

CHILES-WEBSTER-BATSON Commission 2020-21

Sport in Low Income Areas

Evidence Review

Community Sport, Health and Wellbeing

Professor Louise Mansfield
Brunel University London

The Centre for Health and Wellbeing Across the Lifecourse
College of Health, Medicine and Life Sciences
Institute of Health, Medicine and Environments

February 2021

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Executive Summary

Introduction

This evidence review for the Chiles-Webster-Baston Commission synthesises the best and most relevant evidence on community sport for health and wellbeing. It is intended to inform roundtable discussions about how, why and with what impact neighbourhood organisations use sport to mitigate the inequalities that negatively affect young lives in disadvantaged areas.

The meaning of health and wellbeing for children and young people

Health is a combination of physical and mental capacity and social and personal resources, which includes the ability to physically, mentally and socially adapt and self-manage. Wellbeing is connected to how well we feel we are doing as individuals, communities and societies. Wellbeing is commonly defined as self-esteem, self-efficacy, self-determination, resilience, quality of life, positive and negative affect, capability, positive mental health, life satisfaction and worthwhileness. Children and young peoples' mental and physical health and their wellbeing are interconnected, and they think of their own health and wellbeing in holistic ways.

Measuring the impact of sport on health and wellbeing

Different definitions of health and wellbeing and methods of measurement and evaluation are used in research to examine the role of community sport and physical activity. These include objective outcome measures, self-report measures and scales and qualitative methods, evaluating the complex contextual and experiential meanings of health and wellbeing connected to sport and physical activity participation.

What do we know about health and wellbeing in community sport?

Sport can make a significant contribution to increasing levels of physical activity in children and young people for health and wellbeing outcomes. Being physically active improves health and fitness and reduces the risk of chronic disease. Children and young people tend to report higher levels of mental wellbeing (happiness) if they are more active. Young people who take part in sport and physical activity are less lonely, but loneliness is particularly prevalent in young people living in less affluent families and those reporting a long-term disability of health conditions. Sport participation, thus, is mediated by complex factors including the influence of community facilities, access and opportunity, sport competency, peer support and family, community leaders and coaches.

What issues do children and young people from low-income neighbourhoods face in taking part in community sport?

Children and young people from low-income neighbourhoods face unique challenges in taking part in community sport. Area deprivation has a detrimental impact on sport participation because it reduces levels of outdoor activity, restricts access to facilities, can create fear and negative peer pressure associated with higher levels of inactivity, increases the risk of being overweight and worsens health across the life course. Children and young people from less affluent families are less likely to be supported in taking part or watching sport which impacts negatively on participation.

What works in enhancing health and wellbeing through community sport in low-income neighbourhoods for children, young people and families?

Children and young people can be supported in engaging in sustainable community sport for health and wellbeing outcomes. Strategies of support include community and partnership approaches as in the involvement of children and young people in decision-making, volunteering programmes to enhance skills and ambitions, social prescribing and place-based strategies to boost social relations. There is great potential for the public health and sport workforce to work together to increase capacity in supporting population-level health and wellbeing. These ways of working foster belonging and identity, trust and rapport, community and locality, therapeutic potential, a sense of safety and inclusion, which allow children and young people to feel that they are understood and can thrive and flourish through the community sport experience.

Knowledge gaps

There is a limited focus of research on the effect and impact of diverse community sport practice and programmes on children and young people living in low-income neighbourhoods. There is a need for more robust evaluations. These would include evaluation frameworks that define an appropriate scope, engage a skilled team, strengthen the evaluation capacity and manage the methodology, with attention to the phases of the work plan, implementation, data collection and analysis and dissemination of findings

Conclusion

As people around the world continue to face the challenges of and adjust to the COVID-19 pandemic, there is a deepening of existing inequalities in socioeconomic status, gender and minority ethnic divisions. There are negative consequences of such inequalities on the health of children and young people living in low-income neighbourhoods. We need to better understand how the design and planning, sustained resource provision and enthusiasm and incentives for a paid and voluntary workforce can create an effective industry for community sport provision for children and young people in low-income neighbourhoods so that we can maximise the contribution of sport to health and wellbeing across the life course.

Introduction

The Chiles-Webster-Baston Commission is seeking evidence reviews to inform their work in examining how, why and with what impact neighbourhood organisations use sport to mitigate the inequalities that negatively affect young lives in disadvantaged areas. This overview provides a summary of evidence on the extent to which informal, unstructured and non-competitive sport in low-income neighbourhoods contributes to health and wellbeing for children, young people and families.

This report provides an expert analysis based on selected evidence predominantly from peer reviewed publications and with key examples from professional evaluations and reports. The content and structure reflect the terms of reference set out by the Chiles-Webster-Baston Commission to synthesise the best and most relevant evidence and to make it as applicable and accessible to participants in roundtable events across England and Wales. This document is intended to support these roundtable discussions. It highlights evidence about what works in community sport for health and wellbeing, explores the implications of the evidence for young people living in disadvantaged areas and identifies challenges and knowledge gaps.

What do we mean by health and wellbeing?

The definition of health, formulated by the World Health Organisation (WHO, 1946, p.1) and adopted in 1948 describes health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. The definition was widely considered as a pioneering challenge to established and narrow biomedical explanations of health as the absence of disease, pain or defect. It offers a broad conceptualisation of health embracing the physical, mental and social domains and identifying wellbeing as an important category in understanding human health. It is generally accepted as the key definition of health in public health research, policy and practice, yet it is not without critique.

