

The impact of a community free swimming programme for young people (under 19) in England

BULLOUGH, Steven <<http://orcid.org/0000-0001-8836-5853>>, DAVIES, Larissa <<http://orcid.org/0000-0003-0591-7507>> and BARRETT, David <<http://orcid.org/0000-0001-8132-6819>>

Available from Sheffield Hallam University Research Archive (SHURA) at:

<https://shura.shu.ac.uk/8531/>

This document is the Accepted Version [AM]

Citation:

BULLOUGH, Steven, DAVIES, Larissa and BARRETT, David (2015). The impact of a community free swimming programme for young people (under 19) in England. *Sport Management Review*, 18 (1), 32-44. [Article]

Copyright and re-use policy

See <http://shura.shu.ac.uk/information.html>

**The impact of a community free swimming programme for young people (under 19) in
England**

Abstract

A national free swimming programme for under 16s in England was a central government initiative to increase participation in 2008/09, although not all local authorities adopted it. One implemented a bespoke free swimming initiative (FSI) for under 19s in the community instead, aiming to improve the health of young people through the programme and provide value for money for managers. The FSI saw 33% of the eligible population participating at least once. However, the programme evaluation demonstrated that, despite cost being removed, participation decreased over the programme. Furthermore, the FSI had a largely market penetration effect, where the majority of participants were already swimming regularly prior to the intervention. Overall, the programme provided some health benefits to the more engaged participants, but in terms of wider social benefit there was little evidence to suggest the intervention had any additional impact. The cost per swim of the community investment was almost six times more per head than the central government funded scheme, suggesting that widespread programming did not provide value for money when compared to a more targeted programme.

Key words: Free Swimming, Physical Activity, Market Penetration, Young People

1 Introduction

There is growing evidence to suggest that sport can create social change. Regular sport and physical activity can create healthier individuals, happier and more inclusive communities, and wider social benefits to society (Cox, 2012). In the United Kingdom (UK), policies to increase and sustain participation in sport can be traced back to the 1960s and remain an on-going priority to the present day, with initiatives targeting participation in young people a critical part of this. The focus on participation is heightened due to the high proportion of young people classified as overweight or obese in England, as evidenced by health surveys undertaken in England (The National Health Service (NHS) Health and Social Care Information Centre, 2008).

The involvement of central and local government in England, in terms of providing sporting opportunities for young people both in and out of the school setting through policy intervention, is significant. There are numerous examples of programmes designed to increase participation by young people, including the £36 million Sport Unlimited project from 2008-11 (Sport England, 2008a), the £56m Sportivate project from 2011-2015 (Sport England, 2011) and the £150m Sainsbury's School Games from 2011-2015 (Sport England, 2013). These projects are funded and managed by the government Department for Culture, Media and Sport (DCMS) and the non-governmental department Sport England. This added investment in community sport outside of the school timetable is in addition to the enhanced role of Physical Education in the English National Curriculum, which has developed since the 1988 Education Reform Act. This included Physical Education (NCPE) in the National Curriculum in England and Wales (Houlihan, 2008).

Part of the targets introduced around Physical Education (PE) in English schools was a required target of at least two hours of PE per student each week. Data collected by Quick (2008) demonstrated the proportion of young people (aged 5-18) doing 120 minutes of PE in

schools was increasing (77% in 2003/04, and 79% in 2009/10), although there are considerable differences by school and by age, with younger students doing more, and pronounced drop-off between the age of 15 and 18. This target of two hours was removed as a requirement in schools following a change in central government in 2010 (Paton, 2012). In addition to PE, central and local government investment (through leisure departments) provides sporting opportunities on a subsidised (or free) basis in order to facilitate sport participation by young people living in the surrounding catchment area. However, there are questions around whether free provision actually makes a longer term difference towards increasing the participation rates of people, as price is only one determinant of demand for sport (Downward & Rasciute, 2010).

This paper examines the impact of a community free swimming programme for young people (under 19s) in one English local authority area. The programme, referred to within this paper as the Free Swimming Initiative (FSI), is an example of a strategic investment by a local authority to address health inequalities in the local area and to tackle obesity through increasing participation in sport. The paper presents the key findings of the FSI evaluation, comparing the anticipated and actual outcomes before discussing the implications for managers in the context of programming and delivery. It argues that although the removal of price was designed to increase participation and thus drive health equalities and value for money, the reality was a series of unintended impacts, which will be discussed.

Before the evaluation is presented, the paper firstly discusses the link between sports participation, health and other social impacts and the national policy context around participation in England, particularly young people.

2. Sport for social change

There is a widely held belief that participating in sport can create wider impacts to society. This is not a new phenomenon and is reflected in both social policy and academic

literature. In the UK, although government interest in sport can be traced back to Sport and the Community (Wolfenden Committee on Sport, 1960), it is from the early 1970s that public policy emerged around the use of sport for societal good (Houlihan 1997; King, 2009). The formation of the Sports Council by Royal Charter in 1971 was closely linked to enhancing social welfare and the subsequent development of sports policy through the 1970s and early 1980s clearly promoted this agenda (Department of the Environment, 1975; Henry, 2001). While the neo-liberal agenda of conservative governments in the late 1980s saw a decline in concerns with the wider societal impacts of sport, the 1990s again saw a revival in the notion that sport could deliver wider individual and community outcomes. The election of the Labour government in 1997 formally placed sport at the heart of its broader social policy agenda (Coalter, 2007), where it has remained ever since.

In parallel to the growing recognition and use of sport within public policy in the UK and elsewhere, there has been a similar growth in academic interest and evaluative research on the social impacts of sport. Dating back to the 1980s, there is substantial research to suggest that sport can create wide ranging impacts on society in health, education, crime and social capital (e.g. Cox, 2012; Oughton & Tacon, 2007). However, this body of research is contested with critics such as Coalter (2005, 2007) arguing that despite the growth in volume, evidence for many of the claimed impacts are limited by various factors including the difficulty in isolating the impact of sport from other factors and causality, especially in relation to the evidence based on cross sectional research.

