

# Additional Evidence from Sport Wales

## Overview

Sport Wales heard from Norway sport adviser and expert [Per Tøien at the Sport Summit in 2022](#) how an approach to sport and physical activity can support better outcomes for society. From higher participation levels, inclusive approaches at grassroots level and ensuring sports are enjoyable to engage young people in sport for the long-term. These are all approaches that underpin the Vision for Sport in Wales.

Norway not only has some of the highest per capita spending on sport in Europe, but also some of the best health outcomes. As Per sets out, the outcomes delivered are done so through the delivery of sport, not by having specific targets about health improvement. However, it is very clear that increased investment in sport in Norway leads to better health outcomes and increased wellbeing.

We are therefore interested to note the recent publication of the Culture, Communications, Welsh Language, Sport and International Relations Committee's (CCWLSIR) [report into funding reductions](#) noting the recommendation that Welsh Government should increase funding on culture and sport until it is comparable with similar nations.

We know that sport has the potential to be the greatest preventative health tool for the nation and that this has strong support across different sectors. [Sport Wales held an event at the Senedd in October](#) which looked at the evidence and what could be done to ensure this goal was realised. We are therefore also supportive of CCWLSIR committee's recommendation in this most recent report that Welsh Government's budget has a preventative health budget category.

In [2022-3 draft budget scrutiny](#), the Welsh Government said:

**“Sport can be the nation’s most effective preventative health tool but greater cross-sector prioritisation is needed to create the long-term sustainable shifts in participation. The Healthy and Active Fund and Healthy Weight: Healthy Wales Delivery Plan are two examples of success in this area. In 2022-23, we will continue its support in the Healthy and Active Fund, supporting organisations who actively promote and enable healthy activity for population groups with little or no levels of physical activity in their lives. Sport Wales will also**

**continue to invest funding and resource in the Welsh Government's 'Health Weight: Healthy Wales' delivery plan, including the delivery of the 60+ Active Leisure scheme."**

*Welsh Government evidence to CCWLSIR Committee, Wednesday 19 January 2022*

## **Additional information on sport and physical activity interventions**

The *Healthy Weight Healthy Wales* (HWHW) strategy and the 60+ Active Leisure Scheme (ALS) are closely connected in their shared objectives of improving public health and addressing health inequalities in Wales. The 60+ ALS is one of the key initiatives under the HWHW delivery plan, specifically targeting older adults—a demographic often at higher risk of health complications due to inactivity and obesity.

The HWHW strategy emphasises the importance of increasing physical activity levels across all age groups, but there is still room and some appetite for strengthening the emphasis on physical activity. The 60+ ALS directly contributes to this objective by providing a wide range of physical activity opportunities specifically tailored to older adults. Through group activities in leisure centres and community spaces, the scheme helps older people remain active, which is crucial for managing weight and preventing obesity-related illnesses like heart disease, diabetes, and mobility issues. 60+ ALS's efforts to target underserved populations, such as ethnic minorities and low-income communities reflects the need for targeted support. By offering physical activity programs in accessible formats and locations, the 60+ ALS aims to reduce disparities in access to healthy lifestyle options.

Although the 60+ Active Leisure Scheme, primarily addresses physical health, it also recognises the importance of mental and social well-being in achieving a healthy weight. The scheme not only provides physical exercise but also creates social engagement opportunities for older adults. The camaraderie and social bonds formed through the ALS activities enhance mental well-being, which contributes to overall health. (Swansea climbing video)

The 60+ Active Leisure Scheme (ALS) also plays a vital role in complementing the National Exercise Referral Scheme (NERS) by providing a long-term, ongoing pathway for older adults to maintain and

expand their physical activity levels after completing NERS. This collaborative approach has led to innovative extensions of the scheme, with many delivery partners adapting the model to include prehabilitation (prehab) and post-operative care programs, further broadening the scope of support for older adults.

