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# Getting the inactive active: Barriers to physical activity and potential policy solutions

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This report presents the results of research which explored what could be done differently to address existing structural disadvantages and increase levels of participation in physical activity. The research explores the current social, political, cultural and economic barriers that limit engagement in physical activity and, through interviews with key stakeholders, identifies potential solutions to increase engagement.



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# Acknowledgements

Following the depth of data presented within this report we would first like to outline the support that has been provided by SPICe and Active Scotland to facilitate the process and provide us with the opportunity to engage with a wide variety of stakeholders from across the Scottish sporting landscape. It has been a privilege to talk to so many people who are so heavily invested in promoting and delivering PA and sport in Scotland. For academics, access to the most relevant people is always a challenge and we are cognisant of the opportunity that has been provided for us through the fellowship. There are two important points to make around this position:

(1) we hope that the access provided and the engagement from the participants is not something that ends after this fellowship in relation to collaboration with academia. We want to make the point that there is still much work to be done and that collaboration and partnership working with stakeholders from across government, sport and PA practice and academia is the best way to understand the challenges and the successes in moving Scotland towards becoming a more active nation.

(2) this report has not shied away from presenting the difficulties that will be faced in realising that objective. We hope that the evidence provided here will lead to some frank and open conversations around the issues presented within this report and that those conversations will contribute to significant and sustained actions in relation to policy and funding at a governmental level.

# Summary

This report is a result of a fellowship with the Scottish Parliament Information Centre (SPICe). The views expressed in this report are those of the authors, not those of SPICe or the Scottish Parliament. The acceptance of the proposal was based on the relevance of the subject matter to the Scottish Parliament and its capacity to build on recent research that had focused on female participation and health inequalities in sport and physical activity (PA).<sup>1 2</sup> Ultimately, it is the intention of this fellowship to (1) support the enactment of current policy and, (2) to inform any future policy developments.

In concurrence with Rütten et al<sup>3</sup>, and for the purpose of this report, we define PA policy as ‘agendas, structures, funding and processes that affect development, implementation or adaptation of physical activity interventions’.

The current policy focus for PA in Scotland is to enable inactive people to be active and to prevent people from reducing the amount of activity they do.<sup>4</sup> However, universal access to sport and PA remains a work in progress with issues of social class, poverty, gender and geography remaining significant barriers to sport and PA participation. Inequality remains stubbornly present with disparities in age, gender and socioeconomic status.<sup>5 6 7</sup> Ultimately, there are significant disparities in how people of different backgrounds and demographics engage with sport and PA.<sup>8</sup>

In response to such concerns PA is one of the six Public Health Priorities for Scotland (Scottish Health Survey, 2019). Scotland’s capacity to realise this priority has been well supported by national policies for PA that have created links between government and organisations with responsibility for enacting the policy across a variety of sectors.<sup>9 10</sup>

In this context the policies produced since devolution are Let’s Make Scotland More Active (LMSMA)<sup>11</sup> which was published in 2003. Following a review of the LMSMA the Active Scotland Delivery Plan<sup>12</sup> was published in 2018 and included 7 cross-cutting guiding principles aligned to the agenda set out in the World Health Organisation’s Global Action Plan on PA<sup>13</sup> and with the United Nations Sustainable Development Goals.<sup>14</sup>

To realise these 7 principles, the Active Scotland Outcomes Framework was produced.<sup>12</sup> In extending these developments the new Framework for Physical Activity and Health, which built upon the extensive work undertaken by Public Health Scotland, was published in 2024.<sup>15 16</sup> The framework advocates for a systems-based approach and outlines a wide range of actions across multiple sectors and settings, including schools, healthcare, urban planning and communities.

Prior to the production of this report, an evidence review was published to present what is currently known about PA in Scotland and to determine what needs to be known to address concerns around levels of inactivity.<sup>17</sup> In drawing from academic literature and policy, the review outlined a series of recommendations regarding current policy enactment and future policy development. These recommendations included:

1. A renewed focus on the impact of poverty and material deprivation on inactivity through targeted interventions.

2. Building on the existing extensive knowledge base around health inequalities and their impact on inactivity.
3. The requirement for an increased understanding of the growing disparity between those who are active and those who are not.
4. Determine how to make best use of the school estate regarding the provision of sport and PA opportunities for communities.
5. Develop a better understanding of disparities of participation amongst different social groups e.g., ethnic minorities, people with a disability, older adults and, women and young girls.
6. Addressing the limited evidence base to enable the development of appropriately informed policy and practice.

In building upon these recommendations, this report sets out:

- Specific challenges to existing policy and practice.
- The complexities and nuance of embedding a systems-based approach.
- The requirement to address specific inequalities.
- Suggestions for how a limited evidence base can be addressed.

Several informed conclusions are drawn within this report that present the successes and challenges associated with the issue of physical inactivity and the potential policy solutions. These are:

1. There remains a disparity in our understanding of sport and PA and the different roles each are expected to play in the realisation of health outcomes. There is confusion regarding the role of sport in consideration of its incorporation within PA policy, the traditional prominence of sport and the policy vacuum that currently exists for sport.
2. There is acknowledgement of the intentions of the policy direction for PA over the last 25 years but also an understanding that the key issue in enacting those policies has been the disconnect between national and local. There is scope to explore the ways in which national policy objectives could drive local strategies. This is about scalability and determining specific national objectives that are then appropriately resourced to ensure local action.
3. There is a need for a rethink as to how sport and PA is funded through an incremental and transitional shift from the current short-term approach to a long-term funding model.
4. Whilst there remain disagreements about the relative values of universal and targeted provision, the evidence provided in this report warrants a transition towards more targeted provision. For significant improvements to be made in addressing groups who are inactive requires an alternative and progressive change in approach.
5. There is significant value in focusing upon early intervention as a means of promoting activity amongst those who are inactive and improving population health. Currently the funding is focused on primary care with little resource focused on prevention. One area that could have increased focus on in relation to promoting PA is social

prescribing. To develop such an approach across the country requires that PA should not be seen in isolation rather, it should be intersectional and part of a systems-based approach.

6. Education Scotland is in the process of undertaking a curriculum review. Whilst this is an undoubted challenge for the organisation, this could also be seen as an opportunity to explore ways in which PA could be incorporated more extensively into the curriculum alongside improvement to primary physical education. This statement is made with the understanding that a development of this nature would also require progressive changes in approaches to teacher training and continued professional development.
  - a. Further to the role of education is the utilisation of the school estate for community access. Whilst there are issues of ownership, access and cost, unlocking the capacity of the school estate will enhance opportunities to increase community engagement and participation.
7. Volunteers across the sport and PA sector are an invaluable resource and without them the system would cease to exist. With the Physical Activity and Health Framework reliant upon maintaining high volunteer numbers to ensure successful implementation, greater consideration is required to be given as to how volunteers can be appropriately supported and developed.
8. The facilitation of a systems-based approach to PA and health is a long-term process that requires progressive actions in the short and medium term. Our research shows that there is strong support for this approach across the sector. It also shows that there are significant concerns regarding the capacity within the sector and beyond to fully realise the intentions and outcomes of the framework. The hope is that it is not something which gets forgotten about but rather is given the appropriate resource, funding and national direction to make it work.
9. This report has highlighted that the evidence base currently available to make informed policy decisions is disparate and insufficient. As it stands there is a distinct lack of trust with the evidence base. The limitations evident lead to frustration regarding the type of data being collected, the ways in which data is being collected and the lack of a coherent and national direction. There require significant changes in understanding as to what data needs to be collected, how the data should be collected and by whom, and a clear perspective as to the reasons for data collection and the process by which it will be utilised to support policy and practice.

In building upon these conclusions, the overarching recommendations for the Scottish Parliament in relation to policy enactment (i.e., shorter-term actions) and development (i.e., longer-term developments) are as follows:

### **Policy Enactment**

1. If the public policy priority is the utilisation of PA to realise health outcomes, then this should be reflected in increased support and investment for the promotion of PA programmes and initiatives across the public and third sector.
2. The consensus within our research is that Scotland has very good policy, but the limitation within the system is how it is, or in many instances is not, enacted. Organisations require collaborative support to develop processes that increase their capacity for enactment. To realise this intention requires the Scottish Government to

engage directly with organisations to collaboratively determine specific strategy and required resource to increase capacity for enactment.

3. Critical debate followed by direct action are required to progressively transition from the current model of short-term funding to a long-term approach. This would evolve the current nature of sport and PA delivery towards a systems-based, nationally funded, locally delivered culture, which will promote an environment for changes in population behaviours.
4. From the perspective of PA there requires collaborative discussion about a transition towards prevention through social prescribing and / or significant resource support and investment across the public and third sector to develop and support programmes and initiatives for early intervention.
5. As the Curriculum for Excellence is currently under review a significant opportunity exists to consider whole school approaches towards PA.
6. Increased recognition is needed to determine the challenges PA and sport volunteers, and the organisations they volunteer for, face. This should drive the creation of a national programme that provides an attractive and relevant level of support and development.
7. In the short term the Scottish Government should determine which inequalities are to be prioritised, in collaboration with sporting organisations, and provide specific resource to enable targeted support to specific communities in an intersectional way.
8. Existing policy approaches have failed to reverse inactivity, and the new PA and Health Framework is a significant opportunity to reverse that trend. The sense of goodwill and belief across the sector that the framework can make significant inroads in addressing inactivity should be embraced. To take this opportunity requires national resource, funding and policy support to embed cross-departmental support for local government.
9. Research should be carried out on existing approaches undertaken by local authorities who have utilised the framework to develop their new strategies. There is a great deal that can be learned from evidencing and disseminating the successes and challenges experienced.
10. There is currently a lack of trust and belief in the evidence base across the sector, as well as a culture of indifference towards the need for robust monitoring, evaluation and learning. To address this, monitoring, evaluation and learning should be included as a requirement of any delivery programme related to the new Physical Activity Framework or which receives public monies via the Scottish Government or Sport Scotland. This data should then be made accessible, either publicly or at least to other delivery partners across the sector.

## **Policy Development**

1. The policy vacuum for sport, and particularly community sport is significant. There have been no signs from the Scottish Government that developing such a policy is a priority currently. Sport from a socio-economic perspective, as much as anything else, is bigger than a subset of PA policy and this should be reflected with a new policy drive that will determine the key role and purpose of sport in Scottish communities.

