

Dame Meg Hillier MP
Chair of the Public Accounts Committee
House of Commons
Westminster
London
SW1A 0AA

30 June 2023

Dear Ms. Hillier,

In your January 2023 report on 'Grassroots participation in sport and physical activity' you asked Sport England to write to you with details of the barriers for the least active groups, and what action we are taking to address these barriers, to ensure that people have the motivation, confidence and opportunity to participate in physical activity. I am pleased to now share some information here with you.

There is significant detail captured below, but there is more still that we have not included, in order to ensure this letter is practicable for the Committee.

We will continue to analyse the barriers to activity that exist for different groups, to share this insight with our many and varied partners, and to work with those partners to support people across the country to be active in the way that best works for them.

Sport England's latest Active Lives data¹, covering the period November 2021 – November 2022, provides the most recent national statistics demonstrating the variation of activity levels across different demographic groups. The adult groups that are least active are:

- Women
- Older adults
- Lower socio-economic groups and those living in the most deprived places (IMD 1-3)
- Those with a disability or long-term health condition
- Those with an Asian, Black or Other ethnicity

There are three overarching barriers to highlight, before delving into demographic specific barriers. All three underpin all consumer – and in this case, participant – behaviour.

Motivation is the first. The most recent Active Lives data shows that only a minority of adults (31%) strongly agree that they find sport and physical activity enjoyable, yet we know that overall, enjoyment is the biggest driver of how active individuals are².

Capability too. Active Lives data shows that a minority of adults (39%) strongly agree that they have the ability to be physically active; amongst those who are not active, perceived ability is the biggest driver of activity levels³.

Worthy of note, is the effect that coronavirus restrictions appear to have had here. Active Lives data⁴ shows that some people's sense of capability to be active increased slightly

¹ <https://www.sportengland.org/news/adults-activity-levels-england-bounce-back-pre-pandemic-levels>

² Active Lives, Understanding Behaviour report, 2019: <https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/active-lives-adult-thresholds-behaviours.pdf>

³ See footnote 2

⁴ <https://www.sportengland.org/news/impact-coronavirus-activity-levels-revealed>

during the early stages of the Covid-19 pandemic. This might be attributed to the unprecedented mobilisation of national and local messaging encouraging the population to keep moving and active amidst periods of lockdown restrictions, combined with the increased availability and promotion of digital and 'at home' opportunities to be active, through the likes of Sport England's *Join the Movement* campaign⁵.

And thirdly, **Opportunity**. Opportunity is defined rather broadly as both practical considerations (access, time, affordability, equipment) and social and emotional considerations (family support, someone to take part with, places/organisations that would welcome someone like me, and activities that someone like me might do), with Active Lives data showing that only a minority of adults (33.3%) strongly agree that they have the opportunity to be physically active.

All three of these universal barriers must be addressed to enable more people to be active, but it must be noted that the barriers to getting active and taking part in different forms of sport and physical activity are complex, multi-faceted and personal. Barriers to activity are often driven by specific social, cultural and economic factors.

Beyond these overarching barriers, there are a range of different barriers that affect the activity levels of each of the least active demographic groups. I have sought to detail some of these below, but more information can also be found on Sport England's website⁶.

Women

Women are less likely than men to strongly agree that they have the opportunity and capability to be physically active, and to strongly agree that they find sport and physical activity enjoyable⁷. We know that different life stages across puberty, adulthood, pregnancy, the menopause and later life can present women with specific challenges to being active.

Equally, there can be practical barriers to being active such as being time-limited or financially restricted, and emotional barriers can manifest as a fear of judgement: a major obstacle preventing many women from being active, and one of the barriers⁸ that *This Girl Can* set out to break down when we launched the campaign back in 2015.

We also know that women are one of the demographic groups who were disproportionately impacted by the Covid-19 pandemic, and physical activity behaviours may be further impacted⁹ through barriers such as unequal financial challenges, a greater burden of care and heightened worry or anxiety.

Older adults

While life expectancy has increased over the last 20 years, people are spending more time in poorer health with deep-rooted participation and health inequalities.

⁵ <https://www.sportengland.org/jointhemovement>

⁶ <https://www.sportengland.org/research-and-data/research#demographics-17948>

⁷ See footnote 2

⁸ <https://www.thisgirlcan.co.uk/partner-downloads/insight-behind-campaign>

⁹ <https://www.sportengland.org/know-your-audience/demographic-knowledge/coronavirus?section=research>

As you get older, you're far more likely to become inactive. Older adults are much less likely than younger people to agree that they have the ability to be physically active¹⁰, and our Active Ageing research¹¹ previously identified a number of barriers that impact older adults' capability, opportunities and motivation to be active.

Some older people feel they are too old or unfit to be physically active and don't feel being active helps them look after their health. Others aren't interested in being active and potentially never have been. Some older people feel they're active but are not doing enough to reach the 30-minute threshold of activity per day. The barrier here is a 'perception gap' between their behaviour and how active they think they are. Changing their behaviour involves addressing a mindset that doesn't see a need for change – inevitably more difficult.

