How to create a healthier sporting future for Scotland

Sport and Social Inequality
An OSS Academic Review to inform sport in Scotland

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From 1st April: Head of Sport,
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How to create a healthier sporting future for Scotland

1. A healthier sporting future for Scotland – and a healthier Scotland through sport
2. Social inequality today: a challenge to Scotland’s sporting future
3. Equipping Scottish sport to address social inequality
How to create a healthier sporting future for Scotland

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A healthier sporting future for Scotland – and a healthier Scotland through sport
### Table 1  
**Adult sport participation in Scotland, by highest educational qualification**

<table>
<thead>
<tr>
<th></th>
<th>Degree/ professional</th>
<th>HNC/HND/equiv.</th>
<th>Higher/A level/equiv.</th>
<th>O'Grade/Standard/equiv.</th>
<th>Other</th>
<th>None</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Any sport participation (inc. walking)</strong></td>
<td>91</td>
<td>88</td>
<td>88</td>
<td>80</td>
<td>60</td>
<td>56</td>
<td>81</td>
</tr>
<tr>
<td><strong>Any sport participation (exc. walking)</strong></td>
<td>68</td>
<td>60</td>
<td>62</td>
<td>49</td>
<td>26</td>
<td>26</td>
<td>53</td>
</tr>
</tbody>
</table>

## Table 2  
Adult participation in physical activity and sport in the last four weeks by Scottish Index of Multiple Deprivation

*Percentages, 2017 data*

<table>
<thead>
<tr>
<th>Adults</th>
<th>Level of deprivation, by quintile</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5&lt;sup&gt;th&lt;/sup&gt; (least deprived)</td>
</tr>
<tr>
<td>Any sporting participation (inc. walking)</td>
<td>90</td>
</tr>
<tr>
<td>Any sporting participation (exc. walking)</td>
<td>65</td>
</tr>
</tbody>
</table>

*Scottish Government, 2018. Scotland's People: Annual Report 2017. Scottish Government: Edinburgh. Table 8.3. Columns add up to more than 100% as multiple responses allowed*
# What inequality does to participation in sport: deprivation and child sport participation

## Table 3  Child participation in physical activity and sport in the last four weeks, by Scottish Index of Multiple Deprivation

<table>
<thead>
<tr>
<th>Percentages, 2017 data</th>
<th>Level of deprivation, by quintile</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children, age 2-15</strong></td>
<td>5&lt;sup&gt;th&lt;/sup&gt; (least deprived)</td>
</tr>
<tr>
<td>Any sporting participation (exc. walking)</td>
<td>82</td>
</tr>
</tbody>
</table>
Alleviating inequalities in sport participation: good for sport, good for sport participants

- Social inequality kills
- In Scotland:

<table>
<thead>
<tr>
<th></th>
<th>People of lowest socio-economic status</th>
<th>People of highest socio-economic status</th>
<th>Deprivation penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy</td>
<td>73 years</td>
<td>83 years</td>
<td>10 years</td>
</tr>
<tr>
<td>Years in poor health</td>
<td>23 years</td>
<td>10 years</td>
<td>13 years</td>
</tr>
<tr>
<td>Onset of poor health</td>
<td>around age 50</td>
<td>around age 73</td>
<td>23 years of living in good health</td>
</tr>
<tr>
<td>Glasgow effect</td>
<td>Life expectancy in the city is <em>disproportionately</em> shorter than in other similar UK cities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Diverse social factors are *more influential* on individuals than those more obviously associated with health, including health behaviour, genetic makeup, and access to health care services.  

*Marmot, 2010*

Policies are unlikely to succeed when they attempt to tackle health inequalities by trying to 'empower' people or encouraging them to feel happier, more confident or more responsible, without necessarily addressing the key, underlying issues.  

*Bambra et al, 2011*
Social inequality today: the challenge to Scotland’s sporting future
Poverty in Scotland

**The scale of poverty**
- A fifth of people in Scotland live in relative poverty – around 1.05 million people
- Adult poverty is made up of:
  - 650,000 working age adults, and
  - 140,000 pensioners
- Around one in four children (26%) live in poverty - 260,000 children

**The occurrence of poverty**
- poverty is:
  - a minority experience but not a rare one
  - experienced at all stages of the life course
  - transmitted across generations
- Impacts of poverty are especially severe in Scotland, at national and regional level

**Poverty impacts: health**
Scotland has disproportionately poor health outcomes, and the lowest life expectancy and the widest mortalities inequalities in Europe (Walsh et al, 2016)

**Patterns of poverty**
There is a high correlation between the types of people more vulnerable to experiencing poverty and the protected characteristics.

