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FINDINGS FROM STAKEHOLDER CONFERENCE ON SPORTS AND PHYSICAL ACTIVITY PARTICIPATION

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The following paper presents the key findings of the Committee for Culture, Arts and Leisure's stakeholder conference (25 March 2010), facilitated by Northern Ireland Assembly Research Service.

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SUMMARY OF KEY POINTS

A PICTURE OF SPORT AND PHYSICAL ACTIVITY PARTICIPATION IN NORTHERN IRELAND

Attempting to define a “**typical**” **participant** in sports and physical activity is problematic. A perception may however exist that sports and physical activity is dominated by middle-class males.

Stakeholders identified a number of under-represented groups: older people; people with disabilities; women; people from disadvantaged areas; and people from black and ethnic minority communities. The importance of recognising the different needs *within* groups was stressed

With regard to participation it was argued that Northern Ireland’s **research base was insufficient**, making targeting and monitoring difficult. Delegates were hopeful that Sport Northern Ireland’s sport and physical activity survey would address this issue.

Stakeholders were of the opinion that **the “big three” sports** – football, Gaelic games, and rugby – **dominated the sports and physical activity landscape**. Representatives from sporting organisations noted a rise in participation rates for their particular sport – although some had seen participation levels plateau, attributed to limited facilities.

The **contextual nature** of participation was discussed, that is the sports and physical activities individuals participate in are often the ones best suited to their particular needs. Designing activities, such as bocha, to meet the needs of older people was cited as an example.

Stakeholders also held the view that there was an emphasis on **competitive sport** within Northern Ireland. This was thought to be particularly problematic in schools, resulting in negative experiences and future inactivity.

The popularity of **informal activity**, such as walking, cycling and jogging was noted.

Delegates felt the terms “sport” and “physical activity” were not sufficiently defined and thus acted as a barrier. **A broad definition of physical activity**, including home-based, leisure-based, work-based and travel-based activities, was put forward.

NORTHERN IRELAND’S SPORTS AND PHYSICAL ACTIVITY NETWORK

Infrastructure: Groups commented on the facility infrastructure, transport infrastructure and funding infrastructure.

Facility infrastructure: stakeholders commented that in some cases they do not meet the needs of all users, specifically users with special requirements: people with disabilities, older people and mothers – both in terms of accessibility and staff training.

Delegate opinion also suggests that facilities are not equitably spread throughout Northern Ireland. Shortage of facilities was thought to hamper participation rates due to a lack of space for certain activities.

Transport Infrastructure: transport links were thought to be insufficient, particularly in rural areas, and access to transport problematic for people with specific requirements – older people and people with disabilities.

Transport was also highlighted as an area for possible joined-up action through the promotion of walking/cycling as healthy and environmental modes of travel.

Funding infrastructure – delegates highlighted that securing funding was at times too complex, particularly for smaller groups reliant on volunteers.

Institutions: In general the opinion across the four groups suggested that there was insufficient communication and, action across, departments and between central and local government. Solutions to this included:

- Clearly defining the responsibilities of government departments, local government and arms length bodies;
- Developing relations through already identified cross-departmental programmes – walk/cycle promotion and exercise on prescription; and
- Considering the development of an interdepartmental forum to encourage cooperation based upon DCAL's Sign Language Partnership model (the possibility of including other bodies was also raised).

Best practice models: three regions were cited as best practice models: Scandinavia; Portugal; and Wales. Delegates were, however, keen to stress the importance of looking inwardly and supporting best practice from within Northern Ireland.

THE BARRIERS TO SPORTS AND PHYSICAL ACTIVITY

The barriers outlined by the groups fell into four broad categories: perceptions; practical; knowledge and cultural, although there was a degree of overlap among the categories.

Perceptions: it was thought that negative self-perceptions, such as “I’m not fit enough”, “I’m not thin enough” or “I’m too old” acted as a barrier to physical activity in some cases. This implies a link with knowledge levels and a need for promotional activities which dispel these myths.

