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# **BACKGROUND INFORMATION – PARTICIPATION IN SPORTS AND PHYSICAL ACTIVITY**

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Paper providing background information on a possible Committee inquiry into participation in sport and physical activity

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## SUMMARY OF KEY POINTS

### Definitions

The EU defines physical activity as *'any bodily movement produced by skeletal muscles that results in energy expenditure above resting level'* and sport 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'*.

### Targets and Participation in Northern Ireland

Under PSA 9 the Department for Culture, Arts and Leisure has responsibility for the following targets:

- By 2011, halt the decline in adult participation in sport and physical recreation, by securing 53 per cent participation; and
- By 2011 to have 125,000 children in sport and physical recreation.

At present both targets are rated as amber by the Department who suggest the economic downturn has driven down participation.

The Northern Ireland the Continuous Household Survey (2009) demonstrates participation in Sport has been steadily declining over the last three years. Women tend to participate less than men. The survey reported that 45 per cent of respondents had participated in sport in the previous 2 months, a 4 per cent decrease on the previous year. Of those who did participated in sport 26 per cent played on average once a week.

The results of the 'Young Persons' Behaviour and Attitudes Survey 2007' show that 99 per cent of children in Northern Ireland participated in sport within the 12 months prior to the survey and 98 per cent within the seven days prior to the survey.

The survey suggests that children are less likely to participate in sports or physical activity outside of the school system with 25 per cent of respondents claiming they did not take part in sport outside of school and 21 per cent of respondents stating they were less active during the school holidays.

Evidence from Scotland suggests participation declines as individuals pass through school, a trend which continues as they enter further education and/or the workplace.

### Scotland's Experience

In Scotland 50 per cent of the population do not take part in any form of sport or physical recreation and women participate less than men. People with a disability are less likely to participate in sport and participation declines as people grow older.

Scotland's current sports strategy aims to increase participation by 10 per cent through: improvements in infrastructure at local and community level, establishing a local sports forums, developing pathways from school-age to adult participation, *'consider'* the sporting needs of an ageing population and developing an equity scheme to be integrated with local authority strategy including the Race, Gender and Disability Equality Schemes.

The Committee for Health and Sport in Scotland has also put forward recommendations in 2009 to radically overhaul the Physical Education system within Scotland's schools. In the debate on the Committee's Inquiry, the Minister for Health and Sport stated that she was "happy to take forward" many of the Committee's recommendations.

### **Health Benefits of Sport**

Participation in sport and physical activity can reduce the risk of common disorders such as coronary heart disease, diabetes (type II), stroke, hypertension, osteoporosis and certain cancers.

It is also effective in tackling obesity (a particular concern amongst children) and can have a positive affect on mental health.

Physical activity has health benefits that are specific to women and girls, studies show that it can positively affect body image, reduce incidence of teenage pregnancy, reduce teenage smoking amongst girls and may decrease a woman's chance of developing breast cancer.

In 2002 the UK Government estimated that economic cost (that is the cost to the NHS, the cost to the economy of days off and premature death) of physical inactivity was in England £1.89bn per annum. These figures are disputed however with some studies estimating the cost to be up to £4.3bn approximately.

### **Barriers to participation amongst under-represented groups**

Research shows that that a number of social groups are more likely to be physically inactive: people with disabilities; people from minority ethnic communities; people living in areas of social disadvantage; older people; and women and girls.

All of the above groups share common barriers to access. These include:

- Practical – access to transport, cost (although the Scottish experience suggests that people from the most deprived areas are no more likely to cite cost as a deterrent than those in the least deprived areas):
- Societal/psychological – motivation, self-perception and the perception of others; and
- Communicative – a lack of information/awareness regarding available services.

For older people and those in the economically disadvantaged areas health issues also act as a barrier.

### **Participation in DCAL's Draft Sports Strategy**

DCAL's draft sports strategy 2007-2017 contains 24 targets, eleven of which relate to increasing participation.

The target to halt the decline in adult participation and increase it by three per cent is less ambitious than the equivalent target in Scotland (increase participation by 10% by 2020), although the latter sets out a longer time frame for it to be achieved.

A target to tackle the short fall in childhood activity outside the school system is included - by 2014 to provide every child in Northern Ireland over the age of 8 years with the opportunity to participate in at least two hours per week of extra-curricular sport and physical recreation – but the decline in participation which occurs as children leave school and enter further education or the work place is not addressed.

Specific targets exist to increase participation (by 6%) amongst women, people from areas of social need and people with disabilities. No specific target is set for older people although reference to increasing participation amongst this group is made. No target are set or references made regarding increasing participation amongst people from ethnic minority communities.

