



How to Engage Inactive Communities in Physical Activity: Top Tips from the BHFNC 8th Annual Conference



BHF National Centre
physical activity+health

 **Loughborough
University**

Contents

About this Booklet.....	4
Introduction	5
A. How to recruit inactive communities in physical activity.....	7
B. How to retain inactive communities in physical activity.....	8
C. The support/training needed to move forward	8
Section 2: How to engage people with disabilities in physical activity ...	11
Workshop presentations:.....	12
CASE STUDY 1: 'Fit 4U'	13
CASE STUDY 2: 'The Inclusive Fitness Initiative'	14
Top Tips: How to engage people with disabilities in physical activity	15
A How to recruit people with disabilities in physical activity.....	15
B. How to retain people with disabilities in physical activity	16
C. The support and training needed to move forward	16
Further Information	18
Section 3: How to engage girls and women in physical activity	20
Workshop Presentations.....	21
CASE STUDY 1: 'Get Girls Active/Girls Allowed'	22
CASE STUDY 2: 'Targeted Physical Activity Programme for Adolescent Girls Across Scotland'	23
Top Tips: How to engage girls and women in physical activity	24
A. How to recruit girls and women in physical activity	24
B. How to retain girls and women in physical activity	25
C. The support/training needed to move forward.....	26
Further information	27
Section 4: How to engage older adults in physical activity	28
Workshop presentations	29
CASE STUDY 1: 'Moving More Often'	30
CASE STUDY 2: 'Forever Active'	31
Top Tips: How to engage older people in physical activity, top tips from workshop participants	32
A. How to recruit older people in physical activity.....	32
B. How to retain older people in physical activity	32
C. The support/training needed to move forward.....	33
Further Information.....	35
Section 5: How to engage people with mental ill health in physical activity	36
Workshop presentations	37
CASE STUDY 1: 'Coping through Football'	38
CASE STUDY 2: 'Community based physical activity groups for mental health'	40
Top Tips: How to engage people with mental ill health in physical activity	42
A. How to recruit people with mental ill health in physical activity	42
B. How to retain people with mental ill health in physical activity	42
C. The support/training needed to move forward	43
Further information	45
Section 6: How to engage BME communities in physical activity	46

Workshop presentations	47
CASE STUDY 1: ‘Sitara’	48
CASE STUDY 2: Ageing Actively In Minority Communities (AIM)	50
Top Tips: How to engage BME communities in physical activity	51
A. How to recruit BME communities in physical activity	51
B. How to retain BME communities in physical activity	52
C. The support/training needed to move forward.....	52
Further Information	54
Section 7: How to engage socially deprived communities in physical activity	55
Workshop presentations	56
CASE STUDY 1: ‘Street Games’	57
CASE STUDY 2: ‘YMCA Activate England’	58
Top tips: How to engage socially deprived communities in physical activity	59
Further Information	60
BHFNC Information Sharing Booklet	62

Detailed in this booklet are health and well being initiatives, projects and training courses developed and or managed by all manner of organisations, companies, firms and individuals (Participating Parties), in relation to which the British Heart Foundation (BHF) and the BHF National Centre for Physical Activity and Health (BHFNC) have not had any input and do not exercise any control. Accordingly, BHF and BHFNC confirm for the avoidance of any doubt that they do not accept any legal liability relating to or arising from any initiatives, projects and/or training courses, that they are not recommending any such initiatives, projects or training courses and that they are not endorsing any products or services offered by any of the Participating Parties.

About this Booklet

This booklet provides practical 'tips' for engaging inactive communities in physical activity. The ideas presented here were put forward by delegates and the workshop facilitators during the workshop discussions at the BHFNC annual conference 2008. The booklet includes both generic tips, relevant to practitioners working across a broad range of communities and/or groups, and specific tips for engaging key target groups, for example people with disabilities, girls and young women, older adults, people with mental ill-health, black and minority ethnic communities and socially deprived communities.

We hope that these tips will be valuable to physical activity and health professionals when designing, implementing, and evaluating physical activity programmes for specific population sub-groups.

This booklet includes:

- An overview of the keynote presentations;
- A brief summary of each workshop, including the introductory presentation and two case study presentations;
- A summary of the tips and ideas generated during workshop discussions; and
- Resources and websites of relevance to professionals seeking further information on physical activity and specific population groups.

The booklet is based on experiences of a limited number of professionals' working with inactive communities and should be used in this context. The tips within this booklet are not based on a systematic review of evidence and/or policy.

Introduction

What are health inequalities?

Margaret Whitehead's keynote presentation highlighted that health inequalities are caused by an unequal distribution of power, income, goods and services, globally and nationally. The consequent unfairness is the immediate, visible circumstances of people's lives – their access to health care, schools, and education; their conditions of work and leisure; their homes, communities, towns, or cities; and their chances of leading a flourishing life. Poor and unequal living conditions are the consequence of poor social policies and programmes, unfair social arrangements and bad politics.

Health inequalities nationally

In 2007, the Department of Health set a national target to:

'reduce the inequalities in health outcomes by 10% as measured by infant mortality and life expectancy at birth'

The priority the Government has given to tackling health inequalities is rooted in the fact that health and life expectancy are linked to social circumstance in adulthood and childhood and, despite overall improvement, the health gap between the top and bottom ends of the social scale remains. For many people, these inequalities mean poorer health, reduced quality of life and avoidable early death' (DH, (2007).

Despite the Government's commitment to tackling health inequalities, the health profiles for England (2009) demonstrate the prevalence of health inequalities still prevail. For example a comparison of the health profiles for men living in Bradford and Kensington and Chelsea reveal that men living in Bradford have a life expectancy of 75.9 years at birth, compared to 83.7 years for men living in Kensington and Chelsea.

The relevance of health inequalities to the BHFNC 8th Annual Conference

The evidence that physical activity can help to prevent or reduce the risk of chronic disease is well established (CMO, 2004). However, evidence shows that those people who experience the worst health in society are also likely to be the least active. Using the latest physical activity prevalence data, the least active groups/communities were identified and these groups set the focus for the workshops. Six inactive communities were identified, namely older adults, girls and women, BME communities, people with disabilities, socially deprived communities and people with mental ill health. The BHFNC annual conference aimed to consider how to address these inequalities in physical activity participation and to provide practical examples, solutions and guidance on how to engage inactive communities in physical activity.

Section 1: How to engage inactive communities in physical activity

Three key issues (A-C) were discussed by delegates during the conference workshops. The common themes which emerged during these discussions were recorded and summarised during the final plenary session to form the ‘top tips’ below. These tips are generic and of relevance to practitioners working with a range of population sub-groups. For more tailored and specific ‘tips’, please see the appropriate section within this booklet.

A. How to recruit inactive communities in physical activity

1. Involve the target audience in decisions surrounding the design and delivery of the physical activity intervention. For example, consider which activities the target audience would like to engage in, the barriers to participation and how will the intervention address these.
2. Work with existing networks that are in regular contact with the target audience and draw on their experience to engage the target audience.
3. Develop and use volunteer leaders/ peer leaders to encourage participants to be more physically active and support them with this lifestyle change.
4. **Marketing:**
 - a. Use a range of appropriate strategies to raise awareness about specific projects and initiatives in the community. For example, in today’s technology driven world the temptation might be to rely solely on the internet to engage the target audience, however it should be acknowledged that not everyone has access to a computer and not everyone is computer literate.
 - b. Tailor marketing messages and approaches to specific sub-groups within the target audience.
 - c. Use innovative approaches to engage the target audience.
 - d. Do some market research – find out about the target audience’s interests and motives and use these to promote physical activity programmes.