2. Any future policy development needs to determine specifically the inequalities that it is seeking to address and the reasons for doing so. Inequalities are specific yet also intersectional and this understanding needs to drive any future approaches towards equalising opportunities for engagement.
3. Furthermore, any future policy development should ensure that it provides specific support for PA and sport organisations to enable an environment of inclusivity to be created. Such guidance should acknowledge the complexity of the challenges of inclusive practice, and provide specific strategies for its implementation.
4. An increase in engagement for those undertaking less than 30 minutes of moderate to vigorous physical activity (MVPA) per week would see the biggest impact on health outcomes. This should be reflected in any future policy development.
5. As it stands, a universal approach to sport and PA provision is the default. There are excellent examples of targeted provision across Scotland, but there requires a progressive and incremental shift away from universalism. For the hardest to reach groups across society to be given a more equitable opportunity for participation and engagement requires the default to progressively shift from universal to targeted provision, despite the challenges and complexities involved.
6. The Scottish Government should determine a series of national objectives in relation to PA which are then supported for scalable delivery at the local level through appropriate provision of resources and funding. If the political will is there to drive national objectives through local provision, then the Scottish Government can utilise the precedence of Active Schools as a model of national / local practice.
7. Scotland is not alone in facing this issue but increasing teacher knowledge, confidence and experience in the delivery of PA and physical education in primary school will have a significant impact. This could be realised through (1) engagement with and collaborative development of, initial teacher education provision and, (2) national provision of continued professional development.
8. The school estate is a currently underutilised resource from a national perspective. There are obvious examples of where the school estate is a significant community asset and national policy direction is required to build upon these examples and drive increased utilisation across the country.
9. Volunteers are the bedrock of Scottish sport and without them the system would cease to function. This needs to be recognised at the highest level and be front and centre in all future policy considerations.
10. A nationally driven, locally organised strategy of monitoring, evaluation and learning should be established across the sector to allow for meaningful evidence and baseline data to be gathered. This should not just rely on surveys, but also in-depth multi-methods approaches which provide opportunities for individuals to voice their experiences and relationships with PA and sport. Aligning the requirement of data collection with funding will help to embed monitoring, evaluation and learning into routine delivery practices in the long-term, while support should be sought from partners with relevant expertise in these fields across organisations and academia.

# Introduction

The aim of this research was to explore what could be done differently to address existing structural disadvantage and increase levels of participation in PA. The research sought to realise the aim through the following objectives: (1) critically explore the current social, political, cultural and economic barriers that limit engagement in PA, (2) collaboratively determine potential solutions to increase engagement in PA and, (3) provide informed recommendations for future PA policy.

In addressing the aim and objectives, this research adopted a qualitative case study methodology. The intention was to explore physical inactivity through identifying different definitions of problems, challenging existing assumptions and identifying strategic points of intervention.<sup>18</sup>

This approach was realised through 20 semi-structured interviews with 23 individuals who work for key stakeholders across Scottish sport, PA and the Scottish Government, none of whom are named throughout the report in line with the ethical agreement.

The interviews were conducted in a semi-structured fashion, meaning that an interview guide was used which included questions that included, for example, understanding each organisation's role within the current political landscape, their priority areas for delivery, and their main challenges in realising their organisational goals. However, the interview guide also retained the flexibility to deviate from the original questions depending on the responses of interviewees, resulting in previously unconsidered issues being discussed.

Prior to the interviews, ethical approval was gained through the Abertay University ethics committee on 22/07/2024 (EMS9180). This included a risk assessment of the work to be undertaken, as well as considerations for the key ethical aspects of the research to be undertaken. These focused around the anonymisation of the research participants, which has been minimised at each stage as much as possible, informed consent being sought from each individual prior to taking part, and secure storage of all data on the Abertay University research data file server.

In consideration of the recent publication of the Physical Activity and Health Framework<sup>16</sup> it was important to frame part of this report in the context of the potential challenges faced across the sector in realising a systems-based approach<sup>[1]</sup> and, the ways in which future PA and sport policy could be developed to support its enactment. A further rationale for this contextualisation is the backing for a systems-based approach from across key stakeholders. For example, one participant highlighted that:

“ I think all can agree a systems-based approach is good policy, but we know policy doesn't always get translated into practice (RP8).”

The understanding that a systems-based approach<sup>i</sup> is the right approach is tempered by the belief that its enactment will inevitably be problematic. This report will highlight those challenges as well as provide potential policy solutions that have been generated through collaborative engagement and review across the sector. The report presents its findings across the following chapters:

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<sup>i</sup> A systems-based approach considers an issue in relation to the multiple interrelated causes that could influence it (i.e., a 'system), rather than viewing an issue in isolation from other mitigating factors.

Chapter 2 presents a series of challenges to existent policy and practice through exploring areas of concern such as early intervention, targeted provision, inequalities and finding the balance between national and local objectives.

Chapter 3 explores the challenges of embedding a systems-based approach through an understanding of disparity, autonomy and the requirement for a cultural shift. The chapter also presents a case study on the development of a new PA and sport strategy based upon the Physical Activity & Health Framework by a specific local authority.

Chapter 4 addresses the challenges associated with the current evidence base and its impact on policy enactment and development. It does so through exploring the current issues and the exploration of possible alternative approaches.

Following these chapters, conclusions are presented and finally a series of recommendations are provided to the Scottish Parliament for current policy enactment and future policy development.

# Challenging existing policy and practice

As part of this research, participants were asked, in an ideal world, what change at governmental, or policy level would have the largest impact in terms of increasing engagement in PA and / or sport.

This question built on the understanding that over recent years statistics relating to rates of participation have remained relatively static.<sup>6</sup> If rates of participation remain static, then the obvious point to make is that something different is required to address the issue.

The new Physical Activity & Health Framework<sup>16</sup> goes some way towards this but, there also requires significant engagement from the Scottish Parliament to (1) determine how the new framework can be implemented successfully and (2) alternative approaches that both build upon and challenge existing policy and practice. The following section explores ideas expressed by participants including early intervention, targeted provision, the school estate and how best to balance national and local objectives.

## Current policy practices, priorities and perspectives

Policy in health, PA, and sport in Scotland has traditionally focused on targeting health inequalities and promoting PA, as evidenced by the first national strategy of 'Let's Make Scotland More Active' in 2003.<sup>11</sup> While specific sport policy was initially invested in following devolution through the 'Sport 21' strategies of 1998<sup>19</sup> and 2003<sup>20</sup>, followed by 'Reaching Higher: Building on the Success of Sport 21' in 2007<sup>21</sup>, responsibilities for sport policy and strategy has seemingly since been outsourced to SportsScotland. Over time, SportsScotland, as well as Sport Governing Bodies (SGBs), are now repositioning their own strategy to be more aligned with PA and health outcomes:

“ So, for a lot of sporting organisations, I think that a lot of them have moved away from the traditional sense about partners and participation and recognise that they can play a part in the health inequalities data and so forth (RP15).”

This may partly be driven by SportsScotland and other sporting organisations' involvement in the National Leadership Group and National Development Group led by Active Scotland, which recently delivered the 'Physical Activity for Health: Scotland's National Framework' in October 2024.<sup>16</sup> This document would appear to indicate that health promotion is the main priority, with PA being a key mechanism for achieving this. There was a clear message from the research participants that promoting movement was the first step towards achieving the goals of the framework:

“ The language that surrounds this, the narrative that surrounds this is so vitally important. And in itself at the moment is not inclusive enough for those people who I would describe as like minor movers and who people who we want to be able to support, to get walking (RP13). Well, our framework and all of the policies have clearly placed physical activity as the umbrella term. Everything we do in movement is physical activity. Sport is a very special subset of that in which people are largely playing by rules and stuff. You know, exercise is a subset of that. Active travel, a subset of that active living, is a subset of active opportunities. So, Scotland has always been clear that physical activity is at the top of this overarching idea of everything we do in movement is important (RP14).”

Promoting movement at a fundamentally basic level is seen as the biggest enabler in engaging the least active members of society in becoming more active. This was often contrasted in relation to sport, which was positioned as being a more exclusive space which required specialist equipment and facilities:

“ So, we know that those who are least active are less likely to engage in things like sport. There'll be lots of people where participation in sport will always be beyond them and all they want to be able to is some more stuff around their homes or just walk more in the community (RP1).”

“ If we look at how most people get their physical activity, it's walking, 80% of the population potentially can walk or wheel. And I think for me, when we look at the imbalance of investment in terms of decision making, it's heavily skewed towards a small minority of society and primarily to a section of society who's already active and already moving (RP12).”

While there was an agreement that movement was an entry point to engaging the wider population, there were various perspectives provided regarding how activity levels might be maintained following initial engagements, although there was broad agreement that the opportunities should enable individuals to choose from a variety of options:

“ So, our view is that even in our physical activity programme individuals choose the physical activity they want. That doesn't mean that it's in a gym, it could be walking, it could be dance, it could be whatever. And the reason that that's important is it's about the individual being empowered to choose what they want. Now somebody can start walking and then that might get them into swimming. That may then get them into a pickleball club, whatever. It's about the journey and the steps that we take (RP15).”

“ Well, physical activity is the overarching term, and sport is part of that. People who like sport still like sport. People who don't like sport are not going to go and play sport. They have to find something else. Your job is to make sure that when they develop physical competence or confidence at the end of it, they've got somewhere to play sport. Like, so you don't apologise for sport, but it's not going to be the thing for everybody (RP17).”

These discrepancies in opinions may partially be because of vested interests in each individual's role or organisation mission statement. However, it was evident that having the Scottish Government clarify their stance on PA, sport, and others would help to establish key priorities within each of these areas and provide guidance on what these areas can and cannot do, including their intersecting aspects. This was most keenly felt in relation to sport specifically, with a lack of concrete policy in the area being noted on several occasions:

“ You can basically pick any of the national outcomes and you could fit sport against it in some way. You end up getting into sort of discussions around, ok, do we mean sport? Do we mean physical activity? Do we mean just active lives? What does that quite look like? (RP16).”

“ It's in with a lot of the big beasts of public spending. So, in a way it's great that sports in there and is seen as a fantastic mechanism to achieve lots of things in population health. And in other ways it's a big challenge because you sort of lose some of the sport for sports sake bit and all of the good stuff that sport brings in and of itself (RP16).”

“ So, I would say my take on where sports policy has been is that there was a national sports policy. We then moved to the Active Scotland Outcomes framework, which was a slightly odd mishmash of physical activity policy and sports policy. And now through that policy, whilst it included increasing physical activity levels, talked about progressing performance within sport, talked about the wider benefits of sport, that's now been replaced by the new physical activity for health framework, which is a much pure physical activity policy. And I think that's good because policies which actually do what they say on the tin are my preference, and where there's a logical throughput to what you say you're going to do and what you're trying to achieve. It has left the space for sports policy. So, the creation of the new physical activity for health framework has left the gap for sports policy. There is, effectively no national sports policy in Scotland (RP19).”

Positioning sport as one aspect of PA is problematic from a policy perspective, considering the prominence of sport within the national conversation relating to PA and health outcomes over the last 25 years. It has also been argued previously that the promotion of sports participation should be regarded as support for PA policy intentions, rather than being in direct competition to it.<sup>22</sup> We believe that the Physical Activity and Health Framework provides an opportunity for greater clarity and a repositioning of what 'sport' is from a policy perspective within Scottish Government.

## Balancing National & Local Objectives

A significant area of understanding regarding policy development and enactment was developed during the research in relation to balancing, or not, local and national objectives. A key issue that emerged was that fact that Scotland has very good policy but there is a disparity between that policy and its enactment at the local level. For example, one participant said:

“ Scottish policy in this area has always been applauded around the world. It's great policy. Have we made a difference? The answer is no we probably haven't, but we've got great policies, so the gap to the local level has always been the key thing (RP14).”

Within Scotland there are 32 local authorities, and each has autonomy regarding their focus and funding of programmes, facilities and resources in relation to sport and PA. Whilst we believe that autonomy and local decision making is key to policy enactment there is scope to explore the ways in which national policy objectives could be incorporated into local strategies. For example, one participant discussed the local success of a falls prevention programme but highlighted the challenges of developing it further:

“ I think the other thing we talked about in the past is how can we enhance the scalability. We know for particular programmes e.g., fall prevention that the evidence base is there. We know that it works but can we do something at a national level that really drives that change? (RP3)”

The challenge in enabling scalability of programmes such as falls prevention is to develop strategy at a national level to drive local action. One participant highlighted the structure of how programmes can mitigate against such an approach:

“ Ideally, yes, there would be a balance to be struck between local and national policy objectives, but I think the falls prevention programme is a good example of the difficulties of doing that, actually because again, you'll see that patchy delivery across the country because - and this is beyond our control - that's the way the system works in Scotland and you have to kind of accept that (RP6).”