Since its inception, the WHO (1946) definition has not been adapted, and its relevance has been criticised for not accounting for changing patterns of disease, improved public health treatments meaning more people live with chronic illness, and the complex and diverse populations and contexts in which health and wellbeing need to be understood. There is

increasing emphasis in public health that health is a combination of physical and mental capacity and social and personal resources (Thomson, Watson and Tilford, 2018). Seen in this light, health refers to an ability to physically, mentally and socially adapt and self-manage (Huber et al., 2011). This formulation of health recognises that public mental health including the prevention and treatment of mental and emotional distress are equally important as the prevention and treatment of physical conditions, including communicable diseases (infectious or transmittable) and non-communicable illness or disorder (lifestyle related or inherited). It is increasingly recognised in health policy that children and young peoples' mental and physical health are interconnected, and that they, thus, think of their own health in holistic ways (PHE, 2015).

Wellbeing is conceptually different from but related to health. Ideas about wellbeing have come to the fore in recent academic, policy and practice debates about how we understand people's lives and social progress. Most wellbeing research argues that wellbeing is multidimensional in character and connected to how well we feel we are doing as individuals, communities and societies (Dolan and Metcalfe, 2012; Tinkler and Hicks, 2011; Tinkler, 2015). However, there is no single agreed definition. Wellbeing is commonly defined in terms of positive psychological function and human flourishing as well as happiness, positive emotion and satisfaction with life (Forgeard et al., 2011). In children and young people, wellbeing has been directly connected with positive emotions, resilience and coping (Rigby, Hagell and Starbuck, 2018). Wellbeing is a term used interchangeably with concepts such as self-esteem, self-efficacy, self-determination, resilience, quality of life, positive and negative affect, capability, positive mental health, life satisfaction and worthwhileness (Dodge et al., 2012; Huppert 2017).

Measuring the impact of community on sport health and wellbeing

Developments in definitions and theories of health and wellbeing reflect a parallel emergence in methods of measurement. Such measures involve diverse techniques for objectively quantifying health and wellbeing outcomes from sport and physical activity participation. These include a range of self-report measures and scales and qualitative methods, providing detailed evidence about the interconnected impact of complex contextual (socio-cultural, political, environmental and embodied) experience and meaning, and health and wellbeing derived from participation. Different definitions of health and wellbeing and

methods of measurement and evaluation are used in research examining the role of community sport and physical activity in helping people to stay healthy, feel positive and flourish (Mansfield et al., 2020; Mansfield, 2020). The precise questions underpinning sport and physical activity research, monitoring and evaluation are interconnected with the selection of health and wellbeing concepts identified in studies as well as the precise strategy and tools for measuring health and wellbeing outcomes and impacts. Information on developing better evaluations within community organisations is emerging with a focus on evaluation frameworks that define an appropriate scope, engage a skilled team, strengthen the evaluation capacity and manage the methodology, with attention to the phases of the work plan, implementation, data collection and analysis and dissemination of findings (Sport England, 2021a; Better Evaluation, 2021).

What do we know in general about health and wellbeing in community sport?

There is a well-established and credible body of evidence for the health benefits of physical activity. Sport is a form of physical activity, and thus simply taking part has the potential to contribute to overall levels of physical activity and to improved physical and mental health and wellbeing outcomes (see Taylor et al., 2015). Sedentary lifestyles are associated with higher risk of poor health. Lifestyle risk factors (smoking, excessive alcohol, poor diet and low physical activity) cluster together to impact negatively on the health of those in the lowest socioeconomic and education groups, who most commonly engage in all four poor behaviours (Buck and Rosini, 2012). There are mediating factors connected to sport and physical activity participation that can influence whether children and young people take part including the influence of community access and opportunity, sport competency, peer support, the role of families, community leaders and coaches.

The research evidence on the health benefits of physical activity has been summarised and presented in key government white papers, Chief Medical Officer (CMO) reports and national guidelines for physical activity. The UK physical activity guidelines were originally issued from the CMOs of Scotland, England, Northern Ireland and Wales in 2011 (DH, 2011) and updated in 2019 (DHSC, 2109a). Guidance is given for early years (birth-5 years), children and young people (5-18 years) and adults and older adults (19+ years). There is also additional guidance on being active during pregnancy, post-partum and for adults living with disabilities (DHSC,

2019b). For children and young people, 60 minutes of physical activity per day is advised. This can be of any kind and include sport as a way to improve health and fitness, maintain a healthy weight, build confidence and social skills, enhance concentration and learning and allow people to feel good. The guidelines emphasise the benefits of daily activity, combining a variety of types and intensities, and the avoidance of extended periods of sedentary behaviour for positive health and wellbeing outcomes. There are similar global recommendations on physical activity and sedentary behavior (WHO, 2020). National and worldwide recommendations are underpinned by strong evidence to show that participation in physical activity, across all ages, is associated with prevention and treatment of some diseases and conditions, including cardiovascular disease, some cancers, diabetes mellitus and osteoporosis, and is an effective intervention for improved mental health. In addition, not taking enough physical activity has been shown to increase the risk of chronic disease and poor health, such as type 2 diabetes, cardiovascular disease, stroke, some cancers and premature mortality (Ekelund et al., 2016).

There is review-level evidence that physical activity improves cognitive and mental health in young people through the positive effects of physical self-perception, including competence, appearance and fitness (Lubans et al., 2016). Whilst the overwhelming evidence shows that participating in any physical activity can bring positive health and wellbeing outcomes, there is recent evidence on the role of different sports in enhancing health showing that running and football can improve resting cardiovascular function and aerobic fitness (Oja et al., 2015), and that taking part in football may help weight management (Hunt et al., 2014). Cycling has also been consistently shown to have a positive relationship with cardiorespiratory fitness and physical function in young people specifically, and at the population level in terms of improvements in fitness and reductions in disease risk factors (Oja et al., 2011). Subjective reports from individual and small-scale case studies of football-based interventions show their potential for improving mental health symptoms and promoting elevated positive feelings; however, review-level evidence on the effectiveness of football on mental health outcomes is mixed, and evidence of the positive effect on mental health is limited (Friedrich and Mason, 2017).