## CONTENTS

1.	Introduction .....	1
2.	Public Service Agreement Targets .....	1
3.	Adult Participation in Northern Ireland .....	2
4.	Participation Amongst Young People .....	3
5.	Scotland's Experience .....	4
	Strategy Development .....	4
	The Pathways into Sport & Physical Activity Inquiry .....	5
6.	Health Benefits of Participation and Costs of inactivity .....	6
7.	Barriers to participation amongst under-represented Groups .....	8
	People with disabilities .....	8
	People from minority ethnic communities .....	9
	people living in areas of social disadvantage .....	10
	Older People .....	10
	Women and Girls .....	11
	Common Barriers .....	12
8.	Overview of Participation in DCAL's Draft Sports Strategy .....	12
	Draft Sports Strategy Participation Targets .....	12

## 1. INTRODUCTION

Throughout the paper the following definitions are used. Physical activity/recreation is defined as:

*... any bodily movement produced by skeletal muscles that results in energy expenditure above resting level. This broad definition involves virtually all types of activity like: walking, cycling, dance, traditional games, pastimes, gardening, housework, sports and intentional exercise.<sup>1</sup>*

Sport is defined 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.<sup>2</sup>*

Both definitions are accepted by the European Union.

The paper is structured as follows; it begins by outlining the Department of Culture Arts and Leisure's responsibilities for promoting participation in sport and physical activity as defined by Public Service Agreements, before examining the latest statistics on adult and childhood participation. The health benefits of physical activity are also overviewed.

The Scottish Experience is then examined, followed by a look at some groups prone to physical activity and the barriers to participation they face.

The final two sections provide a summary of DCAL's draft sports strategy and suggest possible lines of further inquiry.

## 2. PUBLIC SERVICE AGREEMENT TARGETS

Under PSA 9, Promoting Access to Culture, Arts and Leisure, the Department has responsibility for two targets related to participation in sport, these are:

- By 2011, halt the decline in adult participation in sport and physical recreation, by securing 53 per cent participation; and
- By 2011 to have 125,000 children in sport and physical recreation.

As of the second quarter 2009/10 adult participation sat at 45 per cent (an updated figure for child participation was not contained in latest progress report). The Department has labeled both these targets as having 'amber' status, which demotes one or a combination of the following:

- a lack of robust information on progress;
- some progress being made but the rate of progress is less than anticipated; and

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<sup>1</sup> European Union Public Health Information System, Physical Activity – Definition and Scope [http://www.euphix.org/object\\_document/o5426n27422.html](http://www.euphix.org/object_document/o5426n27422.html) (accessed 03/12/09)

<sup>2</sup> European Commission on Sport, White Paper on Sport [http://ec.europa.eu/sport/white-paper/whitepaper8\\_en.htm](http://ec.europa.eu/sport/white-paper/whitepaper8_en.htm) (accessed 03/12/09)

- significant doubt around the achievement of the target.

When updating the Committee on its progress, the Department highlighted the findings of the NISRA Omnibus survey which noted that 16 per cent of respondents participated in or attended less cultural or economic events due to the economic downturn.<sup>3</sup>

### 3. ADULT PARTICIPATION IN NORTHERN IRELAND

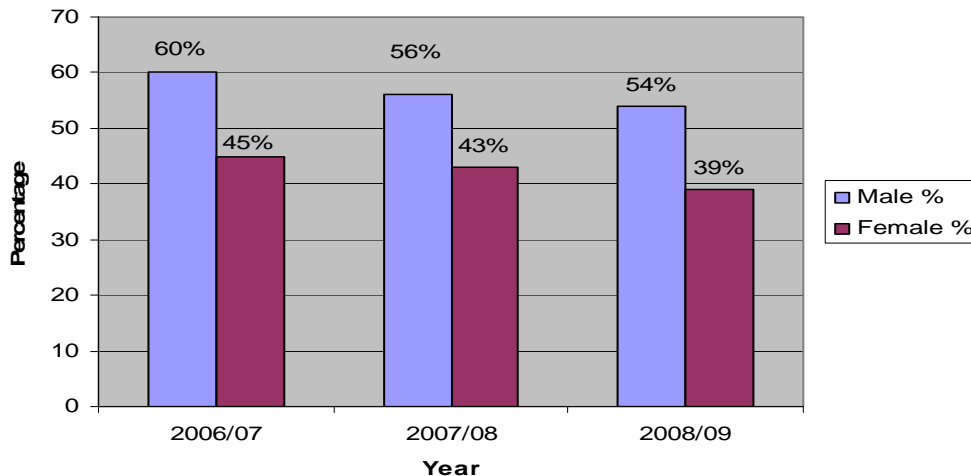
The latest edition of the Continuous Household Survey (July 2009, based on a random sample of 4,500 adults), reported that 45 per cent of respondents had participated in sport in the previous 2 months, a 4 per cent decrease on the previous year. Of those who did participated in sport 26 per cent played on average once a week, while 17 per cent played twice a week.<sup>4</sup>

