Active Scotland Outcomes: Indicator Equality Analysis

HEALTH AND SOCIAL CARE
Authors

Gillian Cruickshank\textsuperscript{1}, Justine Geyer\textsuperscript{1} and Niamh O'Connor\textsuperscript{1}

\textsuperscript{1} Scottish Government
## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>APS</td>
<td>Active People Survey</td>
</tr>
<tr>
<td>CWG</td>
<td>Commonwealth Games</td>
</tr>
<tr>
<td>EHRC</td>
<td>Equalities and Human Rights Commission</td>
</tr>
<tr>
<td>EQIA</td>
<td>Equality Impact Assessment</td>
</tr>
<tr>
<td>GIRES</td>
<td>Gender Identity Research and Education Society</td>
</tr>
<tr>
<td>HLS</td>
<td>Healthy Living Survey</td>
</tr>
<tr>
<td>HUS</td>
<td>Hands Up Survey</td>
</tr>
<tr>
<td>LGBT</td>
<td>Lesbian, gay, bisexual, transgender (and intersex)</td>
</tr>
<tr>
<td>NCAA</td>
<td>National Collegiate Athletic Association</td>
</tr>
<tr>
<td>SEN</td>
<td>Special Educational Needs</td>
</tr>
<tr>
<td>SES</td>
<td>Socioeconomic status</td>
</tr>
<tr>
<td>SHeS</td>
<td>Scottish Health Survey</td>
</tr>
<tr>
<td>SHS</td>
<td>Scottish Household Survey</td>
</tr>
</tbody>
</table>
# Contents

**Executive Summary** ......................................................................................................................... i

- Introduction .............................................................................................................................................. i
- Main messages .......................................................................................................................................... i
- Conclusion ................................................................................................................................................ iii

**Introduction** ........................................................................................................................................... 1

**Background and context** ...................................................................................................................... 2

- Methodology ............................................................................................................................................. 4

**Overview of data and evidence by protected characteristic** ............................................................. 6

- Age .......................................................................................................................................................... 6
- Disability ................................................................................................................................................ 14
- Ethnicity .................................................................................................................................................. 21
- Gender .................................................................................................................................................... 28
- Pregnancy and Maternity .......................................................................................................................... 34
- Sexual Orientation and Gender reassignment ......................................................................................... 35
- Religion and Belief ................................................................................................................................. 41
- Socio-economic status ......................................................................................................................... 45

**Evidence gaps and conclusions** ......................................................................................................... 52

**Annex 1 – Equality data availability by Active Scotland outcome indicators** ................................. 55
Executive Summary

Introduction
This report presents an analysis of equality data across the indicators from the Active Scotland Outcomes Framework. It provides a baseline from which progress can be monitored and highlights where evidence gaps exist.

The report encompasses the characteristics protected under legislation as well as socio-economic status (SES), in recognition of the impact of broader inequalities in Scotland, particularly for those living in the most deprived areas.

The Active Scotland Outcomes Framework, developed collectively with partners through the National Strategic Group for Sport and Physical Activity (NSG) and published in 2014, describes Scotland’s ambitions for sport and physical activity over the next ten years. It sets out a vision and six outcomes with 19 associated indicators to enable high level assessment of progress and a commitment to equality. The outcomes are:

- We encourage and enable the inactive to be more active
- We encourage and enable the active to stay active throughout life
- We develop physical confidence and competence from the earliest age
- We improve our active infrastructure – people and places
- We support wellbeing and resilience in communities through PA & sport
- We improve opportunities to participate, progress and achieve in sport

Main messages
The equality evidence base for physical activity is variable. Much more data is available in places, such as for age, gender and socioeconomic status. There is, however, a particular lack of data on ethnicity, sexual orientation, pregnancy/maternity and religion. Also, although there is data on disability, at present it is combined across different types of disabilities which obscures a more nuanced understanding.

Many of the protected characteristics interact with each other. A person may have several protected characteristics and some characteristics make other ones more likely, for example being disabled or from an ethnic minority (non-white) background is associated with higher likelihood of relative poverty. This has not been explored in any depth in this review and analysis on interactions in general and the implications for equality in physical activity is lacking. This is an area that would benefit greatly from further research.

As with social outcomes across Scotland and globally, the evidence gathered points to inequality of opportunities and outcomes for all groups with protected
characteristics across all the Active Scotland outcomes. This is not surprising in the sense that these characteristics are protected because we know that peoples’ outcomes are worse because of them. However, enhancing our evidence base will provide support to tackling these issues.

Key messages by outcome and by characteristic are summarised in Figures A and B below. Some overall main messages that have emerged from this work are:

- **Key at risk groups** across all the outcomes include the elderly, those with limiting conditions or disabilities, those with lower SES (particularly re sports participation and environmental factors), teenage girls and women of Asian origin.

- **The inequality by deprivation in sports participation in children is widening.** This is concerning, particularly with respect to encouraging positive physical activity behaviours that can be carried through into adulthood where sports and exercise are an important contribution to total physical activity.

- **The inequality by gender in physical activity has narrowed substantially between teenage boys and girls since 2008.** This has been largely driven by girls becoming more active.

- **School activity becomes increasingly important as children get older.** The inequality difference between young teenagers’ activity levels and those of 8-10 year olds has been decreasing since 2008, but only when school activity is included.

- **Retirement and primary to secondary school transitions are important.** Evidence highlights retirement as a key moment at which to influence physical activity behaviours in old age. For children, the transition from primary to secondary education, particularly in girls is a key point at which to try to retain levels of physical activity.

- **Access to services (including leisure services) has been identified by the Equalities and Human Rights Commission (EHRC) as one of seven significant inequalities in Scotland.** Satisfaction is related to levels of use of leisure services, with increasing satisfaction as use goes up. The evidence points to particular issues with use and satisfaction amongst disabled people, those aged over 60 years, ethnic minorities, people identifying with non-Christian religions, LGBT groups and people on low incomes suggesting progress is needed around facilities providing the right opportunities for diverse communities.

- **Walking is an important leveller of inequalities but differences still exist.** Although some inequalities are evident in both recreational walking and active travel to school, most notably for those with disabilities, when walking participation is not included in sports and
exercise participation figures, inequalities between groups are generally much wider.

**Conclusion**

The report provides a baseline from which progress can be monitored and points to where further evidence gathering is required. It also complements parallel research commissioned by **sportscotland** and the Equalities and Human Rights Council (EHRC) on equality and sport. Work to address inequality is required on multiple fronts as the Scottish Government and its partners develop policies and programmes in pursuit of achieving the Active Scotland outcomes and ensuring that all parts of the population are benefitting from public investment in physical activity and sport.
Table: Key Equality Messages by Active Scotland Outcome

<table>
<thead>
<tr>
<th>We encourage and enable the inactive to be more active</th>
<th>We encourage and enable the active to stay active throughout life</th>
<th>We develop physical confidence and competence from the earliest age</th>
</tr>
</thead>
<tbody>
<tr>
<td>The groups most at risk of being physically inactive are: those with a disability and/or long-standing poor health; older age groups; <strong>women</strong>, <strong>teenage girls</strong> and <strong>ethnic minorities</strong> (particularly of South Asian origin).</td>
<td><strong>Transitions</strong> are important. For example, the transition to secondary school is associated with a significant drop in physical activity levels for <strong>girls</strong>. <strong>Retirement</strong> is a critical transition presenting an opportunity to influence physical activity behaviours in old age.</td>
<td>The tendency towards lower physical activity levels among girls/women, and ethnic minority groups (but not lower socio-economic groups) is present even from childhood.</td>
</tr>
<tr>
<td><strong>Walking</strong> is an important element and acts as a leveller to reduce inequalities. For most characteristics, the when walking participation is not included in sport and exercise participation figures, inequalities between groups are much wider.</td>
<td>People from poorer <strong>socio-economic</strong> backgrounds are just as likely to be active as others during childhood, but become significantly less active as adults.</td>
<td><strong>LGBT groups</strong>, <strong>disabled people</strong> and <strong>women</strong> report negative school PE experiences, which can impact on their participation throughout life.</td>
</tr>
<tr>
<td>We encourage and enable the active to stay active throughout life</td>
<td>Once people are frequently active, <strong>inequalities almost entirely disappear</strong> - among sport and exercise participants, <strong>frequency</strong> of participation does not vary by any characteristic apart from ethnicity (people of Asian origin participate less).</td>
<td></td>
</tr>
<tr>
<td>We improve our active infrastructure – people and places</td>
<td>We support wellbeing and resilience in communities through physical activity and sport</td>
<td>We improve opportunities to progress and achieve in sport</td>
</tr>
<tr>
<td>The EHRC highlighted <strong>access to leisure services</strong> as an equality issue for Scotland. People on low incomes, those with a disability, ethnic minorities, those aged 60+ and those identifying with non-Christian religions are less likely to use leisure facilities.</td>
<td>The purpose of this outcome is to promote community cohesion through sport and physical activity. Analysis by characteristic in the same way as the other outcomes is therefore not appropriate, however, we know that perceptions of community safety do matter for overall perceptions of community and for levels of physical activity.</td>
<td><strong>Older people,</strong> <strong>teenagers</strong> (particularly <strong>girls</strong>), those with <strong>disabilities</strong>, those from poorer <strong>socio-economic</strong> backgrounds and <strong>Asian minorities</strong> and are less likely to participate in sport.</td>
</tr>
<tr>
<td>People living in <strong>deprived areas</strong> are less likely to live near, use, or be satisfied with the quality of their local greenspace.</td>
<td><strong>Women</strong> (in particular those aged 60+), those with <strong>disabilities</strong>, and those with poor <strong>socio-economic</strong> circumstances are least likely to feel safe walking alone in their local area after dark.</td>
<td><strong>LGBT groups</strong> report experiencing discrimination and intimidation when participating in sport, as well as <strong>barriers</strong> related to changing facilities and access to competition.</td>
</tr>
<tr>
<td>There is <strong>unequal representation</strong> in the <strong>active volunteering workforce</strong> across most of the protected characteristics, particularly for <strong>those on lower incomes</strong>.</td>
<td></td>
<td><strong>Women</strong> are under-represented as coaches in high performance sports. <strong>Elite sportswomen</strong> report <strong>inequality</strong> in pay, support and media representation.</td>
</tr>
<tr>
<td><strong>AGE</strong></td>
<td><strong>DISABILITY</strong></td>
<td><strong>ETHNICITY</strong></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Young people are most physically active aged 5-10 and become less so as they get older. The most significant drop in physical activity levels occurs among teenage girls following transition to secondary education. However the gap with teenage boys has narrowed, mainly because girls are doing more. There are high levels of inactivity among older age groups, however, exercise participation among those aged 65+ is increasing year on year and older adults (up to age 74) are almost as likely as young people to walk for recreation.</td>
<td>Disabilities are currently grouped as one in surveys masking any differences for different types of disability Those with a disability are significantly more likely to be inactive both as young people and as adults, and to participate significantly less in sport. Young people with a disability are less likely to experience active play each day, far less likely to travel actively to school and they take part in a narrower range of PE activities and less extra-curricular sport. People with a disability are less likely to use or be satisfied with leisure facilities. There are particular issues around access to facilities.</td>
<td>Minority ethnic groups make up 4% of Scotland’s population. Their numbers are small in surveys, making robust and useful analysis challenging. People of South Asian (particularly Pakistani) origin, are the least likely ethnic group to achieve recommended physical activity levels and are also the least likely to participate in sport. There is particular concern with regard to activity level of Pakistani women who are more likely to be inactive than Pakistani men.</td>
</tr>
</tbody>
</table>
1. **Introduction**

1.1. This report presents a baseline review of statistics and research on equality issues across the Active Scotland Outcomes Framework. It encompasses the characteristics protected under legislation as well as socio-economic status, in recognition of the impact of broader inequalities in Scotland, particularly for those living in the most deprived areas.

1.2. This report is accompanied by an excel database detailing the available equality data breakdown for each protected characteristic and by outcome. This is available at:

http://www.gov.scot/Topics/ArtsCultureSport/Sport/Outcomes-Framework/Equality

1.3. The **Active Scotland Outcomes Framework**, developed collectively with partners through the National Strategic Group for Sport and Physical Activity (NSG) and published in 2014, describes Scotland’s ambitions for sport and physical activity over the next ten years. It sets out a vision, six outcomes and a commitment to equality, see Figure 1.1. A suite of indicators is being used to measure and report on progress which includes measures of both opportunity and outcome, see Table 1.1.