There is potential for a vast array of different types of physical activity including sport to arouse good feelings in people when they take part, and thus enhance their wellbeing. Depending on the precise definition of wellbeing being explored and measured, there is evidence for the

positive relationship between sport/physical activity and life satisfaction (Fujiwara, Kudrna and Dolan, 2014), happiness (Downward and Rasciute, 2011; Downward and Rasciute, 2010), quality of life (Gill et al., 2013), a range of emotional experiences (Chan et al., 2019) and a sense of meaning or purpose (Hooker and Masters, 2018). Meditative activity and dance have been found to improve mood and reduce anxiety, depression and anger in young people, with an indication that group activity and peer support is important in successful wellbeing outcomes (Mansfield et al., 2018a). The most recent evidence for the wellbeing benefits of sport has focused on subjective wellbeing (SWB). Typically, SWB involves peoples' self-assessment about how well they feel overall, and how they feel moment to moment during their daily life and when taking part in particular activities (Testoni, Mansfield and Dolan, 2018b). Evidence from psychological studies of sport generally shows positive effects of sport on SWB most clearly in relation to reduction in levels of anxiety and depression typically in populations living with clinical conditions (Netz et al., 2005; Ströhle, 2009). Sport England (2020) data shows that children and young people tend to report higher levels of mental wellbeing (happiness) if they are more active. Emerging research on loneliness and young people illustrates that young people who take part in sport and physical activity are less lonely, but that loneliness is particularly prevalent in young people living in less affluent families and those reporting a long-term disability of health conditions (Sport England, 2020b). In the area of economics, correlational and longitudinal evidence has shown that people who report taking part in sport also report higher levels of life satisfaction and happiness, especially if their participation is weekly. Sport participation may then be a proxy for better wellbeing (Dolan and Testoni, 2017). However, there are likely to be other reasons that people who play sport report higher SWB including being wealthier, healthier or more likely to be employed.

There are different wellbeing effects reported in the moment of doing sport or physical activity known as direct experiences of SWB. Evidence from psychology shows that mood improves immediately after exercise for both clinical populations and those who are healthy. Survey evidence about peoples' daily activities shows that taking part in sport or exercise produces pleasurable feelings, and does so with an intensity and duration ranked just below those associated with having intimate relations and socialising with others. People also report experiencing a greater sense of worthwhileness and meaning during sport (White and Dolan, 2009; Dolan and Testoni, 2017). In a longitudinal analysis of whether peoples' experiences of SWB changed when shifting from doing sport to other activities in the course of a day, it was found that taking part in sport resulted in increased happiness, reduced

stress and an enhanced sense of meaning whereas taking part in other activities did not enhance experiential SWB in the same way. There is then a case for the role of sport in enhancing direct experiences of SWB when taking part, and that these findings are independent of other outcomes like health, wealth and socioeconomic status (Testoni, Mansfield and Dolan, 2018)

It has been recognised that a world-wide policy focus on adolescent health and wellbeing has been somewhat lacking to date, and there is scope for investment in young people to prevent disease, promote life-long quality of life and challenge inequities that shape young people's health and wellbeing (Patton et al., 2016). In the UK, such work has begun with reports on the need for holistic strategies for young people's health and wellbeing that identify young people's needs, promote resilience and coping, and which support a collective strategy for health and wellbeing improvement that includes young people, families, communities, providers and policy makers (PHE, 2019). Despite the known evidence, there are gaps in our knowledge about the relationship between sport/physical activity health and wellbeing. There are known negative health and wellbeing outcomes of participating in sport including injury and feelings of incompetence and exclusion (Biddle et al., 2011; Mansfield et al., 2018; Wittels and Mansfield; Mansfield et al., 2019). There are stark differences in activity levels between certain population groups (PHE, 2019). Physical activity levels tend to be lower in women compared with men; they also generally fall with age with a sharp decline observed during teenage years and at age 75 years and older, but perhaps most significantly for this report, they decrease as deprivation increases (Lakey et al., 2018). Sport England (2020b) data shows that children and young people from the most affluent families and those from White British ethnic backgrounds have the highest participation rates, with the widest gender gap in activity levels in Asian and Black children and young people.

What are the particular issues at play in understanding how community sport in low-income neighbourhoods contributes to health and wellbeing for children, young people and families?

There are several interlocking factors that influence whether and how young people take part in physical activity and sport. Biddle et al. (2011) reported that individual correlates of physical activity in children and adolescence (age, gender, positive motivation, body image, previous physical activity/sport, smoking and sedentary behaviour) have a small or negligible

effect whereas social, organisational and environmental influences on young peoples' physical activity levels are more marked. In terms of sociocultural factors, there is some evidence that parental and social support for sport and physical activity are good predictors of participation (Biddle et al., 2011). Lakey et al. (2018) report that living with adults who take part in sport increases levels of participation amongst young people in walking (77% vs 63% where no adult is engaged) and team sports (69% vs 58% where no adult is engaged).