Although research on the social impact of sport remains contested, there is convincing evidence to suggest that participation in sport generates health benefits to individuals and ultimately society, in terms of health care cost savings. Previous studies allude to participation in sport and physical activity as a vital part of using prevention of long term health issues rather than a measure to cure. There is a consensus in the literature, based on

scientific evidence, that participation in sport and physical activity creates preventative and therapeutic health benefits including prevention of premature death and chronic diseases including cardiovascular disease, diabetes, cancer, hypertension, obesity, osteoporosis and depression (e.g. Cox, 2012; O'Donovan, Blazevich, & Boreham, 2010; Warburton, Nicol, & Bedin, 2006). Furthermore, research suggests that the health benefits of participating in sport and physical activity relate to both adults and children, although there is some negative evidence that participation in some sports can lead to an increased risk of sports injuries for children (e.g. Grimmer, 1999).

There is evidence in the literature that participation in sport can generate other social impacts. In relation to sport and educational attainment, proponents argue that participation in school sports can lead to a range of positive outcomes, including reduced absenteeism, a stronger commitment to school and improved discipline (e.g. Keays & Allison, 1995), which ultimately leads to higher educational performance. Moreover, Cox (2012) highlights a range of recent literature that suggests there is a positive relationship between physical activity and academic attainment. Coalter (2007) suggests that there are various methodological issues with this evidence, arguing that it is difficult to prove positive cause and effect relations, or an understanding of the mechanisms involved; resulting in research with mixed and inconsistent results. While other authors concur that many studies into the relationship between participation in physical activity and academic attainment in children are not of a high enough quality, there is a growing consensus that there is now stronger evidence of a positive relationship (Singh, Uijtdewilligen, & Twisk, 2012).

Another area of social impact literature where there is a heavy focus on young people is in the area of crime. The literature broadly divides into two categories; the rehabilitation of offenders and the prevention of crime (diversion). In terms of the latter, which tends to be the focus of social policy initiatives, there is increasing evidence to suggest that participation

in sports activities reduces antisocial behaviour and improves pro-social behaviour in young people (e.g. Nichols, 2007; Witt & Caudwell, 2010), although these relationships are not direct and based on the assumption of the development of intermediate outcomes such as self-efficacy and self-esteem (Coalter, 2007).

Finally, the other major area of literature relating to sport and social change is social capital, although there is less of a focus on young people in this research than in either the education or crime literature. Social capital is broadly considered to be the social networks, relationships and shared values that exist within society. There is emerging evidence that sport contributes positively to bonding social capital between friends and relatives and bridging social capital with different types of people, outside regular social circles (e.g. Tonts, 2005). Nevertheless, again a familiar criticism of this evidence is the reliance on cross-sectional analysis and a lack of systematic and robust evaluation of most programmes with limited longitudinal evidence (Coalter, 2007).

Spaaij (2009, p. 1109) argues that it is by now commonplace to point to the absence of hard evidence needed to test whether and how sport programmes actually work, to criticise the shortcomings of anecdotal evidence, and to stress the need for better monitoring and evaluation of sport-for-development programmes. This is certainly the case in relation to the academic literature on sport and social impact, although proponents argue there are signs that the evidence base is improving. While it is clear that there is an association between participation and social impact, there remains a lack of understanding of the processes that produce social change and in what circumstances these occur.

3. Policies to increase participation by young people in England

Over the last ten years, sport policy in England attached targets for physical activity levels and participation in sport, as first set out in the 2002 Game Plan, which ran from 2002-2008 (Department for Culture, Media and Sport / Strategy Unit. (2002). The Sport England

strategy that followed Game Plan ran from 2008-2012/13 (Sport England, 2008b) with three headline objectives ('Grow', 'Sustain' and 'Excel'), with a target of increasing participation by one million adults, although this target was subsequently removed. The 2008-12/13 strategy outlined an explicit focus on increasing opportunities for youth sport, and the free swimming programme under discussion here had a close fit with this headline aim. This strategy was followed by the £1bn funded 2012-2017 Youth and Community Strategy which has a clear focus on participation of 14-25 year olds (Sport England, 2012). These historical policy documents demonstrate that the development of youth sport, with associated funding to implement policy initiatives, has been a clear focus in England.

Figures from the national General Household Survey demonstrated that adult participation rates in sport have been largely static for at least two decades (Rowe, Adams, & Beasley, (2004); Gratton, Rowe, & Veal, 2011, Gratton, Taylor, & Rowe, 2013). Funding for policies designed to increase participation have seen significant increases in the last decade, including the investment in the strategic data collection tool, the Active People Survey (Sport England, 2006-2013). The existing editions of the Sport England Active People Survey (Sport England, 2006-2013) indicate that, on average, around one in five of adults (over 16) participate in three sets of thirty minutes moderate intensity exercise per week, one of the key performance indicators. However, only those aged 16 and over were included in the first six iterations of the Active People Surveys, with 14 and 15 year olds included in Active People 7 (Sport England, 2006-2013).

In terms of understanding levels of participation for those aged under 16 the sample size of available national data are not the same size as the adult data. In 2002, Sport England aggregated the three editions of their 'Young People and Sport' survey from 1994, 1999 and 2002 to generate a sample of approximately 11,000 young people between the age of six and sixteen. Aggregated results outlined that 91% of those interviewed had participated in sport at

least once outside of school. Broadening the depth of knowledge around the participation habits and trends amongst those under the age of 16 may also have a role to play in helping the transition into adult participation post-16 (Bullough, Hart, & Gregory, 2011). This has the potential to have an impact on adult participation rates by broadening the base in the 16-19 age category, which may, for example, increase the proportion of adults who would be classified as regular participants.

The investment in policies which provide opportunities for young people to engage with sport in the community, and thus tackle the issue of young people in the overweight/obese category, is likely to be an increasing requirement in the coming years and decades in England. Such policies which focus on this have been put in place, alongside recommendations from the Chief Medical Officer of England. For example, from The NHS information centre (2009) the suggestion is that at least 60 minutes of at least moderate intensity physical activity each day (for five days of the week) is required for children and young people. The results from the 2009 Health Survey for England (The NHS, 2009) outlined that, for those between the ages of 2-15, only 32% of boys and 24% of girls met this recommendation, and the 2011 edition highlighted that, for those aged five to fifteen, 21% of boys and 16% of girls did. Levels of obesity and those classified as overweight have, however, slightly decreased between the 2008 report and the 2012 report (16% obese and 30% overweight in 2008 compared to 14% obese and 28% overweight in 2012), with inactivity a key contributing factor of weight gain/weight issues.

