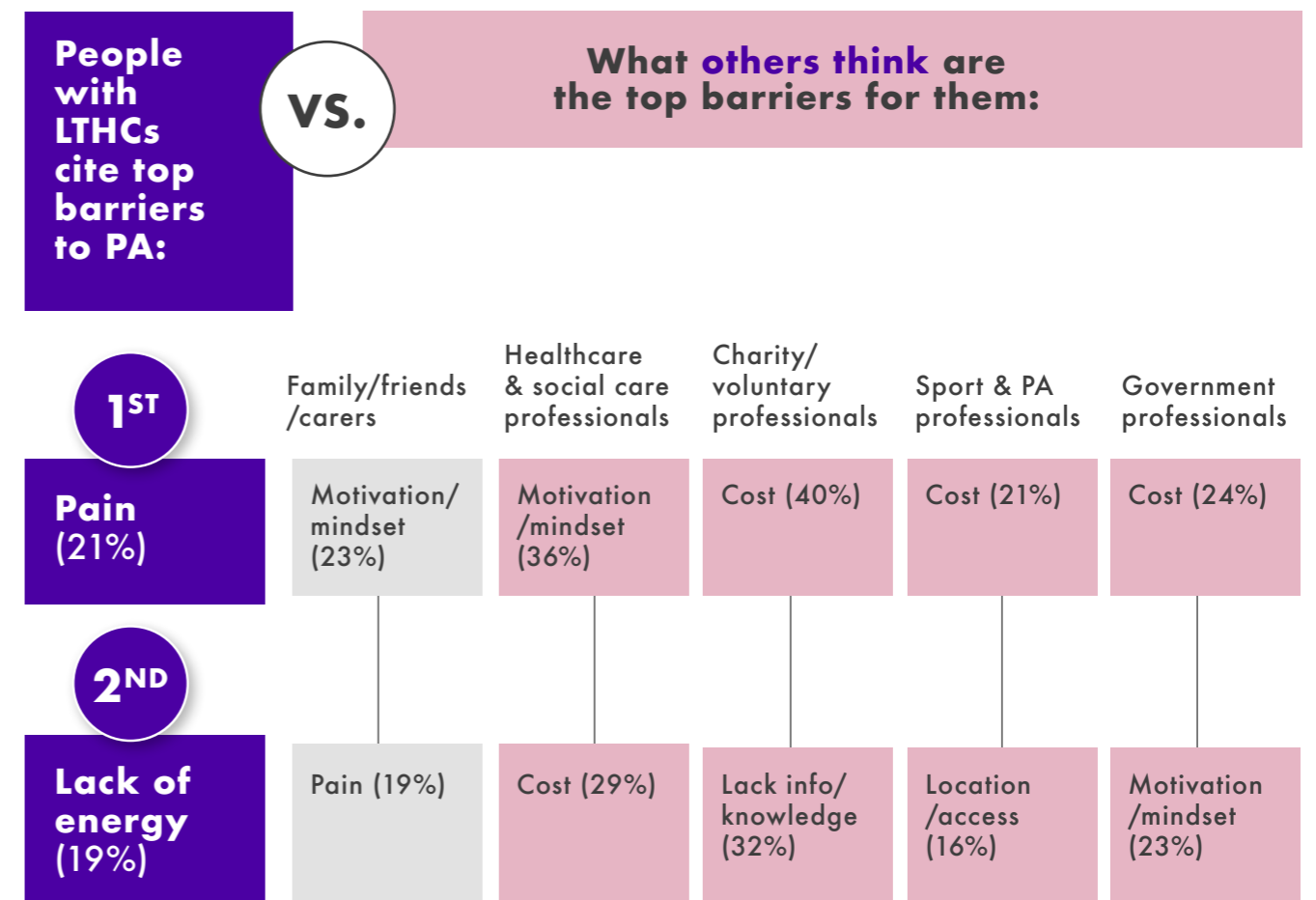
The chart on the right highlights this disconnect and arguable 'empathy gap'. Whether supporting in a professional capacity or as a family/friend/carer, all audiences were more likely to perceive mindset to be a barrier than pain, exemplified in comments such as "They don't believe they can do it". Cost was also assumed to be a more significant factor than the testimony of those living with LTHCs would suggest.

This apparent gap in understanding raises a risk that the personal challenges people with LTHCs face when getting active are not fully considered by frontline professionals in the advice and support they provide.

"They don't believe they can do it."

Family/friend/carer of someone with a LTHC

IT'S UNCLEAR THAT THE 'SYSTEM' RECOGNISES THE PHYSICAL BARRIERS FACED BY PEOPLE WITH LTHCs



Source: Q04. In your experience, what are the main barriers people with long term health conditions face when it comes to being more physically active?/What, if any, are the main barriers you face when it comes to being more physically active? **Base:** People with LTHCs (n=1,009), Family/friends/carers (n=569), Health and social care professionals (n=339), Charity/voluntary professionals (n=63), Sport & physical activity professionals (n=117), Government professionals (n=71).