As Figure 1 (below shows) participation in Sport has been steadily declining over the last three years. The Figure also demonstrates less (and declining) participation amongst women.<sup>5</sup>

The report notes that 40 per cent of respondents did not enjoy playing sport at all. Of these, 26 per cent felt they did not have enough time, 21 per cent felt they were too unfit, 20 per cent had no interest and 19 per cent felt they were too old.<sup>6</sup>

With regard to sports provision, 53 per cent of respondents reported being very or fairly satisfied with sports provision in Northern Ireland.<sup>7</sup>

**FIGURE 1: INDIVIDUALS WHO PARTICIPATED IN SPORT IN THE LAST 12 MONTHS<sup>8</sup>**



<sup>3</sup> Department of Culture, Arts and Leisure, Progress made against Programme for Government and specific PSAS for which DCAL have responsibility, 20 November 2009

<sup>4</sup> NISRA – Central Survey Unit – The Continuous Household Survey Bulletin 2008/09  
<http://www.csu.nisra.gov.uk/survey.asp31.htm> p7 (accessed 27/11/09)

<sup>5</sup> *Ibid*

<sup>6</sup> *Ibid*

<sup>7</sup> *Ibid*

<sup>8</sup> *Ibid*

#### 4. PARTICIPATION AMONGST YOUNG PEOPLE

Non-participation in sport amongst young people is rising across the European Union. The rise in popularity of computers and video games has been cited as one of the main reason for the decline. Rising obesity amongst young people and potential of health risks occurring later in life has given the debate on how to increase participation momentum.<sup>9</sup>

In August 2009 DCAL published 'Young People and Sport', which offered a secondary analysis of findings from the 2007 'Young Persons' Behaviour and Attitudes Survey 2007'. The survey consisted of a representative sample of 62 post-primary schools across Northern Ireland, gathering responses from 3,463 pupils, from year eight to year twelve. The report suggest that participation amongst younger people is more widespread than among adults, although there is some indication that sporting activity is less likely outside of the school system.<sup>10</sup> The main findings of the report were:

- 99 per cent of respondents had taken in one or more sports/physical activities in the previous year, with 98 per cent of respondents taking part in the same in the seven days prior to interview;
- 88 per cent of respondents had taken part in five or more different sports/physical activities over the previous 12 months;
- 76 per cent of respondents had receive coaching from an instructor or coach (other than PE) in the previous 12 months, for 56 per cent such coaching was weekly;
- 97 per cent of respondents took part in PE at school on one or more day per week, 51 per cent took part in PE on two or more days per week;
- 43 per cent of respondents took part in sport or physical activity after school at least once a week;
- 51 per cent of respondents spent two hours or more per week doing PE or games at school, 45 per cent spend up to hours and 3 per cent did not partake in PE or games;
- 25 per cent of respondents did not take part in sports or other activities outside of school, 51 per cent took part one to three days per week, while 24 per cent took part four to seven days per week;
- 21 per cent or respondents said they were less active during the school holidays;
- Of the 25 different sports/activities listed in the survey, a smaller proportion respondents receiving free school meals participated in 21 of those sports compared to those not receiving free school meals.<sup>11</sup>

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<sup>9</sup> Euractiv.com, Boosting sports participation in the EU, 25 July 2008, <http://www.euractiv.com/en/sports/boosting-sports-participation-eu/article-137665> (accessed 01/12/09)

<sup>10</sup> Department of Culture, Arts and Leisure, Young People and Sport – Secondary Analysis of Findings from the 2007 survey Young Persons' Behaviour and Attitudes Survey, August 2009

<sup>11</sup> *Ibid*



The most common reasons cited for non-participation were shortness of breath (24 per cent) and being unfit (20 per cent). A significant proportion of respondents (34 per cent), however, stated nothing would prevent them from participation. Only 3 per cent cited expense as a factor.<sup>12</sup>

The link between higher levels of physical activity and the school system is apparent in the tendency for individuals to become less active as they pass from childhood to adulthood. The Scottish Executive's inquiry into participation found that:

*Statistics reveal that participation declines with age at key transition points from primary to secondary school, from school into further education or work.<sup>13</sup>*

## **5. SCOTLAND'S EXPERIENCE**

### **STRATEGY DEVELOPMENT**

Between 2003 and 2007 the *Sport 21* strategy has sought to improve participation levels and sport's performance throughout Scotland. Reviewing the strategy in 2006 the Scottish Executive noted that it delivered some key achievements, namely:

- the introduction of the Active Schools programme;
- the establishment of the Scottish Institute of Sport network;
- the professionalisation of sports governing bodies; and
- a building programme for national sports facilities.