Figure 1.1: Active Scotland Outcomes Framework
1.4. Pursuing the Active Scotland outcomes in a way that ensures equality of opportunity for all people in Scotland to be active and to fulfil their potential requires a strong evidence base to inform policy development and to form a baseline against which to evaluate progress.

Table 1.1: Active Scotland Outcomes and Indicators

<table>
<thead>
<tr>
<th>What the outcome is about</th>
<th>Indicators</th>
</tr>
</thead>
</table>
| **A More Active Scotland** | Percentage of active adults  
Percentage of active children |
| This is the overall vision across the outcomes framework. Two overarching indicators monitor progress. The adult indicator is in the National Performance Framework. |

| **We encourage and enable the inactive to be more active** | Percentage of inactive adults  
Percentage of inactive children  
Percentage who walk for recreation |
| This outcome is about reducing inactivity in Scotland. There is no universal agreement about what constitutes low levels of activity for adults or children. Inactivity among adults is defined in this framework as less than 30 minutes moderate to vigorous physical activity per week. Globally, in 2013, the WHO developed a new voluntary target for member states to reduce physical inactivity by 10% by 2025. |

| **We encourage and enable the active to stay active throughout life** | Percentage who participate frequently in sport & walking  
Percentage of older people who participate in sport & walking  
Numbers attending leisure facilities |
| We know that the amount of physical activity we do varies greatly across the lifespan. This outcome is about sustaining physical activity habits through key transitions in life and encouraging those who do some physical activity to do some more activity, more often. |

| **We develop physical confidence and competence from the earliest age** | Percentage of schools achieving target for PE provision  
Percentage of children engaged in active play  
Percentage of children who get to school by active travel |
| We want our children and young people to experience the joy of movement and develop positive attitudes to active living. This outcome is about ensuring all Scotland’s children and young people develop the physical confidence and competence required for a foundation of lifelong participation in physical activity and sport. |

| **We improve our active infrastructure – people and places** | Percentage satisfied with leisure facilities  
Percentage with 5 minute greenspace access  
Percentage engaging in active volunteering |
| This outcome is about improving the infrastructure in Scotland that enables physical activity, i.e. the sports and exercise infrastructure and the built environment through, for example, better cycling and walking infrastructure. Critically, it is also about enhancing the people side of Scotland’s active infrastructure, the parents, volunteers, teachers, coaches and leaders who play a vital role. |

| **We support well-being and resilience in communities through physical activity and sport** | Percentage who perceive their community as safe for play  
Percentage who perceive their community as safe for walking |
| This outcome is about the development of communities through sport and physical activity, rather than developing sport in communities. Sport and physical activity is often seen as an end in itself, but can also be a means to develop wider social outcomes in communities, for example using sport to address education, employment and crime related issues. |

| **We improve opportunities to participate, progress and achieve in sport** | Percentage of adults participating in sport (excludes walking)  
Percentage of children participating in sport (excludes walking)  
Number of Team Scotland Commonwealth Games Medals |
| This outcome is about developing and supporting a world class sporting system at all levels, motivating more organisations and individuals to get involved and enabling the broadest range possible of people to participate, progress and achieve in sport. |
2. Background and context

2.1. Addressing inequalities is a key commitment of the Scottish Government and underpins all the work and efforts encompassed by the Active Scotland Outcomes Framework.

2.2. The Scottish Government undertook Equality Impact Assessments (EQIAs) on both the delivery and the legacy of the 2014 Commonwealth Games in Glasgow. A range of national legacy programmes have been developed and are being delivered by the Scottish Government with and through partners adopting five underpinning principles, including ‘ensuring equality’ and ‘enabling diversity’.

2.3. The Scottish Government has also developed an Equality Evidence Framework to help public authorities and others gather and use equality evidence, and to strengthen areas where the data coverage is weak. A series of Equality Evidence Reviews have been undertaken on the protected equality characteristics and each includes a chapter on sport describing selected available survey evidence. The Scottish Government’s Equality Outcomes and Mainstreaming Report 2015 summarises progress on policies designed to tackle inequality in physical activity and sport to date.

2.4. Important contributions are also being made by wider partners. The Equality and Human Rights Commission (EHRC) published its report “Significant inequalities in Scotland: Identifying significant inequalities and priorities for action” in 2010. The report identified ‘access to services’ (including leisure services) as one of seven significant inequalities in Scotland. Others, also related to the physical activity outcomes, include: poverty/low income; health; discrimination; social exclusion and lack of participation; and, targeted violence and safety (physical security).

2.5. The EHRC has also developed a measurement framework to enable them to discharge their legal duties to monitor social outcomes and to provide data that may help Government and other public bodies prioritise their activities to meet the public sector duties on equality. The Equality Measurement Framework (EMF) includes several equality indicators and measures directly related to the Active Scotland outcomes, see Table 2.1.

2.6. In May 2015 sportscotland published its corporate plan 2015-19: Raising the Bar. This plan outlines its mission to build a world class sporting system for everyone in Scotland. To deliver on this mission, sportscotland recognises the importance of working in partnership with

---

and providing leadership to the sports sector. As such it has set out priorities underpinning the sporting system, which are for the sports sector as a whole.

2.7. The priority around equalities and inclusion is about ensuring sport is accessible to people, recognising that both inequality and discrimination exist in sport, and that widening access means understanding the needs of people who share the protected characteristics as well as the complexities associated with socio-economic disadvantage and the exclusion that can be experienced in some rural parts of Scotland.

2.8. Sportscotland is also working in partnership with the EHRC on an Equality and Sport research project, which aims to consolidate evidence, identify evidence gaps and gather data to improve the sports sector’s work around equalities and inclusion. It includes: reviews of existing evidence; a picture of the sports sector’s understanding and awareness of equality issues in sport; and experiences of users with protected characteristics of the sport system in Scotland.

2.9. The findings from this research will inform the re-development of Sportscotland’s equality outcomes and thus its key priorities and activities in this area for the duration of its corporate plan. Learning notes outlining findings from the research will be made available to support all partners working in the sporting system.

Table 2.1: EHRC Equality Measurement Framework – indicators related to Active Scotland Outcomes Framework

<table>
<thead>
<tr>
<th>Area of life/substantive freedom</th>
<th>Indicator</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain a healthy lifestyle including exercise, sleep and nutrition</td>
<td>Healthy living</td>
<td>• Proportion who are living a healthy lifestyle, including physical activity</td>
</tr>
<tr>
<td>Go out and to use public spaces safely and securely without fear</td>
<td>Fear of crime</td>
<td>• Proportion that feel very unsafe or unsafe being alone at home and in local area (during the day and after dark) • Proportion that feel very worried or worried about physical attack, intimidation or acquisitive crime</td>
</tr>
<tr>
<td>Access green spaces and the natural world</td>
<td>Quality of the local area</td>
<td>• Average number of problems with local environmental quality cited • Proportion able to reach local facilities in reasonable time / fairly easily without private transport</td>
</tr>
</tbody>
</table>
Methodology

2.10. The report’s principal focus is on data and evidence directly related to the Active Scotland outcomes and indicators. The report pulls together key evidence and statistics from existing strands of work that have been undertaken on equality and physical activity to date, addresses some data gaps with further analysis of national survey data where possible and draws on wider evidence where necessary.

2.11. The report presents the most recent baseline data for protected equality characteristics and socioeconomic status across the 19 indicators where data is available from the indicator sources. Information is included from a number of datasets including: Census 2011; Scottish Household Survey (SHS); Scottish Health Survey (SHeS); Audit Scotland; Healthy Living Survey; Hands Up Scotland Survey (HUS); Scottish Crime and Justice Survey (SCJS); and Commonwealth Games records. Additional secondary analysis was conducted on the Scottish Household, Scottish Health and Scottish Crime and Justice Surveys.

2.12. Further evidence sources include the Scottish Health Survey Physical Activity Topic report \(^2\), the Scottish Health Survey’s equality evidence reviews \(^3\) and wider literature as required. Key messages are drawn from a combination of the above. An overview of availability of data across the indicators by protected characteristics and the survey sources for indicator data is available in Annex A.

2.13. The report seeks to establish a baseline, thus the most recent data available is presented. However, trend information can greatly benefit our understanding of equality issues for the Active Scotland outcomes. Key trend information has been included where such data has already been published.

2.14. The Equality Evidence Framework notes the challenges around collecting equality evidence in Scotland. Reliable data on gender and age is available for a wide range of Active Scotland indicators, however, there are particular issues around collecting information on disability. Providing robust analyses on ethnicity, religion and sexual orientation is often not possible due to the small population numbers which are involved. Specific data issues are discussed under the relevant protected characteristic sections of the report.

2.15. The protected characteristics are: age, disability, sex, gender reassignment, pregnancy and maternity, race/ethnicity, religion or belief, and sexual orientation. The report reflects the requirements of the Public Sector Equality Duty to: (a) eliminate discrimination, harassment and victimisation; (b) advance equality of opportunity; and

---


\(^3\) [http://www.scotland.gov.uk/Topics/People/Equality/Equalities/Equalevrev](http://www.scotland.gov.uk/Topics/People/Equality/Equalities/Equalevrev)
(c) foster good relations between those who share a relevant protected characteristic and those who do not.

2.16. The public sector equality duty also covers marriage or civil partnerships, but not for all its aims. Marriage or civil partnerships are not covered in this report due to a lack of available evidence or likely causal pathways between marriage or civil partnership status and participation in physical activity and sport, over and above those that are related to age, gender and sexual orientation⁴.

2.17. The report describes the available evidence in relation to each protected characteristic in turn. However, many individuals will possess more than one of the protected characteristics and the report seeks to highlight interaction between characteristics where appropriate. For example, those with a disability are more likely to also suffer from socio-economic disadvantage, and both factors are associated with a lower likelihood of meeting physical activity guidelines.

2.18. The report presents available data on the current picture in Scotland but does not provide a review of evidence on barriers, motivations and what works to tackle inequality in sports and physical activity participation. More understanding on these aspects will come from separate ‘what works’ reviews currently being undertaken on each of the outcomes and also the equality research commissioned by Sportscotland and the EHRC.

⁴ Bauman AE, Reis RS, Sallis JF et al. (2012) Correlates of physical activity: why are some people physically active and others not? Lancet 380(9838):258-271
3. Overview of data and evidence by protected characteristic

Age

Age is an issue across all of the Active Scotland outcomes and with projections for an ageing population, is a particular area of concern. Key issues include a drop in physical activity levels among teenage girls, and the low levels of physical activity among older people. There are, however, some encouraging signs such as an increase in active recreation (sport and walking) in those aged 65 and over. Walking participation shows less inequality by age than other types of physical activity.

Context

3.1. In mid-2014, 17% of the population was aged under 16, 63% was aged 16-64 and 18% aged 65 and over.

3.2. Figure 3.1 shows the age and sex profile of Scotland from the 2011 Census. The population aged 65 and over increased by 10.6% between the 2001 Census and the 2011 Census – from 804,900 to 890,000. Current projections suggest the population will rise to 5.78 million by 2037, and that the population will age significantly, with the number of people aged 65 and over increasing by 59%, from 0.93 million to 1.47 million.

Activity and inactivity

3.3. Older adults are significantly less likely than younger adults to achieve the recommended amount of 150 minutes of moderate to vigorous physical activity per week. In 2014, 71% of those aged 16-24 and 79% of 25-34 year olds met the guideline amount of physical activity compared to 59% of those aged 55-64 and 26% of those aged 75. Trend data going back to 2008 show that there has been no change in the difference by age.

---

5 Mid-2014 Population Estimates Scotland
6 http://www.gov.scot/Topics/People/Equality/Equalities/DataGrid/Age/AgePopMig
3.4. The age pattern is a little different for each gender, see Figure 3.2. The decline in men is fairly steady with age, whereas for women the proportion meeting the guidelines is relatively more stable till age 55-64. Both men and women experience a sharp drop between the age groups 65-74 and 75 and older.