5. THE ISSUE OF CONFIDENCE AMONG FAMILY & FRIENDS

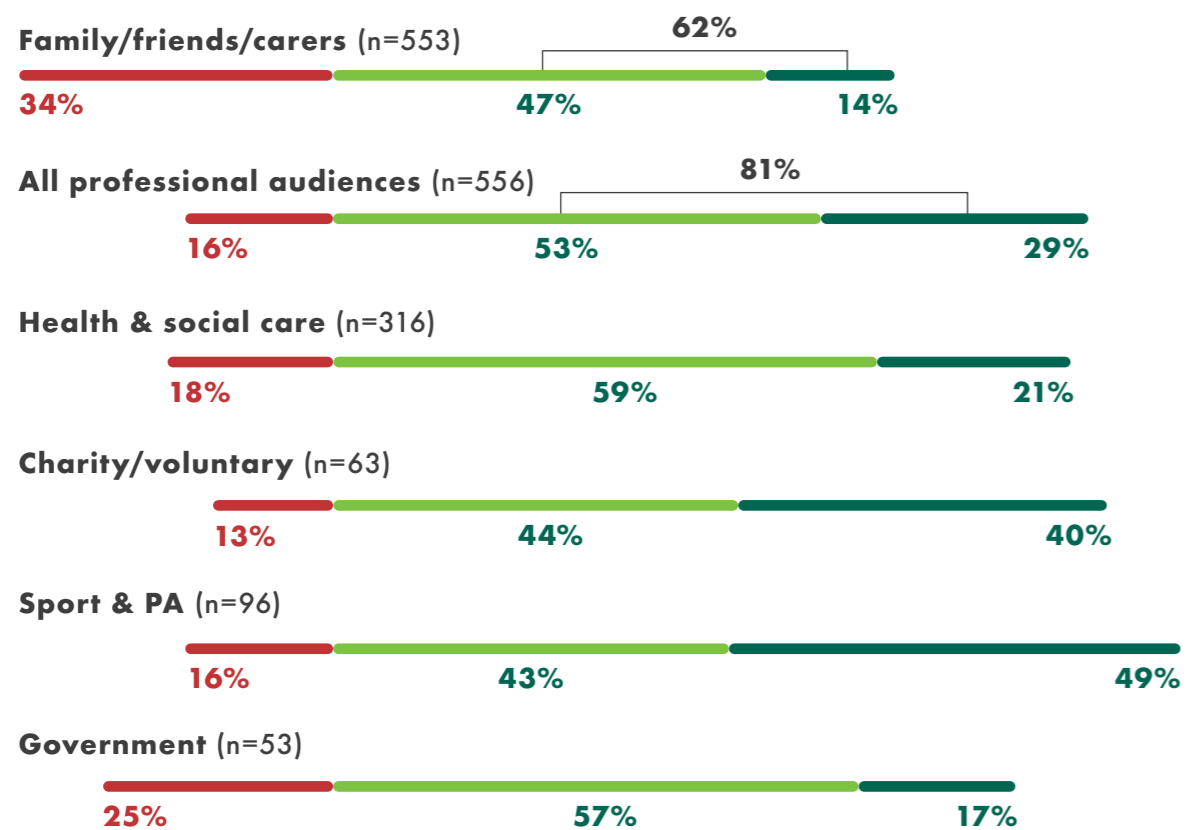
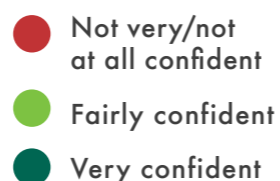
When it comes to supporting people with LTHCs to be physically active, there is a particular issue of confidence among family/friends/carers. Only 14% of family/friends/carers were 'very' confident, and the issue was more acute for those involved in the care of dementia, Parkinson's disease, heart conditions and stroke. These conditions are likely to occur in conjunction with others and thus there may be a raft of complex medical and other needs to navigate in such cases.

Suggestions on how to improve confidence were invited as part of the consultation. Family/friends/carers highlighted a need for advice on appropriate physical activity, with some comments suggesting a deeply rooted fear of 'making things worse' (see pages 27 and 28-29).

These findings highlight an opportunity to equip family/friends/carers with reassurance as well as practical, tailored advice, so they can more confidently support those they care for to be active.

CONFIDENCE SUPPORTING PEOPLE WITH LTHCs TO BE PHYSICALLY ACTIVE

Family/friends/carers lack confidence supporting people with LTHCs to be active but professionals also have room to improve.

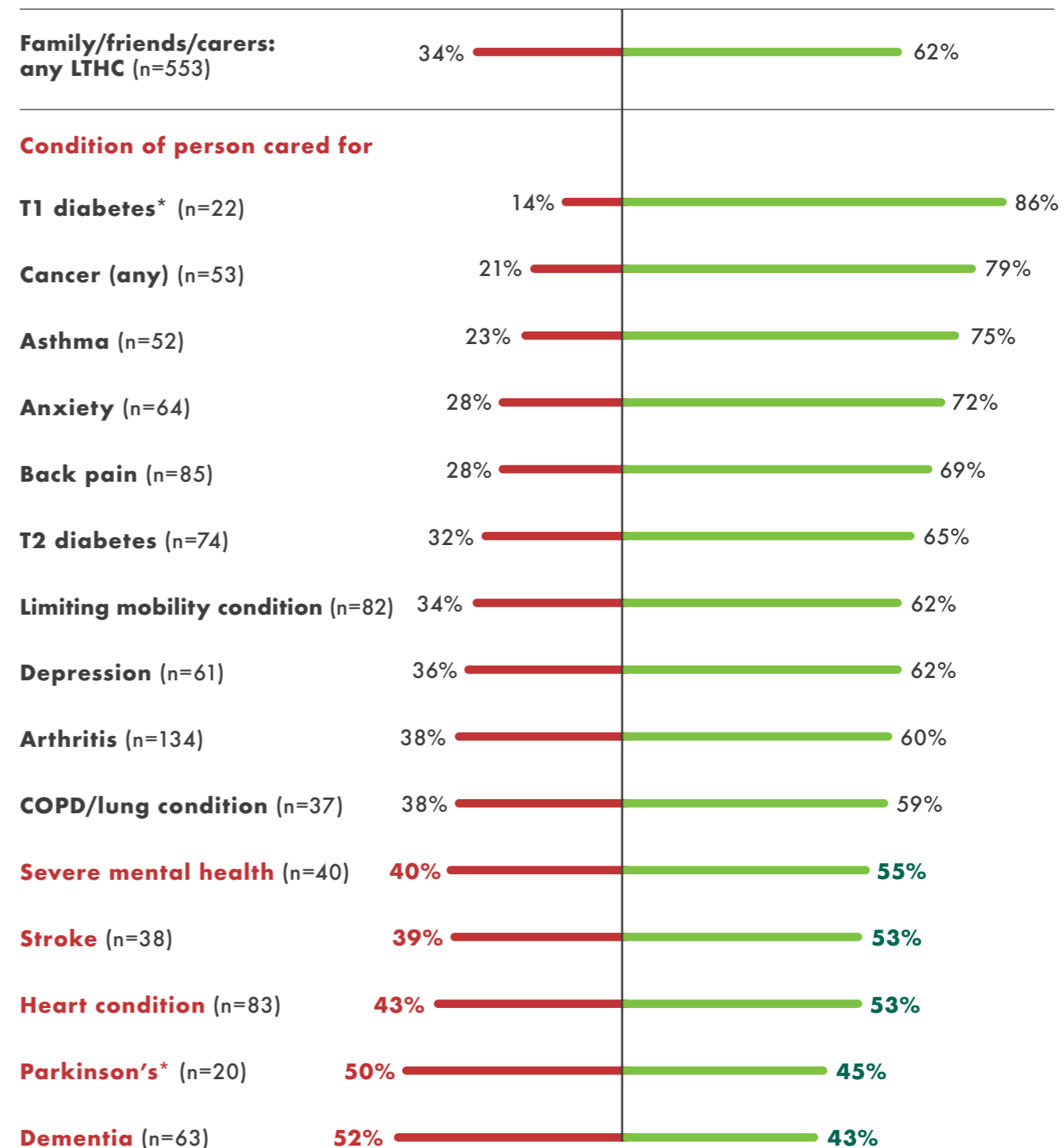


Source: Q07. How confident, or not, do you feel supporting people with long term health conditions to be more physically active? Bases shown in figure - all who view physical activity as a priority.