THE CHALLENGE FOR SCOTLAND’S SPORTING FUTURE
The holistic impacts of social inequality: how people are affected by poverty and deprivation

- Poverty and deprivation affect neighbourhood environments.
- Poverty and deprivation have impacts on everyday household and family life.
- Poverty and material deprivation compound the disadvantages of the protected characteristics.
- Living in poverty and deprivation affect individuals’ personal experience.
- Poverty and deprivation affect social mobility and the life-course.
### The holistic impacts of social inequality: the family life course

#### SOCIAL CLASS DIFFERENCES IN THE FAMILY LIFECOURSE

<table>
<thead>
<tr>
<th>AGE OF MOTHERS</th>
<th>Cumulative % of socio-economic group 1.1 ('high')</th>
<th>Cumulative % of socio-economic group 7 ('low')</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 20</td>
<td>0%</td>
<td>8%</td>
</tr>
<tr>
<td>20 to 24</td>
<td>3%</td>
<td>37%</td>
</tr>
<tr>
<td>25 to 29</td>
<td>20%</td>
<td>67%</td>
</tr>
<tr>
<td>30 to 34</td>
<td>63%</td>
<td>88%</td>
</tr>
<tr>
<td>35 to 39</td>
<td>92%</td>
<td>97%</td>
</tr>
<tr>
<td>40 and over</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FAMILY STRUCTURE AT FIRST BIRTH</th>
<th>socio-economic classification 1.1 ('high')</th>
<th>socio-economic classification 7 ('low')</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within marriage/civil partnership</td>
<td>75%</td>
<td>34%</td>
</tr>
<tr>
<td>Other co-habitant</td>
<td>22%</td>
<td>39%</td>
</tr>
<tr>
<td>Lone parent</td>
<td>3%</td>
<td>27%</td>
</tr>
</tbody>
</table>
Equipping Scottish sport to address social inequality
Responding to poverty and deprivation

• difficult to know how to address structural influences through practical action
• physical activity interventions usually focus almost wholly on individual motivations and behaviour change

Golden and Earpe (2012)
Responding to poverty and deprivation in sport – or not?

Scottish local authorities’ Physical Activity strategies in 2007/8:

- children and young people
- girls and women
- adults of working age
- older adults
- people with disabilities
- minority ethnic communities
- rural/isolated communities

Equality and Sport report (Research Scotland, 2016):

- disability
- sexual orientation
- gender reassignment
- race
- religion and belief
- pregnancy and maternity
- marriage and civil partnership

But not people or families on low income or living in deprived areas

But not social class, income or deprivation, separately or within the above groups

The Fairer Scotland Duty...to “reduce inequalities of outcome caused by socio-economic disadvantage...” (Scottish Government, 2018b).
The *Equality and Sport* report (Research Scotland, 2016) found:

- staff in the Scottish sport sector regard social inequalities as the first priority for raising participation.

- sport sector staff feel strongly that deprivation and poverty created inequalities in relation to sports access and participation.

- In focus groups, sport staff displayed knowledge and insight into the challenges posed by poverty and austerity.

- more staff expressed a need for training on engaging people disadvantaged through social inequalities than for any other characteristic.
Acting on social inequalities for Scotland’s healthy sporting future

• Recognise how much knowledge is embedded in current practice
  – community focused approaches address local specificity and complexity

• Capture the excellence of informed practitioners and foreground this approach in formal guidance:
  – appropriate training and resources

• Overall: the expertise from on-the-ground practice should drive policy guidance
“The link between social conditions and health is not a footnote to the ‘real’ concerns with health but should become the main focus”

Marmot, 2010

“Poverty ... remains absolutely central to understanding the causation and patterning of most aspects of social exclusion and a wide range of social outcomes.... Attempts to wash ‘poverty’ out of the policy agenda are quite wrong and unsustainable.”

Bramley, 2017
Bambra, C., Smith, K. E., Garthwaite, K., Joyce, K. E. and Hunter, D. J., 2011. A labour of Sisyphus? Public policy and health inequalities research from the Black and Acheson Reports to the Marmot Review. *Journal of Epidemiology and Community Health* 65 399-406