- e. Use appropriate, clear language and terminology.
5. Use taster sessions to encourage the target audience to participate in the programme and as a way to generate interest.
 6. Where possible, utilise and capitalise on other relevant events, for example, health awareness weeks and community fun days.
 7. Target and engage whole families, for example, consider sessions that allow grandparents to participate alongside their grandchildren etc. This could alleviate some of the barriers associated with childcare and helps to ensure family support.

B. How to retain inactive communities in physical activity

1. Empower: Involve participants in decisions about the evolution of the project. It is important to ensure that community engagement in decision making is ongoing and that consultation is not just a 'one-off' or tokenistic, participants should feel they have some control over the future direction of the project.
2. Be flexible – if your intervention is not working then be prepared to change it.
3. Use familiar and local settings such as church halls, care homes, schools and bingo halls.
4. Make the physical activity sessions social; either with a friendly cup of tea after each session or with organised social events and day trips.

C. The support/training needed to move forward

This section includes relevant information to support practitioners in their work; it is based on the most important needs identified at the conference.

1. **Opportunities to network and share ideas/experiences with other professionals:**

For information on how to join your regional physical activity network, contact the physical activity coordinator for your region. The BHFNC can help you to identify who this is, simply email us at bhfncl@lboro.ac.uk

The BHFNC disseminated an information sharing booklet for the conference which offered professionals the opportunity to share practice. This can be downloaded from www.bhfactive.org.uk . A further booklet is planned for the 2009 conference.

2. Relevant conferences and events:

Use regional physical activity network websites to identify relevant conferences and events in your area. The BHFNC produce a monthly physical activity update including details and links to regional and national conferences and events. To sign-up, email bhfnc@lboro.ac.uk . It may also be worthwhile signing-up to other physical activity and health related e-newsletters such as the National Heart Forum e-bulletin, or subscribing to relevant publications such as Sportex Health.

3. Training in ethnicity and diversity:

For more information about specific training on this issue, please see relevant section within the booklet.

4. Assistance with programme evaluation:

A number of publications have been produced to assist health improvement and public health specialist in evaluating health promotion interventions.

The Medical Research Council (MRC) has published guidance for developing, evaluating and implementing complex interventions to improve health. This guidance is intended to help:

- researchers to choose appropriate methods,
- research funders to understand the constraints on evaluation design,
- users of evaluation to weigh up the available evidence in the light of these methodological and practical constraints.

The Canadian Health Communication Unit have produced a guide to evaluating health promotion programmes, this uses a logical ten-step model to provide an overview of key components and methods to assist health promotion practitioners in the development and implementation of programme evaluation.

In 2002, the US Centre for Disease Control published a physical activity evaluation handbook, this handbook provides tools to aid organisations in evaluating physical activity programmes. The handbook aims to help users evaluate programme outcomes and demonstrate how evaluation information can be used to continuously improve physical activity promotion programmes.

Finally, the BHFNC offers the following tips for improving programme evaluation:

- a.** Develop a clear list of evaluation questions, in consultation with stakeholders; for example, what do you want to learn from the programme evaluation?
- b.** Plan your evaluation at the same time you plan and design your programme – both processes will benefit.
- c.** Make sure that the data you collect will actually help answer your evaluation questions and enable you to assess whether you have met the programme aims and objectives.
- d.** Set realistic timeframes to measure the impact of your programme.
- e.** Communicate your evaluation findings to help inform the development of your programme and others.

Section 2: How to engage people with disabilities in physical activity



Workshop presentations: How to engage people with disabilities in physical activity

Workshop Facilitator: Ken Black, Advisor, Inclusive Physical Activity and Sport.

2.1. Introduction

Mr Black opened the workshop by providing an overview of physical activity participation statistics for people with disabilities. The DCMS (2005/2006) *'Taking Part Survey'* showed that participation in at least one active sport in the previous 4 weeks for people with a 'limiting disability' was 31.3% compared to 51.9% of the population as a whole. Sport England (2005/06) *'Active People Survey'* paints a similar picture showing that only 8.8% of people with a limiting longstanding illness or disability participate in 30 minutes of sport or physical activity at on at least 3 occasions per week.

The introductory session also included good practice examples, one of these being the European-wide Thematic Network for Adapted Physical Activity II (THENAPA) project, which focuses on adapted physical activity for older people.

Ken Black's slides can be downloaded [here](#)

More information about the THENAPA 2 project can be found at: www.thenapa2.org

2.2. Case Studies

Two examples of projects working to engage people with disabilities in physical activity were presented during this workshop. These case studies outlined how their initiatives aimed to recruit and retain the target group in physical activity, and provided a brief overview of project's outcomes.

CASE STUDY 1: 'Fit 4U'

Rhonda Richardson, Southern Health and Social Care Trust, N. Ireland

The Fit 4u Project identified service user involvement, partnership working, and the provision of a range of activities and settings as the key components to successfully engaging people with physical and sensory disabilities in physical activity. Co-ordinated by Southern Health Social Care Trust, and Armagh and Dungannon Health Action Zone, the project worked with a range of health, government and community organisations to identify and engage people with physical and sensory disabilities in a range of new physical activity and leisure opportunities and to address wider lifestyle issues.

Through the use of surveys and focus groups and following a programme of taster activities, service users from three community resource centres identified activities they enjoyed. A range of accessible and inclusive activities which catered for all physical and sensory disabilities were then organised, such as Boccia, Boxercise, Archery, Tai Chi, Climbing, Cycling, Walking and Golf. The opportunity to participate in a diverse range of activities across a range of settings successfully increased physical activity levels among people with physical and sensory disabilities. As a result of Fit 4u, project users of Southern Health Social Care Trust disability services now take part in physical activity sessions at least once a week.

CASE STUDY 2: 'The Inclusive Fitness Initiative'

Emma Peachy, Project Manager

The Inclusive Fitness Initiative (IFI) is a nationwide initiative that supports the fitness industry to become more inclusive, catering for the needs of people with disabilities with the aim of raising their physical activity participation levels.

The Inclusive Fitness Model uses a proactive holistic approach built around developments in four key areas:

- Creation of accessible facilities to meet current DDA legislation through the Installation of inclusive fitness equipment,
- A coordinated programme of research and development;
- Training of staff throughout the IFI facility ensuring that disabled people receive a safe, effective experience and;
- Implementation of inclusive marketing strategies to ensure that disabled people are aware of the opportunities available and that the industry promotes a more inclusive and accessible image.

The case study presentations can be downloaded here by clicking on the project title **Fit 4u** or **Inclusive Fitness Initiative**

2.3. Top Tips: how to engage people with disabilities in physical activity

These tips are based on the key points highlighted during the case study presentations, the workshop discussions and include additional tips from the workshop facilitator.