This position highlights the issue of disparity between national objectives and local capability. This perspective is enforced further through the statement below:

“ There is a lack of a national approach and it's more localised or more regional, which means you get more variation and more inconsistencies, and you get some areas of work that fall between the spills or get missed. So, I think you need both the national piece and the regional piece. At the moment we've moved mainly to a regional piece and some of that national overview is being lost (RP12).”

There are examples of national policy objectives such as Active Schools and Community Sport Hubs which have significant national direction but are interpreted at a local level to meet specific need. This highlights the feasibility of increased national influence at a policy level whilst maintaining local autonomy. We also found evidence of cooperation across local authorities which is something which could be developed and utilised further if seeking to develop a more national direction:

“ Although there's 32 authorities, we do have touch points where we do connect in certain areas of work. So, we do where possible learn from each other. There's also a network where we can reach out and ask has anybody had a challenge around this area, how did you go about it? (RP10).”

There remains however, an understanding that the current system does not lend itself to national policy direction alongside a desire to see this evolve and change. This is most clearly evident in the statement below:

“ I would rather see much more national direction. But it's really, really hard across the piece and ultimately a national policy is never going to work. This is an acceptance of reality as it is not a criticism, it is just the way it is (RP6).”

Whilst we understand the challenges of the current system, we believe that there is scope for exploring new national policy directives for local application. There needs to be a balance between national requirements and local capability and need. This is of particular relevance if we are to see the successful implementation of a systems-based approach.

## Funding Model

While the new National Physical Activity for Health Framework has been positively

received, a key drawback of it cited by most participants was the lack of funding attached to it to ensure its deliverability:

“ I think a key challenge that we're facing is the operating environment that we are working in. So, we are busier than we've ever been, we're supporting more people than we ever have. Yet the sort of funding that we receive is either stagnant or decreasing, but our costs are increasing. So, there's big, big challenges ahead for the sector and ensuring that facilities and services are available for future communities (RP3).”

“ The challenge that we have had back from our members is, oh, that's great that the government's got another framework, but where's the resource? And we have, you know, a crumbling estate is how our leader mentioned it. It's great that, you know, we've got this new framework that says sport and physical activity is important, but I have to close swimming pools (RP17).”

The main issues with the delivery of the framework, as well as achieving wider policy goals, was not only about the amount of funding provided, but also the mechanisms through which the funding was distributed, particularly in relation to timescales:

“ There's no generational long-term funding that allows us to have, you know, start to change that or shift culture around how we access sport and physical activity. It's not properly funded with any real enthusiasm. And that's the political structure that we work in, isn't it? (RP9).”

“ So, one of the biggest challenges I would put right in the top probably would be the annual funding cycle...we are stuck in a cycle of one year grant funding which is tied to the Scottish Parliament's annual budget setting process. It leaves us very squeezed towards the end of the financial year (RP18).”

“ It takes up a lot of our time as policy makers as well. Just getting the programmes budgetarily approved each year takes time away from us to think strategically about what we should be delivering in the first place. You're constantly juggling both, you know, by necessity (RP18).”

The Scottish Government and Local Authorities are operating in an extremely challenging environment, with several wider national and international influences being cited as impacting finances in a previously unforeseen way. However, there were also arguments made regarding the need for investment to stimulate a change in culture and perspective within this area:

“ You know, we can have 5- year contracts to mend roads. We can have 10-year franchises to run a railway system. We can do 15-year contracts to run an airport. So why is it, you know, de facto 10-11 months delivery for say cycle training or community engagement around walking, that kind of stuff? So, the biggest challenge is the funding model doesn't support capacity capability in the sector who deliver on the ground (RP18).”

“ What drives me up the wall is when we talk about a leisure trust, sorry, a leisure facility having lost, made a loss, a public leisure facility. We would never talk about a school making a loss. We would never talk about a hospital making a loss in that sense. Like it's a cost, but it's a cost that delivers social benefit and understanding that we are buying social benefit by putting money into sport, not losing money (RP19).”

A frequent suggestion was to enhance the local delivery model discussed in the previous section by distributing funding through Local Authorities. There were also other suggestions made with the intention of prompting a change in the nature and culture of sport and PA delivery:

“ I would love to start seeing government put more funding into sort of national programmes that we could deliver on their behalf...I'd love to see scalable programmes, a budget for scalable programmes to be delivered. (RP3)”

Overall, the use of an annual funding cycle was viewed as being one of the most prohibitive barriers to realising successful implementation of the new National Physical Activity for Health Framework, as well as wider policy goals within the sport and PA area. It is argued that for meaningful changes to be achieved in health inequalities and outcomes, a significant long-term investment by the Scottish Government is required to change the current nature of sport and PA delivery towards a systems-based, nationally funded, locally delivered culture, which will promote an environment for changes in population behaviours.

## Targeted Provision

Graeber & Wengrow<sup>23</sup> identify that the concept of inequality is ideal for the encouragement of half measures and compromise. In building upon this perspective, they argue that inequality is mostly deployed to convince us that while the system we live under might be unjust, the most we can realistically aim for is a bit of modest tinkering. In the context of compromise, it is unclear what addressing inequality actually means. For example, which kind of inequality are we seeking to remove? Is it inequality of wealth or inequality of opportunity? In the Scottish context, poverty and social inequality are significant challenges to addressing inactivity. These conditions affect low participation across the full diversity of the population.<sup>24 25</sup> Inequality in relation to poverty is entrenched and the impact on inactivity is reinforced by disparities in age, disability, gender and sexuality and, these are further reinforced by their intersectionality.<sup>6</sup>

The 2022 Health Survey also noted that 22% of adults in Scotland reported very low levels of moderate to vigorous physical activity (MVPA).<sup>26</sup> This level is defined as under 30 minutes per week and has significant public health implications. Public Health Scotland noted that more than 80% of the 3,000 deaths attributable to inactivity occur amongst those undertaking very low levels of activity.<sup>27</sup> This is a significant issue regarding reducing health inequalities and increasing levels of PA. The issue is entrenched and to address it requires strategies that specifically target increased engagement and improved health and PA outcomes.

Addressing these issues is a significant challenge and the following content provides evidence as to the nature of that challenge, the need for ambition and the requirement to evolve the narrative around the nature of PA participation and engagement. The inequalities evidenced in this section include poverty, deprivation, disability and the challenges in determining and realising intended outcomes. We also discuss the notion of viewing inequalities not as separate, distinct entities, but also as intersecting with each other, and how viewing inequalities through an intersectional lens connects with the intentions of a systems-based approach.

We know that there are significant inequalities in Scotland in relation to access and

participation in sport and PA and, that these are continuing to widen.

“ The gap between those living in the most deprived and those living in the least deprived has widened since 2022 (RP2).”

We know that this disparity has been reinforced by the broader inequalities that exist within Scottish society. The challenge therefore, is how do we mitigate against these broader inequalities within sport and PA? One way of doing so is through exploring the balance between universal and targeted provision. One participant highlighted the issue with the nature of programme design and who these programmes are for:

“ We're creating programmes that, you know, benefit the masses, but it's not the masses that need those programmes (RP13).”

In building upon this position there were several competing perspectives upon this throughout the research. In relation to shifting towards a more targeted approach to sport and PA we highlight a key statement by an individual participant below:

“ We just can't afford universalism anymore (RP17).”

As we have discussed in the previous section local autonomy drives provision and therefore, targeted and/or universal provision becomes a matter for local decision making. The challenge of how to balance both perspectives is highlighted in the comments below:

“ We do a significant amount of targeted work because we recognize if we don't, we'll just create bigger inequalities. We also have a universal offering, but we recognise that offering is not fair because the people who potentially want to come but can't because of cost or because of their circumstances with their disability etc (RP10).”

“ I think we benefit from flexibility to be able to understand our communities. And I think if it's too targeted, it becomes too inflexible and sometimes you miss those that need that support. We need to allow people that are working out in communities to be able to target provision based on their understanding of that community (RP9).”

The most obvious issue associated with targeted provision, particularly in areas of deprivation, is the significance of the challenge. Ultimately, 'it is very difficult to target effectively, particularly people living in poverty' (RP9). There are no easy wins, and this runs counter to the narrative of sport and PA as a vehicle for positive social change. In this context organisations should continue to increase their understanding of specific groups, their specific needs and the challenges they face. There is a requirement to 'go under the skin of different population groups in different localities to understand what some of those barriers are' (RP20). We argue therefore, that stakeholders from across the sporting landscape in Scotland need to be continually cognisant of these concerns and argue for a level of policy focus and funding required to make positive social change. This position is highlighted by a participant in their statement below:

“ I mean, you're really looking for 10-year investment in some communities. And I really think that unless that commitment comes over a prolonged period of time, it's a sticky plaster job (RP4).”

Whilst we support a renewed policy focus in this area, we are fully aware of the broader social and economic challenges that people face in their desire to be more physically active. This position is highlighted in the statements below:

“ It may be a policy priority, but it's not a family's priority. Probably on a day-to-day basis, they're not looking at how improved physical activity levels will reduce their health burden down the line (RP9). I think there's too many other aspects of people's lives being impacted by other factors that this doesn't even hit home (RP4).”

This is not just about what something costs or the associated costs such as transport; it is the broader challenge of people being time poor and/or the potential loss of earnings. This was highlighted clearly by an individual participant:

“ It's not just a cost of accessing something. It's the cost of the time that you're spending accessing (RP11).”

Alongside the issue of deprivation in relation to participation and engagement are the 22% of people in Scotland who are undertaking less than 30 minutes of MVPA per week. This group were discussed several times and highlighted as a policy priority moving forward. The key reasons for this policy focus are highlighted by two participants:

“ Those undertaking less than 30 minutes of MVPA per week should be a priority if we are working in the context of population health (RP6).”

“ I think the other thing for me that is quite key that again we need to really focus on is those people that do under 30 minutes. It's actually the biggest burden on the NHS and people from this group are most likely to die earlier (RP2).”

Rising to the significant challenge of raising participation in those who undertake less than 30 minutes per week of MVPA requires a shift in both narrative and expected outcomes. This shift includes:

- Raising awareness of specific barriers to enable understanding ‘beyond some of the assumptions that are made regarding this group’ (RP6).
- Raising awareness of how programmes ‘attract the kind of active able rather than trying to specifically attract the group that perhaps we think most needs the program’ (RP8).
- Understanding that ‘the terminology and the definitions that we use around this context can be quite misleading and quite off putting. So, for a lot of people, the term sport and exercise, for example are a complete turn off’ (RP1).
- Understanding that ‘increasing participation within this group would be a big success ‘even if the overall population level figure had not changed’ (RP6).

Alongside the requirement to prioritise specific inequalities the evidence highlights that in a significant number of instances these inequalities are intersectional. For example:

“ People, you know, not only may be disabled, but they also have, you know, long term health conditions. It is a cross-cutting situation where we have somebody who is disabled and in turn the chances are they may also then have financial challenges as well (RP10).”

The need to better understand intersectionality and its impact upon engagement and inactivity is highlighted by an individual participant below:

“ We have to move to that intersectional approach, and we have to start to deal with the collective issues around involvement (RP22).”