Practical: delegates cited practical barriers ranging from cost to the legislative context. Cost and access were thought to be a problem across all groups. Cost includes cost of participation as well as other costs such as childcare, which can be prohibitive. Access problems were caused by geography and infrastructure.

Current facilities were considered unsuitable for people with special requirements, particularly the disabled, older people, and women.

Safety was also cited as a barrier, for example, areas of social disadvantage were thought to lack well lit, green spaces where individuals could take part in activities such as walking, increasing levels of inactivity.

The discussions also stressed that the current legislative context (specifically child protection and health and safety) within which sport and physical activity providers operate acts as a practical barrier, particularly to volunteer organisations.

Knowledge: at an **individual level** it was noted that certain groups were unaware of suitable levels/types of activity. Children were thought to receive insufficient grounding in the theory of exercise at school.

At an **institutional level**, it was thought that service providers were not sufficiently trained to meet the needs of certain groups.

With regard to **promotional** activities, group members agreed that the role models used in promotional material were unrealistic and their standards unattainable.

Cultural: it was suggested that modern lifestyles, which value convenience and productivity, made it easier to be sedentary.

HOW TO OVERCOME THESE BARRIERS

The solutions put forward by stakeholders fell into a number of broad categories: practical; promotional; governmental and knowledge based.

Practical solutions included:

- providing childcare;
- improving and promoting cycling/ walking routes;
- utilising community transport;
- introducing taster sessions;
- operating buddy systems;
- opening up school estates;
- shifting funding focus from elite to community sport; and
- increasing the role of employers in promoting physical activity in the work place.

Promotional solutions included:

- utilising the popularity of the 2012 Olympic Games;
- providing greater coverage for 'non-mainstream' activities;
- using promotional materials to break down negative self-perceptions and stereo-types;
- promoting attainable role-models; and
- emphasising the social and enjoyment benefits of physical activity as well as health.

Governmental solutions included:

- support for community/volunteer sector;
- examine funding to ensure equitable balance between competitive and non-competitive activity and between elite and community activity;
- review PE provision;
- promote a cohesive practical and promotional approach through joined-up cooperation across all Departments;
- consider wider benefits to society, particularly the mental and physical health benefits and associated financial savings; and
- identify and roll out examples of local best practice.

Knowledge solutions included:

- improve early-year/youth knowledge base through PE;
- ensure service providers are trained to accommodate specific requirements;
- improve research base; and
- encourage knowledge sharing and participant awareness through a region-wide stakeholder network

CONCLUSION

What would be the one change in government policy which you think would have the biggest impact in terms of increasing participation in sport and physical activity?

Funding and government support should be long-term (10-15 years)

Volunteering: the work of the volunteer sector in promoting participation should be recognised and promoted

Leadership and management development should be supported.

School curriculum: Physical Education in our schools needs to become Non-competitive activities, inclusive and tied to other health messages.

Facilities: Costs should be reduced and the lack of rural provision addressed. Alternative multi-use facilities should be explored – schools, church halls, youth clubs etc.

Health priority: promote the health benefits of exercise (physical *and* mental) through effective advertising, using realistic role models.

Disability: improve communication between disabled and able-bodied –through developing a directory of services for those with disabilities.

Cross-Departmental approach: cohesion is required among government departments, especially between DCAL, DHSSPSS, DETI, DENI, DRD, DARD and DOE. Support the introduction of a single body with a remit for addressing the health-living/physical activity nexus as a whole, or the introduction an interdepartmental forum to develop policy intervention

What message?