Environmental impacts such as limited access to facilities, reduced time spent outside, higher distance between home and school and increased levels of crime negatively influence young peoples' capacity to take part in sport (Biddle et al., 2011). Findings from an analysis of the Understanding Society Youth Survey (Lakey et al., 2018) illustrate that young people (11-15 years) from higher income households were more likely to engage in regular sport (3x/week), suggesting that cost may be a barrier to participation beyond school sport provision. Moreover, young people who live in rural versus urban environments report increased walking for pleasure and higher frequency rates of individual and out-of-school sport, indicating that the spaces and places in which sport or physical activity take place influence engagement and activity levels. Supporting the idea that cost is a barrier to participation, young people from lower income households are also less likely to be taken to watch sport. Lakey et al. (2018) further reports a strong positive relationship between the frequency of adults taking young people to watch sport and young peoples' participation levels (82% who were 'sometimes' or 'often' taken to watch live sports took part in team sports, reducing to 47% for those who were 'never' taken to live sports events). Additionally, drop-out rates from individual and team sports were higher between the ages of 10 and 11 years and 13 and 15 years for those who were never taken to watch live sports (Lakey et al., 2018).

Whilst important, cost or the ability to pay for sport is unlikely to be a single factor in determining participation rates amongst young people, rather complex intersecting sociocultural, economic and environmental factors are at play. There is established evidence for the social gradient of health whereby those who are socioeconomically disadvantaged have worse health and lower life expectancy (Marmot et al., 2010). Indeed, Marmot (2020) reports that life expectancy in the UK has stopped improving, and that health inequalities are widening. It is the conditions in which people are born, develop and work and their age that determine health status. It is also the case that the COVID-19 pandemic has created a

deepening of existing inequalities in socioeconomic status, gender and ethnic divisions in earnings and employment opportunities and wider inequities in education attainment, which will disproportionately impact children and young people living in low-income neighbourhoods in negative and long-term ways (Blundell et al., 2020). Area deprivation is associated with increased crime and unemployment, decreased educational achievement, overall worse social and environmental conditions and poorer health over the life course (Weightman et al., 2012; Sanchez-Santos et al., 2013; Marmot et al., 2010; Marmot, 2020). Material deprivation has a detrimental impact on sport participation because it reduces levels of outdoor activity, restricts access to facilities, creates fear and negative peer pressure, and it is associated with disability, inactivity and being overweight (Edwards, 2015). Such interconnected issues create challenges for young people living in low-income neighbourhoods in taking part in sporting activities that have the potential to directly improve their health and wellbeing as well as improve their education and working and social lives in the long term.

Young people often indicate a desire to take part in sport but not necessarily in a traditionally organised, formal way. Informal sport, in which young people are centrally involved in decisions about the type of activity, delivery mode and overall nature of the organisation, is likely to form part of a more inclusive strategy for community sport delivery not just for young people, but for people across the life course. There are also emotional drivers to sport engagement for young people with fear of crime/violence in their area, embarrassment over body image and insecurity about skills and competencies that act as deterrents to taking part. When young people are offered opportunities to play sport with people who are like them, where there are examples of positive role models and collaborative strategies of support which recognise the specific needs of young people, particularly at challenging times of transition and change (e.g., leaving school, moving area or changing from school to college), it is more likely that they may get involved.

What works in enhancing health and wellbeing through community sport in low-income neighbourhoods for children, young people and families?

Community and partnership approaches for health and wellbeing in community sport

Communities, including spaces and places and the shared sense of identity and belonging that they engender, can contribute to positive health and wellbeing outcomes (McKenzie, Pinger and Kotecki, 2011). It is also the case, however, as Pearce (2012) discusses, that there are geographical inequalities in health marked by concentrations of poverty in some communities where the social determinants that underpin health (income, employment and job security, good housing and provision of community resources) are impoverished. There is a stigma attached to the spatial location and organisation of some communities which is commonly interconnected with being part of a minority group, including minority ethnic groups, those living in deprivation or people living with disabilities (Pearce, 2012). Interpersonal and spatial factors intertwine to negatively impact health in stigmatised communities. This happens through the creation of barriers to community resources (including inadequate healthcare provision), marginalisation from community decision-making and powerful messages about healthy (acceptable/normal) and unhealthy (inacceptable/abnormal) communities (Hatzenbuehker et al., 2014; Link and Phelan, 2006; Pennington et al., 2018). Addressing the prevailing geographical health inequalities may be achieved by a stronger focus on the potential of communities and community work to promote more inclusive approaches to health and wellbeing. Building on community assets or capacities, promoting volunteering, developing partnerships that genuinely involve people in local decision-making and improving access to community resources and facilities have all been shown to provide valuable strategies for successful community approaches in the health and wellbeing sector (South, 2015).

One particularly fruitful strategy for developing successful community sport projects for health and wellbeing has been in the broad area of partnership and coproduction. Partnership working takes on many different forms but is guided by the principle of coordinating organisational activities towards a common goal (Mansfield, 2016). Partnerships are underpinned by coproduction, and collaborative strategies involve the users of services in design and delivery processes (Vooberg, Bekkers and Tummers, 2015). In the field of community sport, complex community intervention strategies involving extensive formative involvement and ongoing collaboration between researchers, sport deliverers, public health professionals and participants in project design and delivery reported increased levels of physical activity and positive outcomes for health and wellbeing across the life course (Mansfield et al., 2015; Anokye et al., 2018). Targeted approaches to sustainable community sport have also been promoted as a guiding framework for health promotion

interventions (Finch and Donaldson, 2010). Multi-level and multi-component community sport interventions have reported the prevention of onset of poor mental health and the promotion of good mental health in adolescent males (Vella et al., 2018). The complexity of community sport provision in achieving health and wellbeing outcomes has also been highlighted including the considerable time, effort and knowledge required to enact such wider policy objectives and the complexities of individual and structural determinants of health, communities and sport participation (Anokye et al., 2018; Such et al., 2020).