A. How to recruit people with disabilities in physical activity

Use positive images of people with disabilities in marketing materials and campaigns. If possible, use disabled 'physical activity ambassadors' such as Paralympics medallists or competitors from the local area.

Target advertising, for example post details of the intervention on websites the client group uses; display posters and circulate leaflets among local disability organisations, physiotherapy or psychiatric departments and carers; display posters and leaflets in disabled toilets.

- 1.** Raise awareness of the importance of physical activity for people with disabilities among health professionals. Create and disseminate fact sheets and make evidence-based presentations at relevant local professional events etc.
- 2.** Avoid stereotypes and assumptions when marketing and planning an intervention – the majority of people with a disability are not wheelchair users.
- 3.** Engage people with disabilities in physical activity through appropriate referral schemes and where possible, integrate in mainstream programmes.
- 4.** Educate both professionals working with the client group and the client group about the availability of local physical activity opportunities for people with disabilities, for example integrated activity sessions, local clubs, competitions etc.
- 5.** Involve families and carers in the recruitment process and gain their support from the outset.

B. How to retain people with disabilities in physical activity

1. Facilities need to be accessible, in terms of both location and design.
2. Instructors and coaches should be able to adapt physical activity sessions and equipment when necessary and should be knowledgeable about safety issues and exercise contraindications associated with specific disabilities. Front line staff at the facility should be welcoming to people with disabilities and able to offer appropriate support where necessary.
3. Consider using disabled coaches and instructors as they offer inspiration and motivation for the disabled participants.
4. If possible, offer support with transport and access.
5. Involve parents, family and carers and gain their support.
6. Ensure appropriate resources are available to overcome barriers, for example, ensure availability of appropriate equipment i.e. benches/ provision of trek poles during walking sessions.
7. Develop a relationship with the participants; for example, give them a follow-up phone call if they miss a few sessions.

C. The support and training needed to move forward

1. Sharing of information and practice between practitioners working in the field of sport, physical activity and disability.
2. Support from policy makers and senior management.
3. Disability awareness training for front-line staff and more specific training for coaches/instructors.
4. Specialised coaching qualifications.

The Youth Sport Trust offer 'Top Sportsability' courses, aimed at Primary teachers, Secondary teachers and AOTTs working with children and young people with disabilities. This one day practical course aims to enable teachers and AOTT's to include disability sports such as boccia, polybat and table cricket into their curriculum and extra curricular activities.

CP Sport England and Wales offer Boccia education courses, including:

- Boccia leaders award
- Boccia teachers award
- Boccia young official's award.

5. Perhaps offer training for GPs to increase awareness and knowledge about which schemes are suitable to prescribe through GP referral.

2.4. Further Information

The following websites and resources provide useful and comprehensive information for practitioners looking for additional information on inclusive physical activity and sport:

Rights of disabled people

Disability Rights Commission: <http://www.drc-gb.org/>

British Council of Disabled People: <http://www.bcodp.org.uk/>

Government services (disabled people):

<http://www.direct.gov.uk/DisabledPeople/fs/en>

Education & educational resources

Qualification & Curriculum Authority (Special Educational Needs)

<http://www.qca.org.uk/8649.html>

London 2012 – Get Set educational resource website

<http://getset.london2012.com/en/home>

Ability vs Ability cross-curricular disability sport resource

<http://www.abilityvsability.co.uk/>

Media

BBC Sport (Disability Sport):

http://news.bbc.co.uk/sport1/hi/other_sports/disability_sport/

Youth disability issues website: www.bbc.co.uk/ouch/

Sport

Youth Sport Trust (YST): <http://www.youthsporttrust.org/>

YST inclusion site: www.inclusion.youthsporttrust.org

Disability sport (UK)

British Paralympics: <http://www.paralympics.org.uk/>

English Federation of Disability Sport : <http://www.efds.net/>

Mencap Sport: <http://www.mencap.org.uk/>

Special Olympics GB: <http://www.specialolympicsgb.org/>

Cerebral Palsy Sport: <http://www.cpsport.org/>

British Blind Sport: <http://www.britishblindsport.org.uk/>

British Deaf Sport: <http://www.britishdeafsportsCouncil.org.uk/>

British Wheelchair Sport: <http://www.wheelpower.org.uk/>

Disability sport (International)

International Paralympics Committee: <http://www.paralympic.org>

European Paralympic Committee: <http://www.europaralympic.org/>

Special Olympics international: <http://www.specialolympics.org/>

International Federation for People with Intellectual Disability
<http://www.inas-fid.org/>

International Deaflympics: <http://www.deaflympics.com/>

International Blind Sports Association: <http://www.ibsa.es/>

Cerebral Palsy – International Sport & Recreation Association
<http://www.cpisra.org/>

Far East & South Pacific Games for the Disabled (Para Games)
<http://www.fespig.org>

Research

Peter Harrison Centre for Disability Sport: <http://www.peterharrisoncentre.org.uk>

Section 3: How to engage girls and women in physical activity



Workshop Presentations: How to engage girls and women in physical activity

Workshop Facilitators: Dr Lorraine Cale and Dr Jo Harris, Loughborough University

3.1. Introduction

There is a sharp decline in physical activity participation among girls after 10 years of age and there are numerous reasons for this decline. These barriers have been identified as:

- Social pressure to conform to the feminine 'ideal',
- Negative experience of the school environment (e.g. P.E. kits and showers),
- Being forced to compete with others, and
- Fear of sexual or racial harassment.

Harris and Cale highlighted that there are also a number of factors which can encourage physical activity participation in girls and young women, these include:

- Social & family influences (e.g. active siblings, supportive parents)
- Enjoyment and social opportunities (e.g. opportunities to extend friendship networks), and
- Intrinsic and extrinsic rewards (e.g. means to a socially desirable body type).

Dr Harris' and Dr Cale's slides can be downloaded [here](#)

3.2. Case Studies

Two examples of projects working to engage girls in physical activity were presented during this workshop. These practical case studies outlined how their initiatives aimed to recruit and retain young girls in physical activity and provided a brief summary of the project's outcome.

CASE STUDY 1: 'Get Girls Active/Girls Allowed'

Daniel Keefe and Lindsay Boardman, Pensby School Sport Partnership (SSP)

The Pensby SSP participation data revealed a significant drop-off in physical activity participation rates at Key Stage 4, particularly among girls. The SSP had the opportunity to send four teenage girls to a Norwich Union Girls Active road show hosted by Dame Kelly Holmes. The girls took part in a number of alternative activities, such as boxercise, street dance and were challenged to look at the barriers to taking part in PE and sport. The girls then developed an action plan with their suggestions for change.

After the 'Girls Active' event the girls set up their own steering group, with the support of their head teacher. They sent out questionnaires to uncover what changes other girls would like to see in school PE and sport, such as changes to the kit, activities offered and changing rooms. As a consequence of this survey there are now plans to change the PE kit and the school has started to offer curriculum taster sessions in activities such as street dance. The SSP mirrored the GirlsActive event on a local scale and now all schools within the partnership have their own Girls Active action plan in place.

