

Sporting Equals Facility Insight Paper

1. Background

Involvement in sport can be at a number of levels, from initial introduction to an activity, through to elite performance and achieving success at international level. Sports facilities strategies must reflect the needs of groups and individuals at each level, providing opportunities which are appropriate in terms of access, cost and quality of provision.

Most people are aware that the provision of sports facilities and the aspiration of increasing activity levels can be very complex. It is important to take account of patterns of participation across different communities, barriers faced and how facilities have been designed and managed to maximise participation from all sections of the community.

2. Introduction

Sporting Equals Faith, Religion and Sport report published in 2009³ highlighted the issue of facilities as a major barrier to sports provision. Further evidence from Sporting Equals delivery partners through Sporting Equals grass routes work has highlighted this as an extremely important area which needs further investigation. This consultation therefore seeks to gain insight into the problems and to help inform sports providers of future approaches to better facility provision.

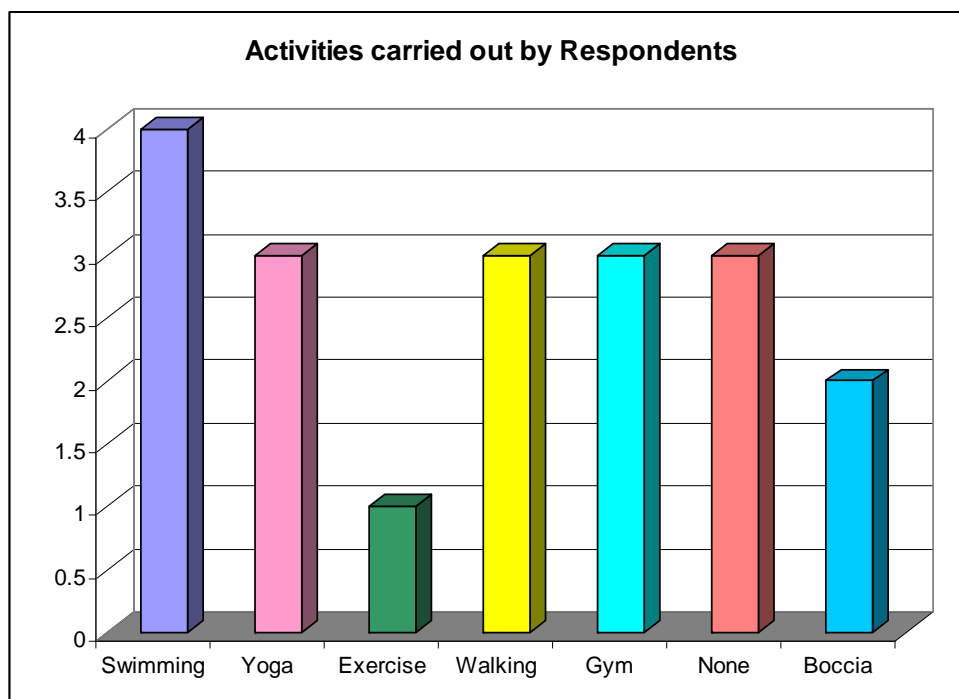
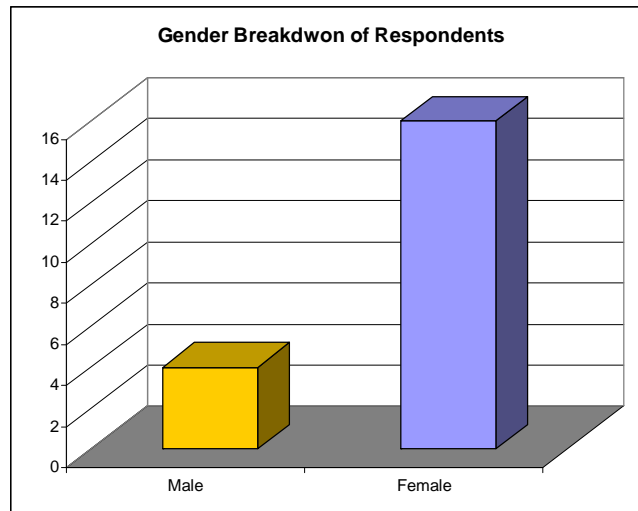
A focus group was conducted to test out the real and perceived barriers around facility provision and to identify solutions to help address some of these barriers and provide guidance for the sector.