Workforce capacity building strategies for health and wellbeing in community sport

Community sport contexts are increasingly being recognised as important settings for promoting physical activity for health and wellbeing. Reflecting wider attention in healthcare to the complex socio-ecological systems influencing peoples' health, the community sport system has begun to be endorsed (largely in the UK, Scandinavia and Australia) as a setting in which the public health and sport workforce can work together to increase capacity in supporting population-level health and wellbeing (Finch and Donaldson, 2010). This has involved the use of wider health promotion messages linking sport to healthy lifestyle behaviours, but more recently it has included targeted developments within sport settings to cultivate sport coach or instructor skills and knowledge in relation to public health improvements and public health professional understandings of the role of community sport in enhancing public health and wellbeing. The evidence for the effectiveness of health promotion interventions delivered through sporting organisations has generally been shown to be weak (Priest et al., 2008). However, more recently, Trinh et al. (2012) found that collaborative partnerships between physicians and community physical activity stakeholders in a short, 6-week trial increased physical activity levels in previously inactive adult (19+ years) patients and improved understanding of the community-healthcare service provision network for both physicians and physical activity professionals.

Sport coaches have been identified as community assets in designing, delivering and evaluating sport for health (Griffiths and Armour, 2014). Mansfield et al. (2018) found that appropriate resourcing and design of capacity building activities for sport coaches and public health professionals in complex community sport interventions enhanced the cross-sector impact of community sport and public health in supporting people across the life course who were less confident and more apprehensive to take part in sport. This includes work with

children and young people in both community and education (schools) settings. Bespoke training courses on public health for sport coaches and community and peer leaders and knowledge exchange activities to improve communication and understanding between community sport and public health professionals have the potential to support effective sport for health programmes including for children and young people (Mansfield et al., 2018; John and Mansfield, 2018). Evidence from the wider literature on health and wellbeing indicates that peer support or peer-led strategies have the potential to reach and support those living in heightened disadvantage because they offer a flexible approach that can be tailored to reflect context, promote trust and rapport and enhance knowledge and understanding (Sokol and Fisher, 2016). In prison settings, Bagnall et al. (2015) show that for children and young people being a peer worker provides opportunities to improve knowledge and skills through training and thus to encourage health-seeking behaviours.

The overall evidence about how peer support strategies work to improve the health and wellbeing of the peer leader and the recipient is limited; however, it is suggested that becoming a peer leader can enhance the workforce capacity of health and wellbeing projects, but that improving communication skills, knowledge and understanding in peer leaders can influence positive health outcomes for recipients as well as reducing stigma and increasing the propensity to seek help (Ali et al., 2015). Sport-based employability schemes have been shown to have positive impacts for young people in terms of developing relationships with peers and adults and developing skills related to employability, such as communication, teamwork and social interaction (Hills et al., 2017). Several interlocking factors have been found to be central to the success of community sport in promoting and achieving public health outcomes through workforce capacity building including: training for sport coaches in public health (including public mental health), public involvement in design and delivery strategies in sport for health programming and developing an understanding of the role of community sport in enhancing public health and wellbeing (see for example Eime et al., 2013; Geidne, Quennerstedt and Eriksson, 2013; Kokko, Villberg and Kannas, 2015; Mansfield et al., 2018; Mazzer and Rickwood, 2015). Overall, there is a need for more strategic, theoretically informed, coproduced approaches to developing community sport for public health and wellbeing outcomes, which is supported by sustained resourcing and workforce capacity building in both community sport and public health settings (Kokko et al., 2016).

Social prescribing, health and wellbeing in community sport

One response to understanding the social determinants of health and more personalised solutions to healthcare has been the development of social prescribing. Social prescribing is a referral by a clinical/medical professional, non-clinical professional or by the patient (self-referral) to community-based social activities and support services. It incorporates physical activity programmes, weight management services, arts provision, employability schemes and access to advice and advocacy (Drinkwater, Wildman and Moffatt, 2019). A lack of robust evidence on social prescribing has meant that definitive guidance is lacking (Bickerdike et al., 2017). The effectiveness of exercise referral schemes in raising physical activity levels and ensuring positive health outcomes (at least in primary care) is uncertain (Pavey et al., 2011). However, rigorous evaluations using qualitative methods have found that social prescribing provides a system of personal support for access to expert knowledge about social problems, health and wellbeing issues and community services (Moffatt et al., 2017; Wildman et al., 2019a, 2019b; South et al., 2008). There is some limited evidence that social prescribing also has a positive impact on physical health and mental wellbeing, reduces use of primary and secondary care services and alleviates loneliness and social isolation (Chatterjee et al., 2018). Several expert overviews provide support for social prescribing strategies that could be harnessed in community sport. Link workers (also known as health champions, ambassadors, trainers or community health coordinators) who accept and manage referrals to community services have been identified as a central element in successful social prescribing, providing in-depth knowledge of local service provision as well as personalised and sustained strategies for goal setting, action planning and access (Drinkwater, Wildman and Moffatt, 2019; Thomson, Camic and Chatterjee, 2015).