The SSP also took the scheme a step further in an attempt to engage women in physical activity as they recognised that young people are likely to adopt the habits of their parents. They staged a women and girls lifestyle event in the local community and offered taster sessions in activities such as pilates and bums & tums.

CASE STUDY 2: 'Targeted Physical Activity Programme for Adolescent Girls Across Scotland'

Elinor Dickie, Health Improvement Programme Officer and
Jo Surcouf, Girls on the Move Development Worker, Youth Scotland

In Scotland, there are currently three projects running to tackle the high drop-off rates in physical activity levels amongst girls and women: Fit for Girls, Free to Dance, and Girls on the Move. Together these projects provide comprehensive and multi-sectoral interventions cutting across the formal PE curriculum, extra-curricular activities and the wider community.

All secondary schools in Scotland have been involved in '**Fit for Girls**' which aims to make a significant impact on girls' physical activity levels as well as their perception of physical activity and sport. It is a tailored training and support programme delivered to secondary schools to address girls' participation in physical activity.

The '**Free to Dance**' pilot project aims to provide a range of dance provision for teenage girls. The project has been piloted in an urban, rural and Island setting and the activities have been tailored to meet specific needs of each area. The programme offers taster sessions in-school time to encourage girls to try out new activities.

'**Girls on the Move**' is a two pronged programme focusing on leadership and participation. Funding and support is provided to community projects and training opportunities for young women. Participation grants are available to projects which provide opportunities for young women to participate in physical activity, and the leadership programme offers training and encourages young women to gain the skills and experience needed to lead activities within their own communities.

The case study presentations can be downloaded here by clicking on the project title: [Get Girls Active/Girls Allowed](#)

[Targeted Physical Activity Programme for Adolescent Girls Across Scotland'](#)

3.3. Top Tips: How to engage girls and women in physical activity

These tips are based on the key points highlighted during the case study presentations and the workshop discussions and include additional tips from the workshop facilitators.

A. How to recruit girls and women in physical activity

1. Use social networking sites such as MySpace, Facebook and twitter to advertise, as girls can be easily reached through these channels.
2. Capitalise on the excitement and awareness generated by specific promotions, challenges or events such as the Race for Life or Moon Walks.
3. Offer and publicise a wide variety of activities that include both competitive and non-competitive activities, along with both team and individual based activities.
4. Use local facilities that girls/women are familiar with and can access easily. These facilities should be clean, bright, comfortable and welcoming. If possible, consider installing mirrors, hair dryers and fitting shower curtains for privacy.
5. Ensure activities are offered in locations or facilities that are safe and appropriate for women and girls. Activities scheduled for earlier rather than later in the evening might be more suitable for women and girls or consider having a member of staff available to meet and say farewell to participants, so that entry to and from the venue feels safer.
6. Within schools, monitor and review departmental policies on kit and showering to ensure that they are not off-putting to girls, negotiate with pupils on how to make these more appealing/attractive.
7. Consider introducing new, different and more novel activities which are likely to be more appealing to girls and women, for example self-defence, pilates, indoor rowing, street dance.
8. Allow girls and women to attend sessions with friends. Perhaps introduce mums and daughters or staff and student after school clubs and activities. These should be non-competitive for example, aerobics, fitness sessions,

recreational swimming and non-contact competitive activities for example, badminton, table tennis, and swimming.

9. To make participation in physical activity sessions easier for girls of school-age, link the sessions to school times, for example before and after school. Consider transport issues for out-of-school-hours activities for example, late buses or 'walking buses' for those girls who remain at school for sports clubs.

B. How to retain girls and women in physical activity

1. Be flexible: if it's not working be prepared to change certain elements of the physical activity programme if necessary. The activities that girls find enjoyable may change over time, as will the kit they feel comfortable wearing and the changing facilities they require. Consider relaxing the policy on clothing and enable girls to participate in clothing that they feel comfortable in.
2. Introduce a participation card scheme where girls and women collect signatures each time they participate in an activity. Try to obtain suitable prizes from local businesses, sports/fitness clubs, leisure centres or community organisations, for example free sessions for the local swimming pool or a sports equipment or clothing voucher. Prizes could be given for the most cards completed the best newcomer or for introducing new members to the scheme.
3. Encourage peer support and use physical activity ambassadors. Along the lines of Sport England's Sporting Champions initiative, introduce a 'sporting ambassadors' scheme inviting local female sporting personalities or past and current students into school to serve as role models, speak in special assemblies, at celebration evenings, prize presentations or as guest coaches at special events. Ambassadors might include sports performers such as champions and medal winners, as well as individuals who have made a success of a career in sport such as physical education teachers, coaches, administrators or sports science graduates.
4. Introduce Sports Leadership Awards and National Governing Body (NGB) courses to enable older girls to become leaders and officials. Encourage these students to assist with out-of-school-hours activities and other events. This can be helpful for participants and for staff.

5. Staff and coaches should be motivated and enthusiastic, emphasising the 'fun' element of physical activity.
6. Provide child care support when offering physical activity sessions for women with children. For example, investigate options for the provision of childcare or help with childcare costs. Alternatively, provide classes for toddlers and children, either with or separate from their parents, so that the adults can bring their children along when they go to exercise. For example, parents and baby aerobic classes could incorporate exercises like lunges with pushchairs, encouraging participants to see how they can incorporate physical activity into their daily lives.

C. The support/training needed to move forward

1. Leadership skill development for client group – for different ages/cultures.

Girls on the Move Leadership courses provide opportunities for young women to gain leadership skills. These leadership courses range from 1 day introductions to 5 day residential courses and take place across Scotland. Courses are open to young women aged 16-24 years who have an enthusiasm for physical activity and are interested in becoming a leader within their own community, youth group or school.

3.4. Further information

NICE have recently produced a review 'Promoting physical activity for children and young people: interventions for adolescent girls'. This is available at:

www.nice.org.uk/guidance.

The Department of Health (2007) produced a series of physical activity booklets which contain ideas about involving girls in physical activity. These are available at:

www.healthyschools.gov.uk

The Association for Physical Education (www.afpe.org.uk) and Youth Sport Trust (www.youthsporttrust.org) websites contain a wealth of information about promoting activity amongst children and young people, some of which focus specifically on girls.

The Women's Sports and Fitness Foundation (WSFF) campaign to:

- Make sport as appealing to women and girls as it is to men and boys;
- Make women aware of the importance of being active; and
- Make fit and healthy women and girls social and cultural role models.

The WSFF website hosts publications and fact sheets and can be found at:

www.wsff.org.uk

<http://www.whatworksforwomen.org.uk> provides examples of initiatives in the UK that have been successful at increasing physical activity among women and girls by addressing the barriers that can prevent them from participating. The website aims to 'help good practice to become common practice.'

Section 4: How to engage older adults in physical activity



Workshop presentations: How to engage older adults in physical activity

Workshop facilitator: Bob Laventure, Older People Consultant to BHF National Centre for Physical Activity and Health.

4.1 Introduction

Although life expectancy is increasing, healthy life expectancy is not. Physical activity levels among older people are low and decline further with advancing age. The latest figures show that over 50% of 16 to 34 year old men met the physical activity guidelines compared to 9% for those aged 75 and over. The proportion of women meeting the guidelines remained stable for those between the ages of 16 and 54 years (between 33% and 36%) and decreased thereafter to 4% among those aged 75 and over.