3. Focus Group Consultation

The focus group consultation was carried at the Benn Partnership Centre in Rugby on the 29th June 2011. 20 people took part in the focus groups of the following ethnicities and religions backgrounds.

| Ethnicity Profile | | Religious Profile | |
|-------------------|----|-------------------|----|
| White British | 1 | Hindu | 14 |
| Indian | 14 | Christian | 2 |
| Caribbean | 4 | Muslim | 1 |
| Pakistani | 1 | No Religion | 1 |
| | | Not Specified | 2 |

The gender breakdown of respondents



Most of the respondents in the group carried out some form of activity at least once a week at their local sports or community centre, however none were a member of a club or part of a formal club structure. The most popular activity carried out by respondents was swimming.

The focus group was structured into 2 parts, one to look at the key issues/barriers to facilities and then solutions to help overcome some of these problems. The barriers have been broken down into two sections, one includes generic barriers which cuts across all communities and the other looks at cultural barriers which poses problems which are usually more specific to BME communities.

The information from the focus group has been condensed and is presented as practical guidance in the attached table;

Table 1

| GENERIC BARRIERS | Issues | Solutions |
|---|--|---|
| Finance | A lot of facilities are deemed inaccessible as they charge fees which make them out reach of a lot of disadvantaged communities. | <ul style="list-style-type: none"> ■ Subsidise activities to reach out to the wider community. ■ Subsidise the cost of hiring out halls, courts, pitches etc. ■ Provide information on free activities. ■ Provide funding and guidance to help groups set up their own activities. |
| Lack of suitable activities | Often communities are not consulted and facilities may not be offering what people need or want. | <ul style="list-style-type: none"> ■ Direct Consultation with local communities before decisions are made. ■ LA taking more responsibility for BME community engagement when putting on activities. |
| Too far to travel and poor transport links | Good facilities are often located out of areas and some difficult to access by public transport. | <ul style="list-style-type: none"> ■ Make better use of existing facilities and open spaces in local areas and provide transport for hard to reach areas e.g shuttle bus. |
| Quality of facilities | Facilities are often not clean and/or of poor quality. | <ul style="list-style-type: none"> ■ Upgrade outdated facilities to help encourage use and sustain interest. |
| CULTURAL BARRIERS | Issues | Solutions |
| Facility Design | <p>Privacy (important in changing rooms, showering and wc areas).</p> <p>Space for washing prior to prayers.</p> <p>Open plan provision not suitable, doesn't give us the privacy we need.</p> <p>In areas with high BME populations there is a need to ensure facility design is appropriate.</p> | <ul style="list-style-type: none"> ■ Open plan provision should be avoided if extra consideration cannot be given to privacy and segregated areas. ■ Designs should ensure windows and close areas cannot be peered into and the location of doors and reception areas are considered. ■ Consideration should be given to providing a private space for prayer. ■ Communities should be consulted when newbuild and refurbishment projects are taking place and have input into the design process. |
| Lack of planning | Women/men only sessions Timing of sessions (prayers, family commitments etc.) | <ul style="list-style-type: none"> ■ Communities should be consulted before sessions are planned. ■ Timing of sessions should be given |