CONFIDENCE SUPPORTING PEOPLE WITH LTHCs TO BE PHYSICALLY ACTIVE AMONG FAMILY/FRIENDS/CARERS

Confidence among Family/friends/carers varies significantly by LTHC:

It's lowest for dementia, Parkinson's, heart conditions and stroke



Source: Q07. How confident, or not, do you feel supporting people with long term health conditions to be more physically active? Bases shown in figure *indicates a low base. Some conditions are not shown due to extremely low bases. COPD: Chronic Obstructive Pulmonary Disorder. Examples of severe mental health conditions include schizophrenia and bipolar disorder.



6. THE NEED FOR PRACTICAL GUIDANCE

Among professional audiences, levels of confidence are higher as shown on page 24, particularly among those who responded from the Sport and Physical Activity sector (it is, however, worth noting that the majority of these participants worked within umbrella sports bodies rather than frontline services, and therefore may not be engaging directly with people with LTHCs – see Appendix: Sample breakdown).

While it is encouraging that the majority of professionals in all sectors claim to be confident supporting people with LTHCs to be active, there is still room for improvement in the proportion who state they are ‘very’ confident, as shown on page 24. Furthermore, despite higher confidence levels, we cannot assume that support is consistently prioritised and provided, nor that it always achieves the desired outcomes, particularly in view of the empathy gap highlighted in the earlier section and ongoing levels of inactivity reported by Sport England’s Active Lives. **Therefore, a question remains as to how best to empower these audiences.**

Comments from professionals on the topic of empowerment suggest they would appreciate more guidance on appropriate forms of physical activity to recommend, as well as information about relevant local services. Easy access to this type of information could help to convert more positive conversations into action.

Beyond practical resources, some consultation contributions reflected on an insufficient focus on preventative healthcare.

While this consultation has not measured the prevalence of such views within the system overall, culture and context clearly have a critical bearing on whether or not physical activity is encouraged.

As one healthcare professional noted:

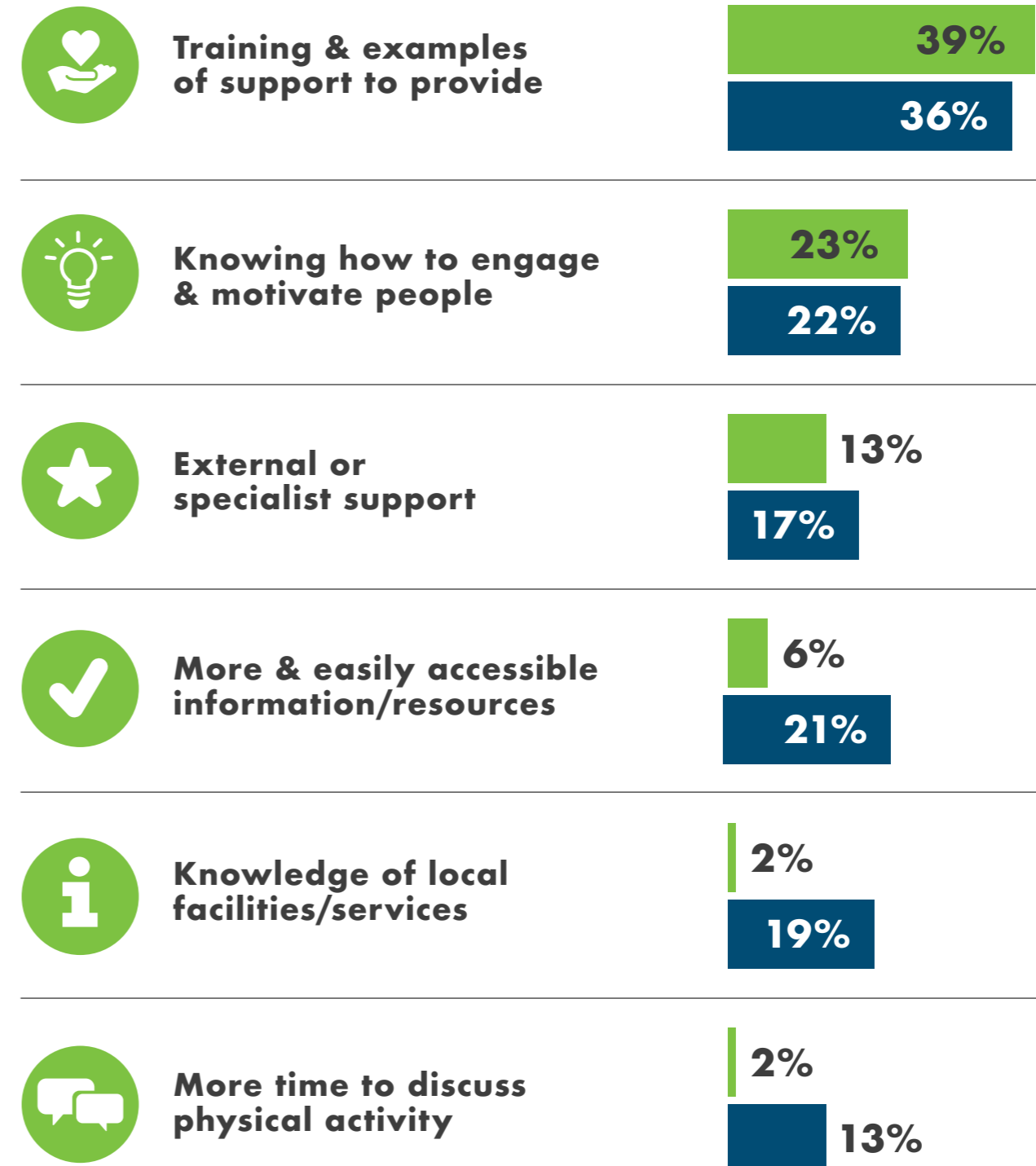
“32 years in the NHS and we always focus on managing ill health through medical interventions, we aren’t very good at doing the primary or secondary preventative services, it’s left to public health & individuals. The NHS medicalises all long term conditions taking ownership off the individual & making them a patient, but most patients with a long term condition get one annual assessment a year, meds reviewed & then they are on their own for the other 363 days a year unless they have an exacerbation, then they are seen as a problem patient.”