There are a number of recent developments to encourage older people to become more active. For example, free swimming for those aged 60 years plus; Football Foundation, Extra time; Help the Aged, National Falls Awareness Day; and Age Concern England, Fit as a Fiddle.

However, it was highlighted that there are certain groups of older people who are often excluded from policy and intervention, namely:

- Older, older people (85 years+),
- Those isolated at home (especially rural communities),
- Minority ethnic elders, and
- Those with dementia.

Bob Laventure's slides can be downloaded [here](#)

4.2. Case Studies

Two case studies which have been engaging older adults in physical activity initiatives were presented during this workshop. These provided a brief overview of the nature of the project, specifically how their initiative aimed to recruit and retain the target group in physical activity and what factors contributed to their success.

CASE STUDY 1: 'Moving More Often'

Juliet Jackson, Operations Manager, Kirklees Council

This presentation focused on the delivery of the 'Moving More Often' programme in Kirklees. Due to the high number of sedentary older adults in the area, mostly due to a lack of provision, Moving More Often was developed and modified for local implementation, focusing specifically on day care centres. Moving More Often trained staff were loaned equipment including bean bags, hoops, parachutes and giant board games to take into the day care centres.

Management support was important for ensuring the success of the programme, allowing staff time for training and time off from their usual roles to deliver the programme. Also key to the success of the programme was the Active Older People Network, which consists of statutory and voluntary bodies who provide ideas and support for the programme.

CASE STUDY 2: 'Forever Active'

Simon Hanna, Cambridgeshire Falls Prevention Services and

Helen Johnston, Cambridge City Council

Forever Active consists of 2 key components:

1. A community based exercise programme and
2. Specific falls prevention/ rehabilitation classes.

The community based exercise programme aims to ensure all older adults have access to local exercise opportunities. This is achieved by delivering programmes in local community settings, such as residential homes and day centres. A success of this project is that it is community based making it more accessible than programmes restricted to health settings.

The falls prevention rehabilitation classes aim to improve balance and stability among frailer older adults at risk of falling, by providing challenging and progressive exercises. The importance of partnership working was emphasised, highlighting the links with organisations such as the NHS Falls Prevention Service, sports centres and exercise referral and health walks schemes. A new volunteering scheme called the Friends of Forever Active, was also introduced, which utilises volunteers to assist with the exercise classes and walks, and to help market the scheme.

The case study presentations can be downloaded here by clicking on the project title: **Moving more Often** or **Forever Active**

4.3. Top Tips: How to engage older people in physical activity, top tips from workshop participants

These tips are based on the key points highlighted during the case study presentations, the workshop discussions and include additional tips from the workshop facilitator.

A. How to recruit older people in physical activity

1. Terminology: use appropriate language, for example, strength and balance for independence, rather than 'falls prevention' and don't use 'older adults' as you will only get the 65+ age group, not 50+.
2. Work with, and through existing settings and groups, for example faith and community groups. Try to deliver the physical activity sessions in a familiar place, rather than taking people out of their usual settings into leisure centres.
3. Trial free leisure passes on the back of bus passes.
4. If possible, provide transport to activity classes, such as a mini bus to collect participants from their homes. If this is not a viable option, ensure physical activity sessions are as accessible as possible, with appropriate transport links to the venues.

B. How to retain older people in physical activity

1. Ensure that first experiences are welcoming and rewarding and provide a sense of belonging. There should be adequate opportunities for socialisation and opportunities to develop friendships where people can discuss experiences and achievements, perhaps over a cup of tea!
2. Use appropriate music to encourage fun and enjoyment.
3. Employ buddy and other social support strategies.
4. Participants should be encouraged to set and review their own programme goals and targets that are tailored, realistic and appropriate for their current lifestyle and motivation.

5. Build educational opportunities into programmes; arrange for visiting speakers to discuss health topics identified by the group such as maintaining independence, good nutrition and relaxation.
6. Educate participants to:
 - a) Be independently active and to appreciate how their body responds to physical activity, i.e. normal to feel slightly breathless and for the heart to beat faster. Also help people to understand how to safely exercise with a specific condition for example, osteoporosis or arthritis.
 - b) Know the components of fitness, for example stamina, balance, strength and flexibility.
 - c) Recognise the important functions of muscles groups and joints, and their contribution to maintaining activities of daily living.
 - d) Monitor progress and achievements.

C. The support/training needed to move forward

1. Professional network events to exchange information and learning.

‘The World Congress on Active Ageing’, will be held in Glasgow in August 2012. This International event is an opportunity for the world community of active aging to share the latest research findings in the area of aging and physical activity. It will also introduce leading edge methods on developing, implementing, and evaluating physical activity programmes for older people. Register your interest online at: <http://www.wcaa2012.com/>

2. A mapping document of all training opportunities for teachers, leaders and instructors.

Later Life Training Ltd aims to provide specialist, safe and effective exercise training for people working with vulnerable older populations. Courses include the Chair Based Exercise Leadership Course and the Otago exercise programme leaders award. Further details can be found at: <http://www.laterlifetraining.co.uk/>

3. Sustainable local partnerships that create an infrastructure to deliver sustainable programmes and opportunities.

4.4 Further Information

The following websites and resources provide useful and comprehensive information for practitioners looking for additional information on physical activity and older people:

Websites

International Society for Aging and Physical Activity www.isapa.org

International Council on Active Aging www.icaa.cc

National Blueprint: Increasing Physical Activity Among Adults Aged 50 and Older www.agingblueprint.org

The Active Aging Community Centre – Human Kinetics World Wide Community Centre for Active Aging Professionals <http://www.humankinetics.com/aacc-home>

ProFaNE Prevention of Falls Network Europe www.profane.eu.org

European Thematic Network for Adapted Physical Activity www.thenapa2.org/dissemination

The European Network for Action on Ageing and Physical Activity www.eunaapa.org

Resources

BHF National Centre for Physical Activity and Health: Active for Later Life resource and Guidelines on older people and physical activity www.bhfactive.org.uk/older-adults

Recent recommendations on physical activity and older people.

Physical Activity and Public Health in Older Adults: Recommendations from the American College of Sports Medicine and the American Heart Association. http://www.acsm.org/AM/Template.cfm?Section=home_page&Template=/CM/ContentDisplay.cfm&ContentID=7789

ACSM Exercise and physical activity for older adults position stand <http://www.informz.net/acsm/data/images/exerciseandpaforolderadults.pdf>

Section 5: How to engage people with mental ill health in physical activity



Workshop presentations: How to engage people with mental ill-health in physical activity

Workshop facilitated by Dr Diane Crone, University of Gloucestershire

5.1. Introduction

Evidence shows that people with mental health problems are twice as likely to suffer from coronary heart disease and four times more likely to suffer from respiratory disorders than the general population. People with serious mental illness tend to have poorer perceptions of their own health, lower self reported physical activity levels and higher BMI than the general population.

Dr Crone's slides can be downloaded [here](#)

5.2. Case Studies

The two case studies presented during this workshop provided practical examples of projects working to engage people with mental ill health in physical activity. Each case study outlined how their initiatives aimed to recruit and retain the target group in physical activity, as well as the project's outcomes and next steps for the future.