To develop a broader understanding of intersectionality and its impact upon inactivity, there is a requirement to develop a more in-depth knowledge of the way in which certain inequalities impact specific groups where the need is greatest. In the first instance, this section will analyse older adults with the understanding that promoting PA with these groups are significantly underdeveloped in relation to policy. Older adults are not one homogenous group, and the health of people defined within this group is significant in its disparity. However, there remain specific challenges here that require an increased policy focus. This perspective is highlighted in the comments below:

“ As usually, government people move on, things change and older adults appear to no longer be a priority for enough people for something to be done, which is a shame, because if you talk to Chief Medical Officer, he'll tell you that's a priority group for him (RP6).”

“ We take it for granted. And then all of a sudden as we age, we find ourselves confined within walls far more often than we did before. That's a vitally important piece when we're looking at long term ageing and you know, this greater ageing population, we really need to be thinking about what good looks like in those settings (RP13).”

One reason why they would be a priority is that the relationship with ageing and health inequalities is significant. In Scotland life expectancy and healthy life expectancy are lower than equivalent countries. In many instances the impact of poor health is being felt at increasingly earlier ages:

“ We are fully aware of the challenges the city's facing in terms of an ageing population and the fact is that people may have more than one long term condition and sadly that long term condition is reaching them at an earlier age (RP10).”

There was also the sense of there being a disproportionate amount of focus and investment being given to the younger age categories, despite the issues associated with an ageing population being well known to the sector:

“ That's the market. 80% of the offer is for 16- to 30-year-olds. What about people over 60? What about people over 75? So, there's a lot that can be done in terms of recreation and sport to widen and extend that offer and to make it more inclusive (RP12).”

Secondly, this section will explore the impact on inactivity of geographical inequality. There are significant disparities in how people across a variety of different areas in Scotland can access opportunities for PA. Ultimately,

“ Everyone does just have very different realities depending on where they live and that drives their behaviours (RP5).”

The disparities between urban and rural living are also evident. One participant spoke from their own experience of living in the city and the benefits for their activity levels that it brings as well as the difference they experienced when in a suburban or rural environment:

“ I live in the city and walk everywhere because it's just easier and it's better. And so, you rack up steps that way. Even when I go visit my parents in a suburban area, driving is the default. You know that's the way you get about and that's the same in rural areas. You jump in your car to get anywhere (RP5).”

Further to the issues that drive inactivity in rural areas in relation to transport is rural poverty. Whilst assumptions can be made that living in rural areas will inevitably increase opportunities to be outside and to be active there remain ‘marginalised communities that struggle to access kind of mainstream provision for various things’ (RP9).

Thirdly, is disability and the impact of it on people’s opportunity to engage with PA and sport. Whilst there is significant policy and academic focus on disability, numerous challenges remain in turning that focus into reality for individuals. Ultimately, ‘people with disabilities are not meeting the physical activity targets. They’re not physically active’ (RP23).

Addressing this key issue requires an understanding of what inclusion truly means within sport and PA and complexities involved in realising inclusive practice and creating truly inclusive environments. This challenge is highlighted clearly below:

“ The fear factor around disability is still there. Inclusion delusion is still there. People think they’re being inclusive, when if you do a bit of digging, they are actually not. So, we need to change that by good quality assured education and training (RP23).”

“ I don't think anybody says, we're not inclusive. You know, nobody's ever going to say that. But when we say, well, how many disabled people have you got? Oh no, we haven't got anybody coming, but we're really open to having them (RP23).”

Highlighting such positions is not a criticism of what is currently happening within practice. Rather, it is raising awareness of just how difficult developing inclusion within sport and PA is. One concern is that whilst many people working for or alongside people with disabilities and / or learning difficulties are doing fantastic work they are not being fully supported in the delivery:

“ There is loads of great work, don't get me wrong, loads of great work happening at all levels of sport, but I think it's been driven by people rather than strategy at the moment, and we need to make sure that it's driven by both (RP23).”

There remain significant issues, not just within sport and PA, in ensuring inclusion is delivered but further criticism comes from the notion that inclusion is no more than an afterthought or a buzzword that can be utilised in mission statements but without the need or desire to fully realise it. The comment below echoes much of what is already known about this issue:

“ I think there’s also a degree of paying lip service still in some areas. Yeah, we’ll put that in because it’s addressing the government agenda. But what does that actually mean? (RP23).”

The final inequality discussed within this section is LGBTQI+. When thinking about inequalities and intersectionality this group highlight the socio-economic challenges that are faced by so many people who are seeking to engage with sport and PA. This was expressed by a participant's view of sport and human rights more broadly:

“ We're not just talking about LGBTIQ+ people we're talking about human rights as a whole and really understanding that universal access to sport being a human right because we don't see that coming from sport's governing bodies or from the sports sector at all (RP11).”

They also identified the specific challenges faced by this group and how they sought to overcome those. Firstly, is the notion of the negative experiences they faced at school:

“ People coming back to physical activity in their 20s and their 30s and their 40s saying I left it at school because I was so uncomfortable (RP11).”

Secondly is the concept of 'lad culture' and/or 'banter' and, its impact upon how people feel within a sport or PA space:

“ I think we as a society have fought against lad culture and banter quite a lot. I think things have changed quite a bit, but I think that kind of legacy impact that's had on people from their school age and into their older years has been really stark as well (RP11).”

As a consequence of these challenges many people feel uncomfortable in engaging in team sport activities. It can take time to feel comfortable in a space in which you have previously experienced negativity. LGBTIQ+ participants are more likely to initially engage in individual physical activity until they feel confident and then they might move into a team sports setting. Ultimately:

“ It's almost a journey that people go on that they sort of try and enter into the individual sport space before going into a team setting. Often when they move into a team setting, they don't go back because they realize it's amazing and they've been missing out on the whole social aspect of that (RP11).”

There is also a more nuanced picture around participation than is perhaps expected. This is highlighted in the variety of ways in which people chose to engage in LGBTIQ+ spaces as well as 'mainstream' sport and PA. However, there remain significant challenges in maintaining a policy focus on LGBTIQ+ participation and engagement. Part of the reason for this is a constantly evolving policy landscape. For example:

“ There is more of a focus on women and girls, for example, which is great, but that often doesn't include any of our work within LGBTIQ+ inclusion. So that's part of the battle for us sometimes making sure that we still belong in that space (RP11).”

Further to this is the current perspectives around transgender participation. The participant highlighted two key issues that require further exploration. Firstly, they expressed their concerns as to how the discourse around transgender participation has shifted from the principles of inclusion:

“ Our conversations are a lot less about inclusion than they ever have been, but we strongly believe that they should be about inclusion. We also understand that restriction is necessary to a certain extent (RP11).”

Secondly, they identified a broader misunderstanding within the sector around existing restrictions to participations:

“ There's a lack of understanding in the sports sector that around trans people and their participation, I think there's an assumption that right now trans people accessing sport without restriction, and that's just not the case. They are restricted on a case-by-case basis (RP11).”

In building upon our understanding of the challenges around LGBTQI+ participation it is important to shift focus temporarily to female participation. As noted above there has been a recent shift towards female participation and the challenges associated with it. This has been explored extensively in the recent report published by the Health, Social Care and Sport Committee in 2023 entitled ‘Female participation in sport and physical activity’.<sup>2</sup> Several findings from this report were discussed in the recently published evidence review ([Getting the inactive active: Barriers to physical activity and their potential policy solutions](#)) which were supportive of the recommendations within the report.<sup>17</sup> Considering the scale of this project a choice was made not to go into significant detail around female participation but there is a need to highlight two significant and corroborative aspects that mirror the findings of the Health, Social Care and Sport Committee. These focus on the nature of female sport and the consideration that is required as to how female sport at the grass roots and community level should develop moving forward. This focus is evident in the two comments from an individual research participant below:

“ I think a lot of focus is put on elite sport, and using elite sport to try and encourage young girls into sport, I don't think that's the right pathway to go. What they want is friendship, fun, and enjoyment (RP7).”

“ Making young girls sport accessible and encouraging them to make it what they want rather than what you want them to have. The key is to find out what they want and then use that (RP7).”

To address the issues aligned with specific inequalities outlined above it is fundamental to give significant thought to the way in which sport and PA programmes determine and realise intended outcomes. This position is highlighted clearly by a research participant below:

“ Organisations are required to think a little bit about the impact that they want to have and develop really clear outcomes that can be measured. This is not only important at the program planning stage, but it also helps people think about how you're then going to support people on the ground who are facilitating the activities to actually have the similar kind of shared outcomes as well. Too often I think you can have people who have designed a fantastic project with really clear outcomes and have really thought very deeply about who they're trying to target and then that kind of gets lost as people put the project into practice (RP8).”

This section has separated out specific inequalities to draw attention to some of the different challenges and barriers faced across the sector. There remains however, a requirement to view specific inequalities in an intersectional way. The intersectional nature of inequality was noted by several of the research participants, both implicitly and explicitly:

“ But I think it's not just looking at it in, in isolation. I think we need to look at the barriers alongside other health behaviours, health issues and then local community issues as well. So, you know, to try and break them down and not generalise on them (RP20).”

“ We need to look that holistically. Some research has just come out from Sportscotland recently was very evident that across the groups that the research was focusing on, there was some real commonality in terms of the challenges being faced and we feel that should be addressed strategically and at a political level (RP23).”

Understanding, discussing, and addressing inequalities in an intersectional way would align well with the tenets of a systems-based approach, in that the bigger picture remains in view while more local issues are being addressed. The ideas of proportionate universalism<sup>[1]</sup> could also lend themselves well to working in a more intersectional way when it comes to addressing health, participation, and social inequalities within sport and PA. Ultimately, the findings suggest that the sector is aware of the intersectional nature of the barriers and inequalities people face when accessing sport and PA, although they are less clear about how to address them.

[1] Proportionate universalism is a policy approach which combines both ‘universal’ and ‘targeted’ principles by including everyone within their remit while providing greater resources for those facing greater disadvantages.

## Early Intervention

Several discussions with participants highlighted the significance of early intervention and social prescribing on engagement and participation in PA. In contrast to other areas within this report there is a significant amount of data that is available to support this position:

“ There's a really strong evidence base to demonstrate that PA has a key role in terms of not just prevention, but early intervention (RP1).”

Whilst the evidence is there to support the value of early intervention there remain significant challenges in delivering it within practice. The key challenge is the pressure on the NHS and their understandable resource focus on health protection over prevention:

“ We see a disproportionate amount of resource across the NHS in general going to primary care, but we see very little resource actually going into to prevention itself. We can't ignore the fact that people are ill and that need treatment and care but somehow alongside that we need to try and increase the amount of preventative work that takes place (RP1).”

“ And we know that a push for preventative spend is something that we really, really know, could see a massive difference to the protection of population health and the NHS. But how do you do that when there's so much acute need as well (RP13).”

A further challenge is in the way in which the health service runs within Scotland through health boards being set up differently across local authorities. Again, we are not advocating change to such a position and support local autonomy but, it is important to highlight the disparity that this causes when trying to develop specific approaches to addressing inactivity. Each local authority is set up differently such as (1) their structure; (2) their geography and, (3) the socio-economic demographics. Ultimately, every local authority has its own unique challenges. In this context this section will focus on social prescribing which was discussed with several participants in relation to its capacity to contribute to early intervention and addressing inactivity. Whilst participants were encouraged by some of the work that has taken place, they were also aware of the

challenges in embedding such an approach particularly around what services are available:

“ The challenge is if the provision doesn't exist and isn't consistent in the community then that's difficult to then embed as an offering of the health service (RP5).”

