

Belfast City Council

**Leisure Transformation Programme:
Promoting Equality of Opportunity & Good Relations**

Policy Arc Limited

7th April 2014

1. Introduction

The Council is in the process of developing a new approach to the management and delivery of sport and leisure services that will provide opportunities not only to improve the quality of service delivery but to address some of the key inequalities that currently exist in relation to the benefits that can result from participation in sport and leisure. This paper sets out some of those benefits and highlights the groups of people within the Section 75 equality categories who are currently under-represented in terms of participation.

In order to ensure that these inequalities are addressed within the new management arrangements, the Council will need to set parameters for the operation of sport and leisure facilities in relation to programming of activities, concessionary charges, marketing etc. Section 4 below explores these options in more detail.

2. Benefits of participation in sport and leisure

There is a wide range of research studies on the benefits of participation in sport and leisure activities. These suggest that there are five key areas of benefit:

- Physical health – physical activity reduces the risk of cardiovascular disease, type 2 diabetes and obesity and may reduce the risk of certain types of cancer, hypertension and osteoporosis;
- Mental health – moderate exercise is a viable way to treat depression and dementia and can reduce the risk of dementia;
- Education and employment – exercise has been shown to increase capacity for learning and improve energy levels and concentration and therefore influences educational attainment and employment prospects;
- Reduction in anti-social behaviour and crime – physical activity can be beneficial in tackling anti-social behaviour and crime by providing a diversionary activity, creating a hook for teaching emotional and career skills, achieving behaviour modification and building self-esteem;
- Social cohesion – sport and leisure contribute positively to many of the factors that build social cohesion including all of the above.

There is some data and research to indicate that certain Section 75 groups are at greater risk in terms of these key areas.

Key findings

Religion	<p>Physical health. The 2011 Census showed differences in general health according to religion. Those who were or had been brought up as Catholics were typically more likely than those who belonged to or had been brought up in Protestant denominations to assess their general health as either ‘bad’ or ‘very bad’. The relative differences were more noticeable in the older age groups.</p>
Gender	<p>Physical health. Men have a higher incidence of all types of cardiovascular disease than women and are at a higher risk of obesity, except in the under 25 age group. Women have a slightly higher risk of diabetes and a much higher risk of osteoporosis than men.</p> <p>Employment. Employment rates are higher for men than women but the current economic recession has resulted in the greatest negative impact on young men.</p>
Age	<p>Physical health. The risk of cardiovascular disease, diabetes, cancer, hypertension and osteoporosis all increase with age. Levels of obesity increase with age up to about 54 years, then decline.</p> <p>Mental health. There are an estimated 19,000 people in Northern Ireland with a form of dementia, only 2% of whom are aged under 65. There is also evidence that in the UK as a whole the highest incidence of mild mental illness is among the 50-54 age group.</p> <p>Employment. In 2013 over half (55%) of unemployed people were aged 16-29.</p> <p>Anti-social behaviour. Conduct disorders are the most common mental and behavioural problems in children and young people and the prevalence increases throughout childhood.</p>
Racial group	<p>Physical health. Mortality rates from cardiovascular disease are much higher for people of South Asian origin and there is evidence that type 2 diabetes is six times more common in this group. There has also been some research suggesting that people in some minority ethnic groups are more likely to be overweight or obese.</p> <p>Anti-social behaviour. The prevalence of conduct disorders in the UK varies across ethnic groups; for example, their prevalence is lower than average in children and young people of south Asian family origin and higher than average in children and young people of African-Caribbean family origin.</p>
Disability	<p>Physical health. People with mental health problems tend to have significantly higher rates of long-term physical health problems. There is also some evidence to suggest obesity may be more prevalent among disabled people.</p> <p>Mental health. People with learning disabilities may experience a higher risk of dementia because of premature ageing. People with Down’s syndrome have an increased genetic risk of developing dementia.</p> <p>Employment. The latest figures show that just over a third (37.6%) of disabled persons are in employment compared to 74.7% of non-disabled persons. Only about one fifth of people with mental ill-health or learning disability are in employment, despite the fact that research in the USA suggests that up to 58% of adults in this category are able to work.</p> <p>Anti-social behaviour. Conduct disorders commonly coexist with other mental health problems particularly Attention Deficit Hyperactivity Disorder.</p>
People with dependants	<p>Employment. People with dependents face additional barriers to employment including access to affordable child care and continuation of benefits once in employment. The proportion of lone parents in employment is particularly low</p>

	and there is evidence of higher job exit levels among this group.
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3. Inequalities in participation

The above analysis shows that people in certain Section 75 groups are subject to inequalities within Northern Ireland society and that increased participation in sport and leisure activities may help to address some of the inequalities. However, the groups most at risk are, in many cases, the ones that are under-represented in terms of participation.

There are two main sources of detailed information on participation in sport and leisure activities. The 2010 Sport and Physical Activity Survey (SAPAS) commissioned by Sport NI provided information on levels of participation in activities at home, work, getting about, and organised sport and recreation and published findings by age, gender and disability. The Continuous Household Survey (CHS) 2011-12 presented respondents with a list of 39 sports activities and asked which, if any, they participated in during the previous 12 months; findings were published by religion, gender, age, marital status, disability and dependants. It should be noted that the two surveys used different definitions of sport with the CHS including lower intensity exercise such as walking.