3.5. Figure 3.2 also shows the proportions of children and young people meeting the physical activity guidelines for their age of at least 60 minutes of moderate to vigorous physical activity per day. Through the Children and Young People’s (Scotland) Act 2014, our children have the right to wellbeing and our definition of wellbeing includes a right to be active:

“…to have opportunities to take part in activities such as play, recreation and sport which contribute to healthy growth and development, both at home and in the community”.

---

Children and Young People’s (Scotland) Act 2014
3.6. Children are most physically active at age 5-10 years, with 82% meeting physical activity requirements at that age in 2014. This figure drops as children progress through school and is at 63% by age 13-15 years. The biggest change takes place with teenage girls. Between the ages of 11-12 and 13-15 years old we see the proportion meeting recommendations fall 20 percentage points from 73% to 53%.

*Recommendations:*
- Adult (16+) - at least 150 minutes of moderate or 75 minutes of vigorous physical activity, or a combination of both, per week.
- Young people - minimum of 60 minutes of moderate to vigorous physical activity per day, incl. school-based activity.

![Figure 3.2: Meeting physical activity recommendations by age & sex (%)](image-url)
3.7. With the inclusion of school activity, trend data indicates that the gap in physical activity levels between 8-10 year old and those aged 13-15 decreased between 2008 and 2014 from 25% to 18%. The reduction in inequality is driven by more 13-15 year olds meeting the guidelines over time rather than fewer 8-10 year olds.

3.8. If, however, school activity is excluded, the inequality gap remains unchanged over the same time period, suggesting that school activity is mitigating the drop in physical activity levels in teenagers to some extent.

3.9. At the other end of the physical activity spectrum one in five adults (22%) had very low activity levels in 2014, defined here as less than half an hour a week of moderate activity or the equivalent level of vigorous activity. The percentage active at only very low levels increases with age. For example, more than half (57%) of those aged 75 or above did less than 30 minutes of moderate activity or 15 minutes of vigorous activity over a week, compared with one in ten (13%) of those aged 16-24.

3.10. The proportion of children and young people who are classed as 'inactive' in 2014, defined here as doing less than 30 minutes of moderate activity a day, is relatively small, hence an analysis by age was carried out on combined data from 2008-11. Inactivity is at its lowest at age 8-10 (7%), it is 13% at age 2-4 years and 19% at age 13-15.

3.11. The target amount of two hours per week of PE is provided across 99% of Primary schools, but a lower proportion of Secondary schools (93%) achieve their target of two periods (100 minutes) per week. However, the lower proportion for secondary schools is a result of the target provision not being met mainly for those in S4. All schools in 2015 met the PE target for pupils in S2 and S3, 99% for pupils in S1, but 94% for those in S4. There is some variation across local authorities - the vast majority having all schools achieving the target but a handful of areas are substantially below 100%.

Transitions

3.12. There is research to indicate that the transition from primary to secondary school is an important point at which substantial changes in physical activity levels take place in young people\(^8\),\(^9\) and this is suggested by the Scottish Health Survey Data. This is particularly marked for girls, see ‘gender’ section of this report.

\(^8\) Inchley JC, Kirby J, Currie CE. *Physical activity in Scottish school children: final report of the PASS study*. Child and Adolescent Health Research Unit, Edinburgh University; 2008

3.13. Between primary and secondary school there is a reduction in the likelihood of children travelling in an active way (i.e. without any form of motorised transport) to school. The Hands Up Scotland survey shows a consistent gap of about 10 percentage points over time between the proportion travelling actively in primary school, and the proportion travelling actively in secondary (55% vs 44% in 2014). This is likely to be due to the often greater distances young people are required to travel to reach their secondary school.

3.14. In addition, retirement age presents a marked change in adult’s lives as they get older, including changes to social networks, income and time flexibility that can all have an impact on physical activity behaviours. It has, therefore, been seen as a critical turning point or important window of opportunity for targeting interventions to promote increases in, or maintenance of physical activity\textsuperscript{10}.

**Walking and local environment**

3.15. Recreational walking among adults shows a fairly even spread across age groups, until the 75+ age group where there is a substantial drop off. In 2014, among 16-24 year olds, 68% had walked for at least 30 mins for recreational purposes in the last four weeks. That rose to 71% of 35-44 year-olds, 69% of 45-59 year olds and those aged 60-74 were lower at 60%. However, only 34% of those aged 75 and over walked recreationally. Walking has increased significantly across all age groups since 2011.

3.16. In 2013, an analysis of who made up the ‘inactive’ 21% of adults, showed overall that 42% of those who were classed as ‘inactive’ in Scotland were retired\textsuperscript{11}. However, there is currently an overall positive trend in participation in sport/physical activity (including walking) in the past four weeks among those aged 65 and older. Between 2010 and 2014 there was an 8 percentage point increase (49% to 57%) in participation among this age group. This is mostly driven by an increase in recreational walking.

3.17. The difference in sports participation between age groups (see section below) is reduced when walking is included.

3.18. Having a local greenspace within a five minute walk from your home is associated with increased likelihood of using it. However, perceptions of having access to a useable local greenspace within a 5 minute walk decrease with age. In 2014, most (72%) of 16-24 year olds reported having a useable greenspace within a five minute walk, a slightly lower


\textsuperscript{11} Scottish Government (2014) Active Scotland Outcomes Framework, **Outcome 1: We encourage and enable the inactive to be more active** Summary Evidence Account
level of those age 60-74 reported the same (66%), but only just over a half (56%) of those aged 75+ said this.

3.19. Those aged 60+ are also considerably less likely to feel safe walking alone in their local area after dark than those in younger age groups. In 2012-13, the latest data available from the Scottish Crime and Justice Survey, 61% of those aged 60+ felt safe compared to 76% of those aged 16-59.

3.20. For parents and carers of children age 6-12 years, there appears to be a small increase in perceptions of safety for their children to play in various outdoor locations by increasing age group. Only those in three age groups (25-34, 35-44 and 45-59) were included in the analysis as the numbers in the other age categories were too small. In 2014, for those aged 25-34, 74% felt it was safe compared to 80% in the next age group and 83% for those aged 45-59.

3.21. Active play in children aged 2-12 years shows a decline with age. The proportion doing at least 30 minutes of active play every day of the week falls significantly from 50% at age 2-4 and 46% at age 5-7, to 26% at age 11-12.

**Sports participation and active volunteering**

3.22. For adults, a similar pattern as with physical activity is seen with sports participation (excluding walking). The 16 to 24 age group report higher levels of participation than the other age groups in 2014. Figure 3.3 shows the different levels of participation by age going back to 2008. The proportion of adults in different age groups participating in sport and exercise (excluding walking) in the last 4 weeks has remained relatively stable with little change in the gap between ages.

3.23. In 2014, 70% of adults aged 16 to 24 participated in sport and exercise, other than walking, in the previous four weeks compared to 66% of 25 to 34 year olds and 61% of 35-44 year olds, before dropping off substantially among 45-59 year olds (50%), 60-74 year olds (34%) and only a fifth (21%) of 75+ year olds.
3.24. There is a substantial difference in the proportions of those aged 65 and older who undertake active recreation (participation in sport, exercise and walking) in comparison to those younger than 65 years (57% vs 83% in 2014).

3.25. Child sports participation is highest between ages 8-10 (78% had participated in the last week) and falls substantially as age increases (60% of 13-15 year olds had participated in the last week in 2014).

3.26. Among only adults who reported participation in both sport and walking in the past four weeks, there was found to be no significant difference by age in the proportion reporting frequent participation (i.e. participation on 15 or more days in the past month). In 2014, for example, 45% of those aged 75+ participated on 15 or more days in the previous four weeks compared to 48% of those aged 16-24.

3.27. Satisfaction with local authority sport and leisure facilities is broadly similar among age groups 16-59 years old, ranging between 59% to 71%. However, the proportion satisfied amongst those aged 60-74 drops to 45% and even lower to 32% in those aged 75 and older. According to Scottish Household Survey data, however, older adults are significantly less likely to use leisure facilities and, therefore, to report they have no opinion regarding satisfaction. Satisfaction is higher amongst just users. Only 21% of those aged 60-74 and 10% of those aged 75 years and older had used leisure facilities in the past year.
3.28. Active volunteering declines with age. For those aged 60+, 16% of those engaged in volunteering volunteer with sport/exercise (coaching or organising). Conversely for volunteers aged 16-24, 22% engage in active volunteering.

Summary

- In summary, older adults are:
  - less likely to meet physical activity recommendations and more likely to be inactive
  - less likely to use leisure facilities
  - less likely to report having a usable greenspace within a five minute walk from their home; and
  - less likely to participate in sport (apart from walking).

- Children are more likely to be active and be engaged in sport than adults.

- Older children (in particular teenage girls) are significantly less likely to meet physical activity recommendations, and more likely to be inactive. Older children are less likely to do active play on every day of the week and less likely to travel to school in an active way. Provision for PE in S4 is below that for younger years.

- Older adults, up to age 74, are almost as likely as younger ones to walk for recreation and, among those who do participate in sport and exercise, older adults are just as likely to participate frequently as younger people.
Disability

Disability is an issue across all of the Active Scotland outcomes. The overall picture is that those with a disability are less active across the board, have poorer experiences with school PE and are less likely to participate in sport as adults. Walking does not reduce the inequality gap for disability unlike for most other protected characteristics.

Context

3.29. According to Census data, in 2011 the proportion of people in Scotland with a long-term activity-limiting health problem (or disability) was 20% (1,040,000 people), the same proportion as reported in 2001 (1,027,872 people). Likelihood of having a limiting illness increases with age, see Figure 3.4, however, the disability rate has stayed the same despite Scotland’s ageing population.\textsuperscript{12}

Figure 3.4: Disability profile of Scotland in 2011 by age

![Disability profile of Scotland in 2011 by age](source: National Records of Scotland Census 2011)

3.30. The Census provides a more detailed breakdown of the proportion of the population experiencing living with different types of long-term health conditions, see Table 3.1.

\[http://www.gov.scot/Topics/People/Equality/Equalities/DataGrid/Disability/DisabPopMig\]
Table 3.1: Type of long-term health condition, Scotland, 2011

<table>
<thead>
<tr>
<th></th>
<th>% of population</th>
</tr>
</thead>
<tbody>
<tr>
<td>No condition</td>
<td>70</td>
</tr>
<tr>
<td>Other condition</td>
<td>18.7</td>
</tr>
<tr>
<td>Physical disability</td>
<td>6.7</td>
</tr>
<tr>
<td>Deafness or partial hearing loss</td>
<td>6.6</td>
</tr>
<tr>
<td>Mental health condition</td>
<td>4.4</td>
</tr>
<tr>
<td>Blindness or partial sight loss</td>
<td>2.4</td>
</tr>
<tr>
<td>Learning difficulty</td>
<td>2.0</td>
</tr>
<tr>
<td>Developmental disorder</td>
<td>0.6</td>
</tr>
<tr>
<td>Learning disability</td>
<td>2.0</td>
</tr>
</tbody>
</table>

3.31. The wide variety of disabilities and long term conditions means that the estimated overall population with a disability depends on how you define disability and long term illness, and is also subject to differences in the way respondents to surveys might define limiting and non-limiting conditions\(^{13}\).

3.32. The Scottish Health Survey defines long-term conditions as 'health conditions that last a year or longer, impact on a person's life, and may require on-going care and support'. Conditions include mental health problems and a wide range of physical conditions such as chronic pain, arthritis and inflammatory bowel disease\(^{14}\). The Health Survey finds a higher proportion of adults in Scotland reporting limiting long term conditions. In 2014, 30% of men and 33% of women reported a limiting long-term condition or disability. Overall, 31% of adults reported having a limiting long-term condition or disability, see Figure 3.5.

3.33. Among children aged 2-15, around 11% were reported to have a long term limiting condition in the 2014 Scottish Health Survey.

---


\(^{14}\) The Scottish Health Survey 2013: Volume 1: Main Report, Chapter 8 Long-Term Conditions
3.34. The UK has been a party to the United Nations Convention on the Rights of People with Disabilities since 2009. This means the Scottish Government has explicit duties to promote, protect and ensure the human rights of disabled people. Article 30 has particular relevance for physical activity and sport.