It also noted, however, areas where improvements might be made:

- investment in club development including innovative approaches to ensure greater coverage;
- improving coach education;
- developing for new approaches to the provision of sports facilities including making greater use of the school estate, co-location and responsive programming and opening hours;
- providing a wide range of sporting opportunities at an early age;
- enabling schools to provide quality physical education and extra-curricular sporting activities particularly in secondary schools; and
- supporting and encouraging parents, teachers and volunteers who are highly influential in encouraging and sustaining young people's involvement and development in sport.

*Sport 21* been superseded by *Reaching Higher*, which sets out long term objectives until 2020. Increasing participation is central<sup>14</sup> to the new strategy, which contains an overarching target of 60 per cent of Scotland's Adult participation at least once of week. Outlining the 'challenges' faced by policy makers in the region, the document notes:

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<sup>12</sup> *Ibid*

<sup>13</sup> The Scottish Executive, *Reaching Higher – Building on the Success of Sport 21* (2007) p20

<sup>14</sup> It is central but not the sole aim of the strategy

- 50 per cent of Scotland's population do not take part in any form of sport or physical recreation (excluding walking) with women participating significantly less than men;
- People with a disability, one in five of the Scottish population, are less likely to participate in sport;
- Participation declines as people grow older – there are noticeable decreases in activity at key points in life, moving from primary school to post primary school and then onto further education or work, on starting a family and with growing older.<sup>15</sup>

In order to meet this challenge the Executive proposes a number of actions including: improvements in infrastructure at local and community level, establishing a local sports forums, developing pathways from school-age to adult participation, *'consider'* the sporting needs of an ageing population and developing an equity scheme to be integrated with local authority strategy including the Race, Gender and Disability Equality Schemes. A full list of action is contained in Annex 1.

### **THE PATHWAYS INTO SPORT & PHYSICAL ACTIVITY INQUIRY**

In May 2009 the Committee for Health and Sport in Scotland published the results of an inquiry – *'Pathways into sport and physical activity'*. The backdrop to the inquiry was Scotland's poor public health record and recognition that *'two thirds of Scottish adults and one third of Scottish children do not do enough physical activity'*.<sup>16</sup>

The inquiry sought to encourage better participation rates, to understand why the high levels of inactivity and to examine the barriers faced by individuals *'in the early stages of their pathway into sport'*. The inquiry focused on three main topics:

- the teaching of physical education (PE) in schools;
- the Active Schools programme; and
- the need for integrated, local sports provision.

The report identified PE as the *'only comprehensive way of ensuring that all children and young people have the skills to lead a physically active life'*. It is critical of the current provision of PE within Scottish schools and called for its complete overhaul.<sup>17</sup>

A number of recommendations were made under the report's three main topics, these are intended to ensure: each Local Authority will meet the target of two hours PE provision in schools by August 2010; that every pupil should under go a physical literacy test to ensure they have the skills to learn specific sports; that pupils report cards include physical literacy skills; and a *'general upskilling'* of all primary school teachers.

<sup>15</sup> The Scottish Government Reaching Higher: Building on the Success of Sport 21 (March 2007) <http://www.scotland.gov.uk/Publications/2007/03/07105145/0> (accessed 02/12/09)

<sup>16</sup> The Scottish Parliament, Committee for Health and Sport, 5th Report, 2009 (Session 3) Pathways into sport and physical activity (May 2009) <http://www.scottish.parliament.uk/s3/committees/hs/reports-09/her09-05-00.htm> (accessed 02/12/09)

<sup>17</sup> *Ibid*

Furthermore the report recommended that all local authorities should encourage integrated local sports provision, through a sports strategy that includes: teaching of PE and transition into sports outside of school; the maintenance and upgrading of facilities, as well as improving access to them; and capacity building in local sports clubs; and unlock the potential for schools to be more widely used by the community.<sup>18</sup>

In the debate on the Committees Inquiry the Minister for Health and Sport stated that she was “happy to take forward” many of the Committees recommendations.<sup>19</sup>

## **6. HEALTH BENEFITS OF PARTICIPATION AND COSTS OF INACTIVITY**

The benefits of physical activity are well documented. Evidence suggests that participation in sport and physical activity can reduce the risk of common disorders such as coronary heart disease, diabetes (type II), stroke, hypertension, osteoporosis and certain cancers. Conversely, physical inactivity may increase the likelihood of such disorders occurring.<sup>20</sup>