Given the known benefits of physical activity in both preventing and managing LTHCs, the integration of physical activity into the more personalised and holistic model of healthcare set out in the NHS Long Term Plan⁷ represents a clear opportunity. Additionally, working in partnership with health charities is likely to be a key enabler in supporting more people to be active, as the following section will discuss.

⁷ longtermplan.nhs.uk.

WHAT WOULD HELP YOU TO BE MORE CONFIDENT? THEMATIC GROUPING

● Family/friends/carers ● Professionals



Source: Q08 Please could you explain what might help improve your confidence in supporting people with long term health conditions to be physically active? **Base:** All who are not confident in supporting people with LTHCs to be active; Family/friends/carers (n=189), Professionals across sectors (n=90).

WHAT WOULD HELP YOU TO BE MORE CONFIDENT? EXAMPLE VERBATIMS

Training & examples of support to provide/ easily accessible information & resources



Family/friends/carers

"Advice on do's and don'ts. I care for an elderly parent - just trying to get her to have a walk to the end of the road is exhausting and painful, **knowing that I'm not making things worse**/what are the limitations for a specific person's needs (not one size/approach fits all) would improve my confidence."

"Knowledge of how much you can/should encourage someone, what the limitations are so they don't end up going backwards and getting worse. Understanding what exercises would help their specific condition."

Professionals

"**Easy access to a central up-to-date online resource of a wide range of accurate and relevant information** to share with teams and service users, which covers a full range of long term conditions and information about **what physical activity is safe, effective and at all levels** for differing age ranges and capabilities."

"A central knowledge platform where I could search for **safe advice**."

"**Knowing what resources I could recommend** to patients, particularly those that are **tailored to specific conditions**."

Knowing how to engage & motivate people



Family/friends/carers

"They are set in their ways and it's **hard to motivate them**."

Professionals

"I feel that the advice I give rarely makes any difference. I would be keen to know about **evidence based motivational interviewing** to encourage people to exercise."

External or specialist support



Family/friends/carers

"**Support and guidance with tools and techniques from a suitable organisation** would help improve confidence."

Professionals

"As a clinical psychologist, I **do not know what activity levels are safe or effective for my clients**... I do not have easy access to physical healthcare staff."

"Having access to resources to help e.g. **physio expertise**."

Knowledge of local facilities/services



Professionals

"To be able to **signpost them into local services** and to know what is actually available locally."

"Better knowledge of **local facilities and services**."

More time to discuss physical activity



Professionals

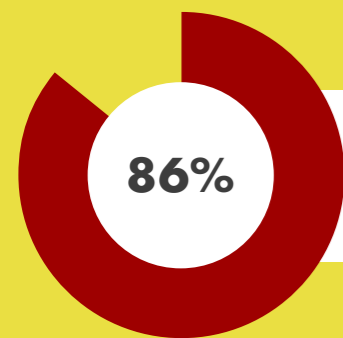
"As a GP I have 10-15 minute consultations. **There isn't the time to explore the subject in depth**."

"I **have no time to sit and talk and find out about the person**, to motivate them and to find out what might be good for them."



7. THE IMPORTANCE OF CHARITIES IN ENABLING PHYSICAL ACTIVITY

Given the well documented challenges and pressures faced by the healthcare system, it may not be surprising that more people expected health charities than the NHS to prioritise the physical activity agenda.



86%

think supporting people with LTHCs to be active is a high or medium priority for health charities – higher than for all other organisations.

In relation to We Are Undefeatable specifically, **nine in 10** consultation participants stated that health charities' involvement in the campaign was important due to their unique strengths and assets. It was felt that charities play a role that other organisations simply cannot play, particularly in terms of their expertise and credibility relating to the management of specific LTHCs, and also due to their local reach. Indeed, some of We Are Undefeatable's charity partners already have targeted programmes supporting physical activity among their audiences.

We Are Undefeatable's collaboration of charity partners emerges as a clear strength to be fostered and developed on an ongoing basis.

"The NHS has other priorities."

Family/friend/carer of someone with a LTHC

% WHO THINK SUPPORTING PEOPLE WITH LTHCs TO BE ACTIVE IS A HIGH/MEDIUM PRIORITY FOR:

Charities that support people with LTHCs	86%
The NHS	81%
Community organisations	79%
Sport & physical activity organisations	76%
Social care e.g care homes & health centres	73%
Academic institutions that study health	67%
Local authorities	64%
National government	61%

"They [health charities] have the specialist knowledge of how these conditions affect people."