In 1997 it was suggested that the decrease in the number of people taking part in activities based at school into post-school adult life is a problem that previous policies and strategies have not managed to overcome (Brennan & Bleakley, 1997). Other studies have discussed the problematic transition into adult participation beyond the age of 16, first cited by Wolfenden (1960), referring to it as the key phase (cited in Coakley & White, 1992).

Mulvihill, Rivers, and Aggleton, (2000) suggested that, over time, young people grow out of certain activities. Rudman (1989) also suggested that a person's age is the most important issue that influences their participation in sport. The headline findings from the Sport England Active People Surveys shows a clear downward trend in participation levels from the age of 16 although swimming is, according to the data available, one sport which is affected differently. For example, the Amateur Swimming Association's Everyday Swim project (Amateur Swimming Association, 2008) outlined that 30-44 year olds (both male and female) had a higher swimming participation rate than 20-24 and 25-29 year olds.

The Office for National Statistics (2012) demonstrated that, over the last 50 years (1960-2010) the average life expectancy for those living in the UK has increased by around ten years for a man and eight years for a woman. Drawing comparisons between studies at the turn of the millennium with more recent studies, however, suggests the proportion of adults classified as overweight are increasing (British Medical Association 2003, Department of Health, 2003, National Audit Office, 2001, compared against The National Health Service Health Surveys for England in 2008 (The NHS, 2008), in 2011 (UK Government, 2012), and in 2012 (UK Government, 2013). A focus on the long term health of young people means increasing the engagement of young people with sport is pertinent, and the role of national and local strategic interventions is a key part of addressing this. This is allied with the efforts to broaden the base of adults participating in regular sport, and requires a continued effort to reduce the proportion of young people that drop out of sport beyond the age of 16.

The FSI intervention was an example of a strategic investment. Research has demonstrated the relationship between participation in sport and a healthy lifestyle and that a quality experience as a young person is important to maintain participation into adulthood (Cale & Harris, 1993; Telama et al., 2004; Sallis & Patrick, 1994). National interventions to increase participation in sport have ranged from those with a community focus (e.g.

Change4Life) through to those with a more social focus, such as regeneration, crime and antisocial behaviour (e.g. Positive Futures). Policies such as the 2002 Game Plan recognised that interventions with the focus on making a positive impact on public health require a long term approach and funding, which also have a particular priority towards the younger members of the target population.

4. Evaluation frameworks for increasing participation

Much of the previous literature around the evaluation of interventions focussing on increasing activity levels have emanated from the United States (Houlihan, Bloyce, & Smith, 2009). Headline findings across a range of examples suggest a rationale for an intervention such as the FSI. As noted by Bolton and Martin (2012), evaluations of programmes in North America suggested that those interventions that are based in schools (during the school day and after-school) resulted in more modest positive changes in activity levels. Such evaluations suggest that those programmes embedded in a community based setting, and those that are connected to the role of family life in promoting physical activity had a greater impact in getting young people to engage with such programmes.

Historically, swimming has been one of the key parts of young people's lives through the teaching of swimming as a life skill through formal lessons, latterly through the National Curriculum. The 2002 Sport England 'Young People and Sport' survey showed that 48% of young people had taken part in swimming in school and 80% had taken part in swimming outside of school. Furthermore, the ability to swim 25m by the end of Key Stage 2 (age 11) is a government Key Performance Indicator (Amateur Swimming Association, 2005). However, a research report by the national governing body, the Amateur Swimming Association (Amateur Swimming Association, 2012) highlighted that one in three young people leave primary school at the age of 11 unable to swim. Research around latent demand for sport undertaken with young people via the national Sport England funded Sport

Unlimited programme found that swimming was the third most cited 'sport to do more of' by females and seventh for males (Bullough, Hart & Gregory, 2011). Results from the Sport England Active People Survey prior to the start of the FSI outlined that swimming, unlike the majority of other sports, saw the participation rates maintained between 16 and 44, as shown in Figure 1.

Figure 1 National swimming participation rates in England (here)

Finally, taking the approach to remove price alone in an attempt to attract new participants and encourage existing users to do more can be linked to the Ansoff matrix (Ansoff, 1960), the planning tool which determines product and market growth, i.e. understanding if products and markets are classified as new or existing. As the timetable was only offering swimming with no additional new products, product development and diversification were not possible; therefore participants were either existing participants (market penetration) or new participants (market development).

5 National free swimming in the UK

On a national level, the Welsh government implemented a free swimming programme in 2003, with the programme for young people delivered at a cost of £2.4 million per annum (Bolton & Martin, 2012). Central government offered local authorities in England the opportunity to implement a free swimming programme for under 16s (and over-60) in England in 2008/09 for two years. It was implemented by 61% of the 354 local authorities (UK Parliament, 2010), although the funding was withdrawn after 16 months following the 2010 general election (Audrey, Wheeler, Mills, & Ben-Shlomo, 2012). The funding per annum for the free swimming programme for young people was £19.6m (PriceWaterhouse Coopers, 2010). Following this announcement of national funding, the local authority discussed in this paper declined the central government offer and made a strategic decision to

offer their own free swimming programme to all young people under the age of 19, rather than 16, as part of a community health initiative.

The national free swimming programmes in Wales and in England were not designed as stand-alone physical activity programmes. They were part of a wider community offer that included general well-being and health benefits, social cohesion and development within the host community (Bolton & Martin, 2012), as part of the wider idea of 'sport for good', as suggested by Coalter (2007). The programme evaluation in Wales outlined that the highest level of engagement occurred in the places with the greatest level of deprivation, thus indicating that, for these participants, price was a barrier to entry.