CASE STUDY 1: 'Coping through Football'

Mr Alex Welsh, London Playing Fields Foundation

Coping through Football is funded by the London Playing Fields Foundation, the Football Foundation and the NHS. Patients experiencing mental ill-health are referred to the scheme where they can participate in football practice sessions for 2 hours per session twice a week. Social activities are also part of the programme, for example a visit to a Leyton Orient FC home game is organised every month.

'Coping through Football' aims to:

- increase the physical activity levels of the client group,
- raise their self esteem and confidence and
- help people with mental ill-health to re-engage with society in a meaningful way.

To date, 100 service users have been involved in the 'Coping through Football' project and the results show that almost a third have made positive changes in their life, such as returning to full time employment/education, joining mainstream football leagues, completing an FA coaching certificate, or obtaining voluntary roles within the community.

Suitably qualified and experienced coaches and bespoke mental health awareness training to improve the coaches understanding of mental health conditions have been attributed to the success of the project. Consistency was also identified as important when working with this target group, particularly in terms of coach, venue and time. Timing of football practice sessions was identified as central for

successfully engaging the client group as those experiencing mental ill health often demonstrate irregular sleep patterns and may struggle to attend sessions if they are scheduled during the morning.

Finally, it was emphasised that the staff involved with the project need to be persistent, proactive and positive. Often the participants take two steps forward and three steps back, therefore persistence and positive attitudes among coaches and staff is key.

Next steps for 'Coping through Football' include having the project commissioned within Waltham Forest and the production of a toolkit and training package. To increase the likelihood of the project being commissioned within Waltham Forest PCT, 'Coping through Football' used a bespoke computer package to collect data, along with an economic cost benefit analysis and evaluation of project outcomes.

CASE STUDY 2: 'Community based physical activity groups for mental health'

Dr Naomi Ellis, Staffordshire University

This initiative consists of two elements:

1. Offers early intervention for people with psychosis;
2. Offers an intervention for people with general mental health problems.

Clients can either attend a sports group or a walking group. The physical activity groups aim to help reduce some of the barriers to physical activity and provide this 'hard to reach' population group with an opportunity to participate.

The project specifically aimed at people experiencing early onset psychosis engaged service users aged 14-35 years in badminton, basketball and indoor football. The sessions were weekly, lasted for 2 hours and were free to attend.

The second element of the project for those experiencing general mental health problems engaged a range of service users from early 20's to late 60's in a walking group, badminton & short tennis sessions.

The evaluation of the project involved interviews with the service users, carers and mental health professionals involved in the delivery of physical activity groups. Service users reported physical and psychological health and social benefits. An unexpected health benefit was that service users reported a reduction in hallucinations after being involved in the project.

The evaluation found that ongoing contact between the mental health professionals and the service users through the physical activity sessions was valuable. Physical activity sessions enabled contact even if service users were not attending other elements of their therapy, such as cognitive behavioural therapy. The physical activity sessions also gave the mental health professionals and their clients shared experiences and something to trigger conversation during therapy.

The case study presentations can be downloaded here by clicking on the project title: [Coping through Football](#) or [Community based physical activity groups for mental health](#).

5.3. Top Tips: How to engage people with mental ill health in physical activity

These tips are based on the key points highlighted during the case study presentations and the workshop discussions.

A. How to recruit people with mental ill health in physical activity

1. Reach people experiencing mental ill health through partners already engaging with this group, for example:
 - Day centers
 - GPs
 - Mental health professionals
 - Social workers
 - Mental health charities
 - Occupational health workers
2. Organise talks and awareness sessions in appropriate local venues.
3. Arrange taster sessions so service users can 'try out' the physical activity session without pressure to commit.

B. How to retain people with mental ill health in physical activity

1. Provide incentives and rewards for attendance.
2. Ensure that the setting, session time and staff are consistent.
3. Scheduled timing of the physical activity sessions is important. People experiencing mental ill health often display disturbed sleep patterns and may feel too tired to attend sessions that are scheduled for the morning.
4. Arrange social events alongside the physical activity sessions; many people with mental ill health can feel isolated and will enjoy the social aspect to participating in physical activity.
5. Staff should be understanding and compassionate. It is important that staff have a good understanding of mental health issues and are prepared for the challenges of working with this client group. For example, many people with

mental ill health are smokers and may expect to be able to smoke during breaks in the physical activity sessions.

6. The activities should be low cost or free, as many people with mental ill health may be unemployed and have financial constraints.

C. The support/training needed to move forward

1. General mental health awareness training for front line staff in leisure centres, for example, those on reception or working in the cafeteria. The attitudes of staff that have little understanding of mental ill-health conditions can lead to negative experiences for people with mental ill-health using leisure facilities.

The Mental health Foundation offer mental health awareness training to provide organisations with the information about their duties as employers in relation to mental ill-health and to equip them with tools to manage situations as they arise.

The training is delivered by people who have experienced mental health problems first hand, recognised that personal knowledge and experience are invaluable in challenging commonly held misconceptions about mental illness and dispelling certain myths about people with mental health problems.

The programme is modular and designed to address the particular needs of each client. The Mental Health Foundation offer bespoke training to meet organisation's unique requirements.

For further information, visit:

<http://www.mentalhealth.org.uk/our-work/all-adults/mental-health-awareness-training/>

MIND organises a number conferences and one-day training events and offers in-house mental health awareness training. Bespoke training specific to an organisation's needs can be designed to focus on mental health awareness for frontline staff, self harm and suicide or understanding changes in the Mental Health Act. For further information, contact MIND: <http://www.mind.org.uk>

2. More specific mental health training for those delivering sessions, for example, coaches and instructors. Top-up training would be advisable for those working with specialist groups.

Central YMCA Qualifications offer 1 day training for the fitness industry, this theory based 'Exercise and Mental Health' module introduces participants to:

- A range of mental health conditions,
- Specific medications for people with mental ill-health and identifies the implications for exercise,
- Barriers to exercise for people with mental ill-health and strategies to overcome these, and
- Planning appropriate sessions for individuals with mental health problems.

For further information, visit:

<http://www.ymcafit.org.uk/coursedetail.php?type3=1&courseid=31>

3. Opportunities to shadow/observe current service user groups to gain valuable insight and experience.
4. Training in how to deliver/organise/facilitate physical activity sessions for mental health workers not experienced in physical activity delivery.
5. First Aid training specific to mental health.

5.4. Further information

The following websites and resources provide useful and comprehensive information for practitioners looking for additional information on physical activity and mental ill-health.

The Mental Health Foundation (MHF) website is a good place to start. MHF have produced a series of resources on exercise and depression, for both patients and healthcare practitioners. These resources can be found at:

<http://www.mhf.org.uk/campaigns/exercise-and-depression/>

NHS Scotland commissioned an evidence briefing of the benefits of physical activity in terms of promoting mental wellbeing and preventing mental health problems, with a particular emphasis on the efficacy of different physical activity types, intensities, frequencies and durations in achieving these benefits.