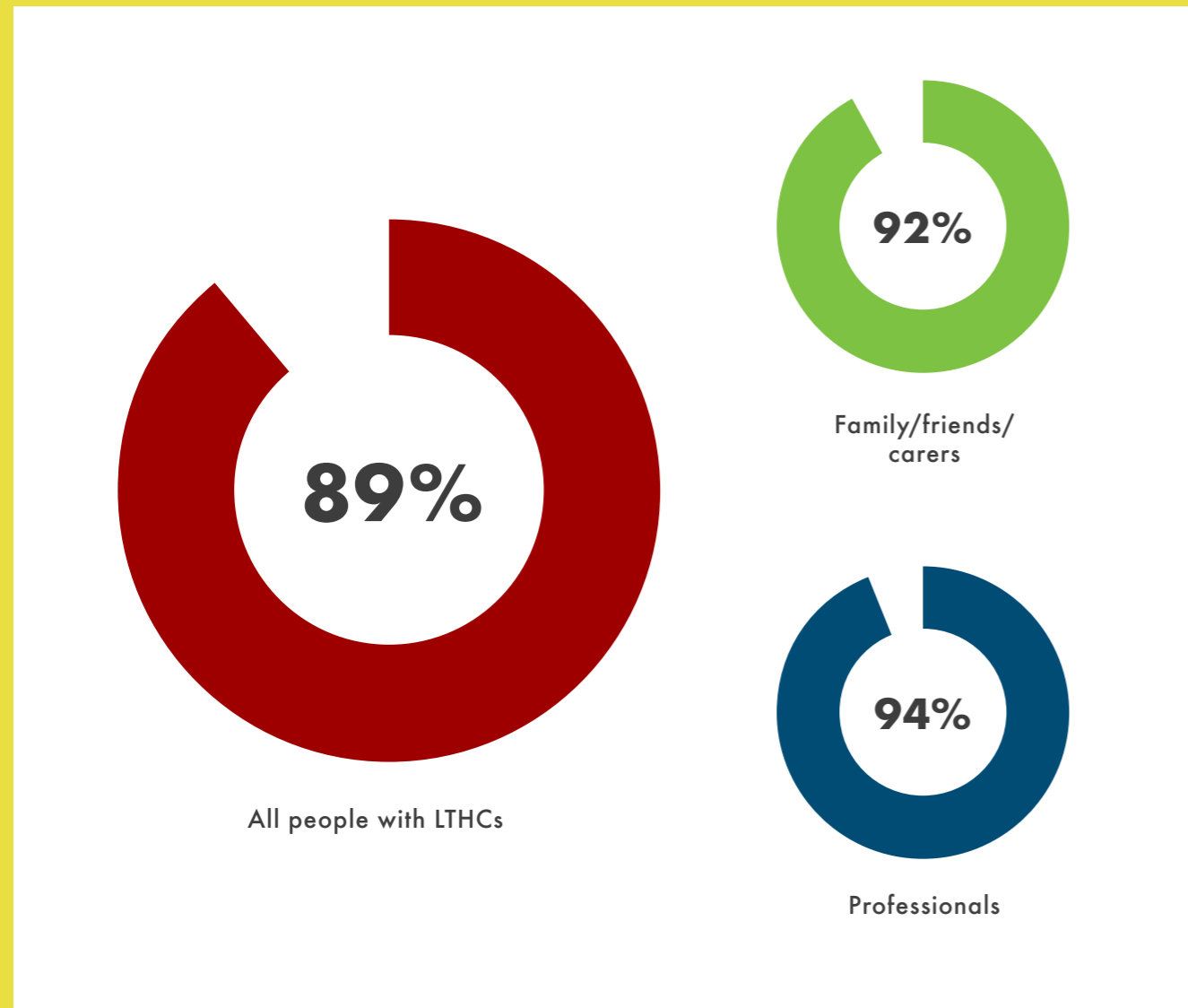
Family/friend/carer of someone with a LTHC

Source: Q09. How much of a priority do you think supporting people with long term health conditions to be more physically active, is for the following organisations? **Base:** All respondents (n=2,241).

% WHO SAY CHARITY INVOLVEMENT IN WE ARE UNDEFEATABLE IS VERY OR FAIRLY IMPORTANT



Nine in 10 think charity involvement in We Are Undefeatable is important.



Source: Q20. The campaign 'We Are Undefeatable' was developed by 15 health and social care charities, in partnership with Sport England. How important, or not, is it to you that charities like this are involved?
Base: People with LTHCs (n=1,009), Family/friends/carers (n=569), Professionals across sectors (n=618).

CHARITIES PLAY A ROLE THAT OTHER ORGANISATIONS CANNOT PLAY

They have expertise & credibility

"They have the specialist knowledge of how these conditions affect people."

"I would hope that charities have an understanding about what people with health conditions can and can't manage regarding physical activity."

"To understand the real issues from different experts and give the programme credibility."

They fill 'gaps' in the system

"Charities very much fill in the gaps in public services and are more flexible and community accessible."

"Because the government are doing nothing about it, despite the amount of hot air coming out of the Big house in London."

"Charities are more approachable than public bodies/professionals for some."

"Because health isn't just about medicine, it needs a holistic approach."

They have direct reach into target audience

"Charities are at the coal face, linking in with people in their communities."

"They have a reach that local authorities and 'the system' do not and have a kudos and reliability that instils trust."

"These organisations will be in direct contact with a vast range of these individuals living with long term conditions."

They can be stronger together

"I would think this would be a high priority for many of those charities and that a campaign would be stronger when charities work together."

"Reaches a wider audience with everyone working together promoting the same message."

Source: Q21. You previously mentioned that you feel it is important that health and social care charities are involved with the We Are Undefeatable campaign. Please could you explain why you feel this is important.
Base: Those who view charity involvement as important (n=2,048).

THE FUTURE



WHAT'S NEEDED:

Resources for people with long term health conditions

People living with LTHCs were presented with a range of resource ideas that We Are Undefeatable could focus on. Some of these had previously been available in some form, while others may be developed in future.

The highest ranking resource in terms of perceived usefulness was 'Easy to follow workouts for all levels, available online or to download', reflecting a desire for an accessible practical resource offering tailored and appropriate physical activity suited to each individual. The second most highly rated resource was 'A website providing inspiration and ideas for getting active with a long term condition'. This corroborates We Are Undefeatable's previous insight and long standing focus on sharing relatable stories, ideas on ways to move and tips for getting started. In particular, seeing others with LTHCs succeeding in becoming active despite their challenges can be a powerful motivator.

The idea of connecting with others facing similar challenges carried through to the third highest ranking resource: 'An online physical activity community to connect with others with a long term health condition'. 'A mobile app providing ideas and reminders' ranked similarly.