The host area of the Free Swimming Initiative (FSI) is one of the most deprived and diverse areas in England. This is evidenced by the national indicator used to categorise deprivation, the Indices of Multiple Deprivation (UK Government, 2010), which is the standard measure of deprivation used by central and local government agencies in England. The indices use a range of datasets calculated at Lower Layer Super Output Area (LSOA) level, and are updated every three years. The 2010 edition was based on data relating to 2008, making this the most appropriate dataset for this study. At local authority level, the district in question was ranked in the bottom 10% (of 326 local authorities in England) in terms of the percentage of households living in the most deprived LSOAs in the country.

6 Methodology

The FSI project had two aims and was supported with a £1.3 million investment by the local partnership over two and a half years. The first aim was an attempt to impact the local community through changing health inequalities and second, to provide a steer on whether an intervention of this nature was value for money as part of a preventative approach to tackling obesity.

Therefore, the two fundamental aims at the outset were a) the value for money calculation, and b) the extent to which health inequalities were addressed. This can be shown using the logic model in Figure 2 which outlines the intended impact and outcomes.

Figure 2 here: Pre-intervention logic model

The study used two approaches to analyse the programme. First, secondary analysis of user data (in the form of card swipes i.e. visits), and second a longitudinal survey with a sample of young people engaged with the FSI project to track the impact of the programme. This first part of the research involved analysing the database provided by the IT software to allow analysis to take place on two levels, first, for the sample as a whole, and second for those young people being tracked as part of the second research strand. Each card holder was assigned a unique identification number which allowed their participation to be tracked for the purposes of secondary analysis. Participants were all asked a pre-qualifying question on their application form to determine whether they had taken part in swimming in the four weeks prior to their application. Respondents stating 'yes' were deemed existing participants and those stating 'no' were deemed new participants.

The second part of the research was the longitudinal tracking of young people through a series of surveys, designed as a panel study, using self-completion surveys. Each young person was assigned a unique identification code prior to the distribution which could be used to track the respondent (for matching responses in each wave of the survey), and also link into their card use from the database of visits. Each survey was distributed, labelled with the participants' unique identification code. Survey respondents' unique identification numbers were cross-referenced with the database of all visits to create the sub-sample of young people being tracked. The topics included in the survey were: swimming participation (frequency and ability), motivations for participation, identifying behaviour and or attitude changes and the catalysts for this, health and fitness (current and any changes), and future intentions.

In order to generate the sample, all participants that used their card in the first six months (aged 1-19) were invited to take part in a survey, with all correspondence for under 12s being addressed to parent / guardians. The sub-sample who returned their survey formed the baseline for longitudinal tracking which took place over 30 months covering the time the programme was running. The tracking of users for the second part of the evaluation was designed to be distributed at three points, at the start of the project, the mid-point and at the end of the project. The first survey took place three months after the programme started and was conducted with all young people who had registered and used their FSI card by this date (N = 4,077). The second survey took place at the mid-point of the project, and the final user survey took place at the conclusion of the study. In total, 1,341 responses were received in the first distribution round which formed the baseline, a response rate of 33%. Panel attrition is common in a cohort study which reduces participant numbers over time (Winkleman & Winkleman, 1998), and this was observed in this study as 383 (29% of the baseline) responded at the mid-point. At the conclusion of the study, 359 young people responded (27%), thus completing all three rounds of surveys.

6.1 Limitations with the methodology

In addition to the occurrence of panel attrition, there are other limitations to this methodology as a way to capture accurate data, albeit a popular methodology used in national evaluations. First, the surveys are designed to be self-completion, and thus relies on the respondent understanding and interpreting the question in the manner it is intended with limited opportunity to clarify with a researcher (although contact details from the lead researcher were provided in the covering letter that accompanied the survey). Second, where questions are asking about participation it relies on the respondents' ability to recall participation frequency accurately, and again this may not be interpreted in the same way by each individual. Third, in this study, was the involvement of young people which relied on a

parent/guardian to complete the form on their behalf which may result in different interpretation/completion of questions compared to teenagers completing the survey themselves. Fourth, those young people responding to the survey could be more enthused about swimming, enough to respond to a swimming survey compared to those people that are new or lapsed participants, and this was demonstrated in the sample as only 17% of the sample were classified as 'new' swimmers compared to 28% of all cardholders.

Notwithstanding such limitations, this approach was employed as a cost-effective methodology that allowed repetition of questions at each point in the survey with all eligible participants from the first round of surveying.

7 Results

By the end of the FSI, 27,896 young people had registered for a swimming card, representing 51% of the eligible population living in the authority boundary, however only 18,054 of these registered cards were activated (i.e. used at least once), or 33% of the eligible population. Young people were asked on their application form if they were already someone that swam, (i.e. had they done it at least once in the last four weeks prior to applying for their card) and 72% (12,999) said they had. This has major implications for creating change in the community with inactive people, if the majority of applicants are already taking part. Overall, there were 128,796 admissions to pools in FSI sessions, which represented an average rate of 1,014 admissions per week, and the headline findings are shown in Figure 3.

Figure 3 FSI engagement about here

As Figure 3 shows, 72% of the active cardholders who stated they were existing swimmers on their registration form generated 77% of admissions compared to the 28% of active cardholders who stated they were not an existing swimmer, who generated 23% of all admissions. Those individuals who were already swimming prior to the FSI starting were also more likely to use their card more frequently (average of 7.8 times compared to 6) and

less likely to use their card once (19% compared to 28% for those who stated they were not an existing swimmer). The heightened proportion of use by those who were already regular swimmers pointed to a market penetration effect, i.e. existing participants doing more.

However, with almost a quarter of young people only engaging once, this was a key weakness in terms of increasing participation rates, and thus impacting on health, and driving cost efficiencies for the facilities. As the FSI was run outside of any educational establishment control, all visits were made through choice, rather than through any formalised attendance.

Usage patterns were analysed comparing existing participants with new participants by demographic (gender, age and ethnicity) with differences highlighted within the data set. Figure 4 outlines the key comparisons.

Figure 4 Demographic differences between existing participants and new

The figures from the usage data outlines that males, over 11s and those classified as 'White British' were more likely to swim than females, under 11s and young people from Black and Minority Ethnic groups. Furthermore, existing participants also recorded a higher average number of swims than new participants by every demographic split, and were also less likely to only use their card once.