- ***The message should be simple.***
- ***The terms sport and physical activity should be clearly defined and disentangled.***
- ***Promotion should be targeted to specific needs as well as generally promoting a message of ‘activity for all’, suggesting opportunities at all levels irrespective of need/ability.***
- ***The message should encourage individuals to incorporate physical activity into their daily lives, and should be based upon a clearly defined and broad definition of physical activity.***

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1. INTRODUCTION

On the 25 March 2010, the Committee for Culture, Arts and Leisure, in collaboration with Northern Ireland Assembly Research and Library Services, conducted a stakeholder conference on the subject of participation in sport and physical activity. The day was attended by 27 delegates from 17 organisations, including sporting bodies, the health sector and the charity sector.

Delegates were randomly divided into four groups to:

- Establish a picture of sport and physical activity participation in Northern Ireland;
- Provide a vision of a more inclusive sports and physical activity network in Northern Ireland;
- Identify THE barriers to physical activity; and
- Suggest these barriers may be overcome.

The following paper provides a summary of these discussions.

2. A PICTURE OF SPORT AND PHYSICAL ACTIVITY PARTICIPATION IN NORTHERN IRELAND

2.1 DEFINING PARTICIPATION

In this section delegates were asked to describe a 'typical' participant in sports and physical activity in Northern Ireland. The groups provided a range of answers.

Group 1 argued that younger people were the best represented, reflecting, in their opinion, funding and promotion at that level. Group 2 did not explicitly define a 'typical' participant but noted a decline in participation among those aged 35 years of age and older. The third group echoed the sentiments of the others, commenting that 'trendy people' were more likely to be participants. Asked to expand on this they stated that this included those in their teens, twenties and thirties. Interestingly, members of the group noted a recent increase in participation rates amongst older people. Group 4 were perhaps the most definite in their description, suggesting that the common 'perception' was that sports and physical activity were 'typically' pursuits dominated by middle-class males. This was thought to reflect the fewer barriers faced by members of this demographic group.

Delegates noted that the notion of defining a 'typical' participant was itself problematic and could act as a barrier. This also arose later in the discussions concerning role models (see below). Groups argued that in order to increase participation in sports and physical activity it was necessary to promote inclusivity rather than attempting to define 'typical' participants, as a focus on the latter may lead to the promotion of unrealistic role models.

2.1 UNDER-REPRESENTED GROUPS

Delegates were then asked to outline under-represented groups. Their responses concur with existing research.¹ As such, the following societal groupings were noted:

- Older people;
- People with disabilities;
- Women;
- People from disadvantaged areas; and
- People from black and ethnic minority communities.

In addition to identifying under-represented groups, stakeholders highlighted the different levels of participation *within* groups. There was a desire amongst some contributors to stress that the broad categories, above, should not be viewed as unified wholes, but groupings of varied individuals. Examples cited included; women, within this broad group the experiences of mothers, single mothers and non-mothers were deemed to be very different, resulting in diverse barriers, opportunities and solutions; and people with disabilities, again the variety of individual needs covered by this broad category was highlighted and the benefit of considering a multitude of barriers, opportunities, and solutions was stressed.

In a similar vein, the diversity of opportunities for participation inherent to different sports and activities was highlighted by group members. It was noted that some people are under-represented in certain sports '*for a reason*'. For example, parental concerns regarding a child safety were cited as a barrier to younger people participating in cycling. Contact sports, such as rugby, were also thought to have limited scope for participation as their very nature negates participation beyond certain age limits and among people with specific needs. On this point, the possibility of developing new variants of sports that considered these issues was raised. The example of touch rugby was provided.