There are also a number of general benefits to participation. Not least in tackling obesity, it is noted that a *‘planned exercise programme is an effective means of achieving and maintaining long-term weight loss’*. The Northern Ireland 2005-2006 Health and Social Wellbeing Survey noted that 59 per cent of adults were overweight. Furthermore, 25 per cent of men and 23 per cent of women were deemed to be obese.<sup>21</sup>

Moreover, physical activity preserves the optimum *‘structure and function of muscles, bones, joints and the cardiovascular system’*. There are also strong links between participation in physical activity and the quality of life experienced by older people. Finally, physical activity may relieve the symptoms of depression and anxiety.<sup>22</sup>

As outlined above, over the last three years, a smaller proportion of women than men have participated in sport. Sports Scotland has identified a number of health benefits of participation which are particular to women and girls:

- Girls and women who play sport have a more positive body image than girls and women who do not;
- Physical activity appears to decrease the initiation of cigarette smoking in adolescent girls;
- Teenage girls who do sport are less likely to get accidentally pregnant than non-athletes;

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<sup>18</sup> *Ibid*

<sup>19</sup> The Scottish Parliament, Official Report 16 September 2009

<http://www.scottish.parliament.uk/business/officialReports/meetingsParliament/or-09/sor0916-02.htm> (accessed 03/12/09)

<sup>20</sup> UK Parliamentary Office of Science and Technology – Postnote, Health Benefits of Physical Activity, Number 162, October 2001

<sup>21</sup> NISRA (2006) Northern Ireland Health and Social Wellbeing Survey 2005-2006 – *Topline*

*Results – Adult Obesity* – [http://www.csu.nisra.gov.uk/adult\\_per\\_cent20obesity.pdf](http://www.csu.nisra.gov.uk/adult_per_cent20obesity.pdf) (accessed 01/12/09)

<sup>22</sup> *Ibid*

- Recreational physical activity may decrease a woman's chance of developing breast cancer.<sup>23</sup>

As mentioned above, obesity is one of the most prevalent arguments supporting the promotion of physical activity amongst younger children. Northern Ireland 2005-2006 Health and Social Wellbeing Survey estimates that 18 per cent of children aged 2-15 were obese, 20 per cent of boys and 15 per cent of girls.<sup>24</sup>

A further argument holds that early learning sports experience '*not only develops physical competencies but, crucially develop perceptions of competence that underlie the motivation that is vital to continuing participation*'. In other words, physical participation from an early age is not only beneficial in itself, but can set the ground work to lifelong participation. Although at the same time '*young people from lower social groups, girls and young disabled people in greater numbers miss out on quality early experiences compared to children from higher social groups, boys and the able-bodied*' (these issues are explored in the following section).<sup>25</sup>

The link between health and participation in physical activity/sport ensures that promoting (or not promoting) participation has cross departmental impacts. The 2002 *Investing for Health* study, carried out by DHSSPS, estimated the cost of physical inactivity to be equivalent to 2,100 deaths per annum, 18,000 life years lost, and 1.2m days lost each year.

From an economic perspective, the cost of treating obesity in Scotland has been estimated at £170m per annum. A 2008 report '*Commissioning and Behaviour Change – Kicking Bad Habits*' estimated that the cost of treating obesity in England has risen from £9.5m in 1998 to £47.5m in 2002. It adds that in 2002, treating disease caused by obesity (such as coronary heart disease and type II diabetes) cost the NHS in England between £945m and £1,07m.

In 2002 a DCMS report, '*Game Plan*' estimated the total economic cost of physical inactivity in England to be approximately £1.89bn per year, broken down across: cost to the NHS – £326m; cost of work absences – £780m; and cost of premature deaths – £780m. The same report estimated that a 10 per cent increase in physical activity would save £500m per year. These figures have since been analysed by the sports science department of Sheffield University, which concluded that they were underestimated. The paper, '*Sport, Health and Economic Benefit*' suggest revised figures of: Cost to the NHS – England £1.4bn – UK £1.7bn; cost of work absence – England £1.1bn – UK £1.3bn; and premature death – £803m (UK).<sup>26</sup>

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<sup>23</sup> Sport Scotland, Factsheet 25 benefits for girls and women taking part in sport and physical activity <http://www.sportscotland.org.uk/NR/rdonlyres/4EC73D46-8593-4FE6-A939-93499381991E/0/325benefitsforgirlsandwomentakingpartinsportandphysicalactivity.pdf> (accessed 01/12/09)

<sup>24</sup> NISRA (2006) Northern Ireland Health and Social Wellbeing Survey 2005-2006 <http://archive.nics.gov.uk/dfp/070129b-dfp.htm> (accessed 01/12/09)