Some older people are interested in being more active, but can't get a habit to stick. The challenge here – in bridging a gap between action and intention – isn't new, and we know that they can face a number of emotional and practical barriers as a result. Namely, lacking confidence, being unsure of what to do, worrying about their ability and feeling out of place.

It is important to note that while there is a connection between older age and having a disability or long-term health condition, this does not alone account for declining activity levels as you get older. Critically though, there is strong evidence of the contribution sport and physical activity can make to healthy aging and to offset the symptoms of many health conditions.

Lower socio-economic groups

Those from lower socio-economic groups (NS-SEC 6-8) are less likely to be active. Just 53% of adults are active compared to 73% of higher socio-economic groups (NS-SEC 1-2)¹².

The gap between higher socio-economic groups' and lower socio-economic groups' activity is a longstanding and deep-rooted issue. It is grounded in complex, interdependent issues operating at every level of the socio-ecological system shaping a person's attitudes, behaviours and experience of sport and physical activity.

Closing the activity gap between people from higher and lower socio-economic groups requires significant, long-term and highly targeted investment. Those from lower socio-economic groups are less likely than those from higher socio-economic groups to strongly agree that they have the capability and opportunity to be physically active, to enjoy taking part, or to feel it's important to do sport regularly¹³.

There are too many barriers to detail in full here, but they include unconscious bias against those from lower socio-economic groups within applications for funding, social norms and a fixed sense of identity, varied family structures and challenges around financial costs, limited time or mental availability, beyond simple affordability.

¹⁰ See footnote 2

¹¹ <https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/active-ageing-prospectus.pdf>

¹² See footnote 1

¹³ See footnote 2

There are significant inequalities in how places are designed and maintained too, and how safe people feel in the spaces around them. Local provision of sport and leisure facilities can generally be poor, and access to outside space is inequitable, with deprived areas having less green space than more affluent areas.

Adults with a disability or long-term health condition

Over 9 million adults in England live with one or more long-term, limiting health condition or disability, and while pre-Covid the activity levels of adults with a disability or long-term health condition had been steadily increasing, their activity levels were negatively and disproportionately affected by the pandemic.

The most recent Active Lives data¹⁴ showed a person with a limiting disability or long-term health condition (41%) remains nearly twice as likely to be 'inactive' compared to somebody without a limiting disability or long-term health condition (21%), and we know that physical activity levels drop even further amongst people experiencing multiple impairments.

People with long-term health conditions experience both internal and external barriers to being physically active. There can be practical and logistical barriers which make it more difficult for them to be physically active – such as a lack of suitable and/or accessible facilities, or increased cost – but people with long-term health conditions or disabilities are more likely to experience internal barriers which manifest around their condition itself.

Those most prevalent for people with long-term health conditions include physical symptoms such as pain, tiredness, and breathlessness, through to a lack of knowledge about the activities which might be suitable for them and a fear of them hurting themselves.

Many people with health conditions who are inactive may feel that that their health is so poor that being physically active is no longer possible for them. Those who are active, however, are able to identify the benefits of being active – preventing their condition getting worse and improving mobility are both frequently cited¹⁵ as significant benefits.

Adults with long-term health conditions also face specific barriers to engaging in regular strengthening activities – the importance of which are highlighted in the Chief Medical Officers' Physical Activity Guidelines¹⁶, as they help to maintain strength and make movement easier. Limited awareness and understanding of strengthening activity is a challenge, as is the perception that their condition inhibits activity or would deteriorate as a result of strengthening activities.

Similarly, the barriers disabled people face to engaging with sporting activity are complex and extend beyond basic motivational factors. Whilst a person's disability and health are a commonly cited barrier to participation in physical activity, barriers to participation might broadly be categorised into three groups: logistical, physical, and psychological; with psychological barriers typically the strongest.

Psychological barriers include personal perceptions such as lack of confidence and self-belief preventing disabled people from considering or trying sport or physical activity (often

¹⁴ See footnote 1

¹⁵ <https://weareundefeatable.co.uk/data/website-media2/downloads/WAU-Campaign-Insight-Pack.pdf>

¹⁶ <https://www.gov.uk/government/collections/physical-activity-guidelines>

linked to bad previous experiences), or a lack of awareness of the opportunities that exist. But they can also be grounded in the attitudes of others, where there might be a lack of awareness of the modifications needed to allow disabled people to participate.

Often if disabled people overcome the psychological barriers, physical barriers such as a lack of suitable facilities or equipment can prevent them from participating. Sometimes adaptations have not been made, meaning facilities are inaccessible or that service provision might not meet the community's needs. Equally, equipment may not be provided due to high cost and low demand – relative to other services – and can be expensive for individuals to buy their own equipment.

In some instances, where provisions and adaptations have been made, logistical barriers remain. Whether geographic challenges with national or regional services, but limited local opportunities, the financial expense or support of others that might be required to take part, or the suitability of provision, the additional barriers can be numerous.