2.3 THE RESEARCH BASE

In the process of considering participation and non-participation a significant issue concerning Northern Ireland's research base arose. Northern Ireland relies on two surveys to quantify participation levels. Firstly, the Health and Wellbeing Survey, conducted in 1997, 2001 and 2005/06. Physical activity was not measured in the first year. Those that included physical activity asked respondents about their:

- Current physical activity levels in the last seven days;
- Walking prevalence during previous four weeks;
- Barriers to regular physical activity;
- Motivations to take regular physical activity; and
- Intentions regarding regular physical activity.²

In addition to this, statistics specific to Northern Ireland are gathered as part of the Continuous Household Survey, which is conducted annually, although there has been a

¹ For an overview of this research please see NI Assembly research paper 18/10 'Barriers to sport and physical activity participation' <http://www.niassembly.gov.uk/researchandlibrary/2010/1810.pdf>

² Central Survey Unit, The Health and Wellbeing Survey <http://www.csu.nisra.gov.uk/survey.asp5.htm>

variation in the topics covered each year. For example, since 2003/04 respondents have been asked if they participated in sport or physical exercise in the 12 months prior to interview. By contrast respondents have only been asked about length of time spent playing sport, walking and doing physically active jobs once, in 2007/08.

Some of those who participated in the discussions questioned the consistency of these figures and their value, suggesting that the lack of a robust baseline for participation made the setting of targets and monitoring of progress difficult. However, during the same discussion it was noted that Sport Northern Ireland's forthcoming sport and physical activity survey (SAPAS) is expected to redress these issues.³

2.4 SPORTS PARTICIPATED IN AND THE BALANCE BETWEEN COMPETITIVE AND NON-COMPETITIVE SPORT

When asked "what sports and physical activities are popular", one group responded 'the usual', referring to what might be called the 'big three' – football, Gaelic games and rugby. Representatives of sporting bodies noted high or increasing levels of participation in their particular sports. This was true of Fitness Northern Ireland and Athletics Northern Ireland. Basketball Northern Ireland noted a rise in participation over a number of years followed by a plateau. This was attributed to limited facilities and the need to compete with other sports for this space, suggesting that organised sport might have an upper-limit on the number of participants it can accommodate given the current availability of suitable facilities.

It was suggested that other sports, particularly motor sport, have limited scope for participation as they are costly and time consuming.

The contextual nature of participation was discussed by some groups, that is, it became apparent during discussions that the sports and physical activities individuals participate in are often the ones best suited to their particular needs. This was exemplified by the case of older people. Stakeholders from representative groups commented that they had been successful in driving up participation amongst older people through the promotion of appropriate activities such as: bocha; tai chi; aerobics; swimming; walking; archery; and bowling.

On the issue of the balance between competitive and non-competitive sports and physical activity, there was some criticism of Sport Northern Ireland's perceived preference for elite athletes and competitive sport, despite this area being representative of a small percentage of the population.

Some participants argued that the emphasis on competitive sport in schools had, for some, a negative impact upon early-year perceptions of physical activity, which, in turn had consequences on activity levels in later life.

Despite this, most groups recognised the popularity and importance of informal physical activities such as walking, cycling and jogging. These activities were singled out as

³ The survey is currently still at a field work stage, publication is expected in October or November 2010. Details of the survey were outlined to the Committee for Culture, Arts and Leisure in February 2010, please see http://www.niassembly.gov.uk/record/committees2009/CAL/100218_InquiryintoParticipationinSport.htm

inexpensive and accessible. There was also anecdotal evidence to suggest that such activities were more popular amongst women.

A further, and potentially significant, area of discussion surrounded the definition of sport and physical activity. It was felt by some stakeholders that the distinction between both was not clearly defined in the public consciousness. This, it was argued, could potentially act as a barrier. The reasoning behind this was that sport, with its associations with elite and competitive activities, might prove off-putting for those not already involved. By contrast, it was thought that physical activity could be more clearly defined to include all its broad connotations – work-related activity, home-related activity, leisure-related activity and travel-related activity. This, it was argued, might encourage activity, allowing it to appear attainable and convenient..

3. NORTHERN IRELAND'S SPORTS AND PHYSICAL ACTIVITY NETWORK

This section of the discussions focused on Northern Ireland's sports and physical activity network. The term 'network' was used to refer to the infrastructure and institutions which make up the totality of sports and physical activity provision in Northern Ireland. Stakeholders were asked to consider facilities and various levels of government structure – from Assembly government to governing bodies – and asked to comment upon their inclusivity.