### **Children and Families Pilot (PIPYN Active)**

The Children and Families project aligns strongly with the Healthy Weight, Healthy Wales strategy by delivering interventions that promote physical activity, target health inequalities, and create healthy environments. Its focus on family-based, community-driven solutions ensures that it supports both the immediate health of children and families and contributes to long-term behaviour change, helping to reduce obesity and improve health outcomes in Wales. This project directly supports both the Vision for Sport in Wales and the HWHW vision of making sport and physical activity more accessible and inclusive for all.

#### **Key features**

- **Collaboration and Partnership:** The project emphasises working alongside national partners such as Public Health Wales (PHW) and engaging with local stakeholders in Merthyr, Anglesey, and Cardiff Southern Arc. This collaborative approach aligns with the Leadership and Enabling Change theme, driving systemic change by ensuring sport is embedded as a key tool in promoting healthier lifestyles.
- **Family-Based Physical Activity:** By promoting joint parent-child physical activity, the project helps create environments where physical activity is integrated into everyday family life. This has positive effects not only on the children but also on the parents, creating a holistic, supportive environment for healthier lifestyles.
- **Integration of Health Messages:** In addition to physical activity, the project provides opportunities for other important health messages to be delivered, encouraging families to make healthier choices. This holistic approach ensures that settings are not only promoting physical activity but also supporting broader health improvements.
- **Behaviour Change and Long-Term Commitment:** The project recognises that successful behaviour change requires sustained investment and long-term commitment from a variety of partners. By promoting ongoing physical activity habits in families, the project

aligns with the Healthy People priority by focusing on creating lifelong healthy habits that extend beyond the intervention period.

We are proud to support Government in the delivery of both of these programmes. However, as was noted in 2023 in draft scrutiny, the cross-sector prioritisation for long-term sustainable shifts in participation are what's needed, and whilst the programmes have been successful, wider roll out, together with the Daily Active Offer and prioritisation amongst Government departments are the only things that will see a step-change in the prevention agenda. As noted in our initial response we see **Daily Active as a key solution** - an initiative that has been developed in collaboration with PHW & NRW and has the potential to have a profound impact on activity levels of school aged children.

## **Barriers to participation: Annex Document 1**

In 2022, we responded to the [CCWLSIR committee consultation on participation in deprived areas](#) and detailed many of the barriers to participation. We would like to draw the committee's attention to this work and therefore include them as an annex to this additional evidence.

## Barriers to participation – Annex 1

Barriers to participation in sport are wide ranging, from lack of facilities, cost of living, poverty, stigma, lack of volunteers and role models. Sport Wales wants every person in Wales to be able to access sport and physical activity and we want to identify the barriers and support the sport sector to eliminate them.

Sport Wales aims for an inclusive sport system which is one where any potential barrier to participation and enjoyment of sport is identified and addressed. Much is understood with regards to the barriers to participation in sport generally through the National Survey for Wales, the School Sport Survey, the Welsh Activity Tracker, and more.

As noted, there are many barriers to participation in sport amongst the population. For groups that experience a higher risk of poverty, social exclusion, discrimination, and violence compared to the general population the problems are exacerbated. These groups include but are not limited to - people from ethnic minorities, migrants, those with disabilities, elderly people, children, women and girls, and people who are gender and sexually diverse.

Further, when one or more of the above characteristics or social dimensions intersect; equitable opportunities for participation may be less, with the quality of experience less favourable. Put simply - intersectionality can intensify and result in inequality, and sport is not immune to this.

Geographical location can be a contributing factor in the ability to participate in sport, although we should be careful to not assume sport as the only single consistent variable impacted by rurality or, that rurality always means disadvantage. There are several other drivers such as: frequency of public transport and facility provision which differ in rural settings. Participation in sport may be the end outcome from these other drivers which, therefore, reinforces the need for considered, collaborative policy analysis and implementation in less urban settings which lie outside of the sport division alone.

Broadly, we understand from our insight and expertise that the main barriers to sport may be: **structural, institutional, personal or social** – and in almost all instances, are made up of a combination of these.

- **Structural barriers** exist when access is non-existent, limited or when the sporting environment itself is not suitable, or not able to be adapted to meet the needs of an individual.
- **Institutional barriers** mean that opportunities to access sport are hidden, and/or removed from an individual because of poorly designed systems; or systems that have been designed to only suit certain users.
- **Personal and social determinants** will mean as individuals begin to navigate the structural and institutional barriers – they will encounter their own unique challenges, based specifically in relation to who they are and their personal circumstances.