| | | |
|---|---|--|
| | Information available to BME communities | <p>consideration to fit around prayer and other family commitments etc.</p> <ul style="list-style-type: none"> ■ Women only sessions should mean women only and consideration should be given to ensuring female staff and coaches are available. |
| Community Engagement | Lack of information about what is available locally. Language – a big issue for older people. Information not reaching the wider community. | <ul style="list-style-type: none"> ■ Create awareness of activities available through direct links with grass roots groups. ■ Recruit people who speak community languages and can disseminate information or translate for older people. ■ Link sport to community events. |
| Segregated groups set up independently – Sports not reaching out to the wider community. | Often informal groups are set up because the activities which are available are not inclusive and do not reach out to the local community. | <ul style="list-style-type: none"> ■ ‘Perceived Barriers’ need to be broken down by direct community engagement. ■ Clubs need to portray an inclusive structure. |
| Staffing | Lack of cultural awareness with staff when putting on sessions. | <ul style="list-style-type: none"> ■ Training provided to staff to ensure they are aware of cultural/religious sensitivities of BME groups. ■ Recruitment of a diverse workforce. |
| Coaches/trainers | Lack of coaches/trainers who speak different languages and understand cultural sensitivities. Women only coaches to run women only sessions particularly in sports such as swimming. | <ul style="list-style-type: none"> ■ Encourage people from the BME community to become coaches and trainers to help diversify the workforce. ■ Provide appropriate cultural awareness training for coaches/trainers. |
| Cafes / Catering | There is a need to offer more culturally diverse food. | <ul style="list-style-type: none"> ■ Halal, Kosher or Vegetarian options should be offered where possible. |

The generic barriers cut across all communities and relate to cost, transport and quality of facilities which are issues that impact economically across all local areas and can only be addressed collectively through better facility planning.

Cultural barriers however can be broken down into two key areas;

Intrinsic Barriers: Planning, community engagement, staffing and coaching which facility providers need to consider internally in the management and delivery of services.

Extrinsic Barriers: Facility design and the use of open plan provision which needs to be addressed at a strategic level.

4. Case Study – Aiana Women’s Centre

These findings are supported by a consultation held with a group of 22 South Asian women at the Aiana Women’s Centre in Walsall on the 6th of June 2011. All of these women took part in Aerobics sessions which were held twice a week at the centre, however the management at the centre confirmed ‘we are always turning women away as the class is extremely popular and spaces get filled almost immediately.’

One South Asian lady specified ‘*there are no suitable facilities in the local area for women only provision. You have to get buy in from families and particularly husbands. Environments need to be seen as safe and suitable to enable women to participate in activity. We need more privacy, women only coaches and subsidised sessions.*’

Management at the centre confirmed local sports facilities were not used by these women as they failed to address cultural concerns, The centre is currently a training centre running ESOL classes and hasn’t been set up for sports activity however they managed to get some health funding to put on aerobics activity and bring in a female instructor. These sessions are oversubscribed and the centre is currently unable to cope with the demand.

The consultation revealed that all these women wanted to participate in other sport-related activities however they could not use local facilities as they were either open plan or the facility was unable to address their cultural concerns around privacy, timing, women only sessions/instructors etc.

5. Supporting Research

Sporting Equals’s research report into Faith, Religion and Sport (2009) highlighted that facilities were perceived to be a problem, both in the lack of good quality playing fields with changing areas in disadvantaged neighbourhoods, and in new buildings where design features were wholly inappropriate to the needs of these groups. An example of this was cited as the St Peters Centre, Burnley, a £28m project which won a RIBA award – the facility features a viewing gallery which overlooked the swimming area and therefore some people were unable to use the facilities for cultural reasons. The installation of a screen has reduced this problem, but more effective consultation at the design stage could have avoided this measure.

Further research carried out by Warwickshire Race Equality Partnership, (WREP)¹ suggests that many facilities are non-inclusive due to a lack of cultural understanding. The research identifies an example where a male member of staff entered an organised woman’s only swimming session due to the inability to restrict access to the area. Furthermore, the swimming session windows were not covered which enabled men to look through from the gymnasium into the pool area deterring many women from attending the facility.