3.1 INFRASTRUCTURE

Group participants were asked to express their opinion on the inclusivity of the current sports and physical activity infrastructure in Northern Ireland. .

Facility Infrastructure – opinion on facilities in Northern Ireland suggests that in some cases they do not meet the needs of all users, specifically users with special requirements: people with disabilities, older people and mothers. It was also felt, by some, that service providers could be better trained to accommodate the needs of individuals with particular requirements, particularly older people and people with disabilities. It was recognised, however, that providing such training could prove to be costly.

Delegate opinion also suggests that facilities are not equitably spread throughout Northern Ireland; an example used by more than one group was access to swimming pools. In general, there was a consensus that access to facilities is dependent upon geographic location. Belfast, it was thought, was well catered for, with leisure centres spread throughout the whole area. It was felt that this was not representative of Northern Ireland as a whole.

Group members noted that a lack of facilities ensures that participation rates for certain activities will always have an upper limit, caused by a lack of suitable space. A popular suggestion was to explore the use of alternative facilities to redress this problem. Recommended alternatives included school grounds and halls, church halls and youth clubs.

Transport Infrastructure – delegates commented upon two aspects of Northern Ireland's transport infrastructure and its relation to sports and physical activity. Firstly, it was thought that transport links to facilities could be problematic. Group participants

expressed the opinion that using public transport was particularly difficult for many older people and people with disabilities. Others suggested that the transport links in rural areas were lacking and could lead to isolation.

The second area of discussion regarding transport was the possibility of promoting walking and cycling as joined-up approach to number of related issues – health, physical activity and the environment. It was thought that schemes such as ‘bike to work’ held potential but it was necessary to ensure the facilities (bike sheds, showers etc) were in place in workplaces for the project to reach its full potential. Others suggested that there was a need to ensure safety on walking and cycling routes, as well as developing more routes. It should be pointed out that not all delegates thought walking and cycling were the answer, some noted anecdotal evidence which suggest individuals drive to specific areas to participate in such activities.

Funding infrastructure – delegates expressed the view that securing funding was at times too complex, particularly for smaller groups who relied on volunteers. It was argued that such organisations may be distracted from their main priorities on account of a time-consuming and difficult search for funding.

3.2 INSTITUTIONS

With regard to the institutional network, group participants were asked to consider whether departments, local government, and arms length bodies were joined-up in their practical approach and in their message.

In general the opinion across the four groups was that there was insufficient communication and action across departments and between central and local government. One delegate referred to a silo effect – that is different levels of government retaining a narrow focus on their specific area. Others suggested that although a joined up approach was desirable, limited budgets going forward might make it difficult to obtain.

There were a number of recommended ways to encourage more interaction between government levels:

- Clearly defining the responsibilities of government departments, local government and arms length bodies;
- Developing relations through already identified cross-departmental programmes – walk/cycle promotion and exercise on prescription; and
- Considering the development of an interdepartmental forum to encourage cooperation based upon DCAL’s Sign Language Partnership⁴ model (the possibility of including other bodies was also raised).

3.3 BEST PRACTICE MODELS

Delegates were asked to suggest countries or regions that could be looked to as models of best practice. The examples cited were:

⁴ For details of Sign Language Partnership see http://www.dcalni.gov.uk/index/language-cultural-diversity-r08/sign_language.htm

- Scandinavia - particularly for its success in delivering messages to younger people through the school system;
- Portugal – who have addressed the balance between competitive and non-competitive sports by taking the competitiveness out of sport at school; and
- Wales – where the local community can access school facilities after school hours.