The usage patterns throughout the project demonstrated that weekends and school holidays were the most popular sessions, with peaks in the spring/summer months (particularly school summer holidays) and troughs in the autumn/winter months (Figure 5).

Figure 5 Pattern of use about here

Early morning (0.4% of all visits) and evening sessions (7.1%) were not popular times for FSI users. The annual data outlined that the average weekly admissions reduced by over 200 admissions in 2010. The reduction in admissions as the project progressed was also apparent when comparing the most popular period, the school summer holidays, with 13,434

admissions in the 2009 holidays compared to 9,931 admissions in the 2010 summer holidays. Weekdays during the school term, either before, during (i.e. lunchtime) and after school, were also not popular sessions. Such usage patterns, alongside the evidence from the user survey, suggested that the FSI, rather than being an initiative that developed more habitual participation, was more about enjoyment and having fun, to attend when school was closed (holidays and weekends).

Looking at how the visits were generated, the data outlined that males generated the greatest proportion of visits (54%), although this was influenced by those aged 11 to 15, as females recorded the same proportion of visits as males for the under-fives and the six to ten year olds. Participation post-16 was minimal with fewer than 2% of all visits recorded by those aged 16+, and this has a negligible impact in terms of addressing the widely cited issues of post-16 drop out in sport (Wolfenden Committee on Sport, 1960).

7.1 Tracking of FSI users

Survey results were analysed comparing those participants that responded in the first wave of surveying and the last to identify any changes over the duration of the project. Figures demonstrated that there was an increased reporting of perceived improvements in fitness, health and diet depending on the number of visits, as shown in Figure 6. The data was analysed comparing existing participants with new participants in the survey sample and, although the results showed marginally higher reporting of changes from those existing participants, due to the sample sizes being small, there was no statistical difference.

Figure 6 Card use compared to changes in health, fitness and diet here

Respondents were questioned about any changes to swimming participation and, if so, whether the availability of the FSI acted as a catalyst for this. The majority in the sample (52%) indicated that their swimming participation had increased since they received their card, although 7% indicated that their participation level had decreased. Furthermore, 64% of

the sample suggested that they were more active generally since receiving their FSI card (i.e. all activity, not just swimming). However, in terms of future participation, 40% of the sample was only interested in swimming during school holidays, rather than any habitual, weekly engagement as part of a regular active lifestyle.

8 Discussion

There are a number of key elements required in order to meet and maintain demand in an activity, in particular is the ability to take part and the provision of appropriate products/programmes in which to develop, improve and practice such skill development. Previous sport development evaluations in England, notably Everyday Swim (Amateur Swimming Association, 2008); have outlined the importance of teaching individuals how to participate, particularly alongside structured pathways and activities which facilitate their continued participation. An aim of the FSI project was to create longer lasting change in individuals' swimming participation; therefore being taught the requisite skills to swim is an important stage in this. A key area in terms of offering free swimming to the under 19s is ensuring that those people in the target group can actually swim, particularly as the offer of free swimming is unlikely to be taken up by young people who cannot already swim. Therefore, continued investment in high quality, structured programmes of swimming lessons was a vital part of service delivery, albeit outside of FSI's overall remit.

One of the key elements of the longitudinal evaluation was assessing the impact FSI had in terms of activity levels, health, fitness and diet of the young people who took up the offer. The longitudinal analysis also had a role to play in understanding the proportion of young people who stated that they were taking part in a greater frequency of physical activity and, second, to calculate the proportion that attributed positive changes in physical activity levels to swimming more frequently (via FSI). The longitudinal analysis also looked at whether any change in behaviour could be attributable to the FSI, rather than a result of an

increase in participation in other activities (not swimming). Overall, the majority of the survey sample indicated that the project had a positive impact on them (92%). Respondents also suggested that they will either continue to swim the same frequency (35%) or increase their swimming participation in the future beyond FSI (61%), a key point from the results for developing continued participation in swimming in the community. However, the majority of these people were not new participants.

The FSI was largely a demonstration of market penetration and as such the reporting by young people of positive results around ability, levels of activity, rating of fitness, rating of health and the desire to continue swimming were maintained (or slightly increased). Such a programme has little benefit in terms of 'additionality' as these participants do not broaden the baseline number of active people. However, this is not a negative finding, as giving active young people the opportunity to participate for free and sustaining participation is a key part of the attempts to embed demand for long term participation. Furthermore, those young people in the sample classified as an existing swimmer reported benefits in terms of activity levels, fitness level, rating of health and diet, and were more positive about their future intention to increase their activity levels.

The survey baseline in year one alluded to a relatively fit, healthy and active sample of FSI users which suggested the group were already active prior to FSI. As the vast majority of FSI sessions opened up existing pool time rather than introducing new products/programmes, it would be difficult to suggest that much in the way of product development or diversification occurred. Again, this was not necessarily negative, as providing new products and programmes involve additional capital investment which would have cost implications, and having different activities taking place (e.g. involving equipment) may have an impact on the regular programme for those not eligible for a swim card. Therefore, the engagement in FSI by the remaining 28% of the overall active card holders

could be classified as having a market development effect - new swimmers using existing products/programmes. This brings the question about the value of offering a free service to a whole community - it invariably leads to existing users making the most use of something that they are already prepared to pay for. However, the question remains whether the investment levied is worth it in terms of the number of people it attracts that previously were not participating, or whether it is justified due to the impact it has on those existing participants taking part more frequently.

Previous evaluations undertaken on adult swimming programmes in England have looked at cost analysis. Analysis on the Everyday Swim project (Amateur Swimming Association, 2008) outlined that each "new" adult swimmer cost £435 (based on £3m investment over three years) and the cost analysis on the first year of the national Free Swimming Programme (FSP) highlighted that, for those aged 60+ the average was £8.23 per swim and £535 per "new" swimmer, although these were both based on adults. More relevant is the analysis from the FSP on under 16s swimming which outlined that each admission cost £1.77, based on an annual investment of £19.6m (PriceWaterhouse Coopers, 2010). Each "new" swimmer cost £172 per person, or £3.55 per admission. The comparative cost per swim and cost per swimmer for the FSI can be seen in Figure 7, and they are reported alongside those for under 16s from the national FSP report. It is worth noting that these are indicative comparisons only as the operating model for the FSP and associated data collection for recording swims was different between the two projects. The comparisons in Figure 7, therefore, should be viewed with this in mind.