The research also found a lack of promotional material aimed at BME communities and concluded that very often sport and recreation facilities, providers and organisations fail to reach out to the BME communities and from a marketing perspective, fail to maximise their opportunities.¹

Another issue picked up by the research was that many individuals stated that they encounter financial barriers, which restricts their participation in sport and active recreation. According to the research, the cost of hiring sports facilities and the cost of participation appears to be the biggest barrier. The research also suggests that the cost of sports equipment required to participate in sport and recreation activities is expensive and the cost of travelling to sport facilities and venues also appear to be key barriers for some BME communities.

A Sikh group stated they feel 'there are cultural barriers for women in sport and the local council (sports providers) will never understand our needs unless they consult and interact with the Asian communities, but this has never happened'.¹

The issue of facilities was also highlighted in a recent article by Dan Road who states, 'at a time when the sport is trying to encourage more females to take up the sport, tens of thousands are alienated because of a lack of civilised changing facilities.'² This demonstrates that open plan provision is not just an issue for BME groups, it is also an important consideration for those wishing to engage more females in sport at a time when Sport England's agenda is focusing on growth.

A further consultation held by Sporting Equals in June 2010 evidences the problems of open plan provision. (See appendix 1). Problems have been identified by a number of agencies including YMCA, London Health Commission and the Muslim Women Sports Foundation who have picked up problems in Croydon (Thornton Leisure Centre), Lambeth (Brixton Recreation Centre and Greenwich (Waterfront Leisure Centre). Recurring issues around open plan, lack of privacy and the ability to offer private single sex provision is causing deliverers to either ignore or be unable to deal with these problems.

Sporting Equals also presented evidence at the 2010 CCPR Facilities Enquiry⁵ and supports its key recommendations highlighting that voluntary and community groups need to be more involved in facility provision, the use of schools as safe spaces for carrying out activity and the need to make open spaces more accessible.

This supporting research clearly correlates with the findings of the focus group.

6. Conclusion

There is a clear need to try and meet the needs and aspirations of BME communities through adequate facility provision. The findings of this report raise two fundamental issues: the need to address the issue of facility design at a strategic level, and the need for existing facilities to become more inclusive.

The need to address the issues of facility design at a strategic level

The research has found that the main cultural barrier which needs to be addressed is facility design. The move to open plan provision has caused barriers for some BME groups and women which is impacting on participation and growth. Often facilities do not offer the privacy that some BME groups and women require to maintain modesty, and are therefore deemed inaccessible.

This has a negative impact on increasing participation. If facilities are not deemed appropriate our research concludes that people become inactive as finding alternative provision outside localities is often time consuming, expensive and problematic.

Subtle changes to design and space could make an enormous difference in helping to reduce the physical barriers which are currently preventing a lot of BME communities and women from using these spaces. This needs, however, to be tackled at the strategic level to ensure future facility provision becomes more inclusive through guidance and advice.

The need for better planning and management of facilities to make them more inclusive

In some cases facilities are accessible however greater thought needs to go into planning and organising sports provision through effective consultation and feedback from the local community. Cost is also a key barrier and facilities need to consider the need to bring in income with wider growth targets through either offering subsidised activity or reducing the costs of hiring halls for activity.

The use of schools should also be considered as safe spaces for carrying out activity which would assist in providing greater access particularly for women and girls.

The quality of experience is also just as important, e.g. well-trained and informed staff who are sensitive to the cultural needs of BME groups. Often a staffing profile reflective of the wider community can ensure cultural concerns are fed into service delivery ensuring greater access and increased participation. People often find it easier to relate to people from their own culture, however where this is not possible training is important to help equip staff with the knowledge and skills required to work with diverse communities.

7. Recommendations

- Sport England are in the process of launching a new funding round for facility provision. Sporting Equals strongly recommends the findings of this report are considered when providing strategic guidance in this area, particularly the issue around the use of open plan design and the barriers this is causing.
- As highlighted in the recommendations of the CCPR Facilities Enquiry more needs to be done to involve voluntary and community groups in facility provision, better use of schools as safe spaces and open spaces made more accessible to the wider community to drive growth and increase participation.
- Sporting Equals would recommend that facility providers use the guidance, particularly in table 1 of the report to help better plan delivery of services and help reach out to the BME communities to enable facility provision to become more inclusive.