Participants, however, were keen to stress the success that has been achieved locally and the advantages of looking inwardly. It was noted that local projects throughout Northern Ireland had achieved successes, which could be rolled out to the entire region with sufficient will and funding. It was noted during the discussions that the EU Lifelong Learning programme had been complimentary of work done with older people in Northern Ireland. Other schemes cited as successful included Disability Discrimination Act compliant fitness suites and the work of the Irish Football Association. One delegate gave the example of the Inclusive Fitness Initiative that was originally turned down for funding in Northern Ireland, implemented in England and then reconsidered by the Sport Northern Ireland.

4. THE BARRIERS TO SPORTS AND PHYSICAL ACTIVITY

The next section addressed the barriers to sports and physical activity which exist in Northern Ireland. Delegates were asked to consider barriers across a spectrum of areas – individual, institutional, and infrastructural. The barriers outlined by the groups fell into four broad categories: perceptions; practical; knowledge and cultural, although there was a degree of overlap among the categories.

4.1 PERCEPTIONS

With regard to perceptions, it was thought that self-perceptions acted as a barrier to physical activity in some cases. This was thought to be particularly true of women, where self-deprecation was considered to be a barrier. Common self-perceptions such as “I’m not fit enough”, “I’m not thin enough” or “I’m too old”, as well as a general lack of confidence, were cited, suggesting that there may be a link with knowledge levels and a need for promotional activities which dispel these myths.

Participants suggested that there may be a psychological barrier for people from areas of social disadvantage. The discussions focused upon lack of disposable income and access problems, coupled with a lack of motivation and self-confidence issues which resulted in a “rolling barrier”.

Similarly, it was argued that some disabled people face similar rolling barriers often caused by isolation.

4.2 PRACTICAL

Examples of practical barriers arose during each group’s discussions. These ranged from costs to the legislative context. Cost and access were thought to be a problem across all groups.

Specific examples of **cost** related barriers included the cost of classes/facilities and a lack of concessions for those on benefits. The cost of childcare was also considered a barrier for mothers, similarly the availability of childcare within leisure facilities and in general was thought to act as an obstacle.

Access problems were caused by geography and infrastructure. It was noted, for example, that local leisure centres in certain areas (e.g. Moyle) do not have pool facilities, negating swimming as a viable option and causing those who wished to partake in the activity to travel considerable distances to do so. Groups argued that Northern Ireland's current transport infrastructure acted as a barrier particularly amongst older people, those with a disability and people from rural areas.

Access barriers were also thought to take another form, namely current facilities were considered unsuitable for people with special requirements, particularly the disabled, older people, and women. Related to this was the notion that mainstreams sports offered few opportunities for people with special requirements.

Safety was also cited as a barrier. This was said to take a number of forms. It was argued that safety concerns amongst parents may cause them to steer their children away from certain activities, cycling for example. Some stakeholders also argued that certain areas, specifically areas of social disadvantage, lacked well lit, green spaces where individuals could take part in activities such as walking.

The discussions also stressed that the **current legislative context** within which sport and physical activity providers must operate acted as a significant practical barrier. Legislative requirements, in particular child protection and health and safety legislation, were thought to place an undue administrative, time, cost and staffing pressure upon clubs and societies. Delegates argued that although this was an issue for all providers it was felt more acutely by those organisations that relied upon volunteer support to function. Although group members agreed that such legislative measures were both necessary and desirable, they argued that the process should be simplified and more assistance could be provided to aid providers in meeting their legislative requirements.

Finally, the availability of **funding** was an often cited practical barrier. Groups noted that funding was being squeezed on account of the current economic context. Delegates felt that in times of economic pressure it was community sports that were the first to experience cuts. This, it was argued, was detrimental, not only because the service they provided was lost, but also because the expertise, networks and experience acquired was also lost.

4.3 KNOWLEDGE

Knowledge barriers were cited at a number of levels: individual, institutional and promotional.

At an **individual level** it was noted that certain groups were unaware of suitable levels/types of activity. It was argued that older people, for example, were largely under the impression that they should "sit back and take it easy", suggesting that the message of beneficial activity at a later stage of life was not getting through to the majority of that age group.