Social prescribing programmes focused on physical activity include evidence for the development of referral pathways to physical activity in natural environments for the promotion of health and wellbeing (McHale et al., 2020). Such work reflects the established evidence on the significance of exercise in natural (green and blue space) surroundings for enhancing health and wellbeing and reducing loneliness and social isolation (Britton et al., 2020; Leavell et al., 2019; Mansfield et al., 2018). The role of a health champion and the development of sustainable partnerships, especially with the third sector, are highlighted as central to the success of such schemes, alongside appropriate health messaging and recognition of inequality of access to green spaces (McHale et al., 2020). Wider guidance on

embedding successful social prescribing in health and wellbeing promotion strategies includes the need for: targeting key groups who will most benefit from social prescribing, developing rigorous collaborative processes in the design, implementing and evaluating social prescribing programmes which include all key stakeholders, ensuring ongoing and appropriate staff training and allowing for structured mechanisms of communication including a reflective approach to partnership arrangements (Bertotti et al., 2020; Polley, Bertotti and Jarvis-Beesley, 2020; Chatterjee et al., 2018; Drinkwater, Wildman and Moffatt, 2019; Pescheny, Pappas and Randhawa, 2018; Thomson, Camic and Chatterjee, 2015).

Volunteering and health and wellbeing in community sport

Volunteering refers to any act of helping others in which time, skills, expertise and/or labour are given freely. It is motivated by altruistic feelings about giving and sharing and/or more instrumental approaches framed by the development of personal skill or a desire to gain experience. Most commonly, volunteering is provided for the benefit of others and the volunteer but involves activities not undertaken for the principal purpose of financial gain. (see for example Handy et al., 2009 Thomas and Finch, 1990; Lukka and Ellis, 2001). Volunteering is upheld as the cornerstone of a thriving, open, civil society, and the volunteers and those they help are known to benefit social, economic and psychological outcomes through acts of giving (Chan et al., 2021). Volunteering is associated with positive health and wellbeing outcomes for volunteers (including decreased mortality, increased self-rated health and improved health behaviours) and for those being supported by them (including increased self-esteem and positive health behaviours) (see for example Cassidy et al., 2008; Yeung, Zhang and Kim, 2018; Wilson, 2020).

Volunteering is promoted as important to the successful delivery of community sport/physical activity in which positive experiences of and environments for volunteering have been shown to empower and connect people together and potentially enhance social capital and active citizenship (Nichols, 2017). Bradford, Hills and Johnston's study (2016) of sport volunteering, young people and working-class communities shows the significance of informal structures of coaching, family and peer support in developing volunteering roles which can enhance social and employability skills and the educational ambition of young people. Such wider skills and aspiration development may contribute to improved wellbeing for young people living in low-income neighbourhoods. Existing research on volunteering in sport tends to either examine best practice and effectiveness of strategies for recruiting, retaining and

managing volunteers, or report on individual approaches to understanding the antecedents, experiences and consequences of volunteering in relation to motivation, commitment and satisfaction; the most recent evidence reports wellbeing impacts of volunteer roles (Wicker, 2017; Inoue et al., 2020; Mansfield et al., 2020). Sport England (2020b) emphasise the value of volunteering for young people as a way of developing experience, making friends, learning new skills and encouraging future volunteering in adult life. Young people engage in a range of volunteering roles from more informal setting up and clearing away activities to more formal leading, coaching, officiating, stewarding and ambassador roles. Young people from the least affluent families are underrepresented in current data with 19% of young people in the 9- to 16-year-old category representing only 14% of volunteers (Sport England, 2020).

Wicker and Downward's (2019) empirical analysis of data from 28 European countries illustrates that subjective wellbeing gains associated with sport volunteering differ by the type of voluntary role. Taking subjective wellbeing as measured by life satisfaction, it is reported that only operational voluntary roles (e.g., organising events or transport) result in significant positive effects (Wicker and Downward, 2019). Operational roles may benefit from being easy, sporadic and short term. For administrative volunteer roles (e.g., board/committee member) and sport-related volunteer roles (e.g., coach or instructor), impacts on life satisfaction were significantly negative (Wicker and Downward, 2019). Adverse experiences of administrative and sport-related roles including frustration with processes, burden of time, criticism and abuse may contribute to negative reports of life satisfaction. Mansfield et al.'s (2020) evidence review identifies that volunteering in sport/physical activity and participatory arts enhances a diverse range of wellbeing outcomes including improved self-esteem, empowerment, self-confidence, belonging, resilience, mood, pleasure and a sense of accomplishment. Volunteering enhances wellbeing in three ways by: (i) giving and sharing skills, expertise and experience which creates positive wellbeing effects via altruism, reciprocity, respect and inclusivity; (ii) creating space/places of security and trust via social interaction and the development of meaning, identity, belonging, safety, transparency, value and stigma-free relationships; and (iii) opportunities for personal development connected to valuing existing skill sets, enhancing new skills, growing emotional capital and evolving local and community knowledge (Mansfield et al., 2020).

Volunteer programmes in sport should include a genuinely collaborative, inclusive and secure approach between volunteers, volunteer coordinators and those who are helped.

Attention should be paid to challenging practices that simply reinforce a neoliberal agenda in which volunteering contributions are exploited to supplement service inefficiencies, exacerbate inequalities between the helpers and the helped and reinforce the narrow ideals of the good citizen (Nihei, 2010). Volunteering in the community sport sector depends on a sustainable network of volunteers who are inspired, trained, supported and valued, and there is a need to develop a robust evidence base about the complexity of volunteering including the positive benefits and challenges to health and wellbeing in the youth community sport sector.

Place-based strategies for health and wellbeing in community sport

We know that the places where people live, work and play can have both positive and negative influences on their wellbeing in terms of how they feel about themselves and others. Review-level evidence has shown that changes to places and spaces and targeted interventions to boost social relations can enhance community wellbeing (Bagnall et al., 2018). Promising evidence has been found on the role of community hubs in increasing community cohesion and trust, design interventions as a way of creating a sense of community belonging and the role of green and blue spaces in increasing social interaction for positive community wellbeing impacts commonly associated with group activity (Bagnall et al., 2018).

