

Increasing BME Participation in Sport & Physical Activity by Black and Minority Ethnic Communities

A
Report by

Ploszajski Lynch Consulting Ltd.

To
The BME Sports Network
East

JANUARY 2005

CONTENTS

EXECUTIVE SUMMARY	i
1 INTRODUCTION & BRIEF	1
2 WHY BME INITIATIVES?	3
3 FACTS & FIGURES - SPORT.....	8
4 SURVEY & MAPPING EXERCISE	24
5 CONSULTATIONS.....	30
6 BEST PRACTICE.....	40
7 RECOMMENDATIONS	54

EXECUTIVE SUMMARY

The Challenge

“There is no evidence to suggest that sport has widened its participation base to include more people from low incomes, from different ethnic minorities and from people with a disability. This despite the many years of public policy priority focused on promoting ‘sport for all’ and extending participation amongst a range of ‘targeted social groups’.”

Nick Rowe, Ryan Adams and Neil Beasley, “Driving Up Participation - Challenge for Sport” – Sport England 2004¹

This frank statement from Sport England throws down a challenge to the whole sporting community to develop participation and involvement in management and coaching amongst black and minority ethnic (BME)² communities.

Is there evidence to support their contention? Do the facts support the hypothesis? During this study we have found a range of direct and indirect evidence to support Rowe, Adams and Beasley. This includes: -

- **The General Household Survey 2002** which reports that participation as a whole is falling with only 43% of all adults having taken part in physical activity other than walking once in the last month. This compares with 46% in 1996. Amongst BME communities this figure falls to as low as 18% for the Pakistani and Bangladeshi communities. (When adjusted for age the index of participation is 38 compared to a norm of 100) The GHS reports *“This is particularly striking.....as this group has a much younger age profile than many of the other ethnic groups.”*
- Sport England data³ which shows that the average sports centre attracts only 80% of the visits from BME communities that would be expected from their proportion in the local community. The worst 25% of centres attract only 40%.
- Data from the Football Association⁴ that shows that 100% of their Council and 99.6% of county association staff are white.

¹ http://www.sportengland.org/driving_up_participation_full_review.pdf

² We use this term to describe individuals and communities falling within the Office of National Statistics (ONS) definition of minority ethnic groups, categorised as ‘Asian or Asian British’, ‘Black or Black British’, ‘Chinese or other Ethnic Groups’ and ‘Mixed’. The study also considers the needs of refugees and asylum seekers and the travelling community, where these fall outside the ONS definition.

³ Survey of Sports Halls and Swimming Pools 1997/98 Leisure Industries Research Centre, Sheffield

⁴ Internal FA Monitoring Report 2002

- Data from Central government⁵ that shows that only 3% of teachers in the Eastern region are from a BME background which means that there is very little chance of a young person having a BME teacher for PE

Central government has set a target that by 2020 70% of the whole population will take part in 30 minutes of physical activity at least 5 times per week. However, if fewer than one in five members of some BME communities are participating even as infrequently as once a month all involved in sport⁶ face a huge challenge.

Rising to the Challenge

What lies behind the current imbalance in participation between the population as a whole and BME communities? Our research has shown that there is no single reason but that a complex set of circumstances work together to disadvantage people from ethnic minorities. These include: -

- **Poverty and Deprivation** – some studies estimate that 57% of people from BME backgrounds are socially excluded from sport on grounds of poverty⁷.
- **Lack of role models** – those we consulted constantly stressed the need for young people to have role models from their community. Whilst there are many black faces visible as performers in football, cricket and athletics, there are very few in other sports or as managers, PE teachers, leisure centre managers, or local authority chief leisure officers. With a few notable exceptions such as boxing and cricket, Asian role models are almost non-existent in professional sport.
- **Celebration** – there are few opportunities for BME communities to come together specifically to celebrate and showcase their success and ability in sport
- **A white sporting establishment** – there is very little involvement by BME people in the organisation and governance of sport through the national governing bodies at national and county level.

⁵ DES Workforce Survey January 2004

⁶ We use this term to include both formal, organised sport and informal physical activity

⁷ Mike Collins, Institute of Sport and Leisure Policy Loughborough University

- **Racism not being taken seriously** – our consultees report that incidents of racism and racist abuse are often not taken seriously by sporting organisations
- **Lack of Awareness by BME communities** –BME communities report that they are often unaware of local sporting opportunities including facilities, programmes and events. They also report a lack of awareness of funding sources and of jobs in the leisure industry other than as professional performers.
- **Lack of Awareness of BME communities and their participation** – Our consultations show a general lack of awareness of BME communities amongst sports providers. There is no detailed reliable data on BME participation at regional and county level, particularly measured against the government’s five times a week target. Participation data on ethnicity is rarely collected on a regular or methodical basis, there is little marketing aimed directly at BME communities and little consultation to fine tune general services to better meet needs. Where good practice is in place, it tends to be in areas where BME communities are highly visible.
- **Re-inventing the wheel** – over the years there have been many programmes aimed at increasing BME participation. Some have worked well, others have had limited success and others still have failed. However, there is no library or clearing-house for good practice which can be used to learn from others’ mistakes or successes.
- **The Sports Development Ghetto** – much of the good work in developing BME participation has been carried out by local sports development teams. However, we have gained the impression that this developmental work has had little impact on guiding people from BME communities into mainstream participation with BME participants often remaining within the specific programmes provided for them. This is particularly true for close knit communities like refugees, asylum seekers and travellers.
- **Commitment but no action** – although many organisations have made commitments to developing participation and signed up to initiatives such as Sporting Equals’ Promoting Racial Equality Through Sport, there is some cynicism amongst our consultees about the benefits of achieving this standard and in particular the practical impact at local level of a commitment by a national governing body.

Having identified some negative factors, these must be off-set to some degree by a number of positive factors

- **Increasing awareness** – we have found an increasing awareness amongst sporting organisations⁸ of ethnicity and equality issues. For example we are able to quote Football Association data because they are now gathering it at both local and national level. The FA is also putting in place pilot schemes to increase BME involvement with the work of county associations.
- **Increasing awareness of health** – we have found evidence of increasing awareness of the health benefits of physical activity amongst members of BME communities. This has led to the development of programmes for communities with traditionally low levels of participation.
- **Healthier lifestyles amongst the young** – we have anecdotal evidence from a number of sources that young people from BME communities are taking up exercise and gym membership as “lifestyle” choices. Various reasons have been put forward including increased disposable income and the influence of Bollywood movies.
- **Developing expertise** – sports organisations are developing their expertise in delivering programmes aimed at BME communities. Basic mistakes such as employment of male lifeguards for women only sessions are now being avoided and greater sophistication is being shown in marketing and promotion in some areas.
- **Examples of good practice** – there are examples of good practice in the region and elsewhere in the country. These include the London Community Sports Network, the VOICE project in Leicester, East Cambridgeshire DC’s work with young people from the travelling community, the West London Sports Trust among others

Recommendations

To address these issues we make the following recommendations: -

- 1 The BME Sports Network East to commission statistically valid market research to provide accurate information about levels and types of participation in the BME communities and to identify barriers to improvement. The Network should be responsible for

⁸ We use the general term “sporting organisations” to cover clubs, leagues, local authorities, governing bodies, Sport England, professional bodies and associations – indeed the whole sporting community.

research across the region. Further research should be conducted on a county or community basis through the county Sports Partnerships. This research should have a sufficient sample size to allow findings to be broken down by ethnicity, gender and age and should include both numerical and qualitative data.

- 2 A BME Sports Project Manager be appointed within MENTER to drive forward the work of the Network, to bridge gaps between the sports sector and the non-sports voluntary sector, to engage sub regional partners and to tackle work programmes. This post should act as a champion on BME issues in sport.
- 3 To build additional capacity and to influence policy and practice at a more local level, the BME Sports Project Manager should promote the development of:
 - i) BME Sports Forums (affiliated to County Sports Partnerships) in areas with significant concentrations of BME communities.
 - ii) Representation of BME interests on other existing local forums (e.g. Local Strategic Partnerships, Primary Care Trusts and Local Sports Councils), in areas where BME communities are less numerous.
- 4 The BME Sports Network East and MENTER to act as a central resource for advice on funding, best practice and information on facilities, activities and programmes. This could involve external partners such as the National Association for Sports Development which has offered to host this material on its website and in due course link with the Innovations Exchange proposed in Sport England's national strategy
- 5 The County Sports Partnerships to appoint equity officers to work with local clubs and groups to develop capacity and promote further BME involvement. The larger governing bodies should be urged to appoint equity officers and all should develop equity training for all staff, both paid and volunteer.
- 6 Local authorities adopt anti-racist procedures in their facilities and pitch booking systems to ensure that racist behaviour results in a loss of booking privileges. This should be underpinned by a commitment for their operations to achieve accreditation under the new Sporting Equals "Promoting Racial Equality Through Sport" standard.
- 7 That career opportunities at all levels of the sports and leisure industry be more widely promoted and make more appropriate and widespread use of the specialist BME media.

- 8 The Eastern Sports Board develops an annual event to celebrate ethnic minority sport and to develop links between all members of the sporting community.
- 9 The BME Sports Network East to work with the professional bodies for PE teachers, sports development workers, leisure managers, sports physiotherapists and so on to encourage young BME people wishing to gain employment in sports related fields by:
 - i. Working with career advisors to provide information on opportunities available
 - ii. Promoting work experience in sports venues and qualifications such as the Community Sports Leaders Award
 - iii. Developing mentoring and support schemes for young BME people wishing to enter these professions
 - iv. Working with employers and professional bodies to ensure equal access to employment, development and promotion
- 10 Local authorities to put in place consultation mechanisms with their BME communities to examine how services can be better tuned to meet local sporting needs and the role sport can play in meeting wider community needs. Such consultation should include hard to reach groups such as refugees, asylum seekers and travellers.
- 11 Leisure card and other discount schemes aimed at removing the price barrier to participation be monitored and adjusted to ensure the widest benefit to BME communities.
- 12 Local sports partnerships such as school sports co-ordinators work to provide young people from BME communities with role models by encouraging greater liaison between BME coaches and schools and identification of local BME sports champions
- 13 Funding bodies be encouraged to consider longer-term funding for BME projects (minimum of five years) because of the length of time it takes many initiatives to achieve concrete and sustainable benefits.

Implementation through an Action Plan with Ownership and Responsibility for Recommendations

These recommendations are being made to the BME Sports Network East. However, they will not be able to implement all of them directly.

To take these recommendations forward now requires the involvement and commitment of a range of partners including the Eastern Sports Board, Sport England, the county sports partnerships, governing bodies and local authorities. The final recommendations, therefore, concern implementation.

- 14 The BME Sports Network East and its partners to agree an action plan for taking these recommendations forward including a timetable for action with clear responsibilities, reporting procedures and measures of success.
- 15 The BME Sports Network East should review its operation, to ensure that:
 - i. Its structure is appropriate to the co-ordinating role it will need to play (and in particular it should identify the support it requires from the Regional BME Sports Project Manager).
 - ii. Its membership is representative of the partners that it is seeking to influence, including voluntary organisations.
- 16 Implementation should begin with a small number (three or four) of pilot projects to tackle the key themes highlighted in this report i.e. education and skills, marketing and communication, media and health.

Acknowledgements

In compiling this report we have been greatly aided by the help, guidance and generosity of time of a large number of people. We would like to place on record our thanks to all the members of the project steering group, all those who helped to set up and attend the county workshops and those who gave up valuable time for interviews and consultation. In particular we would like to thank Ila Chandavarkar of MENTER and Chris Jones of Sport England East.

1 INTRODUCTION & BRIEF

1.1 PLC Commissioned in Spring 2004

In spring 2004, the BME Sports Network East commissioned a team lead by leisure management consultants Ploszajski Lynch Consulting Ltd. (PLC) and including the London Community Sports Network (LCSN), to carry out research into sports participation by members of the black and ethnic minority (BME) communities in the East of England⁹. The brief for this project is set out in appendix 1. In summary the purpose of the research was: -

“to provide a position statement covering a number of aspects relating to the issues of BME sport in the East of England, and to make recommendations to inform a range of partner bodies including County Sports Partnerships, the regional BME Sports Network and the Regional Sports Board as to the strategic direction of this work in the future.”