Children were also thought to be insufficiently aware of appropriate levels of activity, which, it was suggested, led to higher incidence of inactivity in later life. Similarly, it was argued that children were not schooled in the theory behind exercise, which again increased future inactivity.

At an **institutional level**, it was thought that service providers were not sufficiently trained to meet the needs of certain groups, particularly disabled people and, to a lesser extent, older people. Groups also highlighted the need for knowledge sharing at a number of institutional levels – service providers, local government, and regional government.

With regard to **promotional** activities, group members agreed that the role models used in promotional material were unrealistic and their standards unattainable. It was suggested that role models from the local community, people who had achieved attainable successes (such as losing a certain amount of weight at a slimming club or achieving local sporting success), would be more appropriate and successful role models.

As outlined above, the unclear distinction between the terms sport and physical activity, and the lack of a clear definition of the latter term were also cited as barriers.

4.4 CULTURAL

The notion that a general cultural barrier to sports and physical activity existed was raised by each group, it was also recognised that such barriers may be the hardest to overcome.

Delegates argued that modern lifestyles, which value convenience and productivity, made it easier to be sedentary. It was noted that working practices, in which individuals are desk bound, work long hours and often work through their lunch, were counter-productive to active lifestyles. On this it was suggested that employers could take the lead on promoting physical activity within the work place, with bike/walk to work schemes, employee discount schemes at leisure facilities, work sports team, etc.

Some delegates also expressed the view that schools had relinquished responsibility for physical education, PE had diminished in importance within the curriculum, and where it was promoted the emphasis was on competition rather than participation. Again, this was thought to lead to negative experiences in early years and to inactivity in later life.

5. HOW TO OVERCOME THESE BARRIERS

Groups were asked to discuss how such barriers might be overcome. They were asked to consider what might be done at an individual level and what could be done at various institutional levels – local and regional government, service providers, the education sector, the private sector and the charity sector. Delegates were also asked to consider opportunities for join-up action.

The solutions put forward fell into a number of broad categories: practical; promotional; governmental and knowledge based.

5.1 PRACTICAL

Suggestions for practical solutions included both infrastructural measures and changes to facilities;

- Provide childminding facilities at gyms and leisure centres;
- Improve cycling and walking routes;
- Greater utilisation of community transport to improve access, one suggestion was to use school buses to enable community members to access facilities;
- The running of taster sessions in gyms and leisure centres, offering an introduction to a more active lifestyle – a related suggestion was to have a ‘sports festival’ which incorporated taster sessions;
- Encouraging gyms and leisure centres to operate buddy systems, which would include offering free access to carers who can assist individuals with specific requirements;
- Opening up the school estate to the wider community;
- Shifting the focus of funding from elite to community sport; and
- Increasing the number of employer led activity sessions, whether within the work place or outside it, with the public sector leading the way.

5.2 PROMOTIONAL

Suggestions for promotional solutions included:

- Using the coverage of the 2012 Olympic games as a spring board for local promotion;
- Providing greater coverage for ‘non-mainstream’ activities such as boxercise, dancing and kick-boxing;
- Targeting promotional and educational materials in order to break down negative self perceptions and social stereotyping;
- Promoting more attainable and accessible role models; and
- Emphasising the enjoyment and social benefits of physical activity as well as the health benefits.