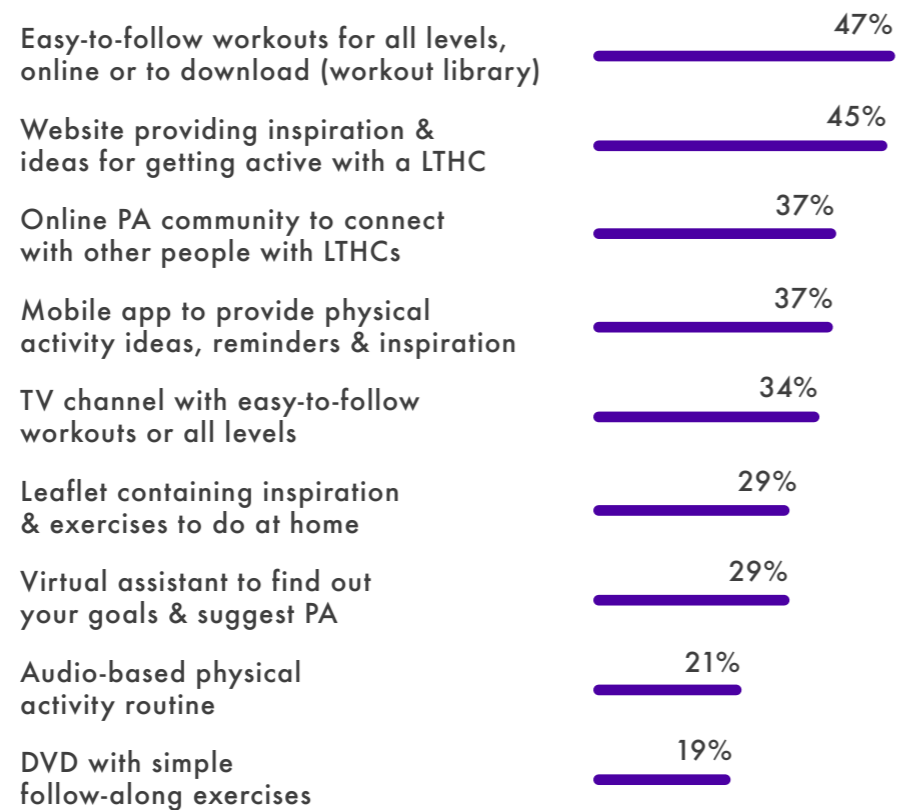
The two top resources were the same for those living with single and multiple long term health conditions, reinforcing that we must continue to address our audience as individuals whose engagement in physical activity is influenced not only by their LTHCs but by their interests and many other factors.

These responses provide valuable input for the future of the We Are Undefeatable offer, and the conclusion of this report outlines some anticipated next steps.



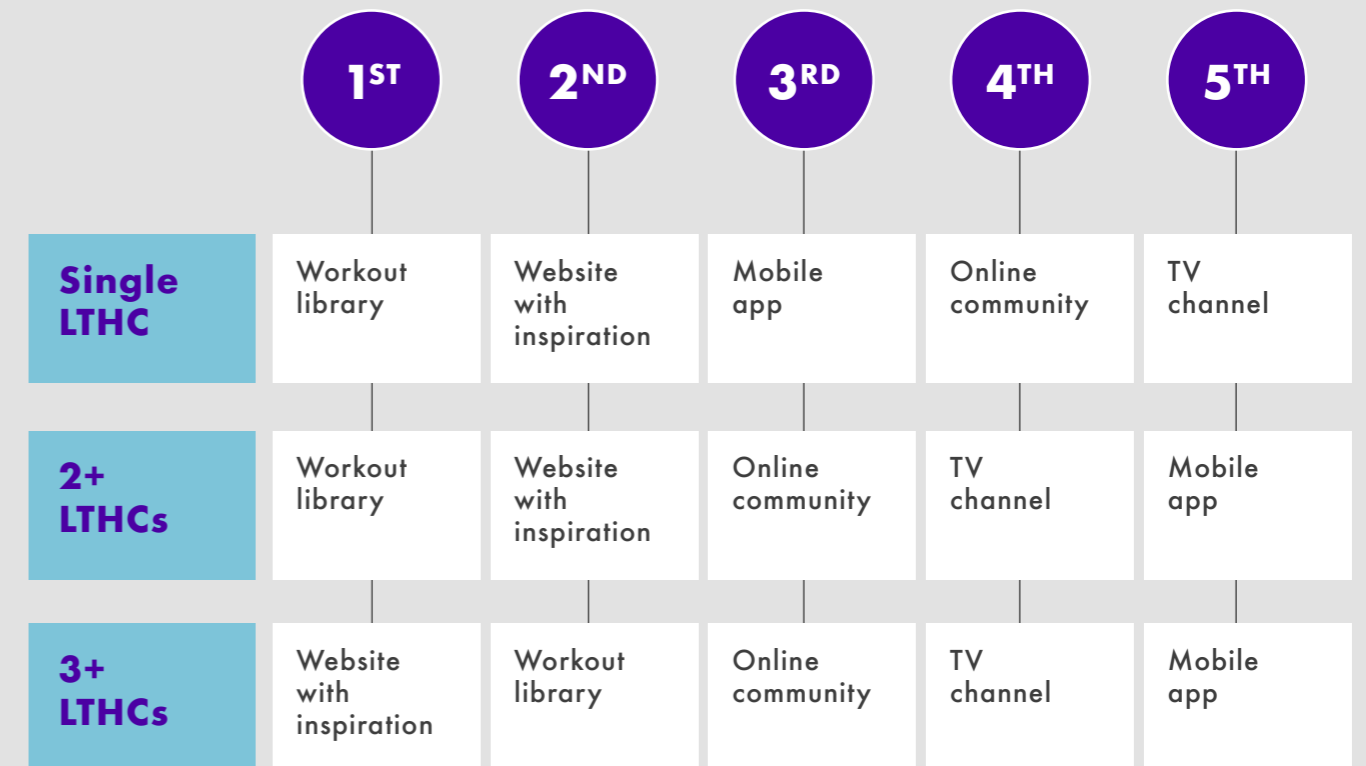
% PEOPLE WITH LTHCs WHO WOULD FIND EACH RESOURCE 'VERY USEFUL'

Response to We Are Undefeatable resource ideas: people with LTHCs most interested in a workout library & inspiration on getting active.



Source: Q16. We Are Undefeatable is exploring different ways it could support people with long term health conditions to become more active in a way that works for them. How useful, or not, do you think each of the following would be? **Base:** People with LTHCs (n=1,009).

TOP 5 'VERY USEFUL' RESOURCES: SINGLE VS. MULTIPLE LTHC



Source: Q16. We Are Undefeatable is exploring different ways it could support people with long term health conditions to become more active in a way that works for them. How useful, or not, do you think each of the following would be? **Base:** People with a single LTHC (n=346), 2 or more LTHCs (n=653), 3 or more LTHCs (n=371).

WHAT'S NEEDED:

Resources for professionals

Professionals from each sector were also presented with a range of ways in which We Are Undeatable could support them through future resources. While it is important to bear in mind that the consultation participants may not reflect their respective workforce populations as a whole, it is possible to draw indicative learning from the responses.

Overall there was a healthy appetite for professional resources supporting the promotion of physical activity to people with LTHCs: around half of professional participants perceived most of the ideas to be 'very useful'.