Emotional, social, cultural and political meanings about place occur through participation in sports activities, which can create feelings of belonging, community, contentment and escape. Most recent work on place and community sport reports that meanings take shape in places and spaces, and this reflects the importance of the processes of placemaking (Mansfield et al., 2020). In sport, placemaking involves multifaceted activities and collaborative processes, often in the creation of public spaces and using community assets and inspiration approaches to enhance wellbeing. Five overlapping sets of processes have been identified in the evidence on community sport, place and wellbeing: (i) the growth of belonging and identity can be evoked through the physical environment in which sport takes place via processes of self-discovery and relationship building with others who take part, positive attachment and association to established or new places and spaces, and self-determined experiences of solitude for personal growth, hope and creativity; (ii) the development of community and locality can be enhanced through the promotion of shared interests and activities via bonding and/or bridging processes, including shared strategic

design making of public spaces, which can enable availability and access to local opportunities and assets for sporting experiences that celebrate difference and diversity; (iii) making therapeutic or sensory spaces for sport can strengthen wellbeing, including through immediate feelings or nostalgic ones connected to pleasant sensations, such as exhilaration, self-confidence and achievement, feelings of distraction and escape or respite and recovery; (iv) the creation of safe spaces in which people feel confident that they will not be exposed to emotional or physical harm will enhance wellbeing through process of support and mutual relationships and those that challenge and mitigate the effects of social stigma; and (v) influencing the place-based patterns, timing and rhythms of movements associated with sport can enhance wellbeing by locating people in the present, creating time to reflect on wider meanings in taking part, such as history and heritage, and creating informal patterns of place and space allowing for both a sense of the individual self and one of togetherness with a community.

The value of physical activity in natural outdoor places, including countryside and urban green spaces (land-based) and those involving water (blue space) has been shown to impact positively on human health and wellbeing (Britton et al., 2020; Mansfield et al., 2018). This work reflects the established body of research showing that taking part in physical activity in outdoor environments benefits physical, mental and social health and wellbeing (Pretty et al., 2007; Rugel, 2015; Völker and Kristeman, 2011), and that the outdoors is more effective than other environments in doing so (Bowler et al., 2010; Sharma-Brymer, Brymer and Davids, 2015; Thompson Coon et al., 2011). Young adults taking part in wilderness camping reported that the natural environment fostered social connections by reducing barriers created by activities such as internet and social media use and countering what the authors explain as the negative effects of not being in nature ('nature deficit disorder') (Warber et al., 2015). For people living in deprivation, walking in nature can provide participants access to new places for experiences of the wonder of nature, develop social connections, alleviate loneliness and isolation and gain a sense of adventure and confidence (Sculthorpe, 2016). Similarly, older people walking in rural places reported that accessing a new outdoor space and making connections with others allowed opportunities for reflection and personal growth (Grant et al., 2017). Green and blue spaces can affect wellbeing in different ways. For example, green rural spaces have been shown to be more restful, boosting positive experiences of solitude while urban blue spaces can encourage symbolic and social activities, fostering emotional bonding (Völker and Kristman, 2011).

For those living in disadvantaged communities and likely to be on a low income, spending time in urban green space (parks) either alone in solitude or connecting with family and friends (depending on preference) and learning about nature may be a route to improved wellbeing through reflection about how to overcome difficulties and engage in something adventurous (Groshong et al., 2017). Similarly, the transformative potential of community dance has been reported as a way for excluded urban communities experiencing racism, isolation and/or poverty to reflect on and represent themselves in a more self-defined way (Veal, 2017).

The evidence shows that place-based sport projects seeking to enhance wellbeing across the life course are mediated by the awareness and skills of local cultural and sport leaders. They are also shaped by the effects of policy frameworks, infrastructure and resources. The potential for community sport to create feelings of exclusion, discomfort, fear and anxiety is also connected to the places where sport occurs and should be recognised in policy and practice. Overcoming barriers to engagement, including perceptions of disadvantage, gender and ethnicity as well as the effect of national provision policy in order to enable positive cultural and sport engagement in a place/space is also important (CABE 2010a; 2010b).

Knowledge Gaps

Methodological issues have been identified in the evidence on sport, health and wellbeing including a lack of controlled study designs, the small-scale nature of evaluations, a lack of rigorous professional research design, the use of weak outcome measures and a limited analysis of processes including a lack of long-term follow up work. With notable exceptions included throughout this review, the evidence on sport, health and wellbeing also tends to focus on individual adult populations and moderate intensity exercise. Further work is needed to expand the focus of research on the effect and impact of community sport on children and young people living in particular contexts. Given the known social determinants of health, there is a need to explore the influence of material deprivation on sport design, delivery and engagement including a focus on widescale youth population effects of issues connected to design and planning, sustained resource provision and enthusiasm and incentives for continued paid and voluntary workforce capacity building to create an effective industry for community sport provision for children and young people in low-income neighbourhoods.

Conclusion

Children and young peoples' mental and physical health and their wellbeing are interconnected, and they think of their own health and wellbeing in holistic ways. It is well established that there are health and wellbeing benefits associated with being physically active, and that low levels of physical activity are associated with an increased risk of poor health. Sport can make a significant contribution to increasing physical activity in children and young people, but participation is mediated by complex factors including the influence of community facilities, access and opportunity, sport competency, peer support and family, community leaders and coaches.