<sup>25</sup> Sport England, Driving Up Participation: The Challenge for Sport – Academic Papers Commissioned by Sport England as Contextual Analysis to Inform the Preparation of the Framework for Sport England pg69 Sport and early learning experiences, David Kirk

<sup>26</sup> Sport England, Driving Up Participation: The Challenge for Sport – Academic Papers Commissioned by Sport England as Contextual Analysis to Inform the Preparation of the Framework for Sport England pp

## 7. BARRIERS TO PARTICIPATION AMONGST UNDER-REPRESENTED GROUPS

The Scottish Experience and other research show that a number of social groups are more likely to be physically inactive: people with disabilities; people from minority ethnic communities; people living in areas of social disadvantage; older people; and women and girls. This section looks briefly at each group and at the research which has identified barriers to their participation.

### PEOPLE WITH DISABILITIES

A 2004 study in the American Journal of Preventive Medicine examining the participation amongst individuals with physical disabilities identified barriers across a number of areas, these included:

- **Barriers in the built and natural environment** – persons with disabilities reported that the natural environment is *'inherently inaccessible'*. This was due to *'inaccessible access routes, doorways being too narrow, facility front desk being too high for people in wheelchairs to communicate, and lack of elevators'*.
- **Cost/Economic Barriers** – persons with disabilities noted that *'membership and transportation costs are the primary economic barriers directly affecting their ability to access recreation and fitness facilities'*. This was often accentuated by having *'fewer economic resources compared to their nondisabled counterparts'*.
- **Equipment-related barriers and facilitators** – three main barriers were identified: not enough space between equipment for wheelchair access; poor equipment maintenance; and a lack of adaptive or accessible equipment.
- **Information-related barriers** – a lack of information regarding available and accessible facilities and programmes was noted. Additionally, concerns were raised over levels of professional knowledge, education and training.
- **Emotional and psychological barriers** – the study notes a perception that fitness and recreation facilities were *'unfriendly environments'*, respondents citing such a perception commented on the negative attitudes and behavior of some nondisabled persons who use the facilities and the professionals who work there.
- **Perceptions and attitudes related accessibility and disability** – disabled persons reported that the owners viewed access as a *'necessary evil'* and that some appeared reluctant to encourage disabled access and participation because of liability fears.
- **Policy and Procedures** – respondents noted that facilities often lack policies relevant to people with disabilities. They noted too that facilities often lack a

dedicated staff member to assist with access issues. Other issues included facilities not allowing disabled persons enough time to use the facility and requiring personal assistants to pay membership fees.<sup>27</sup>

Closer to home, the English Federation of Disability Sport has published an extensive list of barriers to participation. Their list takes a broader view of the term disability, understanding it to include physical, mental and learning disabilities. It includes:

- **Physical Barriers** – external signage, accessible car parking, access to building, poor building design, inaccessible changing areas, low lighting levels, limited access around fitness equipment, high reception desk, limited access to drinks fountains and an absence of rest areas near steps.
- **Transport** – inaccessible transports systems, lack of public transport near facilities, disabled person may have to pay more if forced to use a taxi, information on public transport, lack of awareness of requirements by public transport staff, and community transport not including sports facilities on routes.
- **Communication Barriers** – no text phone facilities, no hearing induction loop in reception, marketing materials not readily available in alternative formats, fitness equipments too complicated, café menus not available in alternative formats, difficulties in understanding the language and terminology used by staff, poor signage, and social barriers,
- **Appearance of persons** – first impressions among staff, stereotyping, disabled people are not always a conventional body shape and disabled persons may often be required to wear a particular styles of clothes/footwear.
- **Attitudes** – staff may be too quick to make assumptions about disabled users, a lack of understanding of people's needs may exist, staff members may assume disabled persons are a health and safety risk, staff members may adopt a patronising approach, and staff may confidence in providing sport/leisure services specifically targeted towards disabled persons.<sup>28</sup>

### **PEOPLE FROM MINORITY ETHNIC COMMUNITIES**

In 2007, the independent body Sporting Equals, which attempts to address racial inequality in sport, conducted a literature review of research and consultation documents that provides an overview of the barriers to participation facing ethnic minorities in the UK. They found the main barriers to be;

- a lack of affordable facilities and the cost of transport to and from facilities;
- a lack of safe and culturally accessible facilities (such as women only sessions);
- a lack of awareness amongst ethnic minority groups of the local facilities and opportunities available;

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<sup>27</sup> *Ibid* pp421-424

<sup>28</sup> English Federation of Disability Sport, Barriers faced by disabled people  
[http://www.efds.net/index1.php?incpage=ngb/ngb\\_11e.php](http://www.efds.net/index1.php?incpage=ngb/ngb_11e.php) (accessed 02/12/2009)

- cultural and religious commitments, such as prayer time and Ramadan, might act as barriers to volunteering;
- a lack of training and awareness amongst providers of cultural and diversity issues;
- a *'sense that incidents of racism with mainstream sporting organisations are not taken seriously or dealt with'*;
- difficulty in accessing funding;
- a lack of role models in management and mainstream sporting organisations; and
- time and childcare pressures.