References:

1. *Analysing the inactivity of the Rugby BME community and addressing inequality in sport and active recreation. Benjamin Robert Evans, September 2009.*
2. *The Numbers Game – FA Participation Challenge, Dan Roan, 8 June, 2001*
3. *Sporting Equals, Faith Religion and Sport Report, 2009*
4. *Sporting Equals, Sport and Emerging Communities Report, 2009*
5. *CCPR Facilities Inquiry, Report and Recommendations, 2010*
6. *Sport England, Fitness and Exercise Spaces, 2008*

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Appendix 1

A brief consultation was carried out by Sporting Equals BME partners in June 2010 and the following comments were received:

Matt Kendall – Chair Aston Sports Club

A particular issue is around swimming pools. I am chair of community resource and information service and we did some research with muslim new community women around their fears and they had a number of fears around swimming pools - related to CCTV, male observance etc..

Cressida Goding - Youth Development Officer, Liverpool Community Spirit

The 'women only' gym in Liverpool has closed making it difficult for muslim women to exercise, the rest of the facilities are open plan and therefore do not meet the privacy needs required. All the private and statutory run gyms in Liverpool do not make or provide provision for private 'women only' sessions in swimming, gym use and gym classes such as aerobics.

Farzana Saker – West Wiltshire Interfaith Group

Many swimming pools can be seen through glass entrance doors or a gym overlooking the swimming pool. This causes enormous problems when trying to organize single sex provision.

Aurangzieb Ghumra – Crescent Youth Club, Nuneaton

Local swimming baths have communal changing rooms, making it difficult for muslims to use, and lack of facilities in the local community is causing barriers to participation. Projects have to be set up and funded by parents and individuals as mainstream provision is either not available or it does not meet the needs of BME communities.

Lily Frederick, Project Co-ordinator – Muslim Women Sports Foundation

Examples of facilities which are causing barriers include:

Jubilee Sports Centre, Caird Street, London

This venue is unsuitable as there are two large viewing windows overlooking the hall which are not able to be closed off.

Swiss Cottage Leisure Centre, Adelaid Road, London

This venue is unsuitable as there is a viewing balcony along one side of the entire length of the sports hall which cannot be blocked off.

Seymour Leisure Centre, Seymour Place, London

This sports hall is overlooked by a very large viewing window at one end.

Follow the attached website links;

<http://www.westminster.gov.uk/workspace/assets/publications/siteinfojubilee.pdf-1261568693.pdf>

<http://www.gll.org/virtualtour/swisscottageleisurecentre/swisscottageleisurecentre.html>

<http://www.virtualtours360.net/vtupload/westminsterfl/seymour/seymour.html>

Appendix 2

Focus Group Attendees

Our thanks to WREP for helping Sporting Equals to put this focus group together. Our thanks to the following focus group attendees;

Benji Evans
Chimanghai Rathod
Jean Charles
Shardaben Rathod
Joyce Powell
Elsie Hanoomansingh
Muriel Phillips
Veni Paromar
Kamla Mistry
Chanchal Mistry
Shamaben Mistry
Makanbhai Mistry
Rama Shah
Hiraj Vaghela
Rukhi Mistaf
Miruben Mistry
Dhiraj M. Vaghela
Bharti Mistry
Nik Trivedi
Shaheen Bi

Consultation Attendees

Our thanks to the following ladies at the Aiana Womens Centre, Walsall for helping with this consultation.

Dawn Findley
Fahima Sultana
Shabina Kauser
Naguia Begum
Nikki Cooper
Kamlesu Sacuedev
Marina Wall
Saroj Passi
Surinder Kaur Biring
G. Chambers
Dor Chambers
Tahara Kauser
Naila Naeem
Mahara Hoque
Saira Kawsar
Yasmeen Tariq
Shasta Bi
Amtul Shafi
Nasima Begum
Shazia Anwar
Isabel
Parbin Nessa
Nashitar Kaur