Figure 7 Free Swimming Programme v FSI cost analysis (here)

Figure 7 shows the cost per recorded FSI swim was £10.09, almost six times more expensive than when compared to the national programme (£1.77). Each new swimmer (the 28% of cardholders that were not already swimmers) cost £257 per person which was higher

than the cost of attracting new swimmers in the national FSP (£172), albeit comparing two programmes of vastly different sizes with different resources and operating models.

The longitudinal tracking and visit calculations suggest that, when assessing whether the investment by managers met the key aims of the programme (as outlined in the logic model in Figure 8) that the FSI had a different impact to what was anticipated. Rather than meeting both the project aims, the evaluation uncovered three key unintended outcomes. First, that fun and enjoyment were the driver for participation, second, that an intervention of this type was not value for money when compared to equivalent national programmes, and third, that the removal of price as a barrier was less effective in attracting new participants, as the majority of use manifested from those people that were happy to pay to swim prior to the removal of price. The following logic model demonstrates what occurred in practice.

Figure 8 Post-intervention logic model here

The outcomes that the FSI was looking to deliver was more active young people which lead to healthier young people as part of a public health project that was value for money. However, the outcomes depend on the pre-condition of outputs to which they can be attributed. As the intended outputs were modest (e.g. citing "increase the number" rather than setting specific numerical targets such as how many new swimmers, and a certain percentage retained), the project did not have specific targets attached to it, did not define what value for money looks like, and did not look to attribute direct causality, then it follows that any outcomes that are attributable to the programme will also be modest.

9 Management implications

The implications for managers based on the evaluation of this programme are different to the intended outcomes the programme set out to achieve. Setting out to drive cost efficiencies through a programme that attracted existing users was, in hindsight, a weakness of the FSI. The provision of free sessions across a wide proportion of the weekly programme,

rather than the more targeted programming in the national programmes, meant large proportions of supply (pool time) was unused as demand during the school day and weekday evenings was limited, but still had to be paid for. FSI users were quite clear that weekends and school holidays were the times in the year where they would participate and this was mirrored in the throughput data where the largest usage was always school holidays. This pattern is not unusual, and would have been expected prior to the project, but the pattern of use points to more ad-hoc participation during the other periods of free time (i.e. not weekends or school holidays), rather than some form of habitual, weekly activity which was built into their lifestyle. The investment of £1.3m for two and a half years (c. £500,000 per annum) was, as would be expected, much lower when compared to the two national programmes (£2.4m per annum in Wales and £19.6m per annum in England). However, economies of scale are more likely in a national programme; particularly where sessions were more targeted at times young people would be more likely to have free time. The local intervention did not drive the volume in non-holiday or weekday sessions to reduce the cost per swim, and was therefore inefficient in terms of being a cost effective tool to drive participation. Taking less of a focus on value for money indicators, particularly as one of two main aims, would be a more realistic approach. Furthermore, more regular evaluation of pool utilisation would allow administrators to adjust the programme according to evidence based demand for swimming.

The risk for managers is that the 'free' element simply transfers the cost of payment from participant to supplier. If it was designed as a longer term approach to generate a return on the investment (via increasing the base of paying customers over the longer term) there is no evidence of this. Any residual benefits beyond the immediate short-term remain largely unknown. There is also the issue of balancing free sessions with other programming for fee paying adults, particularly in changing areas and communal spaces - deterioration in the

swimming experience for habitual, paying adults is an area of concern. Awareness and practical interventions to manage this wider range of factors is a vital part of engaging new participants alongside maintaining existing customers, ultimately sustaining participation, and creating the opportunity for positive social change.

The second main aim, to tackle obesity, would be more beneficial to those young people that are in that category if it was provided directly to them through structured targeting. In reality, the FSI was a fun and enjoyable programme, used by relatively active young people. Recognising that this was the main impact emanating from the evaluation, managers would be better placed using such a scheme to establish a longer term focus on participation with those young people that are engaged, with fun and enjoyment embedded in the programme rather than only aiming to focus on health and fitness of non-participants. Survey results showed that those young people that were already participants did not change their behaviour. For those young people on the periphery of frequent participation, there was little evidence to suggest their behaviour patterns in the future had been strongly influenced. Additional research on a local level with non-active young people could allow a greater focus on non-participants, by understanding their barriers to participation, as the removal of price did not attract a large proportion of the population to swimming, even in an economically deprived area.

10 Conclusions

The challenge facing FSI was to provide a steer on whether an intervention of this nature increased participation and was value for money using two main approaches. First was to attract as many non-swimmers as possible to swimming (market development) and second was to provide opportunities for existing swimmers to swim more frequently (market penetration), both by removing the price barrier.

The impact was largely a demonstration of market penetration as the majority of young people using FSI were already participating prior to the project's inception. However, this was not necessarily negative, as funding a major sports development programme for young people over such a long period of time is important if it is to be of any benefit to those in the society that use it. This point is particularly pertinent when outlining the argument that in order to facilitate young people's long-term participation in sport/physical activity, schemes should be put in place which young people actually want to do, will enjoy and are more likely to continue participating in the future. Schemes like this make some people who are already doing something do more, but the evidence to suggest they create behaviour change in non-participants is minimal.

At a macro level it can be argued that widespread timetabling of free swimming sessions (for adults or for young people) is unlikely to attract large numbers of new swimmers and new swimming patterns over the longer term. This is because the only key determinant of demand that has changed is price. This has largely been the case for FSI, as shown by the usage data and, to some extent by the user surveys. Studies have acknowledged that demand for sport is a complex issue and changing tastes and preferences (i.e. a key determinant in influencing changes in demand) over the medium to long term are not straightforward (Bullough, 2012; Downward & Rasciute, 2010). As the area where the FSI was implemented was one of the most deprived in economic terms, the cost of participating in any activity is likely to be an entry barrier for families/young people on low incomes. However, cost is not the only barrier to participating in swimming although this was the only variable affected in terms of aiming to increase engagement with swimming. The free swimming evaluation in Wales did demonstrate that the highest level of engagement was in the areas with the greatest level of deprivation, which indicated that the removal of price was significant as a barrier to entry. Literature points to a more complex array of factors that

influence participation other than price such as facility location, opening hours and programming, proximity of public transport, current levels of activity, issues with image, and other influences on free time. Increases in participation can generate the potential setting for additional social benefits relating to issues other than health and fun/enjoyment, such as social interaction, reducing crime, academic attainment, social capital etc. but there is no evidence from this evaluation that this took place. The modest and unspecific intended outcomes set at the start resulted in an, at best, modest impact.