The UN Convention on the Rights of People with Disabilities: Article 30

5. With a view to enabling persons with disabilities to participate on an equal basis with others in recreational, leisure and sporting activities, States Parties shall take appropriate measures:

   a) To encourage and promote the participation, to the fullest extent possible, of persons with disabilities in mainstream sporting activities at all levels;
   b) To ensure that persons with disabilities have an opportunity to organize, develop and participate in disability-specific sporting and recreational activities and, to this end, encourage the provision, on an equal basis with others, of appropriate instruction, training and resources;
   c) To ensure that persons with disabilities have access to sporting, recreational and tourism venues;
   d) To ensure that children with disabilities have equal access with other children to participation in play, recreation and leisure and sporting activities, including those activities in the school system;
   e) To ensure that persons with disabilities have access to services from those involved in the organization of recreational, tourism, leisure and sporting activities.

Activity and inactivity

3.35. Adults with a long term limiting condition are significantly less likely to meet physical activity recommendations than those with no limiting condition (47% and 71% respectively in 2014). They are simultaneously
significantly more likely to be inactive (35% vs 14%). In 2013, an analysis of who made up the ‘inactive’ 21% of adults showed overall that 62% reported a disability\textsuperscript{15}.

3.36. Among children the differences are not as marked, but are still significant. According to combined data from 2008-11, 63% of young people aged 2-15 with a limiting condition met recommended levels of physical activity while 72% did so of those with no limiting condition. Due to small numbers, data on inactivity in children by disability is not available.

3.37. The indicator on PE is about school provision against a government target and does not provide information on pupil access to or experiences of PE. However, according to a 2008 review on the subject there are indications that children with special education needs (SEN) experience restricted participation in PE as a result of discrimination, limited teacher training and material barriers to inclusion\textsuperscript{16}. The research, however, is now seven years old and not specific to Scotland, so it is not clear what the current situation may be and whether there have been any improvements.

**Walking and local environment**

3.38. Adults with disability (whether minor or major) are significantly less likely to walk recreationally than those without, see Table 3.2. Scottish Crime and Justice survey data (2012-13) shows that adults with a disability are also less likely to feel very or fairly safe walking in their local area after dark (61% vs 76%).

3.39. Adults with physical and mental health conditions expected to last 12 months or more are less likely to feel that they have access to a useable local greenspace within a five minute walk from their home (65% vs 70%).

---

\textsuperscript{15} Scottish Government (2014) Active Scotland Outcomes Framework, Outcome 1: We encourage and enable the inactive to be more active \textit{Summary Evidence Account}

\textsuperscript{16} Vickerman and Coates (2008) Let the children have their say: children with special educational needs and their experiences of Physical Education – a review. Support for Learning 23:4 p168-175
Table 3.2: Percentage of adults who have walked for at least 30 minutes for recreational purposes in the last four weeks

Source: Scottish Household Survey (2014)

| Physical or mental health condition or illness lasting or expected to last 12 months or more | Yes Causes long term major reduced daily capacity | Yes Causes long term minor reduced daily capacity | None | All |
|---|---|---|---|
| Walking (at least 30 mins) | 27 | 56 | 72 | 64 |

3.40. Analysis of aggregated Scottish Health Survey data between 2008-11 shows a tendency for young people with disabilities to be slightly less likely to engage in active play every day of the week (35% vs 41%). This was approaching significance but not actually statistically significantly different, most likely due to the small numbers involved. Based on 2014 data, there was little difference in perception of safety to play between those parents/carers with and without a long-term condition.

3.41. In the 2014 Hands Up Scotland Survey, 2.0% of Special Educational Needs (SEN) school pupils were reported as usually walking to school and 0.3% cycling. This is comparison to 46% of primary school and 43% of secondary school pupils usually walking to school.

3.42. Unlike with other inequalities, such as age and gender, walking does not reduce the inequality gap observed for sports participation between adults with a long-term limiting illness and those without. The gap is actually wider. In 2014, 87% of those without any illness participated in any sport (including walking) in the past four weeks compared to 35% of those with a long-term limiting illness, a 52 percentage point difference. This compares to a smaller 41 percentage point difference if walking is excluded (see paragraph 3.43).

**Sports participation and active volunteering**

3.43. In 2014, sports participation (excluding walking) was significantly lower for adults with either a condition resulting in major limitations (18%) or minor limitations (34%) compared to those without any condition (59%), see Figure 3.6. Also, the proportion of older people who were active was lower (42%) for those with a long-term condition compared to those without (77%).
3.44. Amongst adults with long term limiting illness who do report participation in any sport and exercise, 45% take part frequently (on 15 or more days per month). This is similar to the proportion of those without disabilities who also report frequent participation (49%).

3.45. Adults with disabilities report lower levels of satisfaction with local authority sport and leisure facilities than those with no disability (47% are very/fairly satisfied vs 62% of those with no disability). This is related to the fact that those with a disability are much less likely to have used these facilities either in the past year or at all, 74% vs 55% of those with no disability) and are, therefore, more likely to state they have no opinion about facilities.

3.46. Only a small percentage of people overall engage in active volunteering (4%). There are indications that those with long term conditions engage in active volunteering less than those without (3% vs 5%), however, due to the small numbers involved this difference must be interpreted with caution.

3.47. Based on combined Scottish Health Survey data from 2008-11, sports participation among young people with limiting conditions is lower than for those without (64% vs 71%).
Summary

- Analysis at present groups together all types of disability which is likely to mask further differences that are experienced dependent on the type of disability. In addition, many of the analyses above do not differentiate between those with a condition that is limiting and those with one that is not. Where data has been presented on limiting condition versus no condition, the differences have been more marked.

- Slightly more adult women than men report having a disability which is of note when considering gender differences. In addition, the proportion with a disability increases with age.

- Overall, those reporting a long-term limiting illness are less likely to be active, and less likely to take part in sports and recreational walking.

- Adults reporting disabilities are also less likely to feel safe walking in their neighbourhood after dark or to perceive a useable greenspace to be within a 5 minute walk. Also, they are less likely to be satisfied with their local leisure services, although this could be linked to the finding that they are also less likely to use them.

- Children reporting disabilities are also less likely to be active or to take part in sports, PE or active play and much less likely to walk or cycle to school.

- The inclusion of walking for adults does not reduce the inequality observed in sports participation as it does for some other protected characteristics such as age and gender.

- Although adults with disabilities are much less likely to take part in sports, if they do participate, they are just as likely to participate frequently as those without disabilities.
Ethnicity

There is limited data available across the Active Scotland outcomes. Exploring the influence of ethnicity presents a challenge in Scotland due to the low numbers, despite increases in the past decade of people from ethnic minorities in the population and in survey samples. Available data suggest poorer physical activity opportunities and outcomes for those from certain ethnic minority groups, particularly those of Pakistani and South Asian origin.

Context

3.48. The ethnic profile of Scotland from the 2011 Census shows that 84% of the Scottish population are ‘White-Scottish’, 8% are ‘White-Other British’, 4% ‘White-Non-British’, 3% ‘Asian, Asian-Scottish or Asian-British’ and 1% are from ‘Other ethnic groups’.

3.49. The size of the non-white minority ethnic population in 2011 was just over 200,000 or 4% of the total population of Scotland (based on the 2011 ethnicity classification). This has doubled since 2001.

Figure 3.7: Ethnicity profile of Scotland in 2011

Source: National Records of Scotland Census 2011

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White - Scottish</td>
<td>84%</td>
</tr>
<tr>
<td>Asian, Asian Scottish or Asian British</td>
<td>3%</td>
</tr>
<tr>
<td>White - Non-British</td>
<td>4%</td>
</tr>
<tr>
<td>White - Other British</td>
<td>8%</td>
</tr>
<tr>
<td>Other ethnic groups</td>
<td>1%</td>
</tr>
</tbody>
</table>

3.50. The Asian population was the largest minority ethnic group (3% of the total population or 141,000 people). Since 2001, Scotland's ‘Asian’ population has doubled (an increase of 69,000 people), and our ‘African, Caribbean or Black’ population has increased more than fourfold (by 28,000 people), see Table 3.3.
Table 3.3: Ethnicity profile of Scotland in 2011
Source: National Records of Scotland Census 2011

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>2001</th>
<th>2011</th>
<th>2011 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL PEOPLE</td>
<td>5,062,011</td>
<td>5,295,403</td>
<td></td>
</tr>
<tr>
<td>White Scottish</td>
<td>4,459,071</td>
<td>4,445,678</td>
<td>84.0%</td>
</tr>
<tr>
<td>Other White British</td>
<td>373,685</td>
<td>417,109</td>
<td>7.9%</td>
</tr>
<tr>
<td>White Irish</td>
<td>49,428</td>
<td>54,090</td>
<td>1.0%</td>
</tr>
<tr>
<td>Other White</td>
<td>78,150</td>
<td>167,530</td>
<td>3.2%</td>
</tr>
<tr>
<td>Indian</td>
<td>15,037</td>
<td>32,706</td>
<td>0.6%</td>
</tr>
<tr>
<td>Pakistani</td>
<td>31,793</td>
<td>49,381</td>
<td>0.9%</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>1,981</td>
<td>3,788</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other South Asian</td>
<td>6,196</td>
<td>21,097</td>
<td>0.4%</td>
</tr>
<tr>
<td>Chinese</td>
<td>16,310</td>
<td>33,706</td>
<td>0.6%</td>
</tr>
<tr>
<td>Caribbean or Black</td>
<td>2,907</td>
<td>6,540</td>
<td>0.1%</td>
</tr>
<tr>
<td>African</td>
<td>5,118</td>
<td>29,638</td>
<td>0.6%</td>
</tr>
<tr>
<td>Any Mixed Background</td>
<td>12,764</td>
<td>19,815</td>
<td>0.4%</td>
</tr>
<tr>
<td>Other Ethnic Group</td>
<td>9,571</td>
<td>14,325</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

3.51. Census data shows that there is considerable overlap between the Pakistani and Bangladeshi population and the Muslim population, for example 91% of those of Pakistani origin and 81% of those of Bangladeshi origin are Muslim. It is important to note, however, that the Muslim population in Scotland is diverse with only 58% of Pakistani origin, 10% Arab, 8% White etc. This presents challenges in determining to what extent any influence on physical activity behaviours is a result of ethnicity and/or religious factors.
Activity and inactivity

3.52. Analysing differences across the Active Scotland indicators by ethnic group is challenging. This is because:

- The total percentage of the population that is from an ethnic background other than White Scottish or other White British is very small. This limits the analysis possible on sport and physical activity statistics by ethnic background, often with analysis only possible by classifying people as either white or non-white and by grouping a number of years together. This makes it challenging to identify issues facing particular ethnic minority groups, or readily observing changes over time.

- Analysis of the 2011 Census data highlights that ethnic minority groups in Scotland have a much younger age profile, for example 53% of the ‘White-Scottish’ population is aged over 40, and 59% of the ‘White-Other British’ category. By contrast only 24% and 27% of the Indian and Pakistani populations respectively are aged over 40. Thus to get a better understanding of the association between ethnicity and levels of physical activity, analysis should take account of age. However, due to the low numbers it is not always possible to breakdown the physical activity data for ethnic minorities by age.
3.53. A Scottish Health Survey Equality Group topic report pooled Scottish Health Survey data from 2008-11 for adults and controlled for age\textsuperscript{17}. It showed that Pakistani adults were the least likely to achieve the recommended physical activity levels (old guidelines\textsuperscript{18}). Only 27% did so compared to the national average of 38%, see Figure 3.9. No other ethnic groups were significantly different from the national average in relation to physical activity.

3.54. Analysis of children’s data from 2008-11 also found that among young people, those from ethnic minorities were less likely to meet physical activity guidelines (57% vs 73%), suggesting issues with lowers levels of physical activity may begin in childhood and persist through to adulthood.

Figure 3.9: Meeting physical activity recommendations by ethnicity (age standardised)

3.55. A systematic review supports the findings from the Scottish Health Survey. It found that across different indicators an overall pattern is clear, with relatively high levels of participation by mixed ethnic minority groups and low levels among Pakistani and Bangladeshi groups, particularly the women in those communities\textsuperscript{19}.