5.3 **GOVERNMENTAL**

Discussion concerning what the government's role in encouraging participation should be were far reaching, an array of issues were addressed, including:

- Government agencies should offer greater support to charity organisations and the volunteer sector;
- Government funding should be re-examined to ensure an equitable balance between competitive and non-competitive activity and between elite and community activity;
- The PE curriculum should be re-examined to ensure adequate levels of activity take place in schools and that the activities available encourage inclusive participation;
- Government should adopt a more joined-up approach across all departments. Departments should aim for a cohesive practical and promotional approach. Suggested opportunities for joined-up action include; closer working relationships between DHSSPSS and DCAL to promote a holistic healthy living agenda which includes diet and exercise; and closer working relationships between DCAL, DRD and DoE to promote (and provide the infrastructure for) walking and cycling as cost effective, healthy and environmentally friendly means of travel;
- A related suggestion was the introduction of a 'health Tsar', an institution with a remit to promote all interlinked agenda issues – health, physical activity, environment, development etc. An alternative suggestion was to develop a communication mechanism such as an interdepartmental forum, to encourage a joined up approach;
- Government should revise its approach to sport and physical activity to view wider benefits to society, particularly the mental and physical health benefits and associated financial savings. Such an approach, it was argued, would make it less likely that sport and physical activity programmes receive cuts in their funding; and
- DCAL and associated bodies should identify successful examples of local best practice and, where practical, roll these out across the region.

5.4 **KNOWLEDGE**

- Improving physical education provision at school was seen as a key measure to secure early intervention and encourage activity throughout life. It was felt that PE could be redesigned to ensure inclusivity for all levels of ability;
- Groups argued that some service providers required further training to ensure that the needs of groups with special requirements were met;
- It was suggested that the research base should be more robust. This, it was argued, would facilitate realistic targets and improved monitoring; and
- A region-wide network of stakeholders should be developed to encourage knowledge sharing and participant awareness.

6. CONCLUSION

By way of conclusion, each delegate was asked to individually answer the following:

What would be the one change in government policy which you think would have the biggest impact in terms of increasing participation in sport and physical activity?

The answers provide a range of possible policy interventions that may be considered. Individual responses to this question reflected the interests of the respondent, there was however a degree of overlap. Suggested policy interventions included:

Funding and government support should adopt a long-term approach (10-15 years), targeted at getting the benefits of sport and physical activity embedded into the public psyche. Departments should develop more effective relations with already existing bodies: e.g. Health Promotion Agency, Sport NI, and regional Health Boards.

Volunteering: the government should do more to recognise (and promote) the work of the volunteer in promoting sport and physical activity participation.

Leadership and management development: government should support the development of leadership and management skills, to equip local community workers who organise sport and physical activity programmes.

School curriculum: Physical Education in schools should become more varied, with a greater focus on non-competitive activities. One lead organisation should be in charge of the training and development of professional PE teachers. The focus on healthy eating and physical activity should be combined and become a central aspect of the curriculum.

Facilities: Costs should be reduced and the lack of rural provision should be addressed. More provision for crèches in gyms, and leisure centres should be encouraged to be more flexible when it comes to single parents, the elderly and those with special requirements. Alternative multi-use facilities should be explored – schools, church halls, youth clubs etc.

Health priority: promote the health benefits of exercise (physical *and* mental) through effective advertising, using realistic role models. Recognise that we are living in an ageing society; sport and physical activity should be built into a prevention strategy.

Disability: improve communication between disabled and able-bodied – perhaps through developing a directory of services for those with disabilities.

Cross-Departmental approach: cohesion is required among government departments, especially between DCAL, DHSSPSS, DETI, DENI, DRD, DARD and DOE. Departments should identify areas of overlap, promote a unified message and holistic policy interventions to address related issues (a transport infrastructure that promotes a healthy lifestyle, for example). A further related intervention was for the introduction of a single body with a remit for addressing the health-living/physical activity nexus as a whole. Alternatively, introduce an interdepartmental forum to develop policy intervention.

What message?

The message should be simple.

The terms sport and physical activity should be clearly defined and disentangled.

Promotion should be targeted to specific needs as well as generally promoting a message of 'activity for all', suggesting opportunities at all levels and irrespective of need/ability.

The message should encourage individuals to incorporate physical activity into their daily lives, and should be based upon a clearly defined and broad definition of physical activity.