### **PEOPLE LIVING IN AREAS OF SOCIAL DISADVANTAGE**

Research from Scotland suggests that there is a correlation between non-participation in physical activity and socio-economic status. The 2006 Sport, Exercise and Physical Activity: Public Participation, Barriers and Attitudes survey demonstrated that over a third of respondents in the lowest two income brackets never exercise.

Of the reasons for not participating, the most prevalent amongst people in deprived areas where:

- Health concerns;
- Time pressures; and
- Motivational issues.

Surprisingly, people from the most deprived areas were no more likely to cite cost as reason for not participating than those from the least deprived areas.<sup>29</sup>

### **OLDER PEOPLE**

A study conducted by the British Geriatric Society on physical activity amongst older people found that although 76 per cent of respondents felt they did enough exercise to keep them healthy, 36 per cent partook in no physical activity and 17 per cent did less than two hours per week. The report noted the following barriers to participation:

- physical symptoms, such as painful joints and shortness of breathe, may act as a deterrent;
- a reluctance to go out in the evening alone discourages participation;
- those without daily access to a car were less like to participate;
- depression, common in older people, might contribute to a lack of interest in physical activity; and
- a lack of awareness of the non-health benefits of activity, such a socialising.<sup>30</sup>

The British Heart Foundation (BHF) notes that 17 per cent of men and 13 per cent of women over the age of 65 achieve the recommended level of physical activity.<sup>31</sup> They

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<sup>29</sup> The Scottish Government, Sport, Exercise and Physical Activity: Public Participation, Barriers and Attitudes (2006) <http://www.scotland.gov.uk/Publications/2006/09/29134901/5> (accessed 03/12/09)

<sup>30</sup> British Geriatrics Society, Why older people do not participate in leisure time physical activity: a survey of activity level, beliefs and deterrents, *Age and Ageing* 2004 33: 287-292

identify poor health as the leading barrier to activity amongst older people and a lack of knowledge of the benefits of activity as a secondary barrier.<sup>32</sup>

## **WOMEN AND GIRLS**

The Women's Sports and Fitness Foundation (WSF) has suggested that the barriers preventing women and girls from participating in physical activity can be categorised as practical, personal and cultural.

**Practical Barriers** include:

- Financial – women earn less on average £559 per month less than men which can act as a barrier;
- Women with young children and those living in rural areas may experience problems accessing transport;
- Personal safety can be a particular problem for women; and
- Access to facilities – sports facilities often prioritise 'male sports' allocating 'pitch time' to men/boys at preferred times.

**Personal Barriers** include:

- Body image – research shows women are more likely to be self-conscious when taking part in sport than men;
- Clothing and equipment – the expense of specialised clothing can be a barrier, linked to the financial barrier outlined above. Equipment can also be inappropriate, WSF note that the development of women's golf has been hampered by an unavailability of suitable equipment;
- Parental and adult influence – WSF argue that adolescent females place more emphasis on self-comparison and adult comments than males, as such any negative comments from teachers or comments can act as a discouragement.

**Cultural Barriers** include:

- The male dominated culture of sport is viewed as a deterrent. Girls may potentially associate being sporty with being unfeminine;
- Sexual harassment and abuse – whilst the research on the subject topic is lacking, WSF argue that many females drop out of sport due to sexual abuse or harassment;
- Female invisibility – a lack of visible female role models (comparatively) within sport and a gender imbalance in sports coverage are seen as contributing to lower participation levels.<sup>33</sup>

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<sup>31</sup> The British Heart Foundation – Current Activity of Older Adults <http://www.bhfactive.org.uk/older-adults/index.html> (accessed 02/12/09)

<sup>32</sup> British Heart Foundation - What are the common barriers to physical activity? <http://www.bhfactive.org.uk/downloads/What%20are%20the%20common%20barriers%20to%20physical%20activityFAQweb.pdf> (accessed 02/12/09)

<sup>33</sup> Women's Sports and Fitness Foundation, Barriers to women and girls' participation in sport and physical activity <http://www.wsff.org.uk/documents/barriers.pdf> (accessed 02/12/09)



## **COMMON BARRIERS**

The life experiences of the above groups may be very different but there are common threads which link the barriers to participation amongst each of the groupings. Practical barriers such as cost (excluding those from deprived areas), access and transport are common to most. So too are societal/psychological factors, such as self-perception and the perception of others. A lack of awareness and communication also appears to be a preventative factor for most groups. For older people and those in the economically disadvantaged areas health issues also act as a barrier.