The usefulness of each specific resource varied by sector, reflective of their unique role and challenges:

- Health and social care professionals were most attracted to **printable resources** that they could deploy within their setting;
- Charity, voluntary and government staff responded most favourably to **communications support to promote physical activity**;
- Staff from the sport and physical activity sector were most interested in **accessing research** to help make the case for physical activity for people with LTHCs, and in fostering collaboration between professionals in different sectors.

The consultation also invited participants to suggest other ways in which We Are Undeatable could help them to support people with LTHCs to be physically active. Many responses raised the opportunity for greater local engagement and coordination, as the following verbatims illuminate:

Further research is required to design the resources that can best support each professional audience, but this consultation has provided some initial direction for We Are Undeatable to place its focus.

Linking to local resources

"I think the issue with some of the ideas I've not highly rated is that people want to know their local – as well as national – resources/ contacts. Anything that can be tailored into local comms is welcome."

Healthcare professional

Place-based co-design

"It would be useful to co-design with system leaders locally at place, measure impact & then share the principles of values that provided the foundation of what works well with other leaders to adapt & adopt."

Healthcare professional

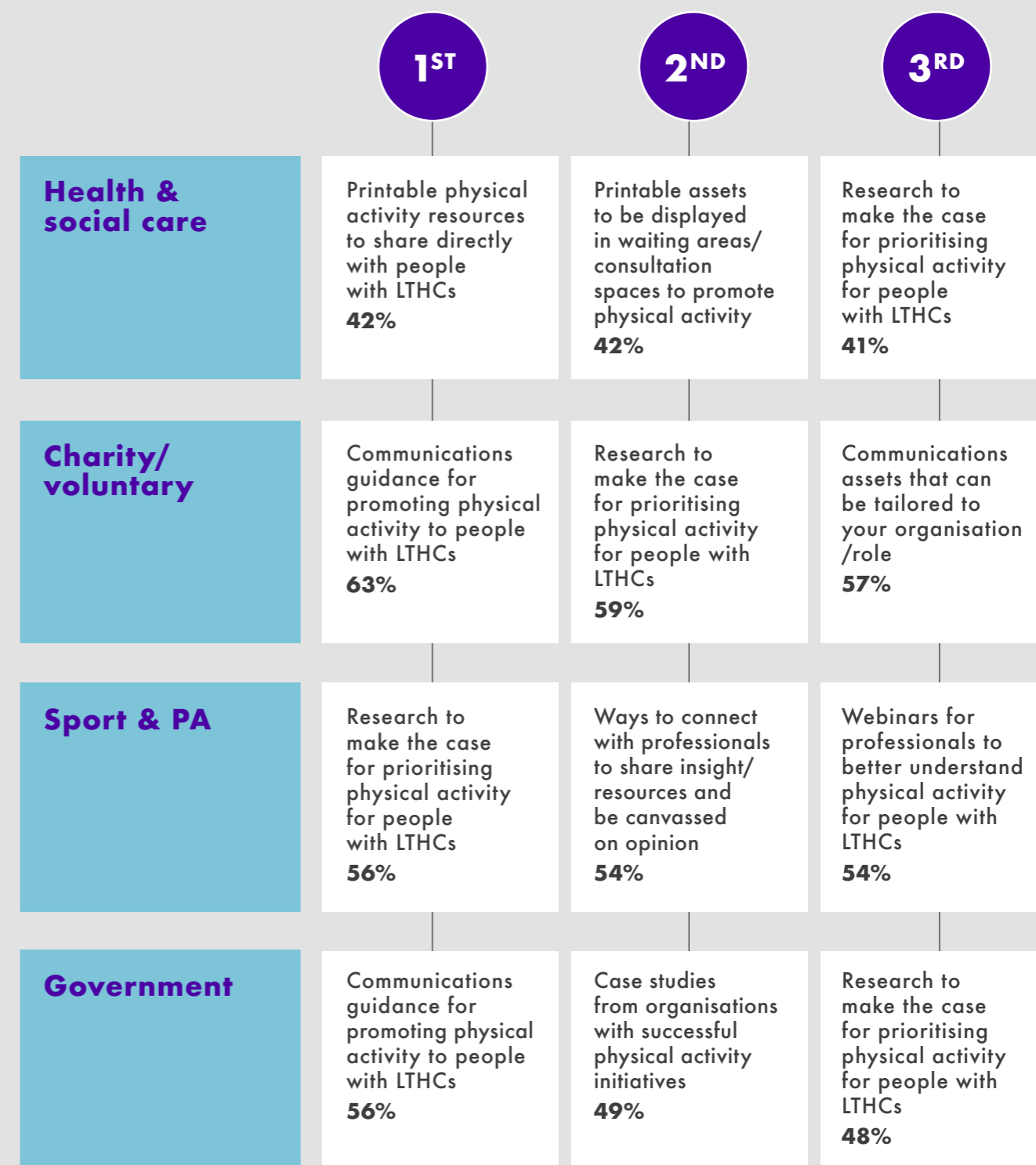
Funding for frontline community organisations

"Funding to small community organisations who are in contact with their local community."

Community organisation employee

% PROFESSIONALS WHO WOULD FIND EACH RESOURCE 'VERY USEFUL'

Response to We Are Undeatable resource ideas among professionals: a sector specific response.



Source: Q18. We Are Undeatable is exploring different ways it could support people with long term health conditions to become more active in a way that works for them. How useful, or not, do you think each of the following would be?
Base: Health and social care professionals (n=339), Charity/voluntary professionals (n=63), Sport & physical activity professionals (n=117), Government professionals (n=71).

CONCLUSION:

Next steps for We Are Undefeatable

The We Are Undefeatable team intends to act directly on many of the findings in this report, and hopes that other organisations and individuals can also utilise these findings to support people with LTHCs to be active.

For people living with LTHCs and their close carers, we are now planning a user-centred reworking of the We Are Undefeatable website and linked resources, including:

1. In response to the need for trusted advice on getting active with a LTHC, and the perceived importance of our charity partners in supporting people with LTHCs to be active, we will increase the prominence and content contributions of our partner charities throughout our resources and across the website.

2. In response to the need for tailored guidance and reassurance on suitable forms of activity, we will provide inspiration and ideas that account for a wide range of capabilities and barriers, while also providing clear onward pathways to access more specific support and advice from charity partners if desired. As part of these efforts we will also always strive to meet the needs of people with MLTC.