<http://www.healthscotland.com/uploads/documents/7901-RE025Final%20Report0708.pdf>

The National Collaborating Centre for Mental Health (NCCMH) was established in 2001 to develop mental health guidelines. The NCCMH website includes guidance, forthcoming events and the opportunity to sign-up to the e-bulletin.

<http://www.nccmh.org.uk/index.html>

Section 6: How to engage BME communities in physical activity



Workshop presentations: How to engage BME communities in physical activity

Workshop facilitated by Nik Trivedi, Policy & Communications Manager, Sporting Equals.

6.1. Introduction

The Active people Survey (2006) found that among some ethnic groups, physical activity levels are less than half those of the general population. Evidence shows that physical activity participation rates vary vastly among different BME communities from 7% to 35%. Lack of time for healthy lifestyle behaviours such as physical activity due to child care and home responsibilities and lack of awareness of services and facilities are commonly identified barriers to physical activity among ethnic groups.

Trivedi suggested that being sensitive to the needs of BME groups within policies on reducing socio-economic inequalities and the planning and provision of health care and physical activity services could help to alleviate the health inequalities faced by BME communities.

Sporting Equals aims to support the sports and physical activity sectors to understand and respond to the needs of BME communities.

Nik Trivedi's slides can be downloaded [here](#)

6.2. Case Studies

Two examples of projects working to engage people from black and minority ethnic communities in physical activity were presented during this workshop. These case studies outlined how their initiatives aimed to recruit and retain the target group in physical activity, along with project outcomes and next steps for the future.

CASE STUDY 1: 'Sitara'

Ms Alison Morby, Physical Activity Development Manager, Kirklees Council

Sitara was initially developed in 1997 in Batley, it is now a mainstream project which runs in various localities in Kirklees. It was developed as a female only physical activity programme, with a particular focus on encouraging participation from women of South Asian origin. Although Sitara began initially with one weekly physical activity opportunity, it now offers 4 women only adult physical activity opportunities with up to 400 attendances each week.

Sitara was developed for a number of reasons:

- Lack of appropriate culturally sensitive provision,
- Need identified following research and consultation with local women, and
- To potentially improve health and social cohesion.

Many issues were taken into consideration when developing Sitara, including partnerships, appropriate physical activity provision, facilities and staff, child care, clothing policy and sustainability. Sitara addresses these issues by using accessible, female only buildings with no viewing areas for the physical activity sessions and female staff. The activities (swimming, gym, keep-fit and aqua aerobics) were chosen in consultation with the service users. Many factors have contributed to the success of Sitara, these include: appropriate marketing, for example promoted within community newsletters and in a variety of languages; effective partnership working; an appropriate pricing policy, and a varied, flexible programme of activities.

The Sitara project offers some valuable learning points regarding the inclusion of ethnic minority women in physical activity.

www.whatworksforwomen.org.uk explains one example in detail:

In the early stages of the project, the attendance plummeted to ten women; it was found that this was due to intervention from Mosque leaders who had said it was wrong for women to go to the sessions. The physical activity development team brokered discussions using a local male GP linked to the Mosque and identified two issues as the cause for this, firstly a man had been seen in the facility at the same time as the women's activities and secondly there was some dissatisfaction with the marketing and publicity materials. The Mosque leader thought the publicity materials should focus only on the health improvement aspect of the physical activity and not the social aspects, such as making friends. Action was taken on both points and SITARA has gone from strength to strength.

However, from the starting point of playing down the social side of the project and focusing strictly on health, the project has turned full circle and the social aspect is now a key objective in promoting health improvement through physical activity.

CASE STUDY 2: Ageing Actively In Minority Communities (AIM)

Mr Anthony Mark Cutter

Unfortunately we do not have access to the slides for this presentation; however this project was included in the conference information sharing booklet which can be downloaded from the BHFNC website.

The case study presentation for Sitara can be downloaded [here](#)

To find out more about AIM and to order to the 'Get Active Today' DVD, click [here](#)

6.3. Top Tips: How to engage BME communities in physical activity

These tips are based on the key points highlighted during the case study presentations and the workshop discussions.

A. How to recruit BME communities in physical activity

1. Bring facilities to the user, for example hold sessions in religious settings if possible, or in schools.
2. Clearly identify dress codes and try to be as flexible as possible without compromising health and safety.
3. Utilise community networks i.e. community groups, newspapers, magazines and notice boards in religious centres, if permission is granted. If you are unable to offer marketing materials in various languages, limit the amount of text used and use images and pictures to convey your message.
4. Some communities may prefer single faith sessions; however this is not applicable to all.
5. Be sensitive to the preferences of different cultures e.g. offer female only sessions with female staff and instructors and a facility that offers suitable changing facilities.
6. Target marketing for specific age or gender groups; try not to use a 'one-size fits all' approach.
7. Ensure that the health and fitness message is central to marketing material; the targeted community should clearly understand the potential benefits of the intervention.
8. Hold events or 'taster sessions' in communities to raise awareness.
9. Gain the support of high profile members of the community such as religious leaders/BME elders and ask these authority figures to help promote the programme.
10. Ensure that the activity organised is appropriate for the community targeted; this can be achieved through consultation with the community and use of staff with a good understanding of the issues effecting physical activity participation for the targeted community.

B. How to retain BME communities in physical activity

1. Offer subsidised rates to increase sustainability.
2. Build a rapport and feeling of trust with the participants.
3. Involve the whole community in the development and evolution of the project.
4. Employ peer mentors of same faith and gender to help participants incorporate physical activity into daily life while overcoming cultural barriers.
5. Employ respected community champions to re-enforce the importance of physical activity.

C. The support/training needed to move forward

1. Equality awareness and cultural competency training for both instructors and facility staff

Sports Coach UK offer 'Equity in your coaching' workshops. By the end of the workshops, coaches should be able to:

- Explain what sports equity means and why it is important;
- Identify barriers to participation;
- Use appropriate language and terminology;
- Identify and challenge inequitable behaviour;
- Interpret the legal framework that affects coaching;
- Identify how they can become more equitable; and
- Establish where to go for further information.

For Further Information, visit <http://www.sportscoachuk.org/>

The Equality Standard is a framework to guide sports and community organisations towards achieving equality. It has been designed to assist organisations in developing structures and processes, assessing performance and ensuring continuous improvement. It is a collaboration of the four Home Country Sports Councils and UK Sport, and is supported by the CCPR, the Women's Sports Foundation, the English Federation of Disability Sport and Sporting Equals.

Applying the Equity Standard will enable organisations to:

- Provide a framework for achieving equity in sport.
- Increase the number of participants, members, coaches, officials, spectators and volunteers by reaching new audiences.
- Help meet legal duties thereby reducing the likelihood of litigation.
- Enhance the skills and knowledge base of staff and volunteers.
- Increase active involvement in equity at every level.
- Improve equity practices through monitoring, evaluation and review methods.
- Improve chances of accessing funding.

For further information, visit:

<http://www.activesurrey.com/pdf/Equity%20Standard%20-%20A%20Framework%20for%20Sport.pdf>

Although tailored for medical and healthcare professionals, The London Deanery website provides comprehensive information about cultural competency and signposts to relevant websites, publications and training courses at:

<http://www.londondeanery.ac.uk/var/equality-diversity/cultural-competence/what-is-cultural-competence> .

