



*Celebrating 21 years
Working together for a healthier Belfast*

Submission to Inquiry into Participation in Sport and Physical Activity, Committee for Culture, Arts and Leisure

April 2010

Belfast Healthy Cities welcomes this opportunity to contribute to the Committee's Inquiry into participation in physical activity and sport. Physical activity is important both for individual and societal wellbeing, and it is very timely to explore the reasons behind limited participation, and ways to increase this.

Belfast Healthy Cities is a partnership organization working to improve the health and wellbeing of people in Belfast and beyond. Belfast is also a leading WHO European Healthy City, designated to Phase V (2009-2013) of the WHO European Healthy Cities Network with a strong track record of meeting WHO objectives in the previous four phases. Key partners include Belfast City Council, Public Health Agency, Belfast HSC Trust, Northern Ireland Housing Executive, Bryson Group, and Queen's University of Belfast.

The key aim of Belfast Healthy Cities in Phase V is to integrate health and health equity in all local policies. The work of the WHO European Healthy Cities Network in Phase V builds on the WHO Commission on the Social Determinants of Health, which identified improved living conditions and a fairer distribution of assets, resources and power as key to sustainable health and wellbeing, as well as long term prosperity of all countries. The role of Belfast Healthy Cities' office, as a focal point for intersectoral collaboration and liaison with WHO, is to identify mechanisms and tools for achieving this as well as building and sharing evidence to support the work.

This submission will aim to outline how increasing participation in physical activity can contribute to a number of strategic aims. With regard to solutions, it will focus on ways of increasing access and participation across the population, which can be tailored to specifically support groups with lower levels of participation. Belfast Healthy Cities would be pleased to expand on any theme in the submission, should the Committee find that helpful.

Our comments are based on a social approach to health, which defines health as the outcome of people's physical and social living conditions and is illustrated by the figure below. In short, the figure highlights that while lifestyle choices ultimately shape health, wider living conditions influence what choices are possible. Income and social status are particularly important in this regard, although their role is not immediately apparent from the figure. Income is vital as it often constrains choices and opportunities. It also influences social status, which affects people's self esteem and belief in their ability to control and progress their life (self efficacy), which in turn affects aspiration and motivation. These factors are key to explaining why people from lower socioeconomic backgrounds tend to die younger and suffer more ill health.

The key evidence for this approach has recently been collated, globally in the report *Closing the Gap* by the WHO Commission on the Social Determinants of Health and more locally in the Marmot review of inequalities in health in England. Both were chaired by Professor Sir Michael Marmot of University College London, and emphasise fair and equitable access to good quality environments and improved daily living conditions as key to tackling inequalities in health. Crucially, these landmark reviews focus on improving living conditions universally, with appropriate and proportionate targeting across the social distribution. This is based on considerable evidence that more equitable countries, which emphasise universal and equitable service provision and distribution, tend to do better overall, on indicators from health to the economy.

Background – physical activity, health and wellbeing

The background paper developed for the Inquiry defines sport broadly as *'all forms of physical activity which, through casual or organised participation, aim at expressing or improving physical fitness and mental well-being, forming social relationships or obtaining results in competition at all levels'*. We would highlight the definitions used by the World Health Organization, which make a distinction between physical activity, which incorporates and can emphasise more casual and less competitive forms of activity, and sport, which is organized and emphasizes the competitive element. This distinction is important, for a number of reasons. Firstly, the competitive element is a major barrier to participation for many people. Secondly, the organized nature of sport can be another barrier, for example for people who do not want to join clubs or who find it difficult to meet specific timetables. Thirdly, more formal and competitive physical activity and sport carries an increased risk of injury and may have limited additional health benefits, compared to the WHO guideline of a minimum of 30 minutes moderate intensity activity on most days.

Physical activity, in the broad definition, is vital for health and wellbeing. Its most obvious role is to prevent and treat obesity, which increases the risk of many serious conditions including diabetes, cardiovascular disease, some cancers and stroke. Over half of Northern Ireland's adult populations is now overweight and a quarter obese, while childhood obesity also is becoming increasingly common. This is a major concern, both from a public health and an economic perspective. Foresight, the UK government's scientific excellence programme, has estimated that if current trends continue, about half of the UK population will be obese by 2050, which will cost the UK economy £50billion per year. This involves public costs through increased need for healthcare and potentially increased demand for benefits due to incapacity to work, and private costs to employers, such as lost productivity and increasing sick absence from work.