## **8. OVERVIEW OF PARTICIPATION IN DCAL'S DRAFT SPORTS STRATEGY**

DCAL published its draft sports strategy in October 2007 and was originally intended to cover the period 2007-2017.<sup>34</sup> Eleven of the 24 targets outlined in the document relate specifically to participation. Looking at the list of targets, outlined below, it is evident that given the delay in finalising the documents, the dates set for achieving some of the targets will now be unrealistic.

However, it is worth noting that the targets do address some of the points raised in this paper. They aim to halt the decline and secure a three per cent increase in adult participation, a target which is positive from a health perspective, but is less ambitious than the equivalent target in Scotland which aims to drive up participation by 10 per cent (although in a longer time frame – 2007 to 2020).<sup>35</sup>

A target (target 11) also exists which appears to address the issue of childhood participation outside the school system. Again, given the benefits associated with physical activity this must be seen as positive. However, there are no targets to address the decline in participation which occurs as children leave school and enter further education or the work place.<sup>36</sup>

Finally, under-represented groups are included in the targets, which aim to drive up participation amongst women, people with a disability and people from areas of social need by 6 per cent by the end of the strategy. There are no specific targets regarding older people and people from ethnic communities, although the former are included as an under-represented group later in the document under the opportunity<sup>37</sup>:

*Provide increased opportunities for underrepresented groups and specifically women/girls, people with a disability and older people.*<sup>38</sup>

## **DRAFT SPORTS STRATEGY PARTICIPATION TARGETS**<sup>39</sup>

1. By 2008, to have agreed and commenced implementation of a revised research framework for participation rates that is cognisant of the recommendations of the Chief Medical Officers in the UK

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<sup>34</sup> DCAL, Consultation Draft, The Northern Ireland Strategy for Sport & Physical Recreation 2007- 2017

<sup>35</sup> *Ibid* p8

<sup>36</sup> *Ibid*

<sup>37</sup> *Ibid*

<sup>38</sup> *Ibid* p12

<sup>39</sup> *Ibid* p8

2. By 2008 to have established a baseline for the economic impact of sport and physical recreation in Northern Ireland
3. By 2009, to have established a baseline for the number of children of compulsory school age participating in a minimum of two hours quality physical education
4. By 2011, to have stopped the decline in adult participation in sport and physical recreation;
5. By 2012 to have increased the number of people in Northern Ireland in membership of at least one sports club
6. By 2014 to provide every child in Northern Ireland over the age of 8 years with the opportunity to participate in at least two hours per week of extra-curricular sport and physical recreation
7. By 2017 to have secured a 3 per cent increase in adult participation in sport and physical recreation (from the 2011 baseline)
8. By 2017 to deliver an increase of 6 per cent in the number of women who regularly participate in sport and physical recreation
9. By 2017 to deliver an increase of 6 per cent in the number of people who live in areas of high social need who regularly participate in sport and physical recreation
10. By 2017 to deliver an increase of 6 per cent in the number of people with a disability who regularly participate in sport and physical recreation
11. By 2017 to have maximised the contribution of sport and physical recreation to 'A Shared Future'

## Annex 1

- Strengthen the sporting infrastructure in Scotland's priority areas by supporting and developing community capacity in respect of club development, coaches, volunteers and community sports leaders
- Establish a local sports forum – the starting point for this could be an existing organisation (Local Sports Council) and enhance/develop as required
- Develop and support local infrastructure – working with all partners in that area from local sports councils to colleges and universities
- Support the development of pathways from school to community with particular emphasis in areas where there is little or no existing traditional sports infrastructure and where either satellite club development or the development of new community sports organisations may be required
- Consider allocating professional support to assist the volunteer structure
- Consider the provision of a wider sports programme within schools
- Support and develop local partners in delivering sport
  - particularly clubs and local sports council/forum
  - develop links with private sector providers
- Consider creating clubs where none exist'
- Identify categories of non-participants and develop and target policies which will stimulate an interest
- Apply locally-responsive community development and innovative approaches to widening and increasing participation
- Consider the sporting needs of an ageing population
- Develop and support innovative, cross-council policies which increase participation
  - Consider creating clubs where none exist
- Consider the benefits of hosting events, both major international events (in which they may be one of many partners) and regional events (in which they may be the lead agency) – identify within sports plans
- Implement the single Equity Scheme, including roll out of the Equity Standard
- Equity in Sport actions are to be integrated and implemented within local authority strategic plans, including the Race, Gender and Disability Equality Schemes