The literature shows that there is a clear link between participation and social impact, especially in relation to health. Programmes to enhance participation in both children and adults therefore have the potential to create healthier, happier communities, together with the other social benefits discussed. However, these outcomes are unlikely to be realised from a standalone programme such as FSI. Where intended outputs are modest, it is unlikely, as demonstrated, to generate significant outcomes or impacts. A focussed free swimming programme with appropriate exit routes has a greater potential to make the best use of resources in terms of creating an experience where customers will return and continue to participate. The provision of structured sessions which have pathways and exit routes on to the main programme are vital to assist this, for example clubs, lane swimming and taught courses such as lifesaving, sub-aqua, diving etc. Unstructured pathways within free programmes of any type are unlikely to impact upon tastes and preferences, particularly over the longer term, regardless of the absence of price. While the research presented in this paper does provide longitudinal evidence of participation change in some market segments, beyond the immediate short-term gains, the impact is largely unknown without a research programme that involves tracking participants over a longer term.

References

- Amateur Swimming Association. (2005). *Amateur Swimming Association Planning Guidelines 2005 -2009*. Retrieved from <http://www.sportcentric.com/vsite/vfile/page/fileurl/0,11040,5157-181853-199071-116850-0-file,00.pdf>
- Amateur Swimming Association. (2008). *Everyday Swim Interim Report*. Retrieved from http://www.swimming.org/assets/uploads/library/Half_Time_FINAL_2_Nov.pdf
- Amateur Swimming Association. (2012, May 17). *New research reveals one in three children leave primary school unable to swim*. Retrieved from <http://www.swimming.org/news/general-news/new-research-reveals-one-in-three-children-leave-primary-school-unable-to-s/13646/>
- Ansoff, H. I. (1960). *Corporate Strategy*. United States: McGraw Hill Inc.
- Audrey, S., Wheeler, B.W., Mills, J., Ben-Shlomo, Y. (2012). Health promotion and the social gradient: The free swimming initiative for children and young people in Bristol. *Public Health*, 126(11), 976–981.
- Bolton, N., & Martin, S. (2012). The policy and politics of free swimming. *International Journal of Sport Policy and Politics*, 5(3), 445-463.
- Brennan, D., & Bleakley, W. (1997). Predictors, patterns and policies for post-school participation. In Kremner, J. Trew, K. & Ogle, S. (Eds.), *Young People's Involvement in Sport* (pp 78-97). London: Routledge.
- British Medical Association. (2003). *Adolescent Health*. London: BMA.
- Bullough, S., Hart, G., & Gregory, M., (2011). Demand for sport: What young people want. In R. Jeanes (Eds.), *LSA Publication No.113, Children, Youth and Leisure*, (pp. 55-80). Eastbourne: Leisure Studies Association.

- Bullough, S.J. (2012). A new look at the latent demand for sport and its potential to deliver a positive legacy for London 2012. *International Journal of Sport Policy and Politics*, 4(1), 39-54.
- Cale, L., & Harris, J. (2006). School-based physical activity interventions: effectiveness, trends, issues, implications and recommendations for practice. *Sport Education and Society*, 11(4), 401-420.
- Coakley, J., & White, A., (1992). Making decisions: Gender and sport participation among British adolescents. *Sociology of Sport Journal*, 9(1), 20-35.
- Coalter, F. (2005). The Social Benefits of Sport: An Overview to Inform the Community Planning Process. *SportScotland Research Report no 98*. Retrieved from http://www.sportni.net/nr/rdonlyres/f7ca4be4-9f30-4ef6-879d-2e370abf9aee/0/the_social_benefits_of_sport_an_overview_to_inform_the_community_planning_process.pdf
- Coalter, F. (2007). *A wider social role for sport: who's keeping the score*. London and New York: Routledge.
- Cox, S. (2012). *Game of Life: How sport and recreation can help make us healthier, happier and richer*. London: The Sport and Recreation Alliance.
- Department for Culture, Media and Sport / Strategy Unit. (2002). *Game Plan: A strategy for delivering Government's sport and physical activity objectives*. London: Strategy Unit.
- Department of the Environment. (1975). *Sport and Recreation: White paper, Cmnd 6200*. London: HMSO.
- Department of Health. (2003). *Annual Report of the Chief Medical Officer 2002*. London: Department of Health.

Downward, P., & Rasciute, S. (2010). Relative demands for sports and leisure in England.

European Sport Management Quarterly, 10 (2), 189–214.

Gratton, C., Rowe, N., & Veal, A. J. (2011). International Comparisons of Sports participation in European Countries: an Update of the COMPASS Project.

European Journal for Sport and Society, 8(1/2), 99-116.

Gratton, C., Taylor, P., & Rowe, N., (2013). Chapter 13 UK: England. In, Hallman, K., & Petry, K., (2013) *Comparative Sport Development*, 167-180. Springer: New York.

Grimmer, K., Trott, P., Jones, D., Louw, Q., Williams, J. & Holland, L. (1999). *Young people's participation in sports and recreational activities, and associated injury*.

Sports Medicine Australia. University of South Australia.

Henry, I. P. (2001). *The Politics of Leisure Policy* (2nd ed.). Basingstoke: Palgrave.

Houlihan, B. (1997). *Sport, Policy and Politics: A Comparative analysis*. London: Routledge.

Houlihan, B., (2008). *Sport and Society: A student introduction* (2nd ed.). London: Sage.

Houlihan, B., Bloyce, D., & Smith, A. (2009). Developing the research agenda in sport policy.