In practice, it is an intersectional combination of factors that impact sport participation - when considered in isolation, the individual characteristics of age, sex and gender, socioeconomic status, disability, ethnicity, and geography present widespread challenges.

## Age

There is strong evidence to suggest that patterns established in early years, may carry through into later life which is why building lifelong habits for sport participation is critical in young people. Given those from more deprived areas are less likely to participate in sport, we know the return on investment of building lifelong habits by capturing engagement from those communities is particularly important. The role of education and the school setting is critical in this regard given this is where we can impact on the most captive audience. Ensuring the new curriculum, and the health and wellbeing AoLE within it delivers on the principles of embedding activity and sport within the school day is wholly important to this aspect of equality of opportunity. How schools operate as community hubs around the school day, which may not need to be the role of the teaching profession, is also a key component of success.

Sport Wales has deliberately reflected this in its new investment approach - specifically using the voice of young people through mechanisms such as the School Sport Survey, ensuring that public money is invested as a direct result of public demand.

This investment approach has taken away the sense of sports competing against one another for resource and aims to foster greater collaboration across sports. This is hugely important, as well as collaboration across education and health settings, to support multi-sport offers to support young people from disadvantaged communities lead active lives. That

collaboration should no doubt extend to resource prioritisation. There are bolder opportunities to invest in sport through existing health and education funding streams as part of a preventative health agenda, and proactive education approach.

Global evidence completed by the [World Health Organisation](#) (WHO) suggests that one in four adults do not meet the recommended global physical activity levels required for optimal population health. Physical activity guidelines set by the WHO recommend that **all** adults should do at least 150-300 minutes of moderate-intensity aerobic physical activity throughout the week and that older adults should include 'multicomponent' physical activity within this. Multicomponent activity can enhance functional capacity, improve balance and strength, and prevent falls.

Older adults face a range of systemic and institutional barriers when engaging in sport. Navigating systems, particularly those that are solely based in online format can impact on the ability to access information and obtain knowledge about opportunities to be active as older adults often experience digital exclusion - exacerbated in disadvantaged areas where there is an increase in digital division, and poverty. Public Health evidence tells us that environmental drivers such as community infrastructure, access to toilets, weather and safety are also common barriers faced by an older population. These barriers mean engagement in sport is impacted by wider policy drivers – outside of sport alone.

Frailty, including the fear of falling, pain and low activity tolerance are personal barriers related to age, which may further impact on participation in sport and physical activity. It is because of this, that early intervention is paramount and that a 'one size fits all approach to sport' will not be successful. Activity intervention should be tailored to suit individual, and community needs and considered as an essential preventative public health measure across multiple policy portfolios.

## Gender

Sex, gender diversity and sexual orientation, impact on participation, success, and the quality of experience in sport. For example, those who identify as female face a range of barriers associated with harassment, investment, and visibility which impacts on generations to come. Women

are significantly more likely to be impacted by gender-based violence than men, and sport is also impacted by this.

Sport Wales is aware that the number of women reporting harassment while exercising increased during the Covid-19 pandemic. [A Women In Sport survey](#) in February 2021 found that a large majority of girls (62%) said they were doing less physical activity during the pandemic than before, with only 19% reporting doing more. Many highlighted exercising in public and fear of anyone being able to watch and criticise them as an issue. Over half of all girls (57%) said they feel self-conscious and judged when exercising outdoors and this was slightly higher for less active girls (65%).

The gender disparity associated with the financial and economic elements of sport is also significant. So too, is the lack of high-end marketing and promotion women receive. According to a 2018 [Statista report](#), women's sports receive only 0.4% of total sponsorships. This historical lack of exposure forces female sports out of the mainstream and removes women role models for future generations.