\textsuperscript{17} Scottish Government (2012) Chapter 7 Physical Activity, Scottish Health Survey Topic Report: Equality Groups. \url{http://www.gov.scot/Publications/2012/10/8988/14}

\textsuperscript{18} As this data preceeds the change in physical activity guidelines, this relates to meeting the old guidelines of 30 minutes of moderate to vigorous physical activity on at least 5 days per week.

\textsuperscript{19} Carnegie Research Institute (2009) A systematic review of the literature on black and minority ethnic communities in sport and physical recreation
3.56. In addition, wider research has highlighted that ethnic variation in physical activity and sedentary behaviour in the UK are present as early as eleven years of age. It has also been found that gender differences of physical activity within ethnic groups was most prominent in the younger age groups20.

3.57. A qualitative study of South Asians living in Scotland found that they view physical activity in a similar way to the general population; they enjoy (or would like to enjoy) more or less the same activities (particularly swimming, walking and using the gym); and have similar motivations21. However, some participants had actively been discouraged from, for instance, going out running, walking, going to the gym or playing sports (particularly women). This was because of the cultural background and attitudes of their parents or older members of the community.

Walking and the environment

3.58. In 2014, no difference was found for recreational walking between White Scottish (63%), White Other (69%) or those with an Asian background (65%), although the sample size for the Asian group was small and results should be interpreted with caution. According to the qualitative research, walking, in particular, was one activity that many of the South Asian women felt that they could incorporate into their busy lives22.

3.59. In the qualitative research, several groups raised the issue of personal safety and the fear of racism. This was particularly apparent when talking to people living in disadvantaged communities in Glasgow and Edinburgh. Personal safety in disadvantaged areas is also an issue for the majority population, but it would appear that racism sometimes compounds the problem of personal safety in these areas. Greater fears for personal safety in disadvantaged areas meant that some participants did not feel safe going out for walks, letting children walk to school, or allowing their children to go out to play.

3.60. However, analysis of the 2012-13 Scottish Crime and Justice Survey found no statistically significant difference in perception of safety to walk alone in the local area after dark between White (72%) and Other Ethnic minority groups (67%).

3.61. Analysis of the active play indicator by ethnicity for aggregated data 2008-11 does indeed suggest that a lower proportion of ethnic minority

---

children engage in active play compared to white children, although numbers are small and thus the results are to be interpreted with caution.

3.62. There are indications that those from Asian background are less likely to perceive there to be a usable greenspace nearby (56% compared to the average of 69%).

**Sport and active volunteering**

3.63. The Equality topic report showed that Pakistani adults were the least likely to participate in sport (30% compared to an average of 49%). No other ethnic groups were significantly different from the national average in relation to sports participation. More recent analysis on 2013 and 2014 data shows no difference by ethnicity, however, the recent analysis is not age standardised and less ethnic minority sub-groups were analysed which may explain the lack of difference observed. In 2014, analysis suggests that a smaller proportion of those of Asian origin participate frequently in sport (38%) compared to White Scottish (48%) or White Other (50%) groups, but again sample sizes are small.

3.64. In 2014, according to the Scottish Household Survey, satisfaction with leisure facilities tended to be lower for those with an Asian background (39%) compared to White Scottish or White Other (52%) with a higher proportion reporting ‘no opinion’. As previously noted, this is likely to be related to lower levels of use and only 28% of those of Asian origin reported use of leisure facilities in the past year compared to 39% of White Scottish respondents and 40% of White Other. Again, sample sizes are small and this should be interpreted with caution. However, it is notable that a tendency for a difference is observed despite the lack of age standardisation of this result, bearing in mind the younger age profile of the Asian population and the greater likelihood of using facilities in younger age groups.

3.65. In children, combined data from 2008-11 showed that participation in sport was found to be less for those from ethnic minority backgrounds (62% vs 72%).

**Summary**

- Data is limited on different minority ethnic groups. Due to small numbers, analysis combines data over several years which present challenges for describing trends. Alternatively, analysis combines several different minority ethnic groups into one group. This obscures differences that may be present in specific groups.

- There is considerable overlap between the Pakistani and Bangladeshi population and the Muslim population which presents challenges in determining to what extent any influence on physical activity behaviours is a result of ethnicity and/or religious factors. In addition, Ethnic
minority populations have a younger age profile which complicates any relationships observed.

- Scottish data aggregated over 2008-11 and age standardised shows lower levels of activity and less participation in sport in Pakistani adults. Wider evidence also indicates lower activity levels in South Asian adults.

- Non age-standardised analysis, combining all Asian groups, shows those with an Asian background are less likely to perceive a nearby usable greenspace to their home; use sports facilities or participate frequently in sports once a participant.

- Walking does not show any differences by ethnicity and neither does the perception of safety to walk alone after dark in the local area.

- Combined data from 2008-11 shows lower levels of child activity and sport in non-white minority ethnic groups with wider evidence supportive that ethnic variation in activity and sedentary behaviour starts in childhood and gender differences are more marked at a younger age.
Gender

Gender is an issue across almost all of the Active Scotland outcomes, with the exception of recreational walking, satisfaction with leisure facilities and the perception of safety for children to play. Men are more active than women and boys are more active than girls, particularly as young teenagers. Although the gender gap in young teenagers has reduced since 2008, it remains substantial. The inclusion of recreational walking reduces the gender gap in adult sports participation.

Context

3.66. In 2014, 51% of Scotland’s population were female and 49% were male. This proportion has not changed much since 1947. There are slightly more boys than girls in the younger age groups (up to age 24), however, in the older age categories, there are more women than men due to women’s longer life expectancy. Of those aged 65-74, 56% are women, and of those aged 75+, 62% are women.

Activity and inactivity

3.67. In 2014, significantly more men met physical activity recommendations than women (68% vs 59%) and significantly less were inactive (18% vs 23%), doing less than half an hour a week of moderate activity or the equivalent level of vigorous activity. Trend data shows that this gender gap has changed little since 2008.

3.68. Among children there is a tendency for more boys to meet physical activity recommendations than girls (79% to 73%) in 2014. Except between the ages of 5-10 years, boys tend to be more active than girls, with or without the inclusion of school physical activity, but between age groups 11-12 and 13-15 years, there is a substantial drop in girls’ physical activity levels resulting in a marked widening of the gender gap.

3.69. One in ten children (9%) had very low activity levels in 2014, doing less than 30 minutes of moderate to vigorous physical activity a day. A greater proportion of teenage girls than boys, however, are inactive by age 11-12 and 13-15, see Figure 3.10, with or without the inclusion of school PE.

23 [http://www.gov.scot/Topics/People/Equality/Equalities/DataGrid/Gender/GenPopMig](http://www.gov.scot/Topics/People/Equality/Equalities/DataGrid/Gender/GenPopMig)
24 Mid-2014 Population Estimates Scotland
3.70. Scottish Health Survey data indicates that the gap has been narrowing between teenage boys and girls since 2008 mostly driven by girls becoming more active, see Figure 3.11. Between 2008 and 2014, including activity at school, there was a reduction in the gap between boys and girls from 30 to 19 percentage points as a result of a 14 percentage point increase in the proportion of 13-15 year old girls meeting the recommended levels of physical activity (39% in 2008, 53% in 2014). Over the same period there was only a three percentage point increase for 13-15 year old boys (69% in 2008, 72% in 2014). The gender gap has, however been relatively stable since 2010 at around 5%-6% now.

3.71. Over the same period, there was also a reduction in the gap between 13-15 year old boys and girls meeting the recommendations excluding activity at school. However, this came as a result of a smaller (10 percentage point) increase in the proportion of teenage girls meeting the recommendations, and a three percentage point decrease for teenage boys. This suggests that, although the gap still remains substantial between teenage girls and boys, there is also a need to pay attention to the trend in boy’s physical activity levels outside school hours.
3.72. The indicator on PE is about school provision against a government target and does not provide information on pupil access to or experiences of PE. However, according to a 2014 House of Commons Culture Media and Sport Committee Report, girls are put off PE by poor choice of activities, concerns about their body image, focus on competitiveness and those who represent the school, a lack of confidence and experience of sexism. Whether this translates into lower levels of participation is not clear, however, it is expected this will influence attitudes and participation throughout life.

**Walking and local environment**

3.73. There was little difference in adults’ walking for recreation by gender, with 65% of men and 64% of women having walked for at least 30 minutes for recreational purposes in the last four weeks in 2014. The difference between men and women’s sports participation when walking was included was 6 percentage points compared to 11 when walking was excluded.

3.74. Men were a bit more likely than women to perceive that their nearest useable greenspace was within a 5 minute walk (71% vs 67%).

3.75. The Sustrans Hands Up Survey does not provide analysis by gender on active travel to school, however, a similar measure in the Scottish

---

Household Survey suggests that boys and girls are similarly likely to walk or cycle to school with little change in levels between 2012 to 2014.

3.76. Using pooled data from 2008-11, boys are more likely to undertake at least 30 minutes of active play per day than girls (43% vs 39%). There was no difference between men and women in their perception of safety for their children to go to the play areas in their local area with 2 or 3 friends.

3.77. In 2012/13, the majority of adults (72%) said that they felt safe (very safe 38%; fairly safe 34%) while 27% of adults said they felt unsafe walking alone in their local area after dark. Females were more likely than males to report feeling unsafe (38% of females compared with 15% males).

**Sports participation and active volunteering**

3.78. In 2014, more men (57%) than women (46%) reported participation in sport and exercise (excluding walking) in the last four weeks. Men were also more likely than women to participate frequently in sports and exercise (51% men compared to 45% women).

3.79. Lower participation by women in sport begins in childhood. Up to age 11-12 participation rates are similar in boys and girls, but by age 13-15 years substantially more boys report participation than girls (71% vs 56%), see Figure 3.12. Over the years since 2008 the gender gap has remained relatively stable at about 5% for all children aged 2-15 years.
3.80. Older men (age 65+) were also more likely than women to take part in sports and exercise (including walking) in the past four weeks (62% vs 54%).

3.81. In 2014, there was no difference by gender with respect to satisfaction with local authority sports and leisure facilities. More than half of men (57%) and women (58%) were satisfied. There was also no difference in use of facilities according to the 2014 Scottish Household Survey.

3.82. More men than women provide sports and exercise (coaching or organising) unpaid help (volunteering). In 2014 the figure was 6% for men and 3% for women. This is in contrast to overall volunteering rates where women tend to volunteer more than men.

3.83. In relation to elite sport, wider research demonstrates continuing issues and challenges faced by women in comparison to men. A 2014 House of Commons Culture Media and Sport Committee Report on women in sport states that, at the elite level, women's sport gains much less sponsorship and media coverage, and prize money is lower. It goes on to say:

“During the course of our inquiry, there were frequent reminders that men's sport is accorded a higher status than women's, ranging from the comparatively unreported triumphs of women footballers to the extensive
commentary on the make-up worn by some athletes at the Winter Olympics in Sochi”.27

3.84. It was felt that, perhaps the London Olympics represented a turning point for improvements, certainly in media coverage, however, it remains to be seen if this is sustained and the differences narrowed.

Summary

- Gender differences are found across almost all the Active Scotland outcome indicators. Men are more likely than women to meet physical activity guidelines; less likely to be inactive; more likely to report a useable greenspace within a 5 minute walk; more likely to feel safe walking after dark; more likely to participate in sport and do so frequently and when older; and more likely to engage in active volunteering. Also, challenges remain for women competing at elite level.

- Boys are more likely to meet guidelines across three of the five age groups; be a bit more likely to engage in active play daily and be less likely to be inactive overall. The largest gap was between teenage girls and boys.

- Sports participation in children is similar in girls and boys up to the end of primary (age 11-12), however there is a marked decline in teenage girls’ participation age 13-15 compared to boys.

- There are no gender differences noted for recreational walking; active travel to school; perception of safety to play and satisfaction with leisure facilities. The gender gap in adult sports participation is reduced when recreational walking is included.

---

Pregnancy and Maternity

There is no data available across the Active Scotland outcomes exploring the influence of pregnancy and maternity. Future analysis will be challenging due to likely small numbers in surveys and at present no way to identify this group. There is also a lack of wider research in this area.