Physical activity is also important for mental health and wellbeing. It boosts mood and can support self esteem as well as self efficacy – a belief in one's own ability to control events, which is a vital component of motivation to become active in the first place. It has been found that increasing the physical activity levels of staff within a workplace can lead to a more productive team, also increasing the motivation, commitment and enthusiasm of staff, which can support innovation. Moderate exercise can alleviate symptoms of depression, which is highly relevant as depression is a common health problem that can have serious

consequences for the wellbeing of affected individuals and their families. Mental health problems are also a major reason for long term absence from work; for example in the Northern Ireland Civil Service, between 25 and 30% of all sick absences are due to mental health problems. In England, it has been estimated that 25% of Incapacity Benefit claims (now Employment Support Allowance) are due to mental health problems. In addition, physical activity can slow down cognitive decline in older people, which is important in the context of an ageing population.

Finally, physical activity can support social wellbeing, through creating opportunities for social interaction. This, in turn, strengthens social cohesion, which supports mental wellbeing and can also have concrete benefits in the form of stronger informal control mechanisms within neighbourhoods and reduced incidence of anti social behavior. Especially walking and cycling can support this, since these forms of activity create life on the street and lead to natural surveillance, which can both improve people's sense of safety and encourage greater use of the street.

In short, physical activity can contribute significantly and in many ways to the core aim of developing a prosperous Northern Ireland. To identify potentially effective interventions to increase levels of physical activity, however, it is important to understand who participates and who does not, and what the key barriers are. It is particularly important to examine any inequities in participation or access, as such inequities contribute significantly to other unequal outcomes, for example to inequalities in health. Identifying inequities is also vital as a basis for developing appropriate measures to tackle these. However, as outlined above, the most effective interventions are typically aimed at the whole population, with additional focus on specific groups as appropriate.

1. Groups with limited participation in physical activity and sport

The background paper developed for this Inquiry outlines the key groups with limited participation that Belfast Healthy Cities also would highlight. There is a vast body of literature identifying these groups as having limited participation, and there are also some Northern Ireland based statistics that concretely highlight these trends.

Data from the Health and Social Wellbeing Survey carried out in 2005-06 indicates the following:

- 72% of women and 67% of men aged 16 or over are physically active for less than 30 minutes on most days
- 74% of men and 80% of women aged 65-74 stated they were physically active for less than 30 minutes on most days
- Over 80% of both men and women in the over 75 age group are largely sedentary
- Over 80% of people with a disability or limiting illness do not meet the physical activity guidelines.¹

Statistics on participation in physical activity by socioeconomic groups is not immediately available through surveys carried out in Northern Ireland, but data from the Health Survey for

¹ ____ (2007) Health and Social Wellbeing Survey 2005-06: Topline results – Physical Activity. Belfast: NISRA, available at <http://www.csu.nisra.gov.uk/survey.asp153.htm>

England indicates that people in the lowest equivalised income quintile are also least likely to meet physical activity guidelines. Data from the 2008 survey show that 40% of men and 34% of women in the highest income quintile group met the guidelines, compared to 31% and 26% in the lowest quintile².

We would also highlight that the trends are set in childhood and adolescence, for example girls are less likely than boys to be physically active from a relatively young age. Children from lower socioeconomic backgrounds are also less likely than more affluent children to participate in organized activities. It has also been shown that people who visit greenspace frequently as children are more likely to continue the habit in adulthood, and indeed pass it on to their own children.³ . Although the focus of this Inquiry is on adults, we stress that it is important to understand how the adulthood patterns develop, as a basis for developing solutions that support and enable lifelong physical activity.

2. Barriers to participation

The background paper developed for this Inquiry identifies three types of barriers to participation: socio-cultural, practical and knowledge barriers. Within this framework, the paper identifies many significant issues, such as lack of role models and perceptions about what physical activity is and who can participate. The focus is primarily on individuals and their personal attitudes and motivations. This is important, since choices are made by individuals, informed by their views and aspirations.