1.2 The BME Sports Network East

The BME Sports Network East is a newly created group whose aim is to establish a specialist body that focuses on the sporting needs of BME communities across the eastern region. The body has been established by Sport England East in partnership with key strategic stakeholders and will provide an invaluable service in informing the work of the new Regional Sports Board. Membership of the BME Sports Network includes

- Local Authorities – Sports Equity Officers,
- BME Sports Development Networks
- Eastern Region Sports Development Association
- County Sports Partnerships
- Sport England
- Sporting Equals
- MENTER – Regional Race Council
- Local Race Council Representation
- East of England Development Agency

1.3 Sport and Physical Activity

For the purposes of this report, the term ‘sport’ is taken to mean the widest accepted definition, meaning all forms of physical activity which,

⁹ The six counties of Essex, Suffolk, Norfolk, Cambridgeshire, Bedfordshire and Hertfordshire, including the unitary authorities of Luton, Peterborough, Southend and Thurrock

through casual or organised participation, [are] aimed at expressing or improving physical fitness and mental well-being, forming social relationships or obtaining results in competition at all levels (Council of Europe, 1993).

1.4 Acknowledgements

In compiling this report we have been greatly aided by the help, guidance and generosity of time of a large number of people. We would like to place on record our thanks to all the members of the project steering group, all those who helped to set up and attend the county workshops and those who gave up valuable time for interviews and consultation. In particular we would like to thank Ila Chandavarkar of MENTER and Chris Jones of Sport England East.

2 WHY BME INITIATIVES?

Before looking at the findings of this study it is worthwhile briefly considering why we need to consider BME needs outside the mainstream of sport. We have identified four key drivers :-

- Sports Equity
- National Participation Targets
- Health
- Social and community cohesion

2.1 Sports Equity

"Sports equity is about fairness in sport, equality of access, recognising inequalities and taking steps to address them. It is about changing the culture of sport to ensure that it becomes equally accessible to everyone in society, whatever their ethnic origin, age, gender, impairment, social and economic status or level of ability" - Sport England Equity Statement

Notwithstanding the national participation targets, the health issues and the value of sport in supporting community development, the fundamental reason for addressing the needs of BME communities in sport is one of social justice and sports equity. To quote Sporting Equals:

"You should be working with ethnic minority communities because it is the right thing to do."¹⁰

For many people from BME communities racism is a reality. The taunts heard at the Spain v England international match in November 2004 are often echoed on the local rec. on a Sunday morning. That it still exists is acknowledged by such initiatives as the FA's "Let's Kick Racism out of Football Campaign". There is a need for positive action to overcome the causes and effects of racism. Later in this report we make recommendations on how this can be tackled at the grass roots of sport.

Elsewhere, involvement of people from minority backgrounds is hindered by a lack of role models from within their community. High profile issues have recently been raised. For instance, why are there almost no black professional football managers? Why are there very few Asian professional footballers? However, at a local level a similar situation exists. Why are there hardly any BME leisure centre managers or PE teachers or members of the ruling councils of governing body county

¹⁰ Sporting Equals Factsheet 4

associations? As a consequence of this there is a lack of awareness and sensitivity to the everyday practicalities of encouraging BME participation. These structural issues must be addressed to encourage the involvement of people from non-white communities at all levels of sport.

Whilst all BME groups suffer to some extent from inequalities in access and opportunities to participate in sport, the problem is particularly marked for some of the more transient minority populations. Refugees, asylum seekers and the travelling community frequently spend only limited periods in any specific area, making it difficult for their needs to be properly assessed, let alone met by providers. Efforts to communicate with such groups may be further complicated by the close-knit nature of their communities and their reticence to engage with 'outsiders'. These problems have begun to be addressed through an Active Communities project in the region (see section 6.2. below) and the lessons learned should be disseminated and applied more widely.

2.2 National Participation Targets

As this report is being written at the end of 2004, it is not possible to read a newspaper or watch TV news without coming across stories on the "epidemic" of obesity amongst the young or on proposals to combat smoking in public places, binge drinking or to prevent advertising of "junk" food. Health issues including promotion of physical activity and general healthier lifestyles are currently of major national concern.

Although such public appreciation is a comparatively new phenomenon, the scale of the problem has been known to policy makers for some while. In December 2002, the Prime Minister's Strategy Unit and the Department for Culture Media and Sport (DCMS) jointly published a report called "Game Plan" which acknowledged anxiety about increasingly sedentary lifestyles and stresses the health benefits of exercise. It included a target for increasing the proportion of the population in England that were reasonably active¹¹ from around 30% in 1998 to 70% in 2020.

In April 2004 Sport England published the "Framework for Sport in England" which set out its agenda to work towards achieving the aims of "Game Plan". It has a target of 1% growth per year in regular sports participation for people aged 16 or over with a view to achieving at least 50% participation in sport by 2020 and increase the number of people getting three of the five weekly "Game Plan" sessions through sport. The "Framework for Sport" also aims to decrease the inequality in participation in "priority groups" including BME communities. The size of this task is shown by data from the General Household Survey (GHS)

¹¹ "Reasonably active is defined as 30 minutes of moderate activity, 5 times per week. This can include walking, gardening as well as sport and physical recreation

which shows that participation amongst some BME communities is as low as 18%. To hit the 2020 target would, therefore, require a threefold increase in participation amongst these groups.

2.3 National Health Targets

Both “Game Plan” and the “National Framework” were prompted in part by concerns emanating from the Department of Health. Their 1991 report “Health of the Nation” showed that six out of ten men and seven out of ten women were not reaching the weekly levels of activity necessary to maintain good health. It also stated that one in three deaths from heart disease were due to inactivity.

“Our Healthier Nation” the government’s 1998 White Paper then set a target for reducing stroke and coronary heart disease by 40% by 2010. The White Paper was also aimed at reducing health inequalities such as the high level of heart disease amongst people from the south-east Asian communities and the high levels of type 2 diabetes amongst people from an Indian, Pakistani and Bangladeshi background. The charity Diabetes UK reports that people from these BME communities are up to 5 times more likely to suffer from diabetes than the population as a whole and the onset of the disease occurs some 5 years earlier than amongst Caucasian people.

Physical activity was recognized as having a major part to play in reducing the likelihood of occurrence of all three conditions.

The Commission for Racial Equality’s website provides a summary of health issues affecting BME communities in Britain.

http://www.cre.gov.uk/duty/reia/statistics_health.html#physical

This is reproduced in Appendix 4. Key amongst these issues are: -

Physical Health

- Pakistani and Bangladeshi men and women reported worse general health than the general population.
- Asians aged 50 or over have higher rates of limiting long-term illness than members of any other ethnic groups.
- Pakistanis and Bangladeshis of both sexes were more than five times as likely as the general population to have diabetes, and Indian men and women were almost three times as likely.
- Rates of diabetes among Black Caribbeans were also significantly higher than in the general population (risk ratios 2.51 for men and 4.19 for women).

- Pakistani and Bangladeshi men had rates of cardiovascular disease (CVD), about 60% to 70% higher than men in the general population, while Chinese men had lower rates (risk ratio 0.63).
- The picture was similar for women, with Chinese women having lower rates of CVD conditions (0.71) than women in general, while Pakistani (1.45) and Bangladeshi (1.43) women had higher rates.
- Prevalence of CVD conditions was also higher among Black Caribbean women (1.33).
- 44% of Bangladeshi men, 39% of Irish men and 35% of Black Caribbean men reported being smokers compared with 27% of men in the general population

Mental Health

- The prevalence of common mental disorders (CMD – anxiety and depression) was very similar in all groups, with the exception of the Irish, for whom this rate was higher than others in the ‘White’ group.
- The pattern among women was more complex. White, Irish and Black Caribbean women had similar rates of CMD, while Indian and Pakistani women had significantly higher rates of CMD. Bangladeshi women had very low rates of CMD.
- People of Pakistani or Bangladeshi origin experienced worse 'social functioning' than people from other ethnic groups, and Bangladeshis experienced greater chronic strains compared with all other groups. Key issues that emerged from the respondents' own accounts of their circumstances included: Family problems, family bereavement, employment issues and racism as recurring themes.

Health and Religion

The Office for National Statistics¹² reports that Muslim males and females in Great Britain had the highest rates of reported ill health in 2001.

Age-standardised rates of 'not good' health were 13 per cent for Muslim males and 16 per cent for Muslim females. Rates were also high for Sikhs: 10 per cent of males and 14 per cent of females rated their health as 'not good'.

After taking account of the different age structures of the groups, Muslims also had the highest rates of disability. Almost a quarter of Muslim females (24 per cent) had a disability, as did one in five (21 per cent) Muslim males.

¹² <http://www.statistics.gov.uk/cci/nugget.asp?id=959>

2.4 Social and Community Cohesion

Sport has the ability unseen in most areas of human activity to bring together people from very different communities and cultures. In doing so it is a very valuable tool for developing social inclusion and developing common understanding. The inclusion of sports programmes in many regeneration projects such as New Deal for Communities is evidence of this. Projects such as the “Streetgames” scheme in Southwark and Lambeth and the Trident project in Bradford show how sport can be integrated into the wider re-generation of the area including bringing together people of different ethnic backgrounds.

Southwark & Lambeth

<http://www.alg.gov.uk/upload/public/attachments/329/Streetgamespresentation22.pdf>

Bradford

http://www.isrm.co.uk/conference/documents/Steve_Hartley.ppt#5

On the other hand, sport also provides a way for a community to celebrate its prowess, success and heritage. Hence the establishment of sports clubs based originally on national identity such as London Irish RFC and Sporting Bengal FC. We must acknowledge that for many members of BME communities their sport and physical activity will take place in clubs based around a national and/or cultural identity. It will be for the mainstream to acknowledge and be comfortable with this, to ensure that systems and procedures are modified where necessary to accommodate this and at the same time ensure that an athlete with talent is not denied opportunity because they compete in such a club.

3 FACTS & FIGURES - SPORT

3.1 BME Communities – 8.5% of the Eastern Region

Any consideration of participation amongst BME communities must be based on facts about the communities, their levels of affluence and deprivation and their current participation in sport.

The most recent census in 2001 showed that there were 5.39 million people living in the six counties that make up the East of England. Of this population, 91.5% are “White British” which means that 8.5% or 460,797 come from ethnic minority backgrounds. Table 3.1 below shows how the population is distributed across a range of ethnic backgrounds.

3.2 Great Variations across the East

However, this overall figure of 8.5% hides large variations in the size and make-up of BME communities across the region. Table 3.2 shows a county by county description of BME communities. This shows variations in the non-white British communities between 3.8% in Norfolk and 18.9% in Bedfordshire. Within this there are further large variations. In the area covered by the Luton unitary authority BME communities make up 35% of the population, in North Norfolk District Council’s area it is 2.2%. The situation is further complicated by the presence of transient populations, not recorded by the census, such as refugees, asylum seekers and travellers, who may significantly increase the numbers of resident BME communities in the region from time to time.