3.85. In 2013, there were just over 55,000 infant births in Scottish hospitals\(^28\). This gives some indication of the number of pregnant women in that year (bearing in mind multiple births).

3.86. No survey evidence was encountered and little wider evidence relating to the participation of pregnant women in regular or organised sport or general physical activity. There is literature within medical research on the relative merits of exercise during pregnancy. The evidence generally suggests that exercise during pregnancy carries health benefits for the woman and unborn child\(^29\).

3.87. Pregnant women may be discouraged from taking part in sport through concern that the unborn child or mother may be injured and the sporting organisation held as liable\(^30\). However, the general advice is to keep active according to individual circumstances and medical advice\(^31\).

3.88. A document produced by the National Collegiate Athletic Association (NCAA) in America provides some evidence to indicate that pregnant sports students are far more likely to drop out of college than their counterparts who do not become pregnant during college (60% vs 37%) yet the NCAA claim that dropping out as a result of pregnancy is largely preventable\(^32\). One recommendation the NCAA make is that athletics financial aid awards cannot be conditioned on not becoming pregnant.

---


\(^32\) NCAA (2008) *Pregnant and Parenting Student-Athletes: Resources and Model Policies*
Sexual Orientation and Gender reassignment

There is very limited quantitative data on sexual orientation with respect to physical activity, sports participation and the wider indicators of activity levels in Scotland across the Active Scotland Outcomes Framework. This is particularly the case for bisexual and transgender people. The evidence there is shows no difference between lesbian, gay and heterosexual adults in sports participation or physical activity levels but those identifying themselves as ‘other’ are less active. However, despite similar activity levels to heterosexuals, wider evidence suggests several challenges that LGBT groups face to be active.

Context

3.89. There remain no official data on numbers of people who are lesbian, gay, bisexual, transgender or intersex (LGBT) – although various estimates have been made. For example, Stonewall Scotland suggest an LGBT figure of 5-7%, while the Scottish Household Survey suggests an LGB population of around 1.0%33. In the 2008-2011 Scottish Health Surveys, after taking account of the 7% who didn’t answer, 1.0% reported being bisexual, 0.9% gay or lesbian, and 1.0% other, totalling 2.9%34.

3.90. The question on sexual orientation was introduced to the Scottish Household Survey in 2011. For a number of reasons the data are currently assumed to be under-reporting the number of LGB people in Scotland and the Scottish Government is looking at how it can improve its data collection on these issues going forward35.

3.91. None of the existing household surveys or main administrative sources ask about transgender status. The Gender Identity Research and Education Society (GIRES) estimated that, in 2007 on a UK level, the prevalence of people who had sought medical care for gender variance was 20 per 100,000, i.e. 10,000 people, of whom 6,000 had undergone transition. 80% were assigned as boys at birth (now trans women) and 20% as girls (now trans men). GIRES suggests that organisations should assume that 1% of their employees and service users may be experiencing some degree of gender variance. At some stage, about 0.2% may undergo transition36.

3.92. According to a UK wide survey, twice as many males (1.6%) as females (0.8%) are likely to state their sexual identity as gay or lesbian

---

34 http://www.scotland.gov.uk/Publications/2012/10/8988/2
and those that are younger are more likely to identify as gay/lesbian or bisexual (1.6% of those aged 16-24 compared to 0.3% of those aged 65 and over\(^\text{37}\)).

**Physical activity and sports participation among LGB groups**

3.93. Exploring equality issues for LGBT people in physical activity and sport is particularly hindered by a lack of available data, especially on bisexual and transgender groups. There are multiple reasons for this including: (estimated) low overall numbers in the population; sexual orientation and transgender status not being included in the Census or many surveys; under-reporting where the questions are included in surveys and other research; self-censorship by survey authors who choose not to ask about gender identity and issues; and a reluctance by sports organisations to ask for this information when conducting research with members and/or service users\(^\text{38}\).

3.94. The EHRC have highlighted two notes of caution regarding interpreting survey data on LGB groups\(^\text{39}\). The first concerns the issue of under-reporting as mentioned above. The second concerns the different experiences of LGB people who are ‘out’ and those who are not. It is expected that a proportion of LGB people who are not out will decline to answer the sexual identity question in surveys, or report themselves as straight. This means that analysis of inequality based on the sexual identity question will tend to reflect the experiences of LGB people who are out to a greater extent than the experiences of LGB people who are not out, and the experiences of the two groups are not always the same.

3.95. Data are available from a Scottish Health Survey Equality Group topic report which pooled Scottish Health Survey data from 2008-11. This indicated that bisexual, lesbian and gay respondents were not significantly different from heterosexuals in relation to sport and physical activity, however, adults who identified as having an ‘other’ sexual orientation were significantly less likely to meet the physical activity recommendations than the national average (29% did so compared to a national average of 38%)\(^\text{40}\).

3.96. There was a similar pattern in relation to sport participation, where 39% of adults who identified as ‘other’ sexual orientation and those who preferred not to answer the sexual orientation question, did sport in the previous 4 weeks compared to a national average of 49%.

---


\(^\text{38}\) Equality Network (2012) *Out for Sport*

\(^\text{39}\) Equality Network (2012) *Out for Sport*

\(^\text{40}\) Scottish Government (2012) *Chapter 7 Physical Activity, Scottish Health Survey Topic Report: Equality Groups*
3.97. These findings are similar to those of the Active People Survey which, in 2014-15 (APS9, Q2), found that LGB people in England had similar levels of participation in sport compared to heterosexual people (37% LG, 36% B and 36% heterosexual), but a smaller proportion of those who defined their sexual orientation as ‘other’ reported participation (29%).

**Homophobia, transphobia**

3.98. Wider evidence suggests that there are particular issues around homophobia and transphobia in sport resulting in either homophobic or transphobic discrimination or intimidation, or in a reluctance on the part of LGBT participants to ‘come out’ or be open about their status thus avoiding discrimination but simultaneously infringing on their rights to freedom of expression.

3.99. The Equality Network’s report ‘Out for Sport’ includes the findings of a survey with 1,722 respondents who replied to advertisements by the Equality Network, sportscotland and the Scottish Sports Association. A large majority (79%) felt there is a problem with homophobia in sport and 66% felt there is a problem with transphobia. Two thirds (66%) also felt that homophobia and transphobia were barriers to the participation of LGBT people in sport.

3.100. LGBT people were also interviewed for this Equality Network research and respondents reported attributing their reluctance to participate in sport with their past bad experiences, generally associated with bullying in school. Three quarters (74%) of respondents were keen to see schools have a primary involvement in reducing discrimination.

3.101. Other evidence describes the experiences of lesbian and gay young people with homophobic bullying in schools, and the finding that LG young people who have been bullied are less likely to like team sports (59% compared to 75% of LG pupils who have not experienced bullying).

3.102. A 2008 review of sexual orientation in sport found evidence to suggest that homophobia has arguably been a major limiter of participation and sporting achievement and has created fear, negativity and mistrust among many athletes and sports personnel, regardless of their sexual orientation. Among many other things, examples given in the literature include: victimisation by teammates, malicious accusations of sexual...

---

41 Sport England Active People Survey [Online interactive data analysis tool](http://www.sportengland.org/statistics/)

42 Equality Network (2012) [Out for Sport](http://www.equalitynetwork.org.uk)

harassment, barracking by fans and spectators, and selection discrimination by coaches.\textsuperscript{44}

3.103. In addition, the report goes on to suggest that the consequences for an athlete, especially one in elite sport, can be severe. Martina Navratilova, for example, lost all her sponsorship virtually overnight on revealing her sexual orientation. It is not clear how much experiences like this may have changed in more recent years.

3.104. Sexual orientation aggravated crime is the second most common type of hate crime in Scotland. The number of charges reported has risen each year since the legislation was introduced, standing at 890 in 2013-14\textsuperscript{45}. Data from the Scottish Crime and Justice Survey, however, suggests that LGB people in Scotland are as likely to feel safe walking alone in their local area after dark as heterosexual people. In 2012/13 72% of heterosexual people and 70% of LGB people reported feeling very or fairly safe.

Facilities

3.105. There can be particular practical barriers to participation in physical activity for LGBT people, including issues around changing facilities. In a 2008 Scottish Transgender Alliance survey of transgender people living in Scotland, 46% stated that they have never used any sport and leisure services in Scotland.\textsuperscript{46} Although not directly comparable, in the Scottish Household Survey only 36% of the adult population had never used sports and leisure services in 2014.

3.106. The respondents to the transgender survey explained that they had avoided using sports and leisure services because they felt too self-conscious about their physical appearance to try to change in single sex communal changing areas and were worried about receiving transphobic harassment from staff and other service users.

3.107. Consultation by Young Scot with the LGBT Youth Scotland also raised an issue about the LGBT community being allowed to join in with the desired gender of team – a point also raised in informal contact with the Scottish Transgender Alliance.

3.108. Other research also indicates that gender specific changing rooms may be an issue, there may be no cubicles and the person may have concerns about their ability to pass as their acquired gender. They may also have issues around body scarring or body image and they may fear being challenged. Together these issues mean that many


\textsuperscript{45} Crown Office and Procurator Fiscal Service, Hate Crime in Scotland 2013-14

\textsuperscript{46} Scottish Transgender Alliance (2008) Transgender Experiences in Scotland

38
transgender people are anxious about entering sports facilities and taking part in sport\textsuperscript{47}.

3.109. A Trans Mental Health Study in 2012 found that over 50\% avoided public toilets and gyms, suggesting that these were the most problematic areas for the participants. In addition, over 25\% of the participants avoided clothing shops, other leisure facilities, clubs or social groups, public transport, travelling abroad, and restaurants or bars\textsuperscript{48}.

3.110. Research conducted in 2003 for the Northern Ireland Department of Culture, Arts and Leisure, explored barriers to participation in certain sporting activities. It reported a perception that facilities in leisure centres did not meet the needs of LGBT people. Reasons included issues relating to changing rooms, lack of privacy, feeling ‘threatened’ by the presence of heterosexual people in the same changing room, and the exclusivity of changing rooms for either men or women\textsuperscript{49}.

Summary

- Due to small and uncertain numbers, lack of enquiry in surveys and sensitivities about responding to sexual orientation questions in surveys when they are included, there is very limited quantitative data on the situation for different sexual orientation groups with respect to physical activity, sports participation and the wider indicators of activity levels in Scotland from the Active Scotland Outcomes Framework. This is particularly the case for bisexual and transgender people.

- The data that is available, suggests that lesbian and gay groups do not differ markedly from heterosexuals but those identifying themselves as ‘other’ or ‘prefer not to say’ are less active and participate in less sport.

- There is no difference in perception of safety to walk after dark between heterosexual and lesbian and gay people.

- From wider research, data is still limited but does suggest there is an issue with homophobia and transphobia with consequent bullying and impact on enjoyment of sport. Also, that facilities can present a problem and deterrent for LGBT people and that discrimination can pervade into elite level sport. This is likely to impact on the levels of LGBT participation in sport but it may be the case that people are maintaining equivalent activity levels to heterosexuals through participation in different types of activity.

\textsuperscript{47} Equality Network (2012) \textit{Out for Sport}

\textsuperscript{48} Trans Mental Health Study 2012

\textsuperscript{49} Northern Ireland Department of Culture Arts and Leisure (2003) \textit{Barriers to Participation in Culture, Arts and Leisure}
• Issues relating to LGBT participation in sport and exercise can manifest themselves from grassroots right through to elite level sport.
Religion and Belief

An examination of equality issues in relation to physical activity and religion is challenging due to a large range of religions and low numbers of people practicing minority religions in the population and consequently low numbers in survey samples. There is a particular challenge in relation to data for children with no data available by religion for any of the Active Scotland Outcome indicators. From the limited evidence that does exist for adults, it is suggestive that those with a Muslim faith are less likely to be active and take part in sport with particular concern for female Muslims.

Context

3.111. In 2011 over half (54%) of the population of Scotland stated their religion as Christian, a decrease of 11 percentage points since 2001. In 2011, 37% of people stated that they had no religion, an increase of nine percentage points.