Social ideas about appropriate and desirable behaviour are powerful factors in this, as they affect how people think and view themselves. As the background paper notes, for example women may find a 'sporty' lifestyle undesirable as sport is constructed as masculine. More specifically, this image of physical activity may mean that some women have limited social support to participate, which has been shown to be a key predictor of participation, in particular for women. This may affect in particular women of lower social status, who Similarly, however, less competitive or physically proficient men may be affected by a portrayal of physical prowess as a key element of male success and strength. This is particularly significant for adolescent boys, whose self esteem and lifelong physical activity habits can be harmed if they fail to meet what is presented as the 'alpha male' standard.

A similar argument applies to people from lower socioeconomic backgrounds, as competitive sport is often linked to an affluent background and lifestyle. Media also tend to reinforce this; while there are many 'rags to riches' stories of sportsmen from modest backgrounds, such as Pele, or more recently Wayne Rooney, the narrative tends to emphasise their current status and also their exceptional skills, which may have limited impact as motivators for people with more ordinary talents. To protect self esteem, people may therefore choose not to participate (other than watching sport on TV). In this context, it is also notable that the car has significant

² Craig, R, J Mindell & V Hirani (2009) *Health Survey for England 2008 vol 1: Physical Activity and Fitness*. London: NHS Information Centre, available at <http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/health-survey-for-england/health-survey-for-england--2008-physical-activity-and-fitness>

³ Ward Thompson, Aspinall, & Montarzino (2008). 'The childhood factor: people's use of green places and the significance of childhood experience'. *Environment and Behavior* 40 (1) 111-143

value for people's self esteem as a symbol of status, which affects levels of everyday physical activity. There is some evidence that people in more deprived areas see walking as a marker of poverty, which makes them less willing to walk, either for transport or leisure, as it would reinforce their feelings of social inferiority.

It has already been noted, however, that people's choices are shaped, and sometimes constrained, by their living conditions and circumstances. It is therefore important to consider also the physical or practical barriers. In doing this, **access** can be a useful concept in supporting analysis, as it can incorporate the key issues in one framework. Indeed, the social ideas discussed above and the psychological barriers they contribute to can be described as psychosocial access barriers.

The physical access barriers to leisure centres and gyms for people with disabilities are well documented in the background paper. Belfast Healthy Cities would note, however, that physical access also may be limited in other ways. For example, provision of gyms and similar facilities tends to be limited in neighbourhoods of lower socioeconomic status, and particularly limited in the most deprived areas (a notable exception in Northern Ireland is Belfast, where Belfast City Council owned leisure centres are concentrated in areas of higher deprivation). In addition, areas of lower socioeconomic status typically have less greenspace suitable for physical activity. The greenspace that exists is often poorly maintained and perceived as unsafe and uninviting.

Access in time is also a type of physical barrier. Limited opening hours, both of buildings and greenspaces, can prevent physical activity for people with many other commitments, with working mothers and carers key examples. As a specific example, limited availability of organized physical activity opportunities in early mornings, late evenings and at weekends can create a barrier for people working long hours, who may be disproportionately attracted to those (typically privately owned) facilities that provide extended and flexible opening.

Finally, access is affected by quality, including affordability. High quality of opportunities available, in terms of cleanliness, equipment standard and customer service by staff can significantly increase people's willingness to use a facility, but poor quality can in itself be a barrier. For people with caring commitments, lack of crèches and other ancillary services – in a leisure centre but also generally - can often be a strong access barrier. Some people from lower socioeconomic backgrounds may also find organized physical activity unaffordable. As this often occurs alongside other psychosocial and physical barriers, it can result in a strong, compound disincentive to physical activity.

In open spaces, safety is a key quality consideration. Streets and parks that are perceived as unsafe attract few people, but can in particular deter women, older people, people with disabilities and people from ethnic minority communities. The effect is often strongest in lower socioeconomic areas, and is related to the quality and maintenance of available spaces. It should be noted that high quality green and open spaces can help kickstart regeneration of an area, while poor spaces can compound degeneration, by sending negative messages about an area that deter investment and create feelings of demotivation and disinterest among residents.

3. Solutions

The discussion to this point indicates that participation in physical activity and sport is an outcome of many factors, both individual and social. The key conclusion that can be drawn is that physical and social conditions and circumstances in themselves affect participation, but also affect people's self image, attitudes and motivation to participate. From the perspective taken here, key barriers are access related issues, lack of social support and personal attitudes, in particular self efficacy or the belief that one can control one's own life and actions.