“ Not all areas of Scotland have GP referral schemes for activity. Not all GPs will do it. It's overly complicated. It might be linked to a further cost, you know it's a whole series of things (RP14).”

One of the key issues was in a lack of clear guidance for what social prescribing is and how it should work. A solution brought up by one participant was the development of a new national framework:

“ We don't have a clear structure for social prescribing. The only way we can do that is to develop a national framework for social prescribing. To be fair, lots of areas are calling out for this. They want this framework. They want something that guides them in how they do this (RP6).”

In building towards such an approach, the Scottish Government recently published its population health framework which contained a welcome commitment to the creation of a national social prescribing framework.<sup>28</sup>

In relation to social prescribing and PA it will be important that it is seen as part of the wider approach to prevention to mitigate against the risk that ‘physical activity is seen in isolation in that space’ (RP6). Instead, it needs to be seen as a significant element in a systems-based approach to addressing inactivity and health inequalities.

## Education and the School Estate

From the perspective of several participants in this research, education is seen as a key space for improving access to, engagement in and enjoyment of PA and sport. The caveat to this of course is how much is already expected of schools in realising existing PA outcomes amongst many others. This concern is evidenced by a research participant who stated that:

“ The difficulty is the strain on education at the moment. You can aspirationally put anything you want in policy. But the reality is, does it connect to practice? (RP4).”

Whilst this concern will be explored in greater depth later it is important initially to build on the previous section and to look at the role of education in relation to early intervention. The notion and importance of early intervention is discussed by one of the research participants below:

“ What we're doing at that very young stage is going to shape a kind of lifelong trajectory of either active or inactive people (RP8).”

“ I think it's about addressing inequality as early as you possibly can and thinking about the nursery years where you're going to be putting the pathway in place for a life of physical activity or not. I think it's about starting as early as possible, making sure that the kind of patterns are there and the pathways in place (RP8).”

Whilst embedding PA as early as possible within a young person's education will have obvious benefits in relation to habit formation there are current concerns with the way many people experience physical education and the impact this can have on participation throughout their life course. A negative experience of physical education can significantly impact upon a person's perception of PA and of themselves as a physically active person as highlighted below:

“ You've maybe had poor experience of PE at school and that's put them off anything you know; they grow up thinking they're not sporty and they're not able to be active and probably close their minds to quite a lot of the opportunities that are out there (RP8).”

In primary education there is the key issue of the lack of training, experience and confidence of primary school teachers to deliver quality physical education:

“ There is a minimal input from the university side of the teacher training programmes regarding PE, so if that is not being promoted or developed efficiently young people won't have a positive experience in school (RP4).”

This issue is being discussed with the understanding that many teachers are excellent at delivering physical education but, many teachers also struggle with this area of the curriculum. They are also under pressure in terms of delivering across the curriculum and this makes it difficult to prioritise physical education as highlighted by one participant below:

“ Primary teachers have to learn all 8 curriculum areas. They are accountable for literacy, numeracy, data more frequently than health and wellbeing data (RP4).”

The Scottish Government has made physical education a core subject with a minimum requirement for all pupils from P1 to S4 to have two hours of quality physical education a week in schools. Whilst over 90% of schools in Scotland are currently meeting this target there remain concerns as to the reality of this ambition within practice in terms of both the time actively spent participating and the 'quality' of what is delivered.

“ The delivery of two hours of physical education from P1 up to S4 sits above 90%. However, if you were to delve down into that information and speak to specific schools, you would find that unfortunately, that probably isn't the case. So, I would say that it's perhaps not as positive a picture as sometimes the data might suggest (RP4).”

The impact of the disparity of experiences that young people have in primary physical education is evidenced by the thoughts of secondary school teachers who expressed their concerns to one of our participants. They highlight that when young people are moving into secondary physical education they are seeing 'a significant decline in movement competencies and the standard of performance' (RP4).

In consideration of the extensive pressure that all teachers face regarding the demands on their time and the ongoing review of the curriculum we are cognisant of increasing pressure on teachers and their schools. Schools can, however, be fundamental to the realisation of PA outcomes. One approach is to consider the way in which PA can be incorporated throughout a school.

“ We know that whole school approaches to promoting physical activity are key, so how can we better integrate that into the curriculum? (RP1).”

The current review of the Curriculum for Excellence is an opportunity to explore such perspectives, but this would also require appropriate professional development as highlighted by one of our participants:

“ I know that the teachers that I work with don't have the confidence to offer physical activity as part of the curriculum in schools (RP8).”

Beyond the curriculum and extra-curricular school sport is the way in which the facilities available within schools are utilised beyond the school day. The school estate is a significant resource which arguably is not being utilised to its full potential yet. There are several issues which currently prevent that from happening. Firstly, there is the issue of cost and resources:

“ So even though the school estates there and could be used, the associated cost for janitor etcetera is unachievable, especially if you're working in an area of deprivation and you're trying to keep the cost down for the participants (RP10).”

Secondly is the issue of autonomy and disparity across different local authorities and the schools themselves:

“ Even within one local authority you've got different approaches across schools. So, there's definitely something around that side of things for accessibility for outside of school to use the school facilities (RP4).”

“ I think that it is a responsibility of the headteacher to some degree. So, if you have a head teacher who values community physical activity sport, then I'm pretty sure they would support the accessibility side of use (RP4).”

Third is the issue of perceived ownership and access:

“ They're still seen as school buildings; you build these buildings, and you have this proposal written on paper. But how do you embed that into practice? (RP9).”

Fourth is the concern for how existing relationships that work will continue to do so in the future:

“ We still have the public private partnerships. It still has a number of years to run so as to what will happen after that we don't know (RP10).”

Within education there remain significant challenges alongside real opportunities for developing PA and for improving the quality of physical education delivery in primary schools. Whilst the current state of flux within education is a significant challenge, with the appropriate support and political will PA can have a more prominent role within the curriculum, the quality of primary physical education can be improved, and the school estate can be better utilised to support engagement in local communities.

## Volunteering

The continued importance of volunteers in the delivery of sport, PA, and associated sectors was apparent throughout the research. For example, the outcomes of the new National Physical Activity Framework<sup>16</sup> were framed as being dependent upon them:

“ In different capacities, when you look sport and physical activity you think about volunteers. If people are having to do other things or they may be struggling a little bit, then potentially, that volunteer role could go, and if we don't have the volunteers in the sector, then actually it would really struggle (RP2).”

“ And I think a lot of the work, most of the work that's done in the foundation grassroots level is done by volunteers and a lot of them are paying their own money to do it. So, we have to look at that and I'm not saying that we have to pay them, but we have to recognize the fact that that is where our army is coming from in terms of sport in this country (RP7).”

This raises important questions about the sustainability of such a delivery model within the sector, particularly when volunteering rates decreased significantly during the COVID-19 pandemic and have yet to return to previous levels.<sup>29</sup> As well as these practical concerns, there were more ethical and moral questions raised regarding the reliance being placed upon volunteers within the sector:

“ There needs to be enough support in place in the professional architecture of sport to be able to allow those volunteers to flourish and not to become burnt out and to give them what they need. Because there's plenty of organisations where you sort of feel like there's one pottering individual who if they keel over at any point, the whole thing goes out the window (RP16).”

“ For a sector that is heavily reliant on volunteers that's to some degree an existential crisis for the sector. A continuing trend of all those people not being willing to volunteer or being able to volunteer will reduce the amount of supply that we can offer in the system (RP19).”

It was widely recognised by the research participants that there was a need to provide more incentives for volunteers to contribute their time, given their importance to delivering policy goals. This led to a suggestion regarding how volunteers might be supported and developed further within their roles, as well as recognised more for their contributions:

“ Maybe like how we celebrate the volunteers and the people in the communities that are actually supporting a lot of this agenda without, you know, without the need for celebration. That's what engages people to remain in sport, isn't it? It's those community champions and if you could, you know, remodel that and share that more widely, then I think we'd be onto a winner (RP9).”

Alongside incentives, it is also worth noting that several barriers were also identified by the research participants. It was suggested that these could be amended or removed to help encourage participation rates and improve the volunteering experience:

“ It feels like we have kept adding and adding and adding to the burden on volunteers. All individually, probably for good reasons, but not looking at what that means in the round and saying actually we need to give volunteers a chance to get back on top of all the things we're asking them rather than keep finding ways to impose new burdens onto them for a while. (RP19)”

“ We’ve been through the recent stuff with volunteers as well and PVGs and what that looks like and the real threats to volunteers. In Scotland, it’s already been decimated by COVID, and you know, how much of sport and physical activity would just stop stone dead if it wasn’t for volunteers. So, we really need to continue to support volunteers, especially in our sector, and any more barriers are added into that will just be a death knell for an active lifestyle. (RP22)”

It is important to acknowledge the importance currently placed on volunteers in delivering the outcomes outlined in the new National Physical Activity Framework, as well as wider sport, PA, and health policy goals. While the wide range of responsibilities placed upon volunteers within these sectors is not necessarily new information,<sup>25 29</sup> the decline in volunteer numbers since the COVID-19 pandemic prompts necessary reflections on how volunteers can and should be utilised within this space. Any government action within the sport, PA, and health areas must consider the invaluable contributions of the voluntary sector and consider how the volunteer experience can be as rewarding and fulfilling as possible.

# Facilitating and embedding a systems-based approach

McLaughlin et al <sup>30</sup> identify that the current challenges in PA include generating relevant evidence, moving from interventions to effective policy, and operationalising a systems-based approach. To address such challenges the new 'Physical Activity for Health Framework' is an action orientated approach to improve levels of PA at both national and local level. The framework is firmly founded on evidence-based international guidance from the World Health Organisation and other global partners. The framework recognises that plans and strategies across government departments such as transport and education have as great an impact upon health and wellbeing and increasing levels of PA. <sup>16</sup> Due to this recognition, the framework applies a systems-based approach through outlining a wide range of actions across multiple sectors and settings, including schools, healthcare, communities and workplaces. To realise this intention the framework presents 8 Strategic Delivery Outcomes which are required to be seen in the context of the whole system. To explore the report and specifically the Strategic Delivery Outcomes use the following link:

<https://www.gov.scot/publications/physical-activity-health-framework/>

The Framework for Physical Activity and Health was developed from the 2022 report by Public Health Scotland (PHS): 'A systems-based approach to physical activity in Scotland A framework for action at a national and local level'. <sup>15</sup> The intention of the report was to inform future planning and implementation of system-wide approaches to PA in Scotland through evidence-based practice. COSLA <sup>31</sup> describes a systems-based approach as applying systems thinking, methods and practice to better understand public health challenges and identify collective actions. Adopting such an approach is a long-term commitment and requires ongoing leadership, and concurrent action across the short, medium and long term from all involved. <sup>15</sup>

The rationale for a shift towards a systems-based approach derives from the understanding that policy actions have been insufficient. Whilst there has been a significant policy focus in Scotland, Government strategies have not consistently increased the proportion of the adult population meeting recommended levels of activity. Existing approaches have failed to reverse the crisis of inactivity. <sup>32 33</sup> A systems-based approach explores the connections between the factors that collectively form the system and considers the ways in which actors interact with them. In doing so it can help to make sense of diverse and chaotic relations between large numbers of factors and their physical, commercial, sociocultural and political contexts. Successful enactment requires a collaborative approach that brings together stakeholders involved in tackling the problem of inactivity to help those actors identify their part in a system and to appreciate better the roles of others. <sup>34</sup>

The following section explores ideas expressed by participants around the hopes and challenges of the framework's implementation including how organisations can move beyond their silo and the requirement for cultural shifts. A short case study of the work of one local authority in developing a new strategy based upon the framework is also presented.