3.112. Islam was the second most common faith with 77,000 people in Scotland describing their religion as Muslim. This is followed by Hindus (16,000), people from Other religions (15,000), Buddhists (13,000), Sikhs (9,000) and Jews (6,000). Even with these groups added together they still accounted for less than 3% of the overall population.50

3.113. Due to the small numbers in minority religious groups, it is often necessary to collapse categories, for example into Christian and non-Christian groups, which obscures potentially important trends within these groups.

3.114. Age is also a key issue because younger people are much less likely to be religious, see Figure 3.13, yet are also more likely to be physically active.

50 http://www.gov.scot/Topics/People/Equality/Equalities/DataGrid/Religion/RelPopMig
As previously noted in the section on ethnicity, there can be overlap between ethnic minority groups and certain religions which makes it difficult to isolate the influence of ethnicity and/or religion on physical activity. However, although a high proportion of those of Pakistani or Bangladeshi origin are Muslim, the reverse situation is not necessarily the case. The Muslim population in Scotland is more diverse with only 58% of Pakistani origin, 10% Arab, 8% White etc.

**Physical activity and inactivity**

A Scottish Health Survey Equality Group topic report pooled Scottish Health Survey data from 2008-11 for adults and controlled for age\(^{51}\). Adults who said they belonged to no religion were most likely to meet the old physical activity recommendations. 40% did so, which was statistically significantly higher than the national average of 38%. Muslims (29%) had statistically significantly lower proportions meeting the recommendations than the average, while the numbers for other ethnic minority groups were inconclusive due to small numbers in the population.

Using the same aggregated data from 2008-11, but without age standardisation, the Muslim population showed more of a tendency to be inactive compared to the average (32% compared to 25%), although small numbers mean this difference was not statistically significant.

Data is not readily available on the religious status of children and numbers are likely to be very small. As a consequence, there is no

---

data available by religion across any of the child related Active Scotland Outcome indicators. Wider research on Muslim girls in England and their participation in physical education at school suggests they are put off from participation, more than their Christian counterparts, with higher scores for a range of barriers including dislike of the PE uniform, a sense of embarrassment and feeling self-conscious and low priority given to PE\textsuperscript{52}. The authors comment that the Islamic faith per se does not bar women from taking part in sport, however, the way in which activities are delivered in the UK may hinder participation through insensitivity to cultural and religious identity.

**Walking and the environment**

3.119. In 2014, both recreational walking and the perception of being safe to walk alone in the local area after dark did not appear to differ by religion. However, those classed as ‘Other Religion’ were less likely to report having a usable greenspace within a five minute walk of their home.

**Sports participation and active volunteering**

3.120. In terms of sport participation, according to the Scottish Health Survey Equality Group topic report, Muslims were the least likely to participate in sport (39% did so in the previous four weeks). Roman Catholics also had statistically significant lower sport participation than the average (46% compared to 49%). Adults from Other Christian groups had significantly higher sport participation than average (52%).

3.121. In 2014, little difference was found by religion for frequent participation in sport amongst those who do take part, ranging from 46% for ‘Other Religion’ to 49% for ‘No Religion’.

3.122. There was a tendency for those with Roman Catholic belief to have slightly lower levels of active recreation in those aged 65 years and older compared to the average (51% compared to 57%) however, the difference was not statistically significant and low numbers in the ‘Other Religion’ group did not allow for any comparison.

3.123. Analysis of Audit Scotland leisure service use data by religion is not possible. However, data from the 2014 Scottish Household Survey can be used to give an indication of leisure service use. There does appear to be a bit of variation in use levels by religion with highest use amongst those of no religion (43%) and those of Roman Catholic faith (42%), and the lowest amongst Church of Scotland (32%) and Other

\textsuperscript{52} Elliot and Hoyle (2014) An examination of barriers to physical education for Christian and Muslim girls attending comprehensive secondary schools in the UK. *European Physical Education Review* 20:3 p349–366
Religion (33%). However, the only difference in satisfaction levels observed was for those from ‘Other Religions’, where in 2014 only 43% were satisfied with facilities compared to an average of 52%.

Summary

- Due to a large range of religions and low numbers of people practicing minority religions in the population and consequently in survey samples, an examination of equality issues in relation to physical activity and religion is challenging. This is particularly the case for children.

- From the limited evidence that does exist for adults, it is suggestive that those with a Muslim faith are less likely to be active and take part in sport. The evidence also indicates that those with Non-Christian beliefs are less likely to use and be satisfied with leisure facilities. However, once active, there does not appear to be difference in frequent participation in sport, exercise and walking by religion.

- Walking does not appear to differ by religion or the perception of feeling safe to walk alone after dark, although those with Non-Christian beliefs are less likely to report having a nearby useable greenspace.

- Particular concern centres on Muslim girls and women, where delivery of sport and leisure activities and PE in schools may not be appropriately sensitive to cultural and religious identity.
Socio-economic status

Socio-economic status (SES) clearly has an influence on activity levels for adults but the situation is less clear cut for children. Adults with higher incomes, living in less deprived areas and with higher educational attainment generally are more active than those with indications of lower SES. In children, SES has a mixed influence with greater sports participation for those with higher SES, but indications that walking to school is greater in those with lower SES and no difference is observed in meeting activity guidelines or for active play.

Context

3.124. There is no single measure of socio-economic status, but rather this section includes measures of economic inequality (income data), area-based measures of inequality (Scottish Index of Multiple Deprivation (SIMD))\(^53\) and level of education. There are many other elements to socio-economic status and inequality, and lots of cross-over between them – one makes the other(s) more likely.

Activity and inactivity

3.125. In 2014, there was a clear relationship demonstrated across all three measures between increasing socioeconomic status in adults and increasing likelihood of meeting the physical activity guidelines for moderate to vigorous physical activity and less likelihood of reporting low levels of physical activity. This is illustrated for meeting physical activity guidelines by income in Figure 3.14. More than three quarters of those in the top income bracket (77%) met the guidelines in 2014, compared to 52% in the bottom income bracket.

3.126. In a Scottish Health Survey Physical Activity topic report published in 2014 and based on 2011 and 2012 data\(^54\), the conclusion was that socioeconomic status was an issue in relation to physical activity levels in adults with clear inequalities in participation in certain domains of physical activity that have important implications. Those with lower socioeconomic status were shown to be more likely to participate in occupational physical activity, but physical activity associated with occupations has been decreasing with the increase in technology and de-industrialisation over the years. This means that occupational physical activity will inevitably make up less and less of total physical activity and action will need to be taken to ensure higher participation of those from lower socioeconomic groups in other domains of physical

\(^{53}\) Scottish Index of Multiple Deprivation 2012

activity, such as leisure time sports and exercise and recreational walking.

Figure 3.14: Percentage of adults aged 16+ who meet physical activity recommendations, by equivalised income*

Source: Scottish Health Survey, 2014

* Equivalised income adjusts total household income to take account of the number of persons in the household.

3.127. There was no overall association between area deprivation or household income and the proportion of children aged 2-15 meeting the recommendation to be active for at least an hour every day. In addition, since 1998 there has been no obvious trend indicating the presence of a difference in earlier years either, with or without the inclusion of school activity.

3.128. No data is presented on socioeconomic status and levels of inactivity in children due to the small numbers involved.

Walking and the environment

3.129. In 2014, there is a general and consistent pattern for a greater proportion of those on higher incomes, with higher levels of education and living in the least deprived areas to have walked at least 30 minutes for recreation in the last four weeks, see Figure 3.15 as an illustration.

3.130. In general, a greater proportion of those on higher incomes, living in less deprived areas and with a higher level of education perceive there to be usable greenspace near their home. For example, 72% of those with a degree or professional qualification perceive this to be the case compared to 62% with no qualification.
Figure 3.15: Percentage of adults who have walked for at least 30 minutes for recreational purposes in the last four weeks, by SIMD

Source: Scottish Household Survey, 2014

3.131. Perceptions of safety to walk in the local area after dark are higher in those with higher socioeconomic status. Compared to 83% of those with a First Degree, Higher Degree, SVQ Level 5 or equivalent, only 60% of those with no qualification felt safe. Around 60% of those earning less than £10,400 felt safe compared to 80% and more of those earning more than £36,400. Just over half of those living in the most deprived areas (57%) felt safe compared to 82% of those in the least deprived areas.

3.132. Perceptions of safety for their children to play in the local area with a couple of friends shows a tendency to differ a little by socioeconomic status with greater perceptions of safety for those with highest socioeconomic status. For those living in areas falling within the bottom three quintiles, around 77% perceived it safe to play compared to around 85% for those in the top two quintiles. There was not a clear relationship with educational qualification level and sample numbers limited detection of difference by income.

3.133. Using combined Scottish Health Survey data from 2008-11, no relationship was found by the measures of income or area deprivation and levels of active play in children.

3.134. The Sustrans Hands Up Survey of active travel to school does not include an analysis by socioeconomic status. However, analysis of similar data in the 2014 Scottish Household Survey found that those in the most deprived areas and on the lowest incomes were more likely
to report active transport to school than those on the highest incomes or coming from the least deprived areas\textsuperscript{55}.

3.135. This is supported by previous research on a nationally representative sample of 4,468 children aged 5-15 years in England (including 303 wearing activity monitors) found that walking to school was significantly more likely in those from the most deprived areas\textsuperscript{56}.

**Sports participation and active volunteering**

3.136. In 2014, sports participation showed a marked association with socioeconomic status. Only around 35% of those earning between £6000-£15000 per annum participated in any sport in the past four weeks compared to 69% of those earning more than £40,000, see Figure 3.16. A similar pattern was evident for educational qualification level and SIMD.

Figure 3.16: Percentage of adults who have participated in any sport (excluding walking) in the last four weeks, by income

Source: Scottish Household Survey, 2014

3.137. Lower socioeconomic status was associated with less participation by older people in active recreation. There was more than a 20 percentage point difference in older people’s participation in active recreation between those living in the most and least deprived areas in Scotland in 2014, 41% for those in the most deprived areas compared to 66% for those in the least deprived. A similar pattern was observed for educational qualification level and income.

\textsuperscript{55} Transport and Travel in Scotland 2014
http://www.transportscotland.gov.uk/report/j389989-00.htm

\textsuperscript{56} Rotha MA, Millet CJ and Mindell JS (2012) The contribution of active travel (walking and cycling) in children to overall physical activity levels: a national cross sectional study. *Prev Med*. 54(2) p134-9
Among those adults who do participate in sport and exercise including walking, there was little difference by SIMD or educational attainment in how frequently they participated in 2014. In addition, markedly more of those on the lowest income participated frequently compared to those in the highest income category (61% of those earning less than £6,000 vs 41% of those earning more than £40,000). However, it is worth a reminder that the proportions participating in the first instance are lower for those with lower SES.

In contrast to the lack of association between socioeconomic status and child physical activity levels overall, the proportion of children in the most deprived areas that had participated in sport in the past week was 15 percentage points lower between those children living in the most compared to least deprived areas (76% vs 61%). Due to small numbers this is based on combined data from 2012-13. There was an even greater difference by equivalised income with 58% participating in the bottom category compared to 78% in the top income group.

Of particular note is that the socioeconomic gap is widening for sports participation in children. According to the 2014 Scottish Health Survey, the inequality in sports participation in children has increased significantly over time due to declining participation levels among those in the most deprived areas. In 1998 the gap between those from the most deprived compared to least deprived was 8%, in 2010 it was 15% and in 2014 it had increased to 21%.

In 2014, satisfaction with local authority leisure facilities increased with increasing income with 37% satisfied amongst those earning less than £6,000 compared to 63% of those earning over £40,000. Satisfaction was similar across various levels of qualification (around 58%) but markedly lower for those with ‘other’ or no qualifications (37% and 33% respectively).

As previously noted, satisfaction is related to levels of use and a greater proportion of non-users report no opinion with respect to satisfaction with leisure facilities. There is no breakdown available by demographics of the indicator for attendance at leisure facilities, however, examination of levels of use in the 2014 Scottish Household Survey found use increased with increasing income, increasing level of educational qualification level and decreasing level of deprivation. Only about a third (35%) of those in the most deprived areas had accessed leisure facilities in the past year compared to 43% in the least deprived areas. Only a fifth (22%) of those on an income of less than £10,000 had accessed in the past year compared to more than half (55%) of those earning more than £40,000.