Those with an Asian, Black or Other ethnicity

Active Lives data shows us that there have been, and still are, persistent inequalities in activity levels amongst adults from certain ethnic communities, with these inequalities most pronounced in people from Asian (excluding Chinese), Black, and 'Other' ethnic groups or backgrounds.

In 2020 Sport England and the other Home Nation Sports Councils commissioned a Tackling Racism and Racial Inequalities in Sport (TRARIIS) Review¹⁷. This found that people from culturally diverse backgrounds have consistent and persistent negative experiences of sport – from microaggressions to overt racism – leading to a lack of trust in the sector, with a lack of access to culturally appropriate sport and physical activity recreation opportunities amplifying this barrier.

Additional, and potentially more subtle, barriers can also relate to differences in perceptions about the benefits of physical activity, what counts as physical activity, cultural beliefs, language barriers, stigma and judgement from others in their community about participation, communication gaps with healthcare professionals, and deeper sociocultural processes of exclusion and discrimination – for example, a lack of culturally sensitive service provision.

Beyond these individual demographic groups, and the specific barriers each can face, it is important to note the competing barriers that intersectionality can present too.

Sport England's action to address these barriers

As stated above, the barriers to getting active and taking part in different forms of sport and physical activity are complex, multi-faceted and personal. The appropriate action to address inequalities in activity are therefore equally multifaceted, with action varying from one demographic group to another, and from person to person.

¹⁷ https://www.sportengland.org/funds-and-campaigns/equality-and-diversity?section=race_in_sport_review

As Sport England, our *Uniting the Movement* strategy¹⁸ takes a long-term approach to many of the challenges set out in the NAO's July 2022 report, including reducing inactivity and tackling the inequalities that prevent people living more active lives.

We acknowledge that deep-rooted inequalities have continued. That's why we are holding such a focus within *Uniting the Movement* on tackling these inequalities, and we've been clear that we're committed to targeting our funding and resources to the communities that need them most. While achieving behaviour change at a national level takes time, we are committed to working closely with government to deliver our collective ambition.

Since 2012 we have made over 32,000 awards and invested over £3.3 billion of Exchequer and National Lottery funding into grassroots sport and physical activity, and in recent years we have taken a distributive funding approach, helping us to ensure funding is targeted to the areas of greatest need. The best example of this is our Together Fund, through which we have so far distributed £33.8m funding via our national network of 89 partners to tackle inequalities in the local communities most impacted by the Covid-19 pandemic. This has resulted in over 8,000 awards being made to grassroots sports clubs and organisations across the country.

Separate to this, our focus over the past two years has been on supporting projects based on areas of deprivation based on IMD data, rather than at local authority level, reflecting the fact that even the most affluent LAs in England have pockets of high deprivation.

Following the success of our Local Delivery Pilot (LDP) programme over the past five years, we will soon expand our place-based investment further. We have invested more than £100 million into the 12 LDPs since 2017 as we tested a range of interventions in different localities around the country. We're now in a strong position to take forward the learnings from this programme, and apply them at scale to empower more local leaders to support their communities to be active.

Our behaviour change campaigns continue to positively impact our target audiences too – both the multi-award winning *This Girl Can*¹⁹ supporting women and girls, and *We Are Undefeatable*²⁰ supporting people with a long-term health condition, to be active. Equally, the community activations that we deliver around these campaigns continue to connect and resonate with inactive demographic groups, providing inclusive and accessible opportunities to get active in the way that best works for them.

Last year we announced more than 120 long-term partnerships²¹ with expert partners who are well placed to help tackle entrenched activity inequalities and influence positive change in sport. Each partner was assessed against their ability to deliver on our strategy to tackle inequalities and support everyone to access the benefits that being active brings.

We want to make sport and physical activity a normal part of life for everyone in England, regardless of who you are, but we know we can't achieve this alone. That's why we're building a movement of partners that share our goal to level up access to sport and activity.

¹⁸ <https://www.sportengland.org/about-us/uniting-movement>

¹⁹ <https://www.thisgirlcan.co.uk/>

²⁰ <https://weareundefeatable.co.uk/>

²¹ <https://www.sportengland.org/funds-and-campaigns/long-term-partnerships>

Achieving this is also dependent upon cross-government engagement though. Behaviour change is complex, and reducing deeply entrenched inequalities will take some time, but the sport and physical activity sector's interventions must be knitted together with interventions across health and social care, education, transport, the natural environment and the places and spaces where we live, work and play. There is a real opportunity for the Government to commit to this in their forthcoming sport strategy.

We will continue to work closely with Government, and with you and parliamentary colleagues across both Houses to help more people to take advantage of the benefits that being active brings for their community, health and wellbeing.

I hope the above information is helpful, but if you or the Committee would like to discuss this any further with Sport England, please do contact my colleague Ben Jessup in our External Affairs team on ben.jessup@sportengland.org.

Yours sincerely,



Tim Hollingsworth, Chief Executive