Table 3.1
The Ethnic Mix of the East of England Population

EAST OF ENGLAND		
ALL PEOPLE	5,388,140	
<hr/>		
White	5,125,003	95.12%
British	4,927,343	91.45%
Irish	61,208	1.14%
Other White	136,452	2.53%
<hr/>		
Mixed	57,984	1.08%
White and Black Caribbean	19,882	0.37%
White and Black African	6,109	0.11%
White and Asian	17,385	0.32%
Other Mixed	14,608	0.27%
<hr/>		
Asian	121,753	2.26%
Indian	51,035	0.95%
Pakistani	38,790	0.72%
Bangladeshi	18,504	0.34%
Other Asian	13,424	0.25%
<hr/>		
Black or Black British	48,463	0.90%
Black Caribbean	26,199	0.49%
Black African	16,968	0.31%
Other Black	5,296	0.10%
<hr/>		
Chinese or Other Ethnic Group	34,937	0.65%
Chinese	20,385	0.38%
Other Ethnic Group	14,552	0.27%

Table 3.2
The Ethnic Mix of the East of England Population by County

	Beds		Cambs		Essex		Herts		Norfolk		Suffolk	
TOTALS	565,934		708,718		1,614,232		1,033,974		796,726		668,562	
White	488,536	86.3%	670,163	94.6%	1,562,864	96.8%	968,642	93.7%	784,689	98.5%	650,109	97.2%
British	458,920	81.1%	636,627	89.8%	1,520,543	94.2%	917,848	88.8%	766,664	96.2%	626,741	93.7%
Irish	13,720	2.4%	6,594	0.9%	14,901	0.9%	17,835	1.7%	4,045	0.5%	4,110	0.6%
Other White	15,896	2.8%	26,942	3.8%	27,420	1.7%	32,959	3.2%	13,980	1.8%	19,258	2.9%
Mixed	9,770	1.7%	8,007	1.1%	14,303	0.9%	14,057	1.4%	4,781	0.6%	7,059	1.1%
White and Black Caribbean	4,613	0.8%	2,263	0.3%	4,631	0.3%	4,549	0.4%	1,196	0.2%	2,624	0.4%
White and Black African	793	0.1%	866	0.1%	1,545	0.1%	1,389	0.1%	629	0.1%	885	0.1%
White and Asian	2,453	0.4%	2,632	0.4%	4,604	0.3%	4,646	0.4%	1,490	0.2%	1,560	0.2%
Other Mixed	1,911	0.3%	2,246	0.3%	3,523	0.2%	3,473	0.3%	1,466	0.2%	1,990	0.3%
Asian	47,171	8.3%	18,187	2.6%	18,711	1.2%	30,908	3.0%	2,856	0.4%	3,917	0.6%
Indian	15,346	2.7%	6,493	0.9%	9,945	0.6%	16,226	1.6%	1,424	0.2%	1,597	0.2%
Pakistani	19,549	3.5%	8,291	1.2%	2,843	0.2%	7,174	0.7%	442	0.1%	486	0.1%
Bangladeshi	9,735	1.7%	1,383	0.2%	2,609	0.2%	3,245	0.3%	347	0.0%	1,187	0.2%
Other Asian	2,541	0.4%	2,020	0.3%	3,314	0.2%	4,263	0.4%	643	0.1%	647	0.1%
Black or Black British	16,667	2.9%	5,159	0.7%	8,891	0.6%	11,867	1.1%	1,575	0.2%	4,318	0.6%
Black Caribbean	11,092	2.0%	2,400	0.3%	3,670	0.2%	6,201	0.6%	547	0.1%	2,299	0.3%
Black African	4,318	0.8%	1,916	0.3%	4,414	0.3%	4,770	0.5%	721	0.1%	835	0.1%
Other Black	1,257	0.2%	843	0.1%	807	0.0%	896	0.1%	307	0.0%	1,184	0.2%
Chinese or Other Ethnic Group	3,790	0.7%	7,202	1.0%	9,463	0.6%	8,500	0.8%	2,825	0.4%	3,159	0.5%
Chinese	2,350	0.4%	4,203	0.6%	5,880	0.4%	5,049	0.5%	1,397	0.2%	1,512	0.2%
Other Ethnic Group	1,440	0.3%	2,999	0.4%	3,583	0.2%	3,451	0.3%	1,428	0.2%	1,647	0.2%

3.3 Participation in Sport & Physical Activity

Having looked at the BME population in the East, we now look at how they and those in the rest of the country take part in sport and physical activity.

We have found that there is very little up-to-date information available on BME sports participation in particular, or on their use of leisure facilities. We have come to the conclusion that, in general, organisations providing sport are very poor at collecting data on who is taking part and how often. Some sports such as Judo require all club members to have licences or registrations in order to take part. These governing bodies can tell with a high degree of accuracy how many active players there are but not their ethnicity. Most governing bodies e.g. badminton, cricket, netball are able with some accuracy to say how many clubs are affiliated to the national or county associations but not how many players are in these clubs. By definition, they do not know how many unaffiliated clubs there are. Only in very recent years has any attention been given to collecting data on the ethnic background of players and officials and this still remains in its infancy.

For many activities such as walking, jogging, non-competitive swimming and cycling most people do not belong to any club or association so they do not appear in any official records.

Most local authorities do not collect detailed records of the numbers of people attending their leisure centres or using outdoor pitches or parks. Few have any reliable data broken down by such factors as sex, ethnicity, age or disability, despite the opportunities afforded by computerised booking and payment systems and the use of concessionary leisure cards. Therefore, in the absence of local data we are forced to look at large scale surveys for information about individual participation.

3.4 General Household Survey

The most reliable and commonly-used survey is The General Household Survey (GHS). This is a multi-purpose, continuous survey carried out by the government through the Office for National Statistics (ONS). It collects information on a range of topics from people living in private households in Great Britain. The survey started in 1971 and has been carried out continuously since then. Fieldwork for the GHS is conducted on a financial year basis, with interviewing taking place continuously throughout the year. A sample of approximately 13,000 addresses is selected each year from the Postcode Address File.

The survey looks at different topics each year and does not always cover leisure pursuits. However, the 2004, report does include sport and leisure and is based on data collected during 2002. As such it represents the most up to date, publicly available data on participation¹³.

The GHS collects data by asking about participation in the last four weeks and in the last year. Regular participation is defined by those who take part at least once in the immediately preceding four-week period. The survey has two sets of data, one which includes walking and one without.

3.4.1 Falling Participation Overall

The GHS for 2002 reports that participation in sport as a whole is falling with only 43% of all adults having taken part in physical activity other than walking once in the previous month. This compares with 46% in 1996 and 48% in 1990. As might be expected young people take part more often than older people.

3.4.2 Participation by Region

Whilst it has a higher rate of overall sports participation than the national average, the Eastern Region experienced the country's largest proportionate decline in participation from 1996 to 2002 (from 51% to 45%) As a consequence the East lost its position as the highest participant region in England. Table 3.3 shows comparative participation on a region by region basis.

Table 3.3
Participation in sport by Government Office Region in 2002
(any activity in the last 4 weeks excl. walking)

Great Britain	43%	England	43%
Wales	40%	Scotland	44%
East of England	45%	North East	37%
North West	41%	York & Humberside	41%
East Midlands	42%	West Midlands	39%
London	44%	South East	46%
South West	50%		

¹³ The report is available at
http://www.statistics.gov.uk/downloads/theme_compendia/Sport&Leisure.pdf

3.4.3 Participation by Gender

Men are more likely to participate than women with 50% of men taking part in the previous four weeks compared with 36% of women. Table 3.4 shows the 10 most popular sports for each sex.

Table 3.4
Most Popular Sports

Men	Women
Cue sports (15%)	Keep fit/yoga (16%)
Swimming (12%)	Swimming (15%)
Cycling (12%)	Cycling (6%)
Football (10%)	Cue sports (4%)
Golf (9%)	Weight training (3%)
Weight training (9%)	Running (3%)
Keep fit/Yoga (7%)	Tenpin bowling (3%)
Running (7%)	Horse riding (2%)
Tenpin bowling (4%)	Tennis (2%)

3.4.4 Participation and Ethnicity

Amongst BME communities, participation in general is below the national average. Only those within the “mixed race” category take part more frequently than “white”, with black people participating more frequently than Asians. Participation rates fall to as low as 18% for the Pakistani and Bangladeshi communities.

Table 3.5 overleaf shows how participation varies across different ethnic groups.

Also shown in this table is a reference to the “age standardised ratio”. This is a comparison between the actual level of participation and what level is expected taking into account the variations in age distribution between the various communities. When adjusted for age the index of participation for the Pakistani and Bangladeshi communities is only 38 compared to a norm of 100, in other words 62% less than would be expected on the basis of age alone. The GHS reports ***“This is particularly striking.....as this group has a much younger age profile than many of the other ethnic groups.”*** If the young people from the Pakistani and Bangladeshi communities are not getting into good habits of activity at an early age this could point towards problems in the longer term.

Table 3.5
Participation by Ethnicity - GHS 2002

	White British	Other white	Mixed	Indian	Pakistani & Bangladeshi	Other Asian	Black Caribbean	Black African	Other Black	Other Ethnic Group
	Percentage taking part in 4 weeks before interview									
Excluding walking	41	45	47	26	18	34	25	32	38	38
Age Standardised ratio	104	100	94	57	38	72	62	64	75	80
Including Walking	56	56	56	40	22	52	31	46	42	46
Age Standardised ratio	103	97	92	68	36	89	57	76	68	78
Male * Participation (excl walking)	48	52	55	30	21	40	29	37	44	44
Female * Participation (excl walking)	34	38	39	22	15	28	21	27	32	32

* = Data generated by Sport England based on GHS

3.4.5 Participation and Gender/Ethnicity

Surprisingly the GHS does not cross reference gender and ethnicity. There is no comparison made between male and female participation in any of the BME categories. We understand that this data may be made available via Sport England sometime in the future. However, if we apply the overall male/female ratios (1.16 and 0.84) to the BME participation levels we see that less than a third of women from non-white BME communities participate regularly. This figure falls to less than one in six Pakistani and Bangladeshi women. These figures are shown in Table 3.5 on the preceding page.

3.4.6 BME Participation in Specific Activities

The GHS does not cross reference ethnicity and specific activities such as swimming, keep fit or walking. Again, we understand that this data may be made available via Sport England sometime in the future. However, our consultations revealed that many BME communities have an interest in only a very limited range of sports, such as football, cricket, basketball, athletics, weightlifting and the martial arts.

3.4.7 Participation and Affluence/Deprivation

The GHS confirms that participation in sport is still determined to a large extent by affluence and deprivation. After adjusting for age, the survey shows that the “higher managerial” and “higher professional” classes are respectively 17% and 18% more likely to participate than the population as a whole. Those in the “routine” (i.e. manual worker or “never worked and long term unemployed”) categories are 18% and 27% respectively less likely to participate than the country at large.

3.4.8 Activities for the Future

The GHS also asked respondents what activities they would like to take part in if they had the time and access to local facilities. The top sports are set out in table 3.6.

Table 3.6
Sports people would like to participate in but do not at present

Swimming	13%
Keep fit	12%
Golf	5%
Skiing	5%
Horse riding	5%
Tennis	4%
Martial arts	4%
Badminton	4%
Walking	4%

Sport England has provided us with a further breakdown of these figures by gender and an overall BME category. The sample sizes are too small for a further breakdown between different BME communities. Table 3.7 below sets out the most popular “desired” activities for BME communities.

Table 3.7
Sports people would like to participate in but do not at present
Subdivided by Gender and Ethnicity

Activity	All People	Male	Female	White	BME
Swimming	13%	7.2%	17.2%	12.1%	17.3%
Keep Fit	12%	2.6%	19.6%	11.9%	9.4%
Tennis	4%	2.9%	5.0%	3.7%	7.5%
Martial Arts	4%	4.2%	3.4%	3.6%	5.8%
Soccer	3%	7.2%	0.3%	3.3%	5.5%
Badminton	4%	2.7%	4.9%	3.7%	4.9%

The table shows that for each of the six activities listed the latent or unmet demand from BME communities is significantly higher than that for the country as a whole. This provides valuable (albeit limited data for those looking to put together programmes to further develop BME participation.

3.5 Data from Other Sources

The General Household Survey provides useful information on general patterns of participation. However, it is weaker on the specifics of BME participation and so it is also necessary to draw upon data from a range of complementary sources to build a more detailed picture. These include a most useful but now somewhat dated survey of BME participation commissioned by Sport England in 1999.

3.6 Sport England Survey of Sports Participation and Ethnicity 1999/2000

In October 2000 Sport England commissioned a survey of participation by BME communities¹⁴ entitled “Sports Participation and Ethnicity in England National Survey 1999/2000”. The Executive Summary of this report is set out in Appendix 2. Although this survey is now over 4 years old it contains valuable information on participation and the barriers to development.