Evidence indicates that the very same factors are key to encouraging physical activity, when they exist in supportive form. This applies to people in general, but has particular importance for groups with lower levels of participation, who all can be viewed as having specific needs in one or more of these areas.

Belfast Healthy Cities would suggest utilising the current evidence base on factors that encourage physical activity, to develop policy and action to increase participation. A key advantage of such an approach would be that it can help increase physical activity across the population, but can be tailored and targeted to support groups or areas identified as having specific needs. This would also be in line with the key recommendations from the WHO Commission on the Social Determinants of Health and the Marmot review, which emphasise that measures aimed at the entire population are most likely to support sustained health improvement for all, as well as sustainable prosperity for a country as a whole.

While increasing participation is a considerable challenge, Belfast Healthy Cities believes that there are important opportunities, flowing from the fact that the key barriers are around the same issues that can encourage physical activity. We believe this can indeed be helpful, as it allows concentration on the key issues. Below, we outline some directions of action that can help tackle barriers and at the same time encourage participation across the population.

We would emphasise that a package of concurrent actions is likely to be needed to have a lasting and sustainable impact. For example, reaching mothers without childcare support may require targeted outreach work in collaboration for example with children's services, social support through motivating outreach staff and positive role models as well as concrete support, such as crèche provision at leisure centres.

Improving access

Improving access to physical activity opportunities is key to increasing participation, as this makes routine participation easier and potentially lowers the threshold to begin. As an example, the London borough of Barking and Dagenham achieved a 200% year on year increase in swimming usage when it introduced free swimming for children.⁴

In addition, improving access contributes to changing attitudes and behaviour, as it indicates that a group or community is valued within society. This can be particularly important for more disadvantaged groups, who are more likely to have low self esteem and perceive themselves

⁴ http://www.barking-dagenham.gov.uk/2-press-release/press-release-menu.cfm?item_code=3284

as marginalized.

Measures that can support participation in physical activity by improving access include:

- **Utilising existing facilities for structured physical activity more creatively.**
 - o Providing crèches for specific classes can allow parents with caring responsibilities to participate.
 - o Extending opening hours or exploring flexible opening, eg. using keycards outside fully staffed hours, can similarly be helpful, in particular for working parents and others working long hours.
- **Exploring opportunities to provide services, such as classes and clubs, in community focused spaces** (eg. schools, community centres or within local organizations, including church halls).
 - o This could provide revenue for host organizations, while reducing demand for new leisure centres
 - o People may be more willing to go to a non sport venue, especially if they use the space for other reasons, eg. an older people's club.
 - o The broader community and voluntary sector can help reach new people and encourage participation, through established relationships that are based on trust and can provide vital social support.
- **Maintaining user fees for leisure centres as low as possible, with an emphasis on affordable rates for low income groups.**
 - o Free provision for children may support healthy long term habits and can provide savings by reducing demand elsewhere, eg. through reducing opportunistic anti social behaviour.
 - o Non stigmatizing approaches are vital, eg. all membership cards should look the same.
- **Engagement with people who do not participate (in formal or informal activity) to explore reasons for low participation.**
 - o For leisure centres and gyms, engagement with non users can help design classes and services that are more attractive to them. This can be cost neutral, and involve adapting some of the existing classes and activities. Costs of eg. strengthened information outreach can be viewed as an investment to increase patronage.
 - o Similarly, sports clubs can gain important information on what could encourage participation. This may be something not directly related to the sport, eg. support with transport, need for more information etc.
 - o Sectors involved in planning public realm, greenspace and transport can gain a strengthened understanding of how they can contribute to greater physical activity and through it sustainable prosperity.

The importance of informal physical activity

As noted in the introduction to this paper, there is now strong evidence that everyday physical activity plays the greatest role for supporting health and wellbeing. Indeed, guidance from NICE (the National Institute for Health and Clinical Excellence) suggests that active travel may be perhaps the best way to increase levels of physical activity, since walking or cycling for transport can be incorporated into daily routines and is therefore relatively easy to sustain.