---

3.143. There was little variation in satisfaction with local authority leisure facilities by area deprivation. Half of those living in areas within the bottom two quintiles of SIMD were satisfied compared to 54% in the least deprived areas.

3.144. Active volunteering is more common in those with higher socioeconomic status with a consistent pattern across all three measures used. For example, 2% of those with an income below £15,000 are engaged in active volunteering compared to 9% of those in the more than £40,000 income group.

3.145. At elite level, wider research indicates there are inequalities of opportunities by SES and that these are ingrained from grassroots level. An article examining the social backgrounds of Team GB for the London Olympics in 2012 found that a third of Team GB who competed at the 2008 Beijing Olympics had previously attended a fee-paying school and 37% of the medal winners were privately educated. To put this in context, 7% of British children attend fee-paying schools. For London 2012 again it was found that 37% of the medal winners were privately educated. Further analysis also revealed that some of the most affluent areas of the UK contributed the majority of Team GB athletes.

3.146. The relationship between SES and sport has been extensively researched over the years and certain sports are associated with different social classes. The article suggests that sports participation overall is becoming more unequal, particularly in more unequal societies (such as the UK). The article also argues that the inequalities noted at the highest levels are a reflection of the inequalities at grassroots participation58.

Summary

- It is clear that socioeconomic status does influence physical activity in adults and children, however, the relationship is sometime complicated by differing influences across different domains of activity and different results across the three measures of SES. There are also differences between adults and children.

- In adults, the message is perhaps more starkly apparent, with measures of higher socioeconomic status generally associated with greater likelihood of meeting physical activity guidelines; participating in recreational walking; feeling safe to walk after dark; perceiving nearby access to greenspace; participating in sport (grassroots and elite); engaging in active volunteering and using and being satisfied with leisure facilities.

• The one contrasting finding was that, although they are less likely to participate overall, among those on a low income who do participate in sport, exercise and walking there is a greater likelihood for those on the lowest income to participate frequently in comparison to those on higher incomes, particularly the highest earners.

• In children, the picture is mixed with those with higher SES found to be more likely to participate in sport whilst those from more deprived areas and with lower SES found to be more likely to walk to school and little difference was found in meeting physical activity guidelines or in active play. However, the trend for a widening gap in inequality of sports participation is of particular concern.
4. Evidence gaps and conclusions

4.1. The report provides a baseline review of equality characteristics across the Active Scotland Outcomes Framework from which progress can be monitored and it points to where further evidence gathering is required. This baseline review contributes to the development of the evidence base for policy to ensure that all parts of the population are benefitting from public investment in sport and complements parallel work being undertaken by sportscotland.

4.2. There are particular gaps in evidence in relation to several of the protected characteristics: Ethnicity and religion; Pregnancy and maternity and Sexual orientation and transgender. There is also a lack of evidence to support understanding of differences in opportunities and experiences in relation to differing types of disability.

4.3. Small numbers in the population, and consequently in national survey samples limits the data on opportunities and outcomes for minority ethnic groups, those identifying with non-Christian religions and by sexual orientation. The latter is further affected by issues around under-reporting. Pooling data allows for some analysis but may mask differences between important sub-groups. Qualitative evidence helps to support this evidence base.

4.4. Although data is available on disability across many of the indicators, the data does not distinguish between different types of disability and, therefore, it is not possible to determine if there are a range of experiences across the different sub-groups.

4.5. In addition to the gaps highlighted by protected characteristic, there were notable gaps identified for several of the indicators: Inactivity in children; Active travel to school; Attendance at leisure facilities and Elite sport.

4.6. Assessment of inactivity in children is a challenge as the issue of small numbers for many of the protected characteristics is compounded further by small numbers of children who are classed as inactive. A limited level of information is available by protected characteristics on active travel from the Sustrans survey and some further indications are possible on gender and SES influences by referring to a similar measure in the Scottish Household Survey. Similarly, although the measure for attendance at leisure facilities does not have information available by protected characteristic, information can be obtained from a measure in the Scottish Household survey.

4.7. The one stand out area where wider evidence sources had to be substantially drawn upon to make any comment about protected characteristics was for elite sport. It is anticipated that the equalities
research currently being undertaken by sportscotland will help go some way to address a gap in the evidence here.

4.8. One further gap worth highlighting is in relation to data on trends. Although this review is intended as a baseline from which to take forward monitoring of progress on inequalities across the Active Scotland Outcomes, some data on trends (already published) have been possible to present which add to our current understanding of progress to date. Further analysis should be possible for a number of the indicators from existing data and it is anticipated that this will be explored.

4.9. Available data and evidence indicate that there are differences in equality of opportunity and outcome between those with and without each of the protected characteristics across all of the Active Scotland outcomes. Inequalities by socio-economic status are also observable across the outcomes, leading to an overall conclusion that work to address inequality is required on all fronts as the SG and its partners develop policies and programmes in pursuit of achieving the Active Scotland outcomes.

4.10. Although there is evidence of inequalities for many of the protected characteristics, the data demonstrates a particularly marked difference in measures of physical activity opportunity and participation by age and disability. This highlights a need to pay particular attention to ensuring initiatives are well targeted to ensure maintenance of activity through life and into old age and suitable measures are taken to ensure those with limiting conditions want to and can take up physical activities and remain active.

4.11. Marked differences were also noted for measures of socioeconomic status, however, the relationships are somewhat more complicated to unravel. There is a clear disparity in sports participation rates in both adults and children with those on lower incomes, living in more deprived areas and with lower levels of education much less likely to participate. To some extent the lack of activity gained from sports participation is offset in children by other forms of activity such as higher levels of active transport to school and little difference in active play. It is perhaps of note that these activities have no costs involved.

4.12. It is of concern that the trend in children has been for increasing inequality in sports participation by socioeconomic status. Setting good habits in childhood is important for physical activity behaviour in adulthood, where leisure time sports participation becomes more of an important contribution to total physical activity than is perhaps the case in childhood.

4.13. Gender inequality in physical activity is often highlighted as important and the data does demonstrate its existence, however, it did not appear to be as marked as for age, disability and SES and there are
encouraging signs that in teenagers, at least, the gender gap is narrowing. However, there is still a marked inequality in sports participation that should not be ignored.

4.14. Walking is an important leveller of inequalities. When walking participation is not included in sports and exercise participation figures, inequalities between groups are generally much wider. But, although walking is important in helping to reduce inequalities associated with physical activity, there are still inequalities evident in both recreational walking and active travel to school, most notably for those with disabilities. This group also feel less safe walking after dark in their neighbourhood and are less likely to report having a usable greenspace nearby.

4.15. SES has a complicated relationship with walking, on the one hand those with lower SES walk less recreationally (an activity of choice) but more for active transport to school, which may be more of a necessity. Where choice is concerned this may be influenced by other environmental factors and it is of note that those on lower SES are less likely to perceive a usable greenspace nearby and feel less safe walking in their local area after dark.

4.16. Each protected characteristic has been looked at in turn, but the point has been made that an individual could have more than one of these characteristics, i.e. be female, elderly on a low income and from an ethnic minority background. Also, having a disability is associated with higher likelihood of being in relative poverty, as is being from a minority ethnic (non-white) group. Many health and lifestyle factors found to have a negative relationship with achieving physical activity recommendations have been shown to be more likely to be present in those in lower socioeconomic groups, for example obesity, smoking, poor mental and physical health. Such interactions between the different characteristics is complex and has not been explored in any depth in this review. Analysis on interactions in general and the implications for equality in physical activity is lacking and would benefit from further research. The compounding nature of such interactions should be born in mind when considering who the key target groups are for initiatives to reduce inequalities.
### Annex 1 – Equality data availability by Active Scotland outcome indicators

<table>
<thead>
<tr>
<th>Active Scotland Outcomes and Indicators</th>
<th>Source</th>
<th>Age</th>
<th>Disability</th>
<th>Ethnicity</th>
<th>Gender</th>
<th>Pregnancy &amp; Maternity</th>
<th>Sexual Orientation &amp; Transgender</th>
<th>Religion</th>
<th>Socio-economic status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A More Active Scotland</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of active adults</td>
<td>SHeS</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>X</td>
<td>2008-11</td>
<td>✓</td>
</tr>
<tr>
<td>Percentage of active children</td>
<td>SHeS</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>We encourage and enable the inactive to be more active</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce percentage of inactive adults*</td>
<td>SHeS</td>
<td>✓</td>
<td>✓</td>
<td>2008-11</td>
<td>✓</td>
<td>X</td>
<td>2008-11</td>
<td>2008-11</td>
<td>✓</td>
</tr>
<tr>
<td>Reduce percentage of inactive children*</td>
<td>SHeS</td>
<td>✓</td>
<td>**</td>
<td>**</td>
<td>✓</td>
<td>X</td>
<td>X</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Increase walking as recreational activity</td>
<td>SHS</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
<td>**</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>We encourage and enable the active to stay active throughout life</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase frequency of active participation (sport &amp; walking)</td>
<td>SHS</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
<td>**</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Increase active recreation in older people (sport &amp; walking)</td>
<td>SHS</td>
<td>✓</td>
<td>✓</td>
<td>**</td>
<td>✓</td>
<td>X</td>
<td>**</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Increase attendance at leisure facilities</td>
<td>Audit Scotland</td>
<td>X (SHS)</td>
<td>X (SHS)</td>
<td>X (SHS)</td>
<td>X (SHS)</td>
<td>X</td>
<td>X (SHS)</td>
<td>X (SHS)</td>
<td></td>
</tr>
<tr>
<td><strong>We develop physical confidence and competence from the earliest age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enhance PE provision</td>
<td>HLS</td>
<td>✓</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Increase active travel to school</td>
<td>HUS</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
<td>X (SHS)</td>
<td>X (SHS)</td>
<td>X (SHS)</td>
<td>X (SHS)</td>
<td>X (SHS)</td>
</tr>
<tr>
<td><strong>We improve our active infrastructure – people and places</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase satisfaction with leisure facilities</td>
<td>SHS</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
<td>**</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Improve greenspace accessibility</td>
<td>SHS</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
<td>**</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Increase active volunteering workforce</td>
<td>SHS</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
<td>**</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>We support well-being and resilience in communities through physical activity and sport</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improve community safety for play</td>
<td>SHS</td>
<td>✓</td>
<td>✓</td>
<td>**</td>
<td>✓</td>
<td>X</td>
<td>**</td>
<td>**</td>
<td>✓</td>
</tr>
<tr>
<td>Improve safety of neighbourhood for walking</td>
<td>SCJS</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>We improve opportunities to participate, progress and achieve in sport</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase sports participation (sport only, no walking) (adult)</td>
<td>SHS</td>
<td>✓</td>
<td>✓</td>
<td>2008-11</td>
<td>✓</td>
<td>X</td>
<td>2008-11</td>
<td>2008-11</td>
<td>✓</td>
</tr>
<tr>
<td>Increase sports participation (sport only, no walking) (child)</td>
<td>SHeS</td>
<td>✓</td>
<td></td>
<td>2008-11</td>
<td>✓</td>
<td>X</td>
<td>X</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Improve Team Scotland performance</td>
<td>CWG</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

* ✓ indicates data available by single year; 2008-11 indicates data is from pooled data across the four years 2008-11; X indicates data does not exist for indicator; X(SHS) indicates breakdowns are not available for indicator but are available for a similar measure in the Scottish Household Survey; ** indicates data exists but numbers are too small to analyse.

SHeS – Scottish Health Survey; SHS – Scottish Household Survey; HLS – Healthy Living Survey; HUS – Hands up Scotland Survey; SCJS – Scottish Crime and Justice Survey; CWG – Commonwealth Games
Correspondence and enquiries
For enquiries about this publication please contact:

TQUAS: Population Health
Health Analytical Services Division
Scottish Government
Area BR, St. Andrew’s House
Edinburgh
EH1 3HG

Telephone: 0300 244 7263
e-mail: justine.geyer@gov.scot

How to access background or source data
The data for this report:
☒ are available online via the Active Scotland Outcomes Framework website http://www.gov.scot/Topics/ArtsCultureSport/Sport/Outcomes-Framework/Equality

Crown Copyright
You may use or re-use this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. See: www.nationalarchives.gov.uk/doc/open-government-licence/