## Disparity & Autonomy

There was an acceptance from the majority of those who participated in this research that a systems-based approach is the correct one as long as there is the subsequent buy-in from government and organisations across the sector. The position is highlighted by a participant below:

“ It's taken a long time and it's probably the first time I've worked in this context for 20 years plus and this is the first time genuinely when I can say I've sat at a table and I thought, oh my goodness, we get it (RP1).”

As mentioned in previous sections however, there exist a variety of approaches being undertaken to sport and PA across the 32 different local authorities in Scotland. This creates autonomy but also disparity. It is also highly problematic to driving national policy directives as highlighted by a participant below:

“ The reality is that we devolve a lot of power to local authorities in Scotland for very good reasons and you know that that's a decision that's out there. But the consequence of that is that you've got 32 varieties of everything. Which might be good in the sense of it responding to local need, local pressures, local challenges but, the problem for us is therefore, if a Minister commits to a particular policy, then how can we deliver that when we have no control over what happens in every local authority? (RP6).”

From the perspective of understanding how to implement the new Physical Activity & Health Framework there requires an understanding of best practice and how to share that across the local authorities:

“ There are 32 different local authorities all doing 32 different things and for me I think I would like to see us really share in that best practice and learning from each local authority because although there are differences, there's lots of similarities (RP2).”

Ultimately for any successful implementation of a new framework requires collaboration, dialogue and engagement. The current structure within Scotland may ultimately work against this due to the autonomy that exists:

“ The power of local authorities gives us a challenge in terms of achieving some of the ambitions of the framework (RP6).”

Counter to this perspective is the notion that local authorities are well placed to interpret and deliver on the objectives of the framework:

“ What it has done is provided a framework which is now being delivered at a local authority level, which is a real positive and probably is a step beyond where a lot of government policies are and, that actually that makes it much more likely that it'll have a real-world impact (RP19).”

Local authorities are however in a position where funding is very challenging or has been reduced. With no direct funding for implementation there is only the hope that they will seek to develop their strategies based on goodwill and the belief that it is the correct thing to do:

“ A difficult thing for us to do, is to get all councils to sign up to a policy or a framework with 0 pounds and 0 pence (RP17).”

## Moving beyond the silo

Whilst each local authority is free to interpret the framework in their own way or even to not use it at all, there appears to be a current buy-in from several local authorities. For them to be successful in their approach will require them to understand that it's okay to 'reach beyond the boundaries that that they work and to share resource rather than being protective' (RP1).

This requires buy-in from across government and the wider organisations involved because the solutions to successful implementation are everyone's responsibility. When the implementation of a new framework is being proposed to develop strategy at the local level it can be easier to revert to type and to deliver in a way that requires limited structural and resource change. This is particularly true when public finances for a specific policy area are limited. This challenge is highlighted by a participant below:

“ When things get tight and challenging, naturally, organisations and government tend to focus inwards. They tend to only want to deliver on the things that are absolute priorities for them, and that's understandable and fairly reasonable (RP6).”

The question therefore, is whether there is the commitment to see this through and to support the development of a systems-based approach through national prioritisation and local implementation. The challenge is in how this is realised in practice as highlighted by a participant below:

“ In principle we've agreed to it, but actually, are you brave enough now to actually do it? So in theory, government is committed to that with the cross-cabinet support and endorsement from the First Minister. I think time will tell in terms of how that's able to be taken forward (RP1).”

Ultimately, there remains a significant number of challenges in moving forward with implementation regarding how challenges emerge and how they are potentially resolved.

## Expected Challenges

Whilst there is an undoubted consensus that a systems-based approach is the correct approach there is also consensus as to the challenges that exist in implementing it:

“ Yeah, I mean, the systems approach is complex. There's no question about it. And whenever you attempt the mapping of the systems that are involved, it serves to show first and foremost that it is no one person's job or one organisation's job. Or one location's job or one set of approaches. It is wildly complex (RP14).”

A key challenge regarding the complexities of a systems-based approach is the prioritisation that would be given to it across other areas of government / local government to PA. There is both an understanding of the need to prioritise their own area but also a desire to see PA as a key driver in helping these other areas of government to realise their

priorities:

“ If you're working in transport or you're working in education, your objectives, yes, are part of that. But there are other bigger things that you're dealing with as well. We understand that we're an important part, but a small part in some of these other areas objectives (RP2).”

It is also true that each area of government will be at different stages in their development of systems-based working and implementation of PA within their own strategies. This requires working where support and collaboration is most evidently available:

“ I think what we've had to do though and again, we will continue to do is go where the doors are open first (RP2).”

There does require some further national direction and support to help with the transition to a new approach. Different participants expressed different ways in which this could occur. Firstly, was the notion of specific direction from government departments for organisations:

“ As an organization sponsored by government, you're given a letter and guidance of the key things government wants to see from us, but it makes it difficult for somebody in my position to take forward the physical activity work if that guidance letter doesn't say Physical Activity somewhere within it (RP1).”

“ I think there could have been more cross governmental work before the launch so that it's not owned by Active Scotland, it is owned by the Scottish Government (RP17).”

Secondly, was the desire for appropriate level of commitment and funding to be provided to enable implementation:

“ There is no additional investment to put the new framework into practice. I think if you have got a policy, you know that you need to implement there needs to be some kind of budget attached to that to allow that to be into practice or to incentivise people (RP8).”

“ It's lacking, I would say in solid commitments. There's no money resource behind it. It's a framework, not a strategy, let alone an action plan (RP19).”

“ Too many times, what we have is we have the glossy policy document, we have the launch, and we have the publication, but with no follow through, with no sustained long-term investment (RP12).”

Thirdly, was the pressure that exists for organisations in relation to having the required level of resource to allow them to shift their approaches:

“ Some of the challenges for us might be drowning a little bit in in that kind of bigger space. It becomes a lot of pressure and a lot of responsibilities to constantly keep up with different frameworks and different pieces of work while also delivering for our communities (RP11).”

Fourth, a key concern exists in relation to the policy maintaining its relevance and ensuring that it becomes relevant to practice and not ignored:

“ We need to make sure that, you know, the policy just doesn't become a doc that lives at the bottom of somebody's shelf that it's kept alive and that that people know what their responsibility is within that area (RP8).”

For this to happen it is important the local authorities and organisations involved with them can understand and imagine how the framework would work in practice. This was highlighted as a significant aspect by one of the research participants:

“ I think the main challenge will be allowing people to see what does this actually look like in practice. But I think people to be able to do it, need to make sense of it and see in their world. And I think we probably need to have more practical examples of what that looks like in everybody's world (RP8).”

Finally, there remain significant challenges in relation to how the ‘problem’ of physical inactivity is thought about from different perspectives. There is concern that whilst the framework might be new it is the same people and organisations seeking to implement it:

“ If we are looking at a truly whole system approach and doing it differently, what you have around the table are organisations that already play a part in the system, who are the organisations that play a part in the system that aren't there. Sport is brilliant at talking to itself but not great at talking outwardly. And I think that is an even bigger a challenge than money (RP17).”

There is also the concern that by engaging so widely across different organisations and areas the issue will become diluted and lost with nobody taking ownership of defining or resolving the ‘problem’:

“ But to do systems thinking properly, you do need to define system boundaries, and you can't. And if you try to make your policy problem, everyone's policy problem, it becomes no one's policy problem (RP18).”

Whilst we are not in a position currently to provide clear examples of how the framework has been put into practice, we are able to present a case study of one local authority and the process they have undertaken to develop a new PA and sport strategy utilising a systems-based approach.

## **Local Authority Case Study**

Glasgow Life have developed a new physical activity and sports strategy through a multi-agency approach. The process involved working in partnership with the City Council, Education and neighbourhood regeneration, Public Health Scotland, Sport Scotland, the NHS, and the Health and Social care partnership. As part of the process, they used the Physical Activity and Health Framework to develop the strategy. They highlighted that it was a highly beneficial tool to use because they were able to work through each stage systematically. The evidence below highlights aspects of the process that was undertaken.

Firstly, it was important to ensure buy-in from different areas of the local authority and to develop the new strategy as a city-wide process as opposed to just a Glasgow Life strategy:

“ Stage one was about buy-in from partners, but we had to just go back to make sure we had the strategic and financial backing rather than just a nodding of the head. We ensured that everyone was aware that the strategy is not just sport and PA. The strategy is Glasgow's (RP10).”

Secondly, was to ensure a clear understanding of the strategic approaches across the city to ensure that PA and sport would not be sitting in isolation:

“ We undertook a review of the key strategies in the city. We cross referenced to see which ones had a mention or actions around physical activity and sport in it so we could then demonstrate to all parts in the city that this strategy is not sitting in isolation (RP10).”

Thirdly, was to continue to engage to ensure that there was the continued support from each area and that staff across all areas were aware of their responsibility to PA within their work:

“ We spoke to key people in the city to ensure they understood the strategy and get their buy-in. Therefore, when it does trickle down to workforce, they know that they are directed or their CEO has fully supported the development of the strategy and therefore the implementation and it does then become hopefully part of everyone's role to develop it and deliver it and implement it (RP10).”

Finally, was devolving responsibility across departments:

“ We'll make sure that all the partners are leading a bit so it's relevant to them and makes sense. So that's the hope. It's not stand alone, it helps, education's outcomes, it helps, you know, social work's outcomes, it helps other people's outcomes across the city (RP10).”

The following point in relation to presenting this case study encapsulates the value to continuing to explore and analyse the approach taken in Glasgow regarding examples of best practice and the challenges and successes they experience in implementing their strategy:

“ If you nail it in Glasgow, you've nailed it for the whole of Scotland because of the health challenges and the inequality. If we get it right in Glasgow, then it should be easier and other authorities who maybe don't have as many challenges (RP10).”

# Building the evidence base

A significant concern in relation to increasing participation in PA and sport is a lack of a coherent and comprehensive evidence base. Whilst data exists, it does so across numerous organisations who each use their own reports, surveys and formats.<sup>29 35</sup> As it currently stands the evidence base for ensuring informed policy and practice across sport and PA is insufficient. To ensure policy and practice is fully informed it is critically important to measure current rates of participation in sport and PA, broken down by age, gender, socio-economic backgrounds, disability, sexuality, ethnic and religious background and other characteristics.<sup>2</sup> Without more nuanced datasets the capacity for organisations to determine their key priorities or for academics or policy makers to produce fully informed work is more limited than it should be.

In addressing this concern, the following section looks at how a more informed evidence base could be created. It does this through discussing the current key issues in relation to what evidence is lacking, what is required, and to what extent evidence-building could be done differently.

## Current Evidence and Issues

Several research participants cast doubts on the believability of the current measures used and what inferences it was possible to make from them:

“ Sometimes in my darker moments, I wonder whether in fact anything that we do really makes any difference, and in fact, whether there are wider social pressures that happen that cause these rates to fluctuate or not to fluctuate (RP6).”

“ I would question that we are just static. I think you know, certainly what we see locally that kind of anecdotal evidence is that, you know, people are participating more than they ever have done (RP9).”