Increasing participation is therefore not solely, or even primarily, about providing more leisure centres or other physical buildings. The built environment in itself plays a key role, and can significantly encourage physical activity, in ways that also support health and the environment. In particular, a positive environment can encourage walking and cycling for short journeys, but it can also support 'incidental' physical activity, such as leisurely walks, playing in the park, gardening etc.

Measures in the built environment that can encourage physical activity include:

- **High quality active travel facilities**
 - footpaths and cycling lanes that are well lit and maintained, and offer safe crossing points in places where people want to cross, are a prerequisite for encouraging active travel
 - facilities that offer links to nearby destinations of interest, eg local shops, schools, parks and bus stops are particularly well placed to encourage physical activity.
 - increased use of footpaths and cycling lanes increases life on the street, which supports social interaction and community cohesion. Safe, cohesive communities support residents' mental wellbeing, and can also make streets safer and prevent anti social behavior.

- **Local facilities and mixed land use**
 - mixed land use, which integrates services with residential development, can encourage walking and cycling as travel distances in these environments are shorter. Evidence indicates that having a destination of interest nearby encourages people to actively use their neighbourhood, eg. go out for walks.
 - local facilities can have particular benefits for older people, as they support social interaction as well as physical activity.
 - people in lower socioeconomic groups can also gain wide benefit beyond physical activity from local facilities, for example increased job opportunities and reduced transport expenditure.

- **Greenspaces easily accessible from homes**
 - greenspaces are particularly important places for physical activity: a Europe wide study found that people in neighbourhoods rich in greenspace were three times more physically active than others, and had 40% lower prevalence of obesity.
 - easy access from home predicts frequent usage. Local greenspaces are particularly important for less mobile population groups, such as older people, people with disabilities, young families and people who do not own cars, often people from lower socioeconomic groups.

- As additional benefits, greenspace supports mental wellbeing, social interaction and creative play. It also contributes to good air quality, supports biodiversity and provides sustainable urban drainage, thus providing other health and environmental benefits that can reduce the need for, and cost of, healthcare and help tackle climate change.
- By offering opportunities for physical activity and stress relief, urban greenspaces can also boost productivity in nearby workplaces. There is also evidence that greenspace increases the value of nearby property.

Encouraging positive attitudes

While access to opportunities is a prerequisite for physical activity, encouraging positive attitudes is an important complement to strengthening access. At the individual level, viewing physical activity as beneficial increases a sense of self efficacy in this context. At community level, positive attitudes strengthen social support, which in turn is essential for many individuals in groups with lower participation. This support can be practical, such as childcare, or more abstract, a type of social norm that defines physical activity as acceptable or desirable.

Above, it was noted that improving physical activity opportunities in itself is part of a behaviour and attitude change process. However, attitude and behaviour change are typically complex and long term processes, which will require sustained action in several areas.

Measures that support positive attitudes:

- **Social marketing campaigns**
 - campaigns aimed at 'rebranding' a specific issue, based on views of target group on what would encourage participation. Social marketing differs from health education in that it is based on market research and aims to change perceptions rather than sharing information.
 - introducing role models specific to a particular target group can be described as a form of social marketing
- **Ensuring equitable provision of resources**
 - this involves equitable distribution of facilities across a geographical area, as well as equitable sharing of training and class slots between different gender and age groups
 - this is also vital to strengthen equity between groups overall and tackle for example inequalities in health, which are an outcome of inequitable living conditions.
- **Providing targeted interventions**
 - for example taster sessions and introductory courses may encourage some people, although evidence of sustained behaviour change is mixed
 - promising longer term models include measures such as the Department of Education initiative to introduce soccer and Gaelic coaching in schools: this

- offers children an opportunity to try the sports in a familiar setting, while the competitive aspect also is less pronounced. The model could also be adapted for adult settings, including workplaces.
- creating and supporting local 'champions' for physical activity can help develop local ownership and participation, and in some cases may support employment or training.
- **Offering and funding opportunities to non competitive sport**
 - this can involve activities from walking groups for parents to social football leagues and may attract people for whom the competitive element is a key barrier
 - the voluntary community sector, including sports clubs, already provides this type of services and could be supported to expand
 - targeted resources should be allocated to publicise activities and encourage creative approaches to widening participation, eg. neighbourhood Sunday leagues, fun days etc.