The headline findings of this report can be summarised as follows: -

Overall Participation

- Overall BME participation rate in sport was lower than for the population as a whole, at 40% compared with 46%.
- The participation rate for BME men was 49% compared with a national average for men of 54% and for BME women it was 32% compared with a national average for all women of 39%.
- On average Black Caribbean (39%), Indian (39%) and in particular Pakistani (31%) and Bangladeshi (30%) populations have rates of participation in sport below those of the national average (46%). Only the ‘Black Other’ group (60%) has participation rates higher than found in the population as a whole.

The Gender Gap

- National participation rates for women (39%) were matched or exceeded by women from ‘Black Other’ (45%), ‘Other’ (41%) and Chinese (39%) ethnic groups, while women who classified themselves as Black Caribbean (34%), Black African (34%), Indian (31%), and Bangladeshi (19%) had participation rates below the national average for all women.
- The gap between men’s and women’s participation in sport was greater amongst some ethnic minority groups than it was in the population as a whole. The ‘gender gap’ between all men and women nationally was 15 percentage points whereas for the ‘Black Other’ ethnic group it was 35 points (although overall this is a relatively high participant group), for Bangladeshis it was 27 points, Black Africans 26 points, and Pakistanis 20 points.

Participation by Sport

- Levels of participation in walking amongst ethnic minorities are significantly below those for the population as a whole. Only 19%

¹⁴ Available at http://www.sportengland.org/ethnic_survey.pdf

of the Bangladeshi population takes long walks regularly compared with 44% of the population as a whole.

- For all groups, apart from the Bangladeshi population, 'keep fit/aerobics/yoga' features as the second most popular activity.
- Keep fit is by far the most popular activity after walking for women from all ethnic groups
- Swimming has a lower ranking in participation amongst most ethnic minority groups (from as low as seventh in the case of the Black Caribbean population and sixth in the case of Black Africans and 'Black Others') than it does amongst the population as a whole where it ranks second in 'popularity' behind walking.

There are a number of cases where the popularity of a particular sport amongst BME communities exceeds that for the population as a whole.

- Participation in football amongst males from ethnic minority groups is relatively high. This is particularly the case amongst Black males with participation rates as high as 31% amongst the 'Black Other' ethnic group, which is three times the national average (10%).
- Weight training amongst Black males with participation rates of 23% for the 'Black Other' group, and 12% for both Black Caribbeans and Black Africans is higher than for the population as a whole, 9%.
- Self-defence/martial arts by Black Other' males (11%) and Black Caribbeans (6%) which compares favourably with the average for all men of 1%.
- Badminton by Chinese men (17%), which compares with an average of 3% for all men.
- Cricket by Pakistani (10%), 'Black Other' (8%), and Indian (6%) men compares with the average for all men of 2%.
- Basketball amongst Black Caribbean (4%) and Black African (4%) males which compares with a population average for men of 1%;
- Running/jogging amongst Black African (11%), Black Caribbean (4%) and 'Other' (4%) ethnic group women, which compares with the average for all women of 2%.
- Weight training by Black Caribbean women (7%) which compares with a national average of 3%
- Self-defence/martial arts by Chinese women (3%), which compares with a national average of less than one percent for women generally.
- Basketball amongst Black Caribbean women (3%), which compares with an average participation rate of less than one percent for all women.

- Gymnastics amongst Black African women (3%), which compares with a national average of less than 1%.
- Track and field athletics by Black African women (2%) compared with a participation rate for women nationally of less than 1%.
- Cricket by Bangladeshi (2%) and Pakistani (2%) women, which compares with an average for women generally of less than 1%.

New Sports

A large proportion of individuals from all ethnic groups said that they would like to take up a sport in which they currently do not participate. This ranged from a high of 81% for the 'Black Other' group to 51% of the Bangladeshi community (Black African 79%; 'Other non white' 72%; Black Caribbean 65%; Chinese 61%; Indian 60%; and Pakistani 54%).

With regards to particular sports: -

- Swimming rates very highly amongst men and women from all ethnic groups especially Asian women
- Keep fit/aerobics/yoga also rates highly for many ethnic minority groups as a sport they would like to take part in. This is particularly the case for Black African women (26%), 'Black Other' women (25%), Black Caribbean women (22%) and Indian women (19%).
- Interest in taking part in football features prominently for Black African men (19%), Bangladeshi men (18%)
- Many males from ethnic minorities say they would like to take part in motor sport activities with percentages as high as 18% for 'Black Other' men
- Tennis appears to have considerable potential for growth amongst many BME groups and for both men and women. This is particularly the case amongst the Black African population with 15% of men and 11% of women saying they would like to take part.
- Cricket features prominently for many BME groups. It is at its highest amongst Pakistani and Black Caribbean men (12%) followed by Indian men (11%) and Bangladeshi men (8%).
- Badminton. 13% of Chinese women, 12% of Indian women, 11% of women in the 'Other' ethnic group and 10% of Pakistani, Bangladeshi and Black Caribbean women say they would like to take part in badminton.

Negative Experiences of Sport

Generally men are more likely than women to say that they have had a negative experience in sport that is due to their ethnicity but this may

partly reflect the fact, as seen earlier, that more men take part in sport than women.

'Black Other' men are the group most likely to say that they have had a negative experience with one in five saying that this is the case.

Amongst women the 'Black Other' ethnic group also had the largest percentage saying that they had had a negative experience (approximately one in seven).

Chinese men and women are the least likely of all the ethnic groups to feel that they have had a negative experience in sport that they considered was due to their ethnicity.

3.7 Sport England Survey of Leisure Centres

As a final source of general participation data, there is interesting material available from a Sport England survey of participation in local authority leisure centres carried out in 1997.

Social Class

The 2002 GHS data on participation and social class confirmed the findings of the Sport England¹⁵ survey of leisure centre users. In 1997 this found that the best 25% of centres under-represent DE classes by 40%, the worst by 80%. Given the comparative low incomes of BME communities this has a disproportionately bad effect on them.

BME Patterns of Participation

The same survey showed that in 1997, on average, leisure centres attracted use by only 80% of the proportion of BME people in their local communities. The best 25% performing centres attracted 130% of the ratio of local BME communities in the community as a whole, with some "dry" centres attracting over twice the ratio. However, the worst quarter of centres sometimes under-represented BME communities by as much as 70%. As the figures were grouped into families with similar facilities the differences can be put down to either good management or a lack of appreciation of the specific needs of the local BME communities.

3.8 Participation in Football

The General Household Survey shows that Football is the most popular pitch sport with 10% of males participating regularly. Football is also the most watched sport either as a live or TV spectator and the game

¹⁵ Sport England Survey Leisure Centres Survey 1997

generates large amounts of daily coverage on radio, TV and in the newspapers and magazines.

It is interesting, therefore, that in the course of this research the only governing body which has been able to supply detailed information about the ethnic background of its players and officials is the Football Association. Since June 2002 they have been systematically gathering information on fans' backgrounds, on the ethnic origin of officials and of staff in the county football associations. In 2003 they commissioned a statistically valid survey from the British Market Research Bureau (BRMB) on participation and racism.

The main findings of the FA's research are: -

Players

- 57% of non-whites declare an involvement of some sort with football. This is higher than for the population as a whole at 53%
- Participation amongst BME groups is higher at 52% than amongst the white population at 41%. Participation is higher in each form of football surveyed, including 11 a side, 5 a side and kickabout
- Asian groups report higher levels of experience of racism than other ethnic groups.
- When asked "is there racism in football at your level?" 25% of adults responded "yes", 52% answered "no" and 23% did not know
- When asked "in your experience, is there a lot of racism in football?" children increasingly answered "yes" as they grew older – Aged 7-9 (11%), 10-12 (19%), 13-15 (20%)
- Perceived forms of racism ranged from remote (hearing on TV) to the physical (being spat at). Verbal abuse was the most commonly reported and most forms of racism were described as routine rather than one off.
- There is widespread support for action – the statement "Much more needs to be done to tackle racism" receives strong agreement across all adult groups (68% of those involved in 11 a side football) with those most involved in football, young people in the 16-24 years age range, being most in favour

England Supporters

In 2004, England fans were asked to complete a simple form and return it anonymously. Respondents were asked for information on their ethnic background, age, gender and disability. Whilst this survey is not statistically valid it does provide some interesting information as follows: -

- 6% of England fans have a disability

- 85% of fans are male
- 62% of England fans are aged between 31 and 50
- 99.25% of England fans are white with other fans describing their ethnicity as: -
 - 0.37% Asian or Asian British
 - 0.19% Mixed race
 - 0.09% Black or Black British
 - 0.09% Chinese or “other”

Referees

In 2003 referees were asked to complete a similar survey to the one for fans described above. Once again the survey was returned anonymously. The findings are as follows: -

- 2% of referees have a disability
- 1% of referees are female
- 55% of referees are aged between 41 and 60, 10% are under 18
- 97.4% of referees are white with others describing their ethnicity as: -
 - 1.1% Black or Black British
 - 0.6% Asian or Asian British
 - 0.4% Mixed race
 - 0.4% Chinese or “other”

Football Association Staff and Council Members

In June 2002 the FA surveyed over 7,000 people at all levels within the organisation. This included both paid staff and volunteers. Key findings include: -

- 97% of FA staff and volunteers are white
- 91% of FA personnel are male
- 100% of FA Council (the sport’s key decision making committee) members are white
- 99.6% of county FA council members are white
- 99.6% of County FA staff are white
- 98% of referees, coaches and medical staff are white
- 29% of international players (male, female and disabled) are non-white
- 0% of international players describe themselves as Asian, Asian British or Chinese or “other”.

The FA is to be commended as being the most advanced of the national governing bodies in collecting ethnicity data and using this to drive forward its equity policies. Amongst their work in progress is a scheme

which recognises that the membership of county associations is such that there is no BME involvement on disciplinary panels. As a result disciplinary committee members now receive race awareness training, 6 county associations including Essex are producing Race Equality Plans and pilot projects are underway in Essex and Derbyshire to use local Race Equality Councils as advisors.

Given the work already done by the FA, its importance as the governing body of the largest participant sport and the one with the highest level of BME participation and the Essex FA being at the forefront of developing practice in this field, it would appear to be an ideal partner for the BME network in the coming years.

3.9 Need for More Reliable Data at Regional & Local Level

The preceding pages show that there is a base of national data on participation which can be used to inform future development work. However, this data while of great interest has several inherent weaknesses.

First of all, the key source of data, the GHS, provides information on participation during the last month. It does not provide information on participation that would meet the national target of 5 periods of activity each week especially when the GHS definition of sports participation includes non-exercise related activities such as cue sports. Therefore, we currently know the target but not the starting position.

Also the GHS gives a national picture but provides very little at a regional and local level. When some BME communities in the East are of almost vanishingly small size, the data may not reflect their actual patterns and needs. The absence of current and detailed information on refugees, asylum seekers and travellers further compounds the complexity of compiling local needs analyses. This lack of data makes it difficult to establish a baseline against which to measure success in encouraging BME participation both in absolute terms and against the national 2020 target. It is essential that such data is collected at a level no larger than a district or unitary authority level.

4 SURVEY & MAPPING EXERCISE

4.1 Objectives

The objectives of the organisational mapping exercise, as stated in the project brief were as follows:

- To undertake a detailed mapping exercise of the regional BME organisations that service the sporting and non-sporting needs of BME communities.
- To quantify not only the number and location of these BME groups, but to ascertain their levels of awareness, understanding of and involvement in regional, sub regional and local sports initiatives.

4.2 What we did

To fulfil the requirements of the brief, we did the following:

- An address list of organisations that service the sporting and non-sporting needs of BME communities in the East region was supplied by MENTER and COVER (the Community and Voluntary Forum: Eastern Region).
- A questionnaire was designed to elicit the key information required.
- The questionnaires were dispatched to 415 organisations, with a covering letter from MENTER, explaining the objectives of the BME research project and the role of the survey within it. A freepost envelope was also enclosed to facilitate the maximum possible response.
- The returned questionnaires were collated and analysed.