This appears to be as a result of the current evidence base being relatively generalised, which has forced individuals and organisations to bring their own analyses and interpretations to the data. While this is not necessarily an unproductive way of working, it does mean that these individuals and organisations are uncertain about their conclusions and the implications these might have for their practice:

“ Are we having to run really fast just to stand still would be my impression of it. You know, I suppose I don't have any data to back that up, but that would maybe be my impression of it (RP3).”

“ It's understanding what the trend would have been without the intervention. So, we might be static, but would we have been on a downward trend? So actually, we've bucked that trend to remain static. So, statistics are always useful and not useful at the same time (RP9).”

There were some examples provided from research participants about positive uses of evidence to help guide their organisations' strategies and practices. However, these were usually self-directed and relatively sporadic, which fails to address concerns surrounding objectivity and tracking long-term behaviours:

“ Storytelling is a huge part of what we do. So, we want to be able to demonstrate someone's experience. So, use of videos, the use of podcasts, the use of whatever. I wouldn't say we are consistent that we have one way to do stuff, but we have used a whole variety of mechanisms (RP15).”

“ We want it to be evidence based, we want it to be, not just go flying in. And so we had to build our own evidence base and we've done that through our national survey, which is recently closed at the end of the last year, where we're exploring our evidence at the moment, producing results based on that which guides the work of where we feel like we need to further (RP22).”

There were also certain large-scale measures which were identified as being positive sources of data:

“ So, from a physical activity perspective, first, the Scottish Health survey is very good and a really valuable tool to be able to measure a population level from our kind of research team perspective. It's the gold standard measurement approach and we're very supportive of that and having that set as something that is then reflected all the way up to the government national outcomes (RP19).”

However, there were many limitations also identified to existing practices, particularly around the frequent use of surveys:

“ I think people have also found it quite difficult to evaluate their projects and programs and we've got quite generic evaluations, you know, active school coordinators might talk about the number of participants in their lunchtime classes or their after-school classes without actually diving deep. So rather than just doing a head count, we're actually thinking about, well, who is coming? Why are they coming? And more importantly, who's not coming? (RP8).”

“ It's perpetuated by Sportscotland, who are still collecting data on numbers from governing bodies of sport, and in fairness, they are starting to move more towards that collaborative, qualitative stuff and the impact and support for change. And you know that change is still happening, but it's still largely about bums on seats unfortunately. So yeah, we need to accelerate that (RP22).”

It was not only surveys which were viewed as being potentially problematic. Other forms of monitoring and evaluation were also critiqued in terms of their usefulness and relevance at both the national and local level:

“ UEFA and the Scottish FA did one a few years ago around social return investment in football in Scotland. And unsurprisingly the results were it's a great thing to invest money in. It really does provide a return across a lot of a lot of different strands, but they're harder to sort of isolate out (RP16).”

“ Because you can point to lots of different pieces of evidence, case studies, you know, this, that and the other, some of it's very compelling, some of it's not so compelling. Some of it's hard to tell because the context is hard to decipher (RP18).”

There seemed to be a sense of frustration amongst the research participants that there is no coherent monitoring and evaluation strategy in relation to sport, PA, and health. It was clear that direction from the Scottish Government or another national-level organisation was desired:

“ I mean, first of all baselines, the baselines aren't really that great, in terms of collection of data around how many people are actually participating. I think it's very confused (RP22).”

“ I think there's not been a focus on it from Scottish Government. There's not been research into it because digging beneath the surface would bring up things that might be too difficult. And I think the sector and facilities, and everything is struggling so much at the moment that it would require some real heavy investment. I think that research probably has to be the start of that to really show the difficulties in the sector to really take that to the next level and to be able to say this needs to happen because otherwise these things aren't changing (RP11).”

One key issue which was acknowledged in enabling a national strategy around enacting monitoring and evaluation was the lack of available resources to plan, collect, and analyse the data involved, with the reliance upon volunteers in this area being questioned:

“ I think we are being asked now as providers to evidence our return on investment but without supporting guidance to do that and what worries me is we're being asked to do that on a service-by-service basis. I don't know if we have the resources to do it, so each individual area and service is looking at trying to pull this data together and I just don't think it's best use of resources (RP3).”

“ So, it's, where's the evidence? And then, you know, it falls down and kind of shows that evidence is valuable, and research is incredibly valuable, but only if it's used. Otherwise, what's the point? And evidence and research are expensive, and you know, so it's, why are we not using it? So, the frustrations are multiple for sure (RP13).”

“ I think it's a bit of a reality for us that we have to remember that whilst it's always nice to have more data, that any attempt to gather data is almost certainly another ask on volunteers to pick up an administrative burden beyond what they actually need to do to deliver their sport (RP19).”

Although there are pockets of good practice pertaining to building an evidence base around sport, PA, and health, the lack of a coherent national strategy which can be adapted and modified on a programme and/or organisational level is holding back progress in this area. Without being able to establish key baseline data it is not possible to reliably interpret the data that is available to organisations, meaning that their trust in the evidence was not there. There is also an issue in not making collecting such evidence a priority throughout the sector, despite there being a clear desire for evidence-informed policy and practice from all stakeholders. The evidence currently available is not sufficient to confidently say that this happens on a regular basis.

## **What Could be Done Differently?**

The general sentiment across the research participants was that they want a change in the current practices of data collection and evidence-building across the sector. The current evidence base was characterised as being sporadic, superficial, and too slow in it being made available to use. Rather, there was a desire to be able to access more in-depth data which organisations would be able to respond to in a quicker way:

“ I think it tells us we do need to do something differently. I think we need to be much more aware of what these patterns are, more responsive to need. We need to have in our plans much more impactful programmes to help change that kind of pattern and change the trends a little...and I think what would be very supportive is if there were examples of good practice in terms of gathering evidence or collecting data. Particularly if you're working with groups for longer periods of time. What does the longitudinal data start to look like? And rather than getting snapshots each year and seeing slightly different trends, actually having a better understanding of what that means, because each time there seems to be a wee bit an anomaly in a certain age group, and you wonder why (RP8).”

However, it was recognised that this would not be an easy situation to accomplish. There were discussions about the types of support that would be needed to enable this, as currently these organisations do not have the requisite resources to appropriately collect, analyse, and interpret such data in the level of detail which is deemed necessary:

“ So, it's really hard for us, you know, even to sort of understand that to then articulate it. So, I think any support that we could get around that would be really helpful. It's not our skill set, but we also just don't have the resource to look at it (RP3).”

“ Any good quality research that that looks at barriers for specific groups would be really helpful. Maybe we need to engage a bit more with some of the organisations that could tell us these things (RP6).”

“ You're taking information, you're looking at something and you're thinking we're making a decision but where's the evidence? We are not getting rich data, but it's how can we probably work better with our universities to try and maybe get more data and how then we can best use it to inform what populations to target (RP10).”

As well as incorporating a more in-depth approach to evidence building at the organisational level, there were also discussions about what a more national approach to gathering data would look like. This frequently resulted in citations of the Active Lives Survey, which is distributed by Sport England and includes various sources of evidence to help shape the questions included within it and structure the analyses of the data collected:

“ But then 30 other areas are sort of looking at that individually and actually is that best use of all of our resources or can we do more at a national level to see that? This is about building on the evidence base to determine what we want to focus on and whether we are able to do it at scale (RP3).”

“ So, because good policy that sustains elections is informed by data and evidence that is presented in a way that a politician understands. So, the data that you might be comfortable with, I'm never comfortable with data, is different to what a policy system needs to see and hear. So, you need to put that into a way that makes sense for the decisions that they need to make (RP17).”

Although national-level surveys were often identified as being key to understanding baseline data, there was also a recognition that a wider variety of data being collected through a range of methodologies is also needed. Through these additional approaches, the research participants recognised that the people who are being targeted by these interventions within the sector are able to 'buy-in' to the process more, not just in terms of providing data but also the intervention as a whole. This was contrasted sharply with the

current reliance upon surveys and figures:

“ It's co-design, co-produced. It's also then monitored in a particular way. And then there's that, how do we tell the impact and influence that it's had on peoples' lives. So, evaluation is one part of the whole journey. The great story we can tell is how we started to where we're at and where it goes next. So, it's that big picture (RP15).”

“ How many bodies of sport are driven by numbers? They're driven by increasing their membership and driven by income generation. I absolutely get that you need the money coming in the door. But you know, sports are never going to move away from that completely, but we need to move towards a balance of the qualitative versus the quantitative (RP22).”

It was evident that a cultural shift is needed to make collecting data and evidence more ingrained into practice at all levels across the sector if impact is to be identified and understood. Currently, monitoring and evaluation practices are evidenced by the reliance upon volunteers to conduct it alongside their other primary responsibilities. For meaningful data and evidence to be collected a nationally driven, locally organised strategy of monitoring, evaluation and learning would allow for the new Physical Activity Framework, as well as any other future policies in the sector, to be implemented and provide appropriate evidence in understanding engagement. Support in establishing this strategy is available through various means, such as private companies, 3<sup>rd</sup> sector bodies, and Higher Educational Institutes, who have expertise in developing techniques which encourage individuals to buy-in to data collection processes through active participation and empowerment, rather than subjecting them to yet more surveys.

# Conclusions

This report has built upon the findings of the previously published evidence review that explored barriers to PA and has incorporated the ideas and understanding of 23 research participants. The aim of this report was to determine the current challenges and the potential policy solutions for addressing inactivity. In building upon the evidence presented by participants and to specifically address the aim, the conclusions to the report are presented thematically.

## **Sport & PA Policy**

There remains a disparity in understanding sport and PA and the different roles each are expected to play in the realisation of health outcomes. There is confusion as to what the role of sport is in consideration of its incorporation in PA policy, its traditional prominence in discourse and the policy vacuum that currently exists. Counter to this is the imbalance of investment where the policy priority is PA and reducing inactivity whereas the priority for investment is within sport and therefore, for a section of society who are already active. There is a realisation that sport is not for everyone and that the role of PA in relation to health is the policy priority. There remain concerns however, that this policy focus could potentially limit the role that sport can play in delivering wider socio-economic outcomes.

## **Balancing National and Local Objectives**

The difficulty in balancing objectives between national policy directives and local needs and objectives was a significant aspect identified throughout this research. There is acknowledgement of the intentions of the policy direction for PA over the last 25 years but also an understanding that the key issue in enacting those policies has been the disconnect between national and local. With 32 local authorities having autonomy over how they deliver sport and PA interventions, disparity of provision is inevitable. Whilst autonomy and local decision making is considered key to policy enactment, there is scope to explore the ways in which national policy objectives could drive local strategies. This is about scalability and determining specific national objectives that are then appropriately supported to ensure local action. Current national policy objectives such as Active Schools and Community Sports Hubs provide examples of where this already exists.

## **Funding**

There is acknowledgement of the difficult position of the Scottish Government in relation to the fiscal reality of public finances, but there is also acknowledgement of the difficulties for all sport and PA organisations in dealing with the implications of a short-term funding model. Current financial challenges across the public and voluntary sectors necessitates the requirement for alternative approaches for how sport and PA is funded. The shift from short-term annual funding cycle to a long-term multi-year funding model is not a new consideration but this understanding emphasises the need for change. This is particularly true when considering the challenge of getting the hardest to reach groups to engage in some form of PA. The current approach is highly challenging for organisations and progressive change to the funding model is required especially if the new PA and Health framework is to be implemented successfully.