We know from the School Sport Survey that there is a distinct difference in participation levels across different genders, with that divergence emerging noticeably as children transition from primary to secondary education. One of the more prominent barriers relates to confidence. Whilst at primary school age the confidence of boys and girls is comparable (85% and 83% respectively) the gap is significantly wider at secondary level. (83% to 69%). Understanding this data is critical if we are to tailor the sport sector to meet the needs of women and girls. We can see therefore that there is a key role for the education sector to respond to this barrier to participation, ensuring that enjoyment and confidence are the forefront of delivering physical activity and wider sporting offers, both within the curriculum and as extracurricular opportunities. Confidence in this regard, also extends to the teaching profession's ability to deliver such activities, and the training they need to be able to do this in a person-centred way.

We believe in the power of sport in creating a safe, cohesive, and connected community for all people, and acknowledge that there are barriers to participation in sport faced by those who identify as LGBTQ+. Barriers such as discrimination, fear and reinforced stereotypes can be exacerbated when they intersect with poverty and/or disadvantage. Public health evidence tells us that the LGBTQ+ population are amongst the highest to experience mental ill health, and sport can be a powerful tool in supporting this. In line with the Welsh Government LGBTQ+ Action Plan,

will be continuing to work to best understand participation and engagement amongst this community.

## Socio-economic status

Consistently, the insight we collect indicates that the lowest uptake of physical activity in sport is from those living in socio-economic disadvantage and that poverty and deprivation impacts early and sustained engagement in sport and physical activity.

The National Survey for Wales (2021-22) found 24% of households living in material deprivation participated in sporting activities three or more times a week (24% in material deprivation, 35% not in material deprivation).<sup>1</sup> This was reaffirmed in our recent polling surveys throughout 2021, which found those from lower socioeconomic backgrounds were twice as likely as those from higher socioeconomic backgrounds to have done no exercise in the past week.<sup>2</sup> The survey also found those from lower socioeconomic backgrounds were less likely to exercise to help manage their mental health (ABC1 – 70%; C2DE – 61%).<sup>3</sup>

Data collected from our School Sport Survey also demonstrates poverty or deprivation can impact engagement in sport and physical activity. In 2018, those with the highest level of free school meal eligibility were 9% more likely than their peers with low eligibility to do no frequent activity (31% low level of eligibility, 22% high level of eligibility). Further, the data shows that 42.2% of those with a high level of free school meal eligibility exercised three or more times a week, compared to 54.7% of those with low eligibility.

The School Sport Survey highlights the sliding scale of impact across elements of deprivation. It is evident that those from more deprived areas are less likely to be physically active than their counterparts in less deprived areas, and whilst the barriers observed in general terms (noted above) remain evident by all levels of deprivation (as noted utilising free school meal data), the issue of time is more prominent amongst those from less deprived communities.

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<sup>1</sup> National Survey for Wales Results Viewer, 'Participation in sporting activities three or more times a week (FG indicator), by Household in material deprivation (FG indicator)' (2021-22).

<sup>2</sup> Sport Wales, ComRes Survey 4 - SocioEconomic, 'Participation' (August 2021), <<https://www.sport.wales/research-and-insight/comres-research/comres-survey-4-august-2021/socioeconomic/>> (accessed 28/01/22).

<sup>3</sup> Ibid, 'Values'.

Insight from the National Survey for Wales also indicates that households experiencing socio-economic deprivation are the least likely to be physically active, regardless of the health benefits. Our data indicates that those from under served, or more deprived communities see time, issues of cost and accessibility as key concerns or factors that impact on their engagement. Access to sport and physical activity in Wales, for those impacted by poverty and deprivation is significant. 1 in 4 people in Wales live in poverty,<sup>4</sup> and 1 in 3 young people in Wales are growing up in poverty<sup>5</sup> and research by our partners - Street Games, tell us that families living in poverty, have as little as £3.21 to spend on sport and leisure every week.<sup>6</sup>

Across all socio-economic groups the factors of confidence, motivation and enjoyment are critical, and all groups recognise being able to be active with friends and in sporting opportunities that reflect their individuals interests as key elements to driving their activity levels. Sport Wales understands, from research by the British Medical Association and the WHO, that there is a connection between poverty and low levels of wellbeing. This can partly be explained due to the stresses associated with poverty<sup>7</sup> but essentially means that even though sport is recognised as an important element of wellbeing - it is not prioritised by certain population groups given other wider social and personal stressors.