4.3 What we found

A total of **83** completed questionnaires were returned, representing a **20.0%** response rate.

4.3.1 Type of geographical area served

The types of area served by the organisations are set out below: -

<i>Scope of operation</i>	<i>Number</i>	<i>% Respondents</i>
Housing estate or ward	6	7%
Local authority district	40	48%
A group of local authority districts	12	14%
County	19	23%
East region	6	7%

4.3.2 County of origin

The county in which each organisation is based is set out below:

<i>County of origin</i>	<i>Number</i>	<i>% Respondents</i>
Bedfordshire and Luton	12	14%
Cambridgeshire and Peterborough	23	28%
Essex, Southend and Thurrock	12	14%
Hertfordshire	15	18%
Norfolk	13	16%
Suffolk	8	10%

4.3.3 Status of organisations

The type of status of each of the respondent organisations is based is set out below:

<i>Status of organisation</i>	<i>Number</i>	<i>% Respondents</i>
Registered charity	37	45%
Community/voluntary group	29	35%
Company limited by guarantee	2	2%
Religious/faith group	3	4%
Statutory service	10	12%
Other	2	2%

4.3.4 Services offered

The number and percentage of organisations offering different types of services to BME communities are set out below:

<i>Type of service</i>	<i>Number</i>	<i>% Respondents</i>
Sports/leisure participation activities	41	49%
Sports administration/management	5	6%
Education/training and employment	44	53%
Crime diversion/intervention	18	22%
Healthy living/well-being	40	48%
Community/voluntary sector capacity building	48	58%

Welfare/law/citizen's advice	24	29%
Housing/physical regeneration	14	17%
Other	4	5%

4.3.5 Sources of funding

The number and percentage of organisations receiving external funding from various sources are set out below:

<i>Source of funding</i>	<i>Number</i>	<i>% Respondents</i>
Central Government	9	11%
Local government	39	47%
Primary Care Trusts	15	18%
Non-governmental organisations	14	17%
Lottery	19	23%
Charities/trusts	20	24%
Local businesses/sponsorship	3	4%
Membership income	20	24%

4.3.6 The people served

The types of people the organisations reach are set out below:

Gender:

<i>Gender</i>	<i>Number</i>	<i>% Respondents</i>
Male	1	1%
Female	3	4%
Both	79	95%

Age:

<i>Age</i>	<i>Number</i>	<i>% Respondents</i>
0 - 5	44	53%
6 - 15	63	76%
16 - 24	73	88%
25 - 50	73	88%
Over 50	66	80%

4.3.7 Numbers of people accessing organisations' services

The numbers of people accessing services in the past year are overleaf: -

<i>Numbers</i>	<i>No. Respondents</i>	<i>% Respondents</i>
0 - 20	3	4%
21 - 50	12	15%
51 - 100	9	11%
101 - 200	10	12%
201 - 500	17	20%
501 - 1,000	17	20%
Over 1,000	15	18%

4.3.8 % of people from BME communities accessing services

The percentage of people from BME communities who accessed services in the past 12 months are below:

<i>Percentage</i>	<i>No. Respondents</i>	<i>% Respondents</i>
0% - 20%	15	18%
21% - 40%	3	4%
41% - 60%	2	2%
61% - 80%	8	10%
81% - 99%	24	29%
100%	18	22%
Not known	13	16%

4.3.9 Enhancing BME participation in sport

Based upon their experience, respondents were asked what measures would be most likely to increase participation in sport and physical activity by people from BME communities. The results are tabulated below:

<i>Measure</i>	<i>Number</i>	<i>% Respondents</i>
Increased funding	52	63%
Qualified/skilled staff	30	37%
Access to appropriate facilities	50	61%
Community-led services	40	49%
Better outreach and publicity	50	61%

Other measures stipulated by respondents included:

- The development of more role models (in sports participation and management) from BME communities.
- More culturally sensitive provision and promotion of sport.
- Developing a better understanding of the sports needs of different BME communities.

- More collaborative delivery of opportunities to participate.

4.3.10 Future support needs

Respondents were asked what types of training and support their organisation requires, to help it improve the services it offers to BME communities. Their responses are tabulated below:

<i>Type of support</i>	<i>Number</i>	<i>% Respondents</i>
Forward planning	18	22%
Governance	3	4%
General management	13	16%
User-centred services	21	25%
Staff and volunteers	31	37%
Training and development	39	47%
Managing a budget	8	10%
Business planning	14	17%
Monitoring and evaluation	26	32%

4.4 Key issues and recommendations

The conclusions drawn from the consultation exercises that have contributed to and influenced the detailed project proposals are as follows:

4.4.1 Geographical scope

Almost half (**48%**) of respondent organisations operate within an area corresponding to that of their district council. This underlines the potential for more collaborative working between BME organisations and local authorities.

4.4.2 Organisational status

80% of respondents are either charitable or community organisations and as such are eligible to apply for the wide range of funding opportunities that are confined to applicants from this sector.

4.4.3 Services offered

A wide range of services are offered by respondent organisations, in addition to opportunities for sport and exercise. This emphasises the potential for linking sport and exercise initiatives with other social and community provision, to provide a holistic support service for BME communities.

4.4.4 Sources of funding

Local authorities are the single most significant funder of BME organisations, providing financial support to almost half (**47%**) of respondent organisations. However, Lottery funding is increasingly influential, part-funding **23%** of organisations, as are charities (**24%**). However, all these sources of funding provide only short-term finance, which can threaten the continued delivery of the services offered.

4.4.5 The people served

Only **22%** of respondent organisations provide services exclusively for BME communities, which suggests a positive trend towards racial and cultural integration in service provision.

4.4.6 Measures to increase BME participation

The need for additional funding for organisations providing opportunities to participate in sport and exercise is stipulated as the single most significant requirement, by **63%** of respondents. However, access to suitable facilities (**61%**) and better outreach and publicity (**61%**) also identified as significant needs. Interestingly, the need for more qualified/skilled staff was identified as the least significant of the suggested factors at **37%**.

4.4.7 Future support needs

Respondents were asked what types of training and support their organisation needs, to help improve the services offered to BME communities. Training and development was the most frequently identified need (**47%**) followed by a requirement for more staff and volunteers (**37%**). The provision of appropriate opportunities for training and development for voluntary and community sector organisations should therefore be regarded as a future priority.

5 CONSULTATIONS

5.1 Summary of Methodology

In addition to the numerical data reported in the preceding paragraphs and the information gained from the survey reported in chapter 5, PLC consulted widely with individuals and groups from BME communities and those working with them in the sporting field and on wider community projects. This third method of data gathering enabled us to explore issues in more detail and for these matters to be discussed amongst interested parties.

We consulted through a combination of face to face interviews, telephone calls, correspondence and interviews on radio and television. In this way we were able to obtain a great deal of information and opinion about encouraging BME participation.

5.1.1 Regional & County Workshops

Formal consultations took place through a series of workshops across the region. In addition to a regional workshop, sessions were held in each of the counties in the eastern region. Attendance at these was by invitation to community leaders and to those currently working in the sports and community development fields.

With the exception of the Norfolk event, these were well attended and produced vibrant debate, examples of good practice and ideas on further consultation with individuals and organisations.

5.1.2 Wider Consultations

We were also anxious to talk to individuals who did not belong to organised groups but who had experience and knowledge or who held strong opinions. We therefore issued a press release to the national, regional and BME press and radio stations inviting comments and opinions. This was well received and generated considerable interest including PLC staff being interviewed for both radio and television. This, in turn, generated further consultations.

5.2 Issues Arising From Consultations

Inevitably, some of those we spoke to expressed opinions which were directly opposite to the views of others; an example was the need for affirmative action in promoting people from BME communities into senior management positions within the sports and leisure industry. One school of thought was that this was necessary to overcome barriers of

prejudice and stereotyping; others thought that it was more important to remove barriers through education and training and that affirmative action would result only in resentment and a divisive quota system. However, in general, our consultations echoed the findings of the surveys and reflected the national picture painted by the data gathering. These may be summarised as follows: -

- Poverty and Deprivation
- Lack of Role Models
- Structure of Sport and BME Involvement with Governing Bodies
- Racism
- Lip Service to Equity
- Sports Development Ghetto
- Need for Better Information
 - Lack of Awareness Amongst BME Communities
 - A Failure to Market to BME Communities
- Lack of a Shop Window for BME Sport
- Lack of Information
- Re-Inventing the Wheel
- Short Term Funding

5.3 Poverty and Deprivation

Our consultees stressed that the combination of entrance charges and/or club subscriptions, purchase of clothing and equipment, travel and coaching fees presented insurmountable barriers for many members of BME communities. Many development schemes in the east and in areas such as Tower Hamlets have shown that even modest charges of less than £1 can have a severely detrimental effect on participation.

5.3.1 Supporting Data

We began the executive summary of this report with a quotation from Nick Rowe, Ryan Adams and Neil Beasley, in “Driving Up Participation - Challenge for Sport” – Sport England 2004¹⁶ concerning the lack of progress in taking sport out of its traditional social heartlands. This includes encouraging more participation by people from BME communities. Data from the General Household survey quoted later in this chapter supports this view.

Elsewhere in that report Michael Collins of Loughborough University argues that poverty and deprivation are major factors in this exclusion. To quote: -

¹⁶ http://www.sportengland.org/driving_up_participation_full_review.pdf

“I cannot repeat too loudly or insistently here, that poverty is the core of exclusion. Age, gender, ethnicity, (dis)ability, physical environment and location are all factors for some but most excluded people are also poor.”

Collins goes on to argue that 57% of people from BME backgrounds are excluded from sport by reason of poverty.

Data from the Government Office for the East of England ¹⁷ showed that: -

- 67% of England’s BME communities live in the 88 most deprived local authority districts
- 68% of Pakistani and Bangladeshi families live in poverty
- 59% of BME people are in work compared with 75% of population as a whole

The consequence of this data is that developmental schemes aimed at BME participants must, in general, be subsidised. Support must also be offered to promising participants to help with equipment, travel and coaching costs. In addition, discounting schemes such as leisure cards aimed at reducing the price barrier at local authority centres must be fully promoted to BME communities and managed in such a way as to maximise take up and usage.

5.4 Lack of Role Models

5.4.1 Very Few BME PE Teachers

A recurring theme in our consultations was the lack of role models for young people from BME backgrounds. Although there are an increasing number of high profile and successful BME performers such as Kelly Holmes and Amir Khan for many young people these are seen only on television. In addition, whilst there are an increasing number of professional footballers, rugby players and athletes, there are very few high level managers and coaches. Consultees spoke of an impression being given that BME people can play but not organise. This is an issue for all involved in sport to address.

At grass roots level the situation is similar in respect of those responsible for introducing young people to sport and managing facilities and programmes at local level.

In the East, only 3% of all teachers are from BME communities¹⁸ which means there are very few Black or Asian PE teachers. Young people,

¹⁷ GO East Race Awareness Seminar – 25th November 2004

¹⁸ School Workforce In England January 2004 (Revised) Department for Education and Skills

therefore, do not have immediate role models in their formative years. There is, clearly, a need to attract more PE teachers from BME communities

To help overcome this issue a short term solution may be to encourage BME coaches into schools.

5.4.2 Very Few BME Senior Leisure Managers

There is also a need to develop more BME sports and leisure managers, administrators and coaches. Our consultations with leisure management companies and umbrella organisations such as the ISRM and the Leisure Management Contractors Association showed that whilst there are many BME employees at front line level e.g. fitness instructors, reception staff and lifeguards, there are very few at centre management level and above in both the public and private sectors. We were able to identify only a handful of BME Chief Leisure Officers from the 450 local authorities in England and Wales and 2 BME leisure centre managers amongst private management contractors.

This issue was discussed with a number of experienced Black leisure managers currently working at middle management in local authorities in the East and London. Their perception was of a “glass ceiling” in operation with regards to advancement of BME managers which could in some cases be regarded as institutional racism.