Key findings

Religion	The CHS showed that there was no difference between levels of participation in sport between people from a Catholic background and those from a Protestant background.
Gender	Both reports showed that men are more likely than women to participate in sport. The figure for Belfast ¹ from the SAPAS report is particularly pronounced with only 25% of women participating compared with 45% of men.
Age	The CHS showed that participation levels peak for the 25-34 age group at 78% and then decrease with age; only 37% of people aged 65+ participate. The SAPAS report showed a similar gap with only 21% of those aged 50+ participating compared with 55% of those aged 16-29. The SAPAS report for Belfast showed very low figures for the 50+ age group at only 17%.
Marital status	The CHS showed that single people are more likely to participate in sport (71%) compared with those who are married or cohabiting (64%). The report noted that differences in marital status proportions were likely to be due to other factors such as age and dependants.
Disability	The CHS showed that people with a limiting long standing illness are less likely to participate in sport (44%) than those without (70%). The SAPAS report for Belfast put the figure for people with disabilities at only 12% compared with 19% for Northern Ireland as a whole.
People with dependants	The CHS showed that people with dependants are more likely to participate in sport (69%) than those without (59%).

The SAPAS report shows that participation in sport in Belfast is below the NI average in many categories with women, disabled people and those aged over 30 being significantly under-represented.

There is also some additional evidence about the participation of people in particular Section 75 groups from more general research reports which includes:

¹ These figures are for the new council area (as defined in 2010).

Racial group	Research commissioned by the UK Sports Council in 2009 ² suggests that inequality and discrimination persist in the provision of and access to sport and physical recreation opportunities by black and ethnic minority communities. These communities are poorly represented at decision making levels and face a range of barriers to sports participation.
Gender	Research by the Women's Sport and Fitness Foundation ³ indicates that there are significant emotional barriers to sporting participation for women, notably low levels of body confidence. In addition there are practical barriers for women in disadvantaged communities which include cost and the time of day at which sports are played.
Sexual orientation	Research commissioned by the UK Sports Councils in 2009 ⁴ concluded that there is no reliable evidence to allow analysis of the extent to which Lesbian Gay and Bisexual (LGB) people undertake different levels of sports participation but that there was anecdotal evidence that non-inclusive attitudes, homophobia and self-censorship exist.
Dependants	The Sport England Active People Survey 2009/10 showed that women aged 25-34 with children at home are half as likely as women the same age without children to take part in sport on a regular basis, the main barrier being lack of child care.

4. Addressing inequalities

The Council already has initiatives in place to address some of the current inequalities, for example through the sports development programme and the Healthwise scheme. However, the Leisure Transformation Programme presents a major opportunity to increase participation in sport and leisure activities by under-represented groups. For this opportunity to be maximised it is essential that the facilities and activities provided are appropriate for these groups, are provided in the right locations and are appropriately marketed.

If the Council confirms its decision to appoint a non-profit distributing organisation (NPDO) to manage sport and leisure facilities, it will be necessary to develop a specification for the management contract. To ensure that current inequalities continue to be addressed, the Council will need to consider the parameters within which the NPDO will have freedom to determine the programming of activities, charges, opening hours etc. In order to maximise the promotion of equality of opportunity the Council could, for example, seek to ensure that:

- the programming and location of classes and activities will take account of the need to encourage participation by under-represented groups;
- charging policies will include concessionary rates for certain groups;
- opening hours and the times of classes and activities will recognise the needs of various groups to participate at different times of day;
- marketing policies will recognise the need to attract people from under-represented groups;
- all information about sport and leisure activities will be made accessible in alternative formats to meet the needs of those with visual and/or hearing impairments, children and

² A systematic review of the literature on Black and Ethnic Minority Communities in Sport and Physical Education, 2009

³ Physical Activity and Mothers, 2005

⁴ A Literature Review of Sexual Orientation in Sport, 2008

young people, people with learning or communication difficulties and people for whom English is not their first language.

It may be sufficient to build into the specification something similar to the above bullet points and require the NPDO to monitor usage and report back at regular intervals. Alternatively the Council may wish to set specific targets for the participation of under-represented groups. In this case, it may be necessary to establish accurate baseline figures in terms of current usage of specific activities by people from under-represented groups, taking into account the population of those areas which will become part of the city boundaries in 2015.

5. Summary

This paper outlines some of the benefits of participation in sport and leisure activities and the groups that could potentially benefit to the greatest degree. It presents evidence on low participation by people from a number of Section 75 groups:

- women;
- older people (in all age bands from 50 years upwards);
- disabled people;
- black and minority ethnic (BME) groups;
- lesbian, gay and bisexual people;
- people with dependent children, particularly lone parents.

The Leisure Transformation Programme presents a major opportunity to increase participation in sport and leisure activities by under-represented groups. For this opportunity to be maximised it is essential that the facilities and activities provided are appropriate for these groups, are provided in the right locations and are appropriately marketed. The Council will need to consider how to set parameters for these elements in the specification for the management contract.