## **Targeted Provision**

The evidence presented within this report suggests that there are two ways in which the

sport and PA sector is required to think about inequality:

1. Instead of thinking about inequality as a whole there is a need to think about which inequalities are the most important to address and why.
2. Once this has been determined there is a requirement to look at those inequalities in an intersectional way.

This report has looked at specific inequalities which were considered by participants to be the most significant. These are:

1. deprivation;
2. those undertaking less than 30 minutes of MVPA per week;
3. older adults;
4. geographical inequalities;
5. disability;
6. LGBTQI+ and,
7. gender.

Whilst the specificity of this analysis is acknowledged, it is also acknowledged that there is a requirement to approach inequalities in sport and PA in an intersectional and targeted way. Whilst there remain disagreements about the relative values of universal and targeted provision, the evidence provided in this report warrants a progressive shift towards more targeted provision (proportionate universalism?). A targeted approach is far more challenging than universalism, but for improvements to be made in addressing inactivity in specific groups requires an alternative and progressive change in approach.

### **Early Intervention**

This report has highlighted that there is significant value in focusing upon early intervention as a means of promoting activity amongst those who are inactive and improving population health. The current evidence available through Public Health Scotland is strong but there remain significant challenges in delivering a cohesive and coordinated approach across each local authority. The main reason for this is the focus within the NHS on treatment over prevention. Everyone understands why this is the case but, it is also known that an increased focus on health prevention will have a positive impact on future needs in relation to protection. One area that could have an increased focus in relation to promoting PA is social prescribing. There remains though an inconsistent approach towards this across local authorities for a variety of valid reasons including cost, GP buy in and an inconsistent and unreliable community provision. The Scottish Government commitment to a national social prescribing framework gives hope that social prescribing for PA will be a part of that process with the understanding that (1) PA should not be seen in isolation and the approach should be intersectional and, (2) any approach to social prescribing should be seen as part of a systems based approach.

### **Education and the School Estate**

Education is considered a key space for engaging young people in PA and sport. It is vital however, to be cognisant of the fact that negative experiences of physical education, PA or

sport at school can have a significant impact on people's perceptions of them as they move through the life course. Evidence presented within this report has shown the importance of early intervention alongside the challenges that are faced in primary schools in relation to teacher confidence and experience in delivering physical education and PA. Whilst the majority of schools are nominally meeting the requirement for 2 hours of physical education per week there is no way of determining the quality of those two hours. Alongside this concern is the anecdotal evidence presented in this report of the impact of this on young people as they transition into secondary schools with reduced movement competencies.

Education Scotland is in the process of undertaking a curriculum review. Whilst this is an undoubted challenge for the organisation, this could also be seen as an opportunity to explore ways in which PA could be incorporated more extensively into the curriculum. This statement is made with the understanding that a development of this nature would also require progressive changes in approaches to teacher training and continued professional development.

Further to the role of education is how best to utilise the school estate for community access. The school estate is a significant resource for local authorities in relation to ease of access and reduced cost through a need to not duplicate provision. There remain however, disparate approaches to enabling access both across local authorities and within them. Whilst acknowledging the issue of ownership, access and cost unlocking the capacity of the school estate will enhance opportunities to increase community engagement and participation.

## **Volunteering**

Ultimately, volunteers across the sport and PA sector are an invaluable resource and without them the system that has been built upon them would cease to exist. Since the COVID-19 pandemic volunteer numbers have declined. This has no doubt been exacerbated by wider socio-economic pressures alongside the increased expectations placed upon volunteers. With the Physical Activity and Health Framework reliant upon maintaining high volunteer numbers to ensure successful implementation greater consideration is required to be given as to how volunteers can be appropriately supported, recognised, and developed.

## **Facilitating and embedding a systems-based approach**

The facilitation of a systems-based approach to PA and health is a long-term process that requires progressive actions in the short and medium term. These actions are required to be collaborative where each actor is clear on the role that they play in the realisation of PA outcomes. This report has shown that there is strong support for this approach across the sector. It has also shown that there are significant concerns regarding the capacity within the sector and beyond to fully realise the intentions and outcomes of the framework. These concerns include:

1. delivery of a national framework considering local autonomy;
2. lack of funding commitment for implementation;
3. lack of continued engagement from non-sport/PA sectors;
4. prioritisation of non-sport PA issues;

5. the complexity of the approach;
6. lack of specific national direction from the Scottish Government and,
7. perceptions of who 'owns' the framework and ultimately whose responsibility it is.

Whilst these are undoubted challenges, this will be the approach taken over the next few years. The hope is that it is not something which gets filed 'in the bottom of a draw' and forgotten about but rather is given the appropriate resource, funding and national direction to make it work.

### **Building the evidence base**

This report has highlighted that the evidence base currently available to make informed policy decisions is disparate and insufficient. As it stands there is a distinct lack of trust with the evidence base across organisations and academia due to its self-directed and sporadic nature. This ensures that different interpretations of the available data are inevitable. The limitations evident lead to frustration and confusion regarding the type of data being collected, the way in which data is being collected and the lack of a coherent and national direction. There requires a significant change in understanding as to what data needs to be collected, how the data should be collected and by whom and, a clear perspective as to the reasons for data collection and the process by which it will be utilised to support policy and practice.

# Recommendations for Future Policy Enactment & Development

The recommendations are presented in two parts. Part 1 focuses on the short to medium term in relation to policy enactment. The recommendations are specific to supporting the realisation of the Physical Activity and Health Framework. Part 2 focuses on the long term in relation to policy development. Within these recommendations the complex and incremental nature of any policy development is acknowledged but, to address the long-standing issue of inactivity, particularly in areas of multiple deprivation, appropriate long-term resource and policy support is required to address static rates of engagement and participation.

Many of these recommendations inevitably require increases in resource or funding and it is acknowledged that the Scottish Government is working within challenging budgetary circumstances. However, the current budget for health stands at £21 billion. Whether specific funding and resource for PA and sport in relation to health is increased or reappropriated is therefore a political choice.

## Policy enactment recommendations

1. If the public policy priority is the utilisation of PA to realise health outcomes, then this should be reflected in increased support and investment for the promotion of PA programmes and initiatives across the public and third sector.
2. The consensus within our research is that Scotland has very good policy, but the limitation within the system is how it is, or in many instances is not, enacted. Organisations require collaborative support to develop processes that increase their capacity for enactment. To realise this intention requires the Scottish Government to engage directly with organisations to collaboratively determine specific strategy and required resource to increase capacity for enactment.
3. Critical debate followed by direct action are required to progressively transition from the current model of short-term funding to a long-term approach. This would evolve the current nature of sport and PA delivery towards a systems-based, nationally funded, locally delivered culture, which will promote an environment for changes in population behaviours.
4. From the perspective of PA there requires collaborative discussion regarding a transition towards prevention through social prescribing and / or significant resource support and investment across the public and third sector to develop and support programmes and initiatives for early intervention.
5. As the Curriculum for Excellence is currently under review a significant opportunity exists to consider whole school approaches towards PA.
6. Increased recognition is needed to determine the challenges PA and sport volunteers, and the organisations they volunteer for, face. This should drive the creation of a national programme that provides an attractive and relevant level of support and development for volunteers.

7. In the short term the Scottish Government should determine which inequalities are to be prioritised, in collaboration with sporting organisations and provide specific resource to enable targeted support to specific communities in an intersectional way.
8. Existing policy approaches have failed to reverse inactivity, and the new PA and Health Framework is a significant opportunity to reverse that trend. The sense of goodwill and belief across the sector that the framework can make significant inroads in addressing inactivity should be embraced. To take this opportunity requires national resource, funding and policy support to embed cross-departmental support for local government.
9. Research should be carried out on existing approaches undertaken by local authorities who have utilised the framework to develop their new strategies. There is a great deal that can be learned from evidencing and disseminating the successes and challenges experienced.
10. There is currently a lack of trust and belief in the evidence base across the sector, as well as a culture of indifference towards the need for robust monitoring, evaluation and learning. To address this, monitoring, evaluation and learning should be included as a requirement of any delivery programme related to the new Physical Activity Framework or which receives public monies via the Scottish Government or Sport Scotland. This data should then be made accessible, either publicly or at least to other delivery partners across the sector.

## **Policy development recommendations**

1. The policy vacuum for sport, and particularly community sport is significant. There have been no signs from the Scottish Government that developing such a policy is a priority currently. Sport from a socio-economic perspective, as much as anything else, is bigger than a subset of PA policy and this should be reflected with a new policy drive that will determine the key role and purpose of sport in Scottish communities.
2. Any future policy development needs to determine specifically the inequalities that it is seeking to address and the reasons for doing so. Inequalities are specific yet also intersectional and this understanding needs to drive any future approaches towards equalising opportunities for engagement.
3. Furthermore, any future policy development should ensure that it provides specific support for PA and sport organisations to enable an environment of inclusivity to be created. Such guidance should acknowledge the complexity of the challenges of inclusive practice, and provide specific strategies for its implementation.
4. Increase in engagement for those undertaking less than 30 minutes of MVPA per week would see the biggest impact on health outcomes. This should be reflected in any future policy development.
5. As it stands a universal approach to sport and PA provision is the default. There are excellent examples of targeted provision across Scotland but, there requires a progressive and incremental shift away from universalism. For the hardest to reach groups across society to be given a more equitable opportunity for participation and engagement requires the default to progressively shift from universal to targeted

provision, despite the challenges and complexities involved.

6. The Scottish Government should determine a series of national objectives in relation to PA which are then supported for scalable delivery at the local level through appropriate provision of resources and funding. If the political will is there to drive national objectives through local provision, then the Scottish Government can utilise the precedence of Active Schools as a model of national / local practice.
7. Scotland is not alone in facing this issue but increasing teacher knowledge, confidence and experience in the delivery of PA and physical education in primary school will have a significant impact. This could be realised through (1) engagement with and collaborative development of, initial teacher education provision and, (2) national provision of continued professional development.
8. The school estate is a currently underutilised resource from a national perspective. There are obvious examples of where the school estate is a significant community asset and national policy direction is required to build upon these examples and drive increased utilisation across the country.
9. Volunteers are the bedrock of Scottish sport and without them the system would cease to function. This needs to be recognised at the highest level and be front and centre in all future policy considerations.
10. A nationally driven, locally organised strategy of monitoring, evaluation and learning should be established across the sector to allow for meaningful evidence and baseline data to be gathered. This should not just rely on surveys, but also in-depth multi-methods approaches which provide opportunities for individuals to voice their experiences and relationships with PA and sport. Aligning the requirement of data collection with funding will help to embed monitoring, evaluation and learning into routine delivery practices in the long-term, while support should be sought from partners with relevant expertise in these fields across organisations and academia.

## Concluding remarks

In undertaking this research, the concerns of many participants was evident. They are seeing the same problems repeatedly but without the means to resolve them. In addressing such concerns, it is imperative that the Scottish Parliament and Scottish Government resolve to work towards progressive change through consideration of the recommendations outlined in this report. Counter to the sense of frustration was the general sense of optimism around the new Physical Activity and Health Framework. It was evident that the majority of participants perceive this as a real opportunity for change alongside their concerns that the approach will not be properly resourced and funded. To ensure that PA and sport participation in Scotland moves beyond 'static' requires embracing the complexity and challenge of the new Physical Activity for Health framework, a shift towards targeted provision and concrete action to ensure policy and practice is built from a sound evidence base.



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