## Disability

There are a wide range of barriers which impact on participation in sport for those living with a disability. Access to facilities is one barrier including the way in which infrastructure is planned and designed. However, it is important to recognise that as with disabilities – not all barriers are visible. Poorly designed systems, including those which lie outside of sport can impact on the ability to engage in a sporting offer. A lack of suitable transport, or transport systems that do not align to the geographical location of sporting offers, is one example of this. Limited opportunities, a lack of knowledge and expertise, limited awareness and the wider identity

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<sup>4</sup> Oxfam, 'Poverty in Wales', <<https://oxfamapps.org/cymru/poverty-in-wales/>> (accessed 28/01/22).

<sup>5</sup> Street Games, 'Family Engagement Project', <<https://network.streetgames.org/sites/default/files/Family%20Engagement%20Project.pdf>> (accessed 28/01/22).

<sup>6</sup> Ibid.

<sup>7</sup> The British Medical Association (BMA), Health at a Price – Reducing the Impact of Poverty, (2017) <<https://www.bma.org.uk/media/2084/health-at-a-price-2017.pdf>>; the World Health Organisation, Breaking the Vicious Cycle Between Mental Health and Poverty, <[https://www.who.int/mental\\_health/policy/development/1\\_Breakingviciouscycle\\_Infosheet.pdf](https://www.who.int/mental_health/policy/development/1_Breakingviciouscycle_Infosheet.pdf)>

of the sporting culture and landscape, can also impact on sport participation in this population group.

[Disability Rights UK](#) indicates that nearly half of all people living in poverty, is either a disabled person, or lives with a disabled person and, that disabled people face a higher cost of living and poorer health outcomes. National Survey for Wales data for 2019-20 found that 12% of people would be encouraged to do more sport if they '*didn't have a disability, illness, or injury that prevents me from taking part,*' evidencing that latent demand does exist within this cohort of the population. Sport can be a transformative medium in supporting those living with a disability but must be considered as part of wider policy portfolio areas to be successful.

Barriers to children's participation remain constant from our data, when we examine, specific responses from those with a disability or impairment. However, it is clear that both time, and challenge of finding a sport which were appropriate to this cohort of students, were key factors in shaping their activity levels.

## Ethnicity

We know that there are widespread barriers impacting on participation in sport from individuals from ethnic minority backgrounds in Wales. We assert that understanding levels of participation alone, will not make as much of a significant impact as understanding the lived experience of individuals and, by dismantling traditional systems that have allowed inequality to persist.

Historically, in 2009 the Carnegie Research Institute was commissioned to conduct a systematic review of the literature pertaining to the participation of black and minority ethnic communities in sport across the UK. The available evidence indicated that people from the communities identified were less likely to take part in sport or to get involved in sport as a volunteer, administrator or spectator. Whilst this UK-wide evidence was likely to be somewhat indicative of the situation in Wales, the study revealed a paucity of information relating specifically to the Welsh context.

Since the review, additional insight has been gained from research within Wales, such as the 'Mentro Allan Programme' and the School Sport Survey .

Echoing findings from the systematic review - our school sport survey analysis revealed that Asian/Asian British pupils and black/black British pupils were less likely to be regular participants in sport than white British and mixed race pupils. While we can't prove causation, the 2018 School Sport Survey showed a 3-percentage point increase in participation amongst 'Asian/Asian British' pupils since 2015 (the ethnic group with the lowest rates of participation), and a 7-percentage point increase amongst pupils identifying as 'Arab/Other'.

In addition to the above, Sport Wales has been involved in more recent work across the home nation Sport Councils to further understand the issues of racism and racial inequality that currently exist in sport, the key findings from this can be accessed [here](#).

At Sport Wales, we do not believe that addressing individual characteristics alone, via a series of siloed interventions, will make as much of an impact as compared with taking an intersectional approach. Individuals who live in similar communities will face very different challenges driven by their social, cultural, and biological circumstances.