To overcome this would require first of all an acknowledgement that a problem exists and then a series of actions to address the problem. These include: -

- Gathering of data not only on current involvement but also on how BME students taking PE, Sports Science and similar qualifications have progressed in the industry. Possibly these students are entering the private, small business sector rather than the traditional public sector.
 - The need for Sport England, the governing bodies and other leisure professional organisations to give a lead on equity including having Black and Asian people in positions of influence.
 - A need to support and mentor young and aspiring BME managers during development of their careers.
 - The need for current race equality schemes to have teeth and be regularly monitored. The current situation of very few BME senior staff indicates that this is not happening at present.
-

The development of BME leisure managers will greatly aid the response of local services to the needs of the local communities they serve and to the perception of leisure centres as being welcoming to BME people. It is, in our opinion, essential if participation is to be significantly increased and national targets to be met.

5.5 Structure of Sport and BME Involvement with Governing Bodies

Just as there are few BME faces involved in the management of local leisure centres, sport at club and governing body levels continues to be dominated by older, white males. For example: -

“The 92-member Council (of the Football Association) includes delegates from Oxford and Cambridge Universities, the Army, Air Force, Navy and independent schools but no supporters, players, managers, women or black faces.”¹⁹

Consequently, our consultees felt that equity and diversity issues are not regarded as important. Essex County Cricket Board and Redbridge and Ilford Hockey Club are cited as honourable exceptions to this. In general, however, although most governing bodies and many clubs have equity policies but there is a perception that very often these are not backed with action. This is seen, for example, at disciplinary committees where a case involving a BME player will almost inevitably be dealt with by a totally white committee. Consultees felt that affirmative action is needed to increase BME representation on governing body committees. The Football Association is developing pilot projects in this way and the Essex County FA has been identified as one of these pilots. Involvement of the BME Sports Network in this project would be beneficial.

Consultees felt that there is a need to employ more equity officers within the larger governing bodies and for smaller organisations to work with local race equality councils or similar bodies to draw on their expertise.

5.6 Racism

In addition to structural problems concerning the price of services and the organisation of sport, many consultees stated that “simple” racism remains a barrier to greater BME participation.

The data quoted in section 3 shows that as many as one in five BME players, coaches, administrators and spectators have suffered negative experiences whilst taking part in sport. Our consultees echoed this with most negative comments being received about football probably due to its

¹⁹ The Independent, 9th October 2004.

popularity and the confrontational culture of the game. Our consultations with both players and organisations such as the Leicester Racial Equality & Sport Project stressed that whilst the Football Association at national level has committed itself to ridding the game of racism and racist behaviour, local associations and their partners are not putting this into practice. This has resulted in the FA establishing a national hotline for reporting incidents rather than relying on the ability of county associations to deal with problems. All consultees stressed the need for high profile visible action being taken against individuals and clubs engaged in racist behaviour.

5.7 Lip Service to Equity

The failure to be seen to be tackling racism head on was a factor in many of our consultees being cynical about the commitment to Sports Equity of many sporting organisations and the use of standards such as the Sporting Equals' 'Promoting Racial Equality through Sport'²⁰.

Consultees felt that most organisations were paying only lip service to equity. "They have certificates on the wall but fail to promote Black and Asian people to positions of influence." was the comment on one consultee who summed up the opinions of many.

This was confirmed for us during one interview when a senior member of a professional body said "It is not our job to encourage Black and Asian people into the profession; simply to sign them up once they are in." This came from an officer of an organisation which boasts of the Sporting Equals standard in all its publicity material.

5.8 The Sports Development Ghetto

Interviewees commented that much of the good work in developing BME participation has been carried out by local sports development teams. They have achieved considerable success as detailed in chapter 6 of this report. However, from our consultations we have gained the impression that this developmental work has had little impact on guiding people from BME communities into 'mainstream' participation at local leisure centres or sports clubs. BME participants often remain within the specific programmes provided for them and do not travel along pathways into wider multi-ethnic participation. This is particularly true for some of the tighter-knit communities such as refugees, asylum seekers and travellers.

As many of these programmes are funded only for a limited period, participation often ceases when these initiatives come to end.

²⁰ <http://www.cre.gov.uk/pdfs/sportstd.pdf>

5.9 Need for Better Information

Many consultees spoke of the need to improve the flow of information about sport and physical activities. There was general acknowledgement that both BME communities and mainstream sporting organisations had to improve their performance in this respect.

5.9.1 Lack of Awareness Amongst BME Communities

Many consultees underlined the findings of our organisational survey by stressing that many members of BME communities have poor information on what facilities, programmes and opportunities are available in their area. Many people, especially those not born in this country, rely on community media such as specialist newspapers, newsletters and radio for their information. These place very little emphasis on sport and physical activity. Indeed, the tradition of some faith groups such as Orthodox Jews is to reject involvement in sport as being a waste of time better spent in religious study. Hence the health benefits of activity are not being realised.

5.9.2 A Failure to Market to BME Communities

There is also a failure on behalf of the mainstream of sport to market itself properly to BME communities. In addition to overt racism, consultees also complained of services being perceived as “not being for” people from BME communities. Whilst price is undoubtedly a barrier to participation, perceptions of an unwelcoming service or facility are greater barriers for many people. The low numbers of people from BME communities in some areas has meant that leisure facilities with financial targets to hit have been unwilling or unable to spend on attracting BME communities for what is seen as little reward. Transient populations such as refugees, asylum seekers and travellers are hard to reach groups and do not offer the prospect of becoming long-term customers. Sports Equity has been sacrificed to the bottom line.

Marketing and promotional material is often not in the right language nor in plain English. Little use is made of BME radio stations and newspapers and or of direct marketing techniques such directly delivery of leaflets and posters to BME community groups. As community focal points, the use of mosques and temples as a medium for distributing information and, where feasible and appropriate, as a venue for some sports and exercise activities should be explored further.

Consultees advised that local faith groups are often ideal points of contact with local communities, particularly with older people. For these, the word ‘sport’ may have negative connotations for some BME groups, so

‘physical activity’ or “healthy activity” are generally more attractive terms to use especially amongst women.

Consultees also stressed the need to set up consultative groups with members of BME communities to ensure long term involvement with the development of services. This is most important with groups such as travellers, asylum seekers and refugees who may be small in number but have particular, culturally-specific needs.

Consultees also advised that more information needs to be provided to BME groups on funding sources. This should include workshops and information in BME languages

5.10 Lack of a Shop Window for BME Sport

Despite the problems of racism, lower participation levels and uneven flows of information, many of our interviewees spoke glowingly of the considerable achievements of BME sportsmen and women and of the good health of many BME sporting clubs and organisations. They felt, however, that this did not receive the attention it deserved from the sporting and the wider communities.

There is a need for an event or programme of events to celebrate BME sporting achievement and to foster greater links with the mainstream of sport in the region.

5.11 Lack of Data

As was shown by the data quoted in chapter three of this report, there is a shortage of data on BME patterns of participation in sport and physical activity. Consultees spoke of the difficulty in measuring the success or otherwise of initiatives simply because there was no baseline from which to measure progress. This applies not only generally but to the Eastern region as a whole, to local authority level and down to attendance at individual facilities. Most local leisure centres or playing field complexes simply do not know how many customers from BME communities they have, how this compares with the proportion in the local population and what those communities think is good or bad about the services on offer.

This needs to be addressed through statistically valid research carried out locally and across the region. This should be numerical and focus group based to provide information on the quantity of participation, opinions on barriers to development and ideas for service improvement.

5.12 Re-Inventing the Wheel

During our consultations, people have made known to us examples of programmes aimed at improving BME participation both in the Eastern region and elsewhere. They also spoke of frustration at not being able to access a central resource containing examples of successful schemes and the contact details of the people involved. This had led to examples of “re-inventing the wheel”. They spoke of the need for a central and well maintained database. This is discussed in more detail in section 6.4. in the following chapter.

5.13 Funding

5.13.1 Problem of Short Term Programme Funding

Many programmes aimed at developing BME participation for sporting or health or social inclusion benefits are not part of the long term, mainstream work of local authorities, governing bodies and other agencies. They are often projects with short term funding aimed at addressing specific issues. Typically they last for three years and draw upon funding streams such as the Active Communities Development Fund.

Consultees pointed to the experience of many successful projects that this timescale is simply not long enough to achieve the full potential of programmes and for the effects to become embedded in everyday life. All concerned spoke of the need to lobby both for the longer commitment of funding and for the incorporation of developmental programmes into mainstream work particularly that of local authorities.

5.13.2 Improving the Capacity to Bid

With respect of the availability of funding support going directly to BME organisations as opposed to development agencies, the availability of funding for BME development projects was not thought to be a problem. Of greater concern was the knowledge of these funding sources and of how to compile bids. Appendix 3 contains a list of possible funding sources. Consultees reported that many BME groups did not apply for funding because they thought the bidding processes to be overly complicated or because they lacked the skills to complete forms or that requirements such as constitutions, committee structures, reporting mechanisms were not consistent with the way their communities worked.

There is a need for further training for members of the BME communities to enable them to better prepare bids. There is also the need

for funding organisations to be flexible enough to amend their systems and requirements to better accommodate BME communities.

Sports organisations are generally poor at obtaining representation on the policy-making and funding bodies that are increasingly influential in the distribution of funding for projects that contribute towards the Government's wider social agenda. This problem is compounded in turn by the poor representation of people from BME communities on the sports bodies themselves, which means that BME interests are doubly disadvantaged in their ability to communicate their sporting needs and to influence the availability of financial assistance to help fund these needs.

5.14 Make Up Of the BME Sports Network East

At present the BME Sports Network East is made of leisure managers and sports development practitioners. Our consultees felt that the network would benefit from widening the scope of its membership to include representatives of BME communities and others working in the associated areas such as health and employment. These members, whilst not primarily concerned with sport, could advise on the links between sport and physical activity and wider agendas.

6 BEST PRACTICE

6.1 Many Examples of Good Practice

As part of our brief, PLC was asked to research good practice in developing participation amongst BME communities in the Eastern region and elsewhere. We carried out this research through a literature review, web search and consultations.

Not surprisingly we were able to identify many examples of successful projects. An internet search brought up over 500,000 references worldwide and almost 200,000 references in the UK. Interestingly, foreign websites often cited work undertaken in the UK as best practice particularly in measuring the success or otherwise of schemes. A number of examples are given in section 6.2 below. Where possible contact details have been given.

6.2 Examples from current projects.

6.2.1 Travellers - East Cambridgeshire.

East Cambridgeshire District Council has received funding to appoint an Active Communities Officer to implement an Active Communities program within areas of the local community that have been identified as having a certain need. One focus of this particular programme in East Cambridgeshire is to increase participation in sport by young people from the district's largest ethnic minority group (Travellers) from its current minimal level. Initial consultation showed that physical participation in sport amongst the Travelling Community was virtually zero

Programmes include: -

- A swimming program which was the first activities to be drawn out of consultation with the community as this was relevant to culture and lifestyle. Historically, when the families have been 'on the road' it was necessary to pull up near a source of water, traditionally a river. Although those times have since passed, parents had concerns for their children's water safety as previously that summer a young Traveller had drowned within the region. There was little interest in formal teaching sessions, therefore a number of 'fun' sessions were organised where parents and children could learn and swim together.
- Health Awareness Lunches as the importance of a healthy lifestyle is slowly becoming ingrained within the Travelling community.

Mothers in particular were interested in finding out more about healthy eating, diet, smoking cessation and exercise. Bring and share lunches were arranged in partnership with the local PCT which ensured that any further information particularly around smoking could be given. This has subsequently led to some more sustainable and beneficial work with a dietician, utilising food diaries, etc.

- To encourage male participation the project built on Travellers' traditional interest in boxing it was decided to offer activities that would compliment their existing participation in a local boxing club. As a result a series of weight training sessions at the local sports centre were organised where the men could use the state of the art equipment and get professional advice on how to train effectively. These proved to be extremely successful.