3. In response to the largely unmet needs of family/friends/carers, we will provide dedicated guidance, hints and tips to help them support those they care for to be active, and signpost to relevant organisations and services offering additional support.

4. In response to the need for practical resources to support getting active, we will explore ways to significantly enhance the library of easy-to-follow online workouts on offer via the website as well as through an app partnership.

5. In response to the interest expressed in the idea of community, we will explore facilitating or fostering social connections between people who face similar challenges, including promoting partner charity peer-to-peer support platforms or services where appropriate.



Based on the insights gained there will also be separate activity focused on empowering professional audiences. We intend to take a sector-specific view, working with our partners at the Richmond Group of Charities and Sport England to develop appropriate engagement plans. Key activities are outlined below:

1. Given the need for different types of resources for different types of professionals, we will redevelop the We Are Undefeatable Supporters Hub to improve the experience and provide more tailored content. This will support professionals in embedding the campaign more meaningfully into their work and context, with practical tools to encourage more people with LTHCs to enjoy physical activity on their terms.

2. In response to the need for greater confidence when signposting to appropriate forms of physical activity, We Are Undefeatable resources will continue to be developed under the guidance of our charity partners, as well as being reviewed and certified by appropriately qualified exercise professionals. The expertise underpinning new resources will be communicated where this supports their adoption.

3. Addressing the need to build physical activity into the health and care system, we aim to make We Are Undefeatable part of the universal offer of Integrated Care Systems in England. Additionally, we are working with partners⁸ to bring our insights (including physical barriers and the 'empathy gap') and resources into health professional education, promoting the resources for the health and wellbeing of professionals with LTHCs themselves, and advocating for insight and needs-led policy change in an upcoming manifesto about physical activity and health.

4. To respond to the need some have identified for more locally led activity and coordination, we pledge to share the consultation insights and actions with national and local partners across healthcare, the charity and voluntary sector, the sport and physical activity sector and public health, in order to identify fresh opportunities to foster engagement at a local level. We will also continue to support local campaign activation in all its forms.

These activities will unfold in a phased manner and we will aim for significant progress by the end of 2024 when we will report back on the steps taken and the impact they have had.

While We Are Undefeatable has a key role to play in supporting people with LTHCs to be active and will be relentless in its mission, it is also one actor within an overall system – we cannot do this alone. That's why, in addition to enhancing our own resources, we'll be sharing our insights widely, and working with and influencing partners across the system to help steer the systemic change that is needed.

If you would like to get in touch regarding anything contained within this report you can contact us at:

WeAreUndefeatable@ageuk.org.uk

⁸ Partners include established products such as Moving Medicine (movingmedicine.ac.uk) and relevant professional bodies such as the Royal College of General Practitioners.

APPENDIX

SAMPLE BREAKDOWN

Demographic profile of all consultation participants, n=2,241

Area		Gender	
North West England	16%	Female	60%
South East England excl. London	15%	Male	39%
London	12%		
East Midlands	10%		
East of England	10%		
South West England	10%		
Yorkshire & the Humber	9%		
West Midlands	8%		
North East England	5%		
Scotland	2%		
Wales	2%		
Northern Ireland	1%		
		Age	
		Under 20	*(N=9)
		20-29	6%
		30-39	14%
		40-49	18%
		50-59	23%
		60-69	23%
		70+	15%
		Disability	
		Identify as disabled	61%
		Not disabled	36%

Specific LTHCs among those with LTHCs, n=1,009

Arthritis (Osteoarthritis, Rheumatoid Arthritis, other)	41%
Back pain	27%
Long term anxiety disorder	18%
A long term limiting mobility condition (excluding Arthritis)	18%
Heart disease, hypertension (or other heart related condition)	17%
Long term depression	17%
Asthma	17%
Type 2 Diabetes	14%
Severe mental health condition (e.g. schizophrenia, bipolar disorder, obsessive compulsive disorder, personality disorder)	9%
Stroke	7%
Chronic Obstructive Pulmonary Disease/Lung Condition	7%
Cancer (excluding breast)	6%
Breast cancer	6%
Type 1 Diabetes	4%
Multiple Sclerosis	2%
Parkinson's	2%
Dementia (including all types of dementia such as Alzheimer's Disease and Vascular dementia)	*
Other	21%

Specific LTHCs cared for by family/friends/carers, n=569

Arthritis (Osteoarthritis, Rheumatoid Arthritis, other)	27%
Back pain	16%
Heart disease, hypertension (or other heart related condition)	16%
A long term limiting mobility condition (excluding Arthritis)	16%
Type 2 Diabetes	15%
Long term anxiety disorder	13%
Long term depression	12%
Dementia (including all types of dementia such as Alzheimer's Disease and Vascular dementia)	12%
Cancer (excluding breast)	10%
Asthma	10%
Severe mental health condition (e.g. schizophrenia, bipolar disorder, obsessive compulsive disorder, personality disorder)	8%
Stroke	7%
Chronic Obstructive Pulmonary Disease/Lung Condition	7%
Type 1 Diabetes	4%
Parkinson's	4%
Breast cancer	2%
Multiple Sclerosis	1%
Other	17%

Sector profile of professional interest participants, n=618

Healthcare: local	33%
Healthcare: national	20%
Sport & physical activity	19%
Charity/voluntary organisation	10%
Government: local	8%
Government: national	3%
Social care	2%
Academia	1%
Community organisation	1%
Marketing services	*
Other	2%

Organisations represented by health & social care sector participants, n=339

NHS Trust	49%
NHS funded health or social care provider (e.g. hospital, GP surgery, care homes, clinics)	31%
Independent health or social care provider (e.g. BUPA, Four Seasons etc.)	6%
Integrated Care Board	4%
NHS Horizons	1%
Other	10%

Organisations represented by sport and physical activity sector participants, n=117

Sport England	24%
Leisure operator/centre	11%
Community or local sports club	11%
Independent trainer, instructor or coach	11%
National sports governing body	8%
Active Partnership	7%
Local authority	7%
Membership organisation (e.g. UK Active)	6%
Society, coalition or association (e.g. Sport & Recreation Alliance, Activity Alliance, BSLM, Sport for Development C)	3%
Workforce & standards body (e.g. UK Coaching, CIMSPA, Quest)	3%
Other	8%

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Visit [WeAreUndefeatable.co.uk](https://www.WeAreUndefeatable.co.uk)
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