2. Training in motivational interviewing techniques
3. Support in identifying and engaging with appropriate BME networks
4. Support with understanding what is appropriate in terms of language and imagery on marketing and course materials.

Herts Sports Partnership run marketing clinics on a regular basis. Contact your County Sports Partnership (CSP) to see if they offer something similar. For further information, visit:

<http://www.sportinherts.org.uk/marketing-support/marketing-clinics>

6.4 Further Information

Sporting Equals exists to promote ethnic diversity across sport and physical activity. Sporting Equals inform, influence and inspire in order to create an environment in which:

- BME communities can influence and participate in all aspects of sport and physical activity;
- The governors and providers of sport and physical activity recognise and value a fully integrated and inclusive society; and
- Ethnic diversity is recognised and celebrated.

Sporting Equals has three objectives:

- To raise awareness and understanding of the needs of BME communities within the sports and health sector in order to change attitudes and increase participation in sport and physical activity;
- To empower individuals and communities to play a part in this change, and achieve their full potential through playing sport and being active; and
- To advise and support policy-makers and delivery bodies to be inclusive.

For further Information, visit: <http://www.sportingequals.org.uk/>

Section 7: How to engage socially deprived communities in physical activity



Workshop presentations: How to engage socially deprived communities in physical activity

Workshop facilitated by Professor Mike Collins, Visiting Professor, University of Gloucester.

7.1. Introduction

Professor Collins highlighted that social inequalities have been a long standing issue that have only recently begun to be addressed, some 20 years after publication of the Black Report.

Globally, social deprivation is not simply about socio-economic factors: The environment (pollution, carbon emissions, food miles), quality of diet available, climate stabilisation and other factors also contribute to deprivation.

In the UK, there is evidence for a social gradient linking poor health with poverty, low sport or physical activity participation and high rates of smoking and drinking. With regards to physical activity, evidence shows that among Scottish 25-64 year olds, 35% of the most advantaged undertake little or no physical activity and sport compared to 84% among the most disadvantaged. When this is combined with other factors associated with deprivation, it may be of little surprise that people in low socio-economic groups expect to die earlier than those in higher SE groups.

Unfortunately many socially excluded people do not have the financial resources to choose healthier lifestyle behaviours, such as regular physical activity.

7.2. Case Studies

The two case studies presented during this workshop provided practical examples of projects working to engage social deprived communities in physical activity. Each case study outlined how their initiatives aimed to recruit/retain the target group in physical activity and summarised the project outcomes.

CASE STUDY 1: 'Street Games'

Paul Jarvis and Lewis Jones

Street Games is a national charity launched in January 2007 with funding from Sport England, the Football Foundation, the Co-operative, 'V', and several other partners. Through a network of 67 projects across the country, Street Games aims to get more children in socially deprived communities physically active whilst using physical activity as a vehicle to build neighbourhood cohesion.

Street Games projects are run by a variety of local agencies and operate from youth centres, community centres, leisure centres, schools, parks and open land. Regular high profile regional and sub-regional tournaments are also organised as part of the initiative. Easy to access development packages, funded by the English Football Premier League, are now available through Street Games to set-up new activities in football, athletics, cricket, street dance, street cheer leading, basketball and handball.

The need to deliver 'doorstep sport for disadvantaged communities' was highlighted by participation data which showed that 25% of those from the highest socio-economic groups participated regularly in physical activity and sport, compared with only 16% of those from the lowest socio-economic group. Further evidence of this disparity in participation was highlighted by the fact that 45% of all UK medallists from the last 3 National athletics games came from the 7% of the population who attend private school.

To date, there are 79 'Street Mark' projects nationwide, which have engaged over 35,800 young participants to date. Further information about a few of these projects can be seen in the presenter's slides, download [here](#).

CASE STUDY 2: 'YMCA Activate England'

Mark Harrod and Robin Gargrave

Unfortunately we do not have access to the slides for this presentation; however this project was included in the conference information sharing booklet which can be downloaded from the BHFNC website.

7.3. Top tips: How to engage socially deprived communities in physical activity

Unfortunately, due to time constraints, the group discussions for this workshop were not fully-developed. However, the generic tips for engaging inactive communities at the start of this booklet can be tailored and applied to socially deprived communities.

In addition the Street Games presenters offered the following tips for engaging young people from socially deprived communities:

- Overcome traditional barriers to youth sport through providing low cost/free activities in a style, location and time that the young people want.
- Involve children and young people in delivery – recruit and train young people either as volunteers or coaches.
- Channel new participants into mainstream sport.
- Organise regional tournaments as a taste of competitiveness.
- Don't re-invent the wheel; build on the experiences of agencies already working in the community.

7.4. Further Information

The following websites and resources provide useful and comprehensive information for practitioners looking for additional information on social deprivation and working with socially deprived communities.

Strategic Review of Health Inequalities in England Post 2010 (Marmot Review)

The Global Commission on Social Determinants of Health advocated that national governments develop and implement strategies and policies suited to their particular national context aimed at improving health equity. The aim of this strategic review is to propose an evidence based strategy for reducing health inequalities in England from 2012.

The Review has four tasks to:

1. identify, for the health inequalities challenge facing England, the evidence most relevant to underpinning future policy and action
2. show how this evidence could be translated into practice
3. advise on possible objectives and measures, building on the experience of the current PSA target on infant mortality and life expectancy
4. publish a report of the review's work that will contribute to the development of a post-2010 health inequalities strategy

For further information visit:

<http://www.ucl.ac.uk/gheg/marmotreview/Documents>

Websites

Social Exclusion Task Force:

http://www.cabinetoffice.gov.uk/social_exclusion_task_force.aspx

Positive Futures: <http://drugs.homeoffice.gov.uk/young-people/positive-futures/>

Review and research papers

McNeill, L.H., Kreuter, M.W., Subramanian, S.V. (2006). Social environment and physical activity: A review of concepts and evidence. *Social Science & medicine*, 63 (4): 1011 – 1022

Macintyre, S. (2007). Deprivation amplification revisited; or, is it always true that poorer places have poorer access to resources for healthy diets and physical activity? *International Journal of Behavioural Nutrition and Physical Activity*, 4: 32
doi:10.1186/1479-5868-4-32

BHFNC Information Sharing Booklet

A variety of UK based projects and initiatives were showcased at the 8th British Heart Foundation National Centre Conference, 'Opening doors to an active life: how to engage inactive communities'.

Details of these projects can be viewed in our Information Sharing booklet, available to download from:

http://www.bhfactive.org.uk/downloads/Information_sharing_booklet_FINAL.pdf

We hope that sharing details of these projects will:

- Encourage sharing of practice among health and physical activity professionals
- Increase awareness of the range of interventions taking place across the UK
- Help to identify 'gaps' in physical activity provision.

We thank everyone who took time to share their experiences and successes with us.

Published by:

The British Heart Foundation National Centre for Physical Activity and Health
Loughborough University
www.bhfactive.org.uk

Tel: 01509 223259 Fax: 01509 223972

© The British Heart Foundation National Centre for Physical Activity and Health (BHFNC)

Anyone wishing to reproduce any part of this document must apply to the BHFNC for permission.