Lessons learned for the future include: -

Terminology: Using the appropriate term when referring to individual gypsy and traveller communities is crucial to establish a trusting relationship with such groups as it demonstrates an appreciation of culture. In general terms, there are three particular issues in this regard:

- ***Travellers:*** This term is generally favoured by nomadic communities, many of whom do not like to be referred to a 'gypsies', which they see as a pejorative term.
- ***Gypsies:*** Conversely, many within the Gypsy community are proud of their unique heritage and object to being called 'travellers'.
- ***Fairground heritage:*** Communities from a fairground heritage often dislike being referred to as 'travellers' or 'gypsies', feeling that there are deep-seated differences between themselves as 'professional travellers' and other nomadic groups.

Building relationships: Hundreds of years of persecution of travelling communities have made them very close knit and have created a reluctance to engage with outsiders. This makes it very difficult to promote outreach activities like sport and exercise, without the assistance of an intermediary, such a member of the Gypsy Council, to effect initial introductions. Knowledge of traditions of hospitality are important not to cause unwitting offence.

Perceptions of authority: Local authorities and other 'official' bodies are often perceived in a negative light and outreach activities being overtly promoted by such organisations are likely to be regarded by travelling communities as less attractive than those that are promoted on a less specific basis.

Gender: There are strong gender roles within traditional traveller communities, which need to be recognised and respected by those seeking to engage women in sports and exercise activities. Approaches generally need to be made via a male relative and ideally initiated by female outreach staff.

Facility management and coaching

Attitudes towards travelling communities: Many sports facility managers reflect the ignorance of most people in the dominant culture towards travelling communities, by reinforcing false negative stereotypes. This typically manifests itself in the following ways:

Equality of access: Many facility providers believe that their equity policies promote equality of opportunity. However, few managers appear to be able or willing to acknowledge the factors creating the barriers that prevent people from travelling communities from wanting to use their facilities.

Coaching opportunities: Many sports coaches feel uncertain about working with travelling communities, based upon a number of negative stereotyped perceptions of the attitudes and behaviour of travellers.

Demonstrating demand: It has often proved difficult to demonstrate expressed or latent demand for sport and exercise activities amongst travelling communities, because of their lack of specific awareness of what sport is and what is involved in participation. As a result, funding applications requiring 'evidence of need' for projects involving travellers are difficult to fulfil.

<http://www.eastcamb.gov.uk/>

6.2.2 MACC – Watford Borough Council

The Multi Agency Active Communities (MACC) project is a four year project set up by Watford Borough Council in 2003. Its target groups are Asian and Afro Caribbean women and their families. These groups were chosen for four reasons: -

- 1 A lack of representation of leisure staff from these communities
- 2 High incidence of coronary heart disease, stroke, obesity and diabetes
- 3 A local needs assessment showed low levels of participation in physical activities
- 4 Ability to influence family life style by targeting women.

The overall aim of the project is “to provide equality of opportunities for women from BME groups to access a range of physical activities and increase participation, enjoyment and enhance the quality of life through health improving physical activity.”

Key partners include Watford and Three Rivers PCT, MIND, Millennium Volunteers, special needs children and carers support groups, leisure centres, West Herts. College, Cancer i.

The programme has 5 objectives which are listed below together with examples of associated activities and outcomes.

Objective 1 – Initiating Culturally Sensitive Activities.

Beginners swimming lessons, 2 sessions per week. Special focus on women with mental health problems, women in full time employment and 50+ women. Total attendance 120 women.

Water therapy – weekly session. Total attendance 25 women

Walking Groups 3 sessions per week, 10-15 participants per session. Total attendance 50 women.

Pilates – weekly session for 2-25 women. Introduced as a substitute for ethnic dance as women expressed more interest in Pilates

Key Lessons. All sessions are women only and staffed by females. All sessions are sensitive to cultural and religious needs of women. Sessions are organised to enable participation by hard to reach women, women with children, women in full time employment, young women and elderly women.

Objective 2 – Enabling Equality of Opportunity in Leisure Employment by offering training

A range of training courses has been organised which have resulted in qualifications being gained as follows: -

- 7 walking instructors
- 2 lifeguards
- 1 ASA assistant instructor
- 1 aerobic instructor

In addition further courses are being organised for lifeguards and ASA Instructors and in First Aid.

Key Lessons. There is significant unmet demand for women only swimming courses which is being held back by a lack of competent swimmers able to be trained as lifeguards and instructors. This is being addressed by encouraging young women through complementary schools.

Objective 3 - Increasing Awareness of Health Benefits of Physical Activity

Three health days organised for women and girls including one at complementary schools. These promoted the range of activities available and offered blood pressure screening, lifestyle advice and introductory sessions for basketball, football, walking, cycling and self defence.

In partnership with the PCT, introductions to their weight management programme including promotion of healthy eating.

Publicity and promotion of activities and training.

Objective 4 – Establishing Consultation and Engagement Mechanisms with BME Communities

The success of the MACC project rides on community involvement and ownership. This has been built on: -

The formal mechanism of a multi agency steering group which meets every two months and includes membership of BME voluntary & community groups, PCT, WBC Leisure Services, Cancer i, etc.

Less formal activity such as: -

- Establishment of an Asian women's support in response to need identified by the women themselves.
- Ongoing dialogue with specific target groups such as complementary schools, Millennium Volunteers
- Focus groups for special needs children and their carers
- Continued outreach

Objective 5 – Promoting Awareness of Existing Mainstream Activities and Enabling Increased Access by BME Communities

A wide range of activities including: -

- Promotion of Watford Plus card which enables women to use mainstream services at subsidised rate
- Advising mainstream providers on directing publicity at BME communities

- Working with Herts. Partnership Trust to help access mainstream activities for young people e.g. football, rugby, basketball
- Pre-booking places on mainstream programmes such as aquafit, spinning, aerobics.
- Transferring established BME community activities to leisure centres to encourage communities to use mainstream facilities.
- Organising additional activities in response to identified need e.g. self defence

Key Lessons Overall

The success of the MACC project has highlighted a number of key factors which have been crucial to success. These are: -

- Engagement of the target communities from the outset.
- The multi-agency steering group to ensure that the needs of the community have been at the heart of the project and that the community is represented throughout
- Use of community facilities which are familiar, accessible and acceptable
- Harnessing users of the services and the enthusiasm of volunteers.
- Breaking stereotypes of BME women within mainstream services by increasing awareness of staff to cultural/religious needs and adapting sessions accordingly
- Support and willingness of mainstream staff at all levels to accommodate, change, learn and make services responsive and sensitive to needs.

Multi-Agency Active Community Project – 01923 278 245

<http://www.watford.gov.uk/ccm/portal/>

6.2.3 Gladstone Sports Association - Peterborough

Peterborough City Council's sports development team have a long involvement with the Gladstone area of the city which has a high proportion of BME residents. Residents come from a variety of backgrounds including long established Afro-Caribbean and Kashmiri communities with Somali and Kurdish people arriving more recently.

The Council has worked hard to develop a programme of social inclusion initiatives based around sport. These include: -

Summer Splash

In summer 2003 it worked with agencies including the Youth Offending Team to build the “Better Together” Youth Inclusion Programme (YIP) which organized a summer SPLASH (holiday scheme) offering a range of activities including sport - there was over 75% drop in offences being committed amongst the target group of young people aged 13 to 16.

Sports Leadership

The team is part of the Peterborough Healthy Living Partnership which in November 2004 won a national award in recognition of its contribution to reducing health inequalities through its Sports Leadership Programme. The Healthy Living Partnership, which also includes the Greater Peterborough Primary Care Partnership, is funded by the ‘Big Lottery’ programme. The award recognised that the Sports Leadership Programme ‘breaks new ground as it has developed the skills and confidence of local women to lead on activities.’ It also praised the programme for being sustainable and a ‘scheme that could be reproduced elsewhere in the NHS’.

The Sports Leadership Programme, which first began in summer 2003, offers local women the chance to be trained to run sports groups and classes for the local community. Following the training, the women all received a recognised sports qualification and in return spent a minimum of 20 hours each offering exercise classes and events to local residents within schools and local community centres.

The programme predominantly targets women to provide leadership to other women from BME communities wishing to become more active. In the first year of the scheme 10 women were trained. The second wave will see a further 13 women take the training course.

Community Sports Team
3rd Floor Bayard Place
Broadway
Peterborough PE1 1HZ

Tel: 01733 742545

6.2.4 Bradford Trident – Sports for Life

Bradford Trident is one of 38 New Deal for Communities (NDC) partnerships throughout England. The NDC programme is part of the Government's strategy to give some of the poorest communities in the country the resources to tackle their problems in an intensive and co-ordinated way. Bradford Trident has a 10-year budget of £10m.

Bradford Metropolitan District Council in partnership with Bradford Trident and Sport England has established the “Sports for Life” programme. The local Sports Action Zone is also an active partner in the project. A local voluntary group called the 'Hutson Street Community Association' manage the project and employ one full time worker.

Work undertaken by the project includes: -

- The Trident Football Association set up to cater for the increased number of people involved in football. The project has a 10 member strong management committee including people from minority ethnic communities as well as young people. Local groups can apply for small grants of up to £500. Successful groups have included 2 girls teams and an asylum seekers/refugees team. The project has an annual allocation of £5000 and is managed by a local community group. The project has been an active partner in establishing a Mini Soccer League. 5 local football teams have been established and are participating in the league.
- Sports Fund - This is a biddable fund that local groups and teams can access to increase and improve their involvement in sport and physical recreation. Groups funded include
 - local cricket teams
 - Maroons Basketball Team - current holders of the Yorkshire Basketball Championship. The team includes mainly black people from the local area.
 - Asian Squash Club Physical activities for women - mainly Asian Muslim women and girls
- Community Sports Leadership Award (CSLA) - courses have been organised for local people interested in volunteering for the project and helping local groups. A separate course was organised for females only. This was in partnership with the local SAZ.
- The Tridance programme based around fitness through movement and dance
- Pool of Volunteers - the project has a pool of volunteers who have been on the various courses arranged by the project. These volunteers are utilised in the area and support local groups to build their capacity.

The Sports for Life Project has a steering group which overlooks the whole project and includes partner agencies and representatives of the local community.

http://www.isrm.co.uk/conference/documents/Steve_Hartley.ppt

6.2.5 Leicester Racial Equality & Sport Project

In 1999, Sport England (East Midland) began to increase their priority of sports development advice and programmes to the BME communities prompted in part by the government's PAT 10 report. In the same year Sport England recognized that BME communities did not have an equal access to sports opportunities and services at local levels within the East Midlands region. They acknowledged that specific measures were needed to address this trend.

As a result Leicester was chosen as a showcase project that broadly seeks to increase opportunities for the minority communities to take part and excel in sport. The Leicester Race Equality and Sports Project was established in April 2001 within the Leicester Race Equality Council. Its aim is to: -

"Ensure that Black and Ethnic Minority Communities are able to access sports/physical activity participation opportunities, including access to resources provided by Sport England and other agencies, and develop a more effective link between Black and Ethnic Minority Communities and the statutory and voluntary sector sports providers/organisations in the city".

The project has already achieved a number of successes including: -

- Positive Images programme which promotes participation by women from BME communities,
- Working with the Football Association to set up a hot line for reporting racial incidents
- A programme of fitness training and football for between 15 and 20 asylum seekers and refugees living in a hostel in the City.
- Securing £10,000 Home Office funding and supporting an established community centre working with a multi-cultural group of young people from families on low incomes to access an existing local summer football programme.

<http://www.lrec.org.uk/LRESP.htm>

6.2.6 Voice East Midlands

Voice East Midlands was originally formed in May 1999, with the encouragement and support of the Home Office, to enable the East Midlands Black & Minority Ethnic (BME) Voluntary and Community Sector to influence the regional agenda for the benefit of BME organisations and communities.

The organisation was formally launched in January 2000, with the support of over 150 BME Voluntary and Community Organisations in the East Midlands. Voice's strategic objectives are: -

- To unlock funding for the BME Voluntary Sector at a regional level
- To increase the effectiveness of the BME Voluntary Sector through capacity building support.
- To be an informed voice on behalf of the BME Voluntary Sector and promote its interests at a regional level.