International Journal of Sport Policy and Politics, 1(1), 1–12.

Keays, J. J., & Allison, K. R. (1995). The effects of regular moderate to vigorous physical activity on student outcomes: A review, *Canadian Journal of Public Health*, 86(1), 62-65.

King, N. (2009). *Sport Policy and Governance: Local Perspectives*. Butterworth-Heinemann, Oxford.

Mulvihill, C., Rivers, K., & Aggleton, P. (2000). Views of young people towards physical activity: determinants and barriers to involvement. *Health Education, 100*(5), 190–199.

National Audit Office. (2001). *Tackling Obesity in England*. London: National Audit Office.

Nichols, G. (2007). *Sport and crime reduction. The role of sports in tackling youth crime*. London: Routledge.

O'Donovan, G., Blazeovich, A.J., & Boreham, C. (2010). The ABC of Physical Activity for Health: A consensus statement from the British Association of Sport and Exercise Sciences. *Journal of Sports Sciences, 28*(6), 573-591.

Office for National Statistics. (2012). *Mortality in England and Wales: Average Life Span*.

Retrieved from <http://www.ons.gov.uk/ons/rel/mortality-ageing/mortality-in-england-and-wales/average-life-span/rpt-average-life-span.html>

Oughton, C., & Tacon, R. (2007). *Sport's contribution to achieving wider social benefits*. A Report for the Department for Culture Media and Sport: London.

Paton, G. (2012, August 7). *Olympic legacy: Coalition axes school sports targets*. The Telegraph. Retrieved from

<http://www.telegraph.co.uk/education/educationnews/9459469/Olympic-legacy-Coalition-axes-school-sports-targets.html>

Pricewaterhouse Coopers LLP. (2010). *Evaluation of the impact of free swimming*. London: Pricewaterhouse Coopers LLP.

Quick, S. (2008). The School Sport Partnership Programme – Raising Levels of Participation in Physical Education and Sport in Schools in England. In M. Carballo & U. Hjelmar (Eds.), *Public Opinion Polling in a Globalised World* (pp. 191–206). Berlin: Springer-Verlag.

- Rowe, N., Adams, R., & Beasley, N., (2004). *Driving up participation in sport: the social context, the trends, the prospects and the challenges*, (pp. 4-11). In Sport England (Eds.), *Driving up participation: The challenge for sport*. London: Sport England.
- Rudman, W. J. (1989). Age and involvement in sport and physical activity. *Sociology of Sport Journal*, 6(3), 228–246.
- Sallis, J., & Patrick, K. (1994). *Physical activity guidelines for adolescents: Consensus statement*. *British Journal of Physical Education Research Supplement*, 15, 2–7.
- Singh A., Uijtdewilligen L., & Twisk, J.W.R. (2012). Physical Activity and Performance at School, a Systematic Review of the Literature Including a Methodological Quality Assessment. *Archives of Paediatrics and Adolescent Medicine*, 166(1), 49-55.
- Spaaij, R. (2009). The social impact of sport: diversities, complexities and contexts. *Sport in Society*, 12(9), 1109-1117.
- Sport England. (2002). *Young People and Sport Survey 2002*. London: Sport England.
- Sport England. (2006-2013). *Active People Surveys 1 to 7*. London: Sport England.
- Retrieved from
http://archive.sportengland.org/research/active_people_survey/active_people_diagnostic.aspx
- Sport England. (2008a). *Sport Unlimited project outline*. Retrieved from
<http://www.livingsport.co.uk/wp-content/uploads/2013/09/Final-Sport-Unlimited-report-2008-11.pdf>
- Sport England. (2008b). *Sport England Strategy 2008-2011*. London: Sport England.
- Sport England. (2011). *Sportivate background briefing*. Retrieved from
http://www.sportengland.org/about_us/places_people_play/sportivate/sportivate_briefing.aspx

Sport England. (2012). *Sport England strategy 2012-17, Creating a sporting habit for life*.

London: Sport England.

Sport England. (2013). *Sainsbury's School Games Evaluation: Executive Summary Year 1*

(November 2011-January 2013). Retrieved from

<https://www.sportengland.org/media/179316/sainsburys-school-games-executive-summary.pdf>

Telama, R., Yang, X., Viikari, J., Valimaki, I., Wanni, O., & Raitakari, O. (2005). Physical activity from childhood to adulthood. A 21-year tracking study. *American Journal of Preventive Medicine*, 28(3), 267–273.

The NHS Health and Social Care Information Centre. (2008). *Health Survey for England - 2008: Physical activity and fitness*. London: The National Health Service.

The NHS Health and Social Care Information Centre. (2009). *Statistics on obesity, physical activity and diet: England*. London: The National Health Service.

Tonts, M. (2005). Competitive sport and social capital in rural Australia. *Journal of Rural Studies*, 21(2), 137-149.

UK Government. (2010). *The English Indices of Deprivation 2010*. London: Communities and Local Government. Retrieved from

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6871/1871208.pdf

UK Parliament. (2010). *2012 Olympics and sporting legacy: Will the London Olympics secure its promised mass sports participation legacy?* Retrieved from

<http://www.parliament.uk/business/publications/research/key-issues-for-the-new-parliament/social-reform/2012-olympics-and-sporting-legacy/>

UK Government (2012). *Health Survey for England 2011*. London: Department of Health.

Retrieved from <https://www.gov.uk/government/publications/health-survey-for-england-2011>

UK Government (2013). *Health Survey for England 2012*. London: Department of Health.

Retrieved from <http://www.hscic.gov.uk/catalogue/PUB13218>

Warburton, D. E. R., Nicol, C.W., & Bedin, S. S. D. (2006). Health benefits of physical activity: the evidence. *Canadian Medical Association Journal*, 174(6), 801-809.

Winkelmann, L., & Winkelmann, R. (1998). Why Are the Unemployed So Unhappy?

Evidence from Panel Data. *Economica*. 65(257), 1–15.

Witt, P. A., & Caldwell, L. L. (2010). The rationale for recreation services for youth: An evidenced based approach. National Recreation and Park Association, 32-43.

Wolfenden Committee on Sport. (1960). *Sport and Community*. London: Central Council on Physical Education.