Following a Sport England East Midlands regional office study that discovered that Sport England, its programmes and funding had made only a limited impact on the BME communities in Derby, Leicester and Nottingham, it was decided that the Regional Black and Minority Ethnic Sports Project would be based within VOICE East Midlands as BME networks and groups would be more readily accessible.

The aims of the organization are: -

- To raise the level of awareness about Sport England resources within BME communities.
- To build more effective links between the BME communities and the local sports development functions and other sports organisations
- To ensure that members of local BME communities benefit from a targeted, co-ordinated approach to sports education and training and coach education.
- To link into the national Sporting Equals network in order to share good practice.
- To develop a support network for the project which could help to guide the project and work towards sustainability.

The organisation works at a strategic level to co-ordinate activity and to advise and influence the work of sports development workers with regards to BME communities.

<http://www.voice-em.org.uk/sports/index.asp>

6.2.7 West London Sports Trust

The West London Sports Trust was established in October 1999. It is funded by a range of bodies including the John Lyons Trust. Amongst its aims are: -

- To provide support and guidance for young people in financial need to achieve their sporting and educational goals.
- To promote and develop sporting talent
- To promote young athlete's personal and social development.

WLST has to date supported over 200 people through its programmes of sports scholarship scheme, coach education, sports leadership programme and sports seminars. Operating across West London, the Trust supports many to achieve great personal and national achievements. Although the Trust was not set up specifically to help young people from BME communities the multi-cultural area in which it works means that this is central to their work and they have specific targets to

The trust has three main areas of work. The Sports Scholarship Programme, the Community Sports Leadership Scheme and the Sports Education Programme. These three areas work alongside each other developing pathways for young people in sport.

The West London Sports Trust not only provides financial assistance to those with the Olympic spirit but also aids the individual and society as a whole by providing opportunities for education, training and lifestyle management through sport.

<http://www.westlondonsportstrust.org/>

6.2.8 Celebrating Black Achievement

As part of the 2004 Black History Month celebrations, the Black Cultural Archives mounted an exhibition highlighting the sporting achievements of black men and women in Britain. Their Black Gold exhibition which ran at the BCA's Brixton headquarters from August until October 2004 featured the achievements of Tessa Sanderson, Denise Lewis, Lennox Lewis and John Barnes and many other black sportsmen and women. It also involved forums and question and answer sessions discussing how best to improve BME participation and talent development.

The Black Gold exhibition: A celebration of Black People in British Sport at the Black Cultural Archives 378 Coldharbour Lane, Brixton, London, SW9 8LF.

<http://www.blink.org.uk/print.asp?key=4736>

6.3 USA Experience in Role Models

A recurring theme in our consultations was the need for young people from BME communities to have sporting role models from within their

communities. Data on the lack of PE teachers in schools reinforces this opinion as does anecdotal evidence on the lack of senior leisure managers.

As far as we have been able to find out there are no organisations currently supporting the development of BME coaches, PE teachers or leisure managers. Indeed the chief executive of one professional organisation specifically discounted work in this field. "It's our job to sign people up once they've entered the profession, not to encourage them in the first place."

There are, however, examples from the USA on how organisations dedicated to supporting men and women from BME communities have been established and operate.

6.3.1 Black Coaches Association

The Black Coaches Association has been established to support and encourage black coaches and to act as a source of information and support on jobs. Their website provides a way to keep members and visitors informed with information from a variety of sources in a timely manner. The site features a job postings section to allow employers and job seekers to inquire about postings that meet their criteria.

The BCA is also able to offer scholarships through its Ethnic Minority Post-Graduate Scholarship Programme. The BCA established this in 1995 to support and encourage minorities who wish to pursue a career in athletics. Over \$400,000 has been contributed to the program. The BCA lack awards ten scholarships to BME applicants entering their first year of post-graduate studies. The applicant have been accepted into a sports-administered or related programme, that will assist the applicant obtain a career in sport or sports administration. Each award is valued at \$5,000.

<http://www.bcasports.org>

6.3.2 Black Women in Sport Foundation

Similarly, the Black Women in Sport organisation offers both support to BME women and help to aspiring competitors making their way in the highly competitive US College system. They offer a range of programmes including: -

BWSF Sports Mentoring Programmes

These programmes encourage young black women, sports educators, college students and community leaders to share their life experiences in sports through mentoring. Young people between the ages of eight and sixteen attend sports clinics combined with mentoring programs and use

the BWSF manuals in after-school programs, community centers and summer camps.

Project Challenge Programme

This programme gives under-represented African-American girls the opportunity to excel in tennis with the hopes of gaining national rankings and college scholarships.

The BWSF has also developed a range of programmes which use sport as a way of improving educational attainment and job and training prospects.

Reading Through Sport Programme

This program was established in 1995 for inner city schools. The major purpose of this initiative is to promote an interest in reading among elementary and middle school youngsters who are involved in the Foundation's After-School Programmes. BWSF promotes an interest in reading through the establishment of a BWSF Sports Library. By providing schools with books about sports and famous sports figures, young people are encouraged to read in their leisure time.

Sisters in Sport Science Programme

This Sport Science Program is a collaborative effort between BWSF, Temple University, LaSalle University and the Philadelphia School District. Throughout the school year, youngsters are taught science and math skills as they apply to the sports of golf, basketball, tennis and fencing. Currently, this program is funded by the National Science Foundation.

BWSF Internship Programme

Sports administration, including sports marketing and sports management, are expanding fields within the sport industry. Although there are many employment opportunities available, very few African-American women are employed in these fields. The internship programme provides mentoring and training for outstanding female students who are pursuing a career in sport management.

<http://www.blackwomeninsport.org/>

6.4 Re-Inventing the Wheel

During our consultations, people have made known to us examples of programmes aimed at improving BME participation both in the Eastern region and elsewhere. These have been examples of good practice and

“how not to do it” lessons. The problem for us as researchers and for practitioners is how to find this knowledge and experience quickly and easily. There is no central source of information. The nearest thing to this was the Sport England library which was closed after they moved offices last year. As a result, it requires considerable time spent on web searches, followed up by telephone calls and site visits. Not surprisingly, practitioners simply get on with tackling the needs at hand. However, this leads to mistakes of the past being repeated and the opportunity to spread information and good ideas is missed.

This was highlighted for us when we discovered a previous study undertaken by Sport Scotland. Entitled “Sport and Ethnic Minority Communities: Aiming at Social Inclusion.” this report was drafted by Scott Porter Research and Marketing Ltd. in 2001.²¹ This report identifies 35 examples of good practice and provides a detailed bibliography of research and background data.

There is an obvious need, therefore, for a central resource containing examples of successful schemes and the contact details of the people involved. The internet offers a way to achieve this in a most accessible way. The National Sports Development Association (NSDA) has offered to host an on-line library of good practice on their website. The recently announced intention to merge the NSDA with ILAM and ISRM into a single professional body provides an opportunity to ensure that this database is at the heart of the leisure management profession. We recommend that this offer be taken up and that work begin as a matter of priority. Interestingly, the “Framework for Sport” made a similar suggestion relating to what they called an Innovations Exchange for community sport. To date no progress appears to have been made.

²¹ Available on the SportScotland website at <http://www.sportscotland.org.uk/ChannelNavigation/Resource+Library/Publications/Sport+and+Minority+Ethnic+Communities+Aiming+at+Social+Inclusion.htm>

7 RECOMMENDATIONS

7.1 Tackling the Issues

The preceding chapters set out the results of our research and summarise the issues we have identified. To address these issues we make the following recommendations: -

- 1 The BME Sports Network East to commission statistically valid market research to provide accurate information about levels and types of participation in the BME communities and to identify barriers to improvement. The Network should be responsible for research across the region. Further research should be conducted on a county or community basis through the county Sports Partnerships. This research should have a sufficient sample size to allow findings to be broken down by ethnicity, gender and age and should include both numerical and qualitative data.
- 2 A BME Sports Project Manager be appointed within MENTER to drive forward the work of the Network, to bridge gaps between the sports sector and the non-sports voluntary sector, to engage sub regional partners and to tackle work programmes. This post should act as a champion on BME issues in sport.
- 3 To build additional capacity and to influence policy and practice at a more local level, the BME Sports Project Manager should promote the development of:
 - iii) BME Sports Forums (affiliated to County Sports Partnerships) in areas with significant concentrations of BME communities.
 - iv) Representation of BME interests on other existing local forums (e.g. Local Strategic Partnerships, Primary Care Trusts and Local Sports Councils), in areas where BME communities are less numerous.
- 4 The BME Sports Network East and MENTER to act as a central resource for advice on funding, best practice and information on facilities, activities and programmes. This could involve external partners such as the National Association for Sports Development which has offered to host this material on its website and in due course link with the Innovations Exchange proposed in Sport England's national strategy
- 5 The County Sports Partnerships to appoint equity officers to work with local clubs and groups to develop capacity and promote

further BME involvement. The larger governing bodies should be urged to appoint equity officers and all should develop equity training for all staff, both paid and volunteer.

- 6 Local authorities adopt anti-racist procedures in their facilities and pitch booking systems to ensure that racist behaviour results in a loss of booking privileges. This should be underpinned by a commitment for their operations to achieve accreditation under the new Sporting Equals “Promoting Racial Equality Through Sport” standard.
- 7 That career opportunities at all levels of the sports and leisure industry be more widely promoted and make more appropriate and widespread use of the specialist BME media.
- 8 The Eastern Sports Board develops an annual event to celebrate ethnic minority sport and to develop links between all members of the sporting community.
- 9 The BME Sports Network East to work with the professional bodies for PE teachers, sports development workers, leisure managers, sports physiotherapists and so on to encourage young BME people wishing to gain employment in sports related fields by:
 - i. Working with career advisors to provide information on opportunities available
 - ii. Promoting work experience in sports venues and qualifications such as the Community Sports Leaders Award
 - iii. Developing mentoring and support schemes for young BME people wishing to enter these professions
 - iv. Working with employers and professional bodies to ensure equal access to employment, development and promotion
- 10 Local authorities to put in place consultation mechanisms with their BME communities to examine how services can be better tuned to meet local sporting needs and the role sport can play in meeting wider community needs. Such consultation should include hard to reach groups such as refugees, asylum seekers and travellers.
- 11 Leisure card and other discount schemes aimed at removing the price barrier to participation be monitored and adjusted to ensure the widest benefit to BME communities.

- 12 Local sports partnerships such as school sports co-ordinators work to provide young people from BME communities with role models by encouraging greater liaison between BME coaches and schools and identification of local BME sports champions
- 13 Funding bodies be encouraged to consider longer-term funding for BME projects (minimum of five years) because of the length of time it takes many initiatives to achieve concrete and sustainable benefits.

7.2 Action Plan Responsibility for Recommendations

These recommendations are being made to the BME Sports Network East. However, they will not be able to implement all of them directly. To take these recommendations forward now requires the involvement and commitment of a range of partners including the Eastern Sports Board, Sport England, the county sports partnerships, governing bodies and local authorities. The final recommendations, therefore, concern implementation.

- 14 The BME Sports Network East and its partners to agree an action plan for taking these recommendations forward including a timetable for action with clear responsibilities, reporting procedures and measures of success.
- 15 The BME Sports Network East should review its operation, to ensure that:
 - v. Its structure is appropriate to the co-ordinating role it will need to play (and in particular it should identify the support it requires from the Regional BME Sports Project Manager).
 - vi. Its membership is representative of the partners that it is seeking to influence, including voluntary organisations.
- 16 Implementation should begin with a small number (three or four) of pilot projects to tackle the key themes highlighted in this report i.e. education and skills, marketing and communication, media and health.

We wish the BME Sports Network East and its partners every success in implementing these recommendations.

APPENDIX ONE

OUR BRIEF

APPENDIX TWO

SPORT ENGLAND SURVEY 1999/2000

EXECUTIVE SUMMARY

APPENDIX THREE

FUNDING SOURCES

APPENDIX FOUR

HEALTH AND BME COMMUNITIES