Several interlocking factors influence whether and how children and young people participate in physical activity including individual, social, organisational and environmental factors. Children and young people from low-income neighbourhoods face unique challenges in taking part. Area deprivation is associated with increased crime and unemployment, decreased educational achievement, overall worse social and environmental conditions and is related to poorer health over the life course. Material deprivation has a detrimental impact on sport participation because it reduces levels of outdoor activity, restricts access to facilities, creates fear and negative peer pressure and is associated with disability, inactivity and being overweight.

There are multiple strategic approaches that can be harnessed in addressing the challenges that children and young people living in low-income neighbourhoods face in taking part in sport. Children and young people can be supported in engaging in sustainable community sport for health and wellbeing outcomes through community and partnership approaches, volunteering programmes, social prescribing and place-based strategies which foster belonging and identity, community and locality, therapeutic potential, a sense of safety and inclusion, thus allowing children and young people to thrive and flourish through the community sport experience.

There is a limited focus of research on the effect and impact of diverse community sport practice and programmes for children and young people living in low-income neighbourhoods. Given the known social determinants of health, there is a need to explore widescale youth population effects of issues connected to material deprivation. As people around the world continue to face the challenges of and adjust to the COVID-19 pandemic, there is a deepening of existing inequalities in socioeconomic status, gender and minority ethnic divisions. There are negative consequences of such inequalities on the health of children and young people living in low-income neighbourhoods. We need to better understand how the design and planning, sustained resource provision and enthusiasm and incentives for continued paid and voluntary workforce can create an effective industry for community sport provision for children and young people in low-income neighbourhoods and maximise the contribution of sport to health and wellbeing across the life course.

References

Ali, K., Farrer, L., Gulliver, A. and Griffiths, K.M., 2015. Online peer-to-peer support for young people with mental health problems: a systematic review. *JMIR Mental Health*, 2(2), e4418.

Anokye, N., Mansfield, L., Kay, T., Sanghera, S., Lewin, A. and Fox-Rushby, J., 2018. The effectiveness and cost-effectiveness of a complex community sport intervention to increase physical activity: an interrupted time series design. *BMJ Open*, 8(12).

Bagnall, A.M., South, J., Hulme, C., Woodall, J., Vinall-Collier, K., Raine, G., Kinsella, K., Dixey, R., Harris, L. and Wright, N.M., 2015. A systematic review of the effectiveness and cost-effectiveness of peer education and peer support in prisons. *BMC Public Health*, 15(1), 1-30.

Bagnall, A., South, J., Di Martino, S., Southby, K., Pilkington, G., Mitchell, B., Pennington, A. and Corcoran, R., 2018. *A systematic review of interventions to boost social relations through improvements in community infrastructure (places and spaces)*. What Works Centre for Wellbeing. Leeds Beckett University.

Bertotti, M., Frostick, C., Sharpe, D. and Temirov, C., 2020. *A two-year evaluation of the young people social prescribing pilot*. Available at: <https://repository.uel.ac.uk/item/88x15>. Accessed 1 February 2021.

Better Evaluation., 2021. Managers guide to evaluation. Available at: [Manage evaluation | Better Evaluation](#). Accessed on 1 February 2021.

Bickerdike, L., Booth, A., Wilson, P.M., Farley, K. and Wright, K., 2017. Social prescribing: less rhetoric and more reality. A systematic review of the evidence. *BMJ Open*, 7(4).

Biddle, S.J., Atkin, A.J., Cavill, N. and Foster, C., 2011. Correlates of physical activity in youth: a review of quantitative systematic reviews. *International Review of Sport and Exercise Psychology*, 4(1), 25-49.

Blundell, R., Costa Dias, M., Joyce, R. and Xu, X., 2020. COVID-19 and inequalities. *Fiscal Studies*, 41(2), 291-319.

Bowler, D.E., Buyung-Ali, L.M., Knight, T.M. and Pullin, A.S., 2010. A systematic review of evidence for the added benefits to health of exposure to natural environments. *BMC Public Health*, 10(1), 456.

Bradford, S., Hills, L. and Johnston, C., 2016. Unintended volunteers: the volunteering pathways of working-class young people in community sport. *International Journal of Sport Policy and Politics*, 8(2), 231-244.

Britton, E., Kindermann, G., Domegan, C. and Carlin, C., 2020. Blue care: a systematic review of blue space interventions for health and wellbeing. *Health Promotion International*, 35(1), 50-69.

Brymer, E., Cuddihy, T.F. and Sharma-Brymer, V., 2010. The role of nature-based

experiences in the development and maintenance of wellness. *Asia-Pacific Journal of Health, Sport and Physical Education*, 1(2), 21-27.

Buck, D. and Rosini, F., 2012. *Clustering of unhealthy behaviours over time. Implications for policy and practice*. Available at: [. Access on](#) 1.2.21

Better Evaluation. 2021. Managers guide to evaluation. Available at [Manage evaluation | Better Evaluation](#). Accessed on 1.2.21

CABE (2010a) Urban green nation – building the evidence base. CABE/DCMS, London. Crown Copyright.

CABE (2010b) Community Green; using local spaces to tackle inequality and improve health. CABE/DCMS, London. Crown Copyright

Casiday, R., Kinsman, E., Fisher, C. and Bamba, C., 2008. Volunteering and health: what impact does it really have. *London: Volunteering England*, 9(3), pp.1-13.

Chan, O., Fern, J. Goodall, C et al 2021 The Road Ahead: a review of the sector's operating environment. NCVO [Introduction - The Road Ahead 2021 | NCVO Publications | NCVO](#)

Chan, J.S., Liu, G., Liang, D., Deng, K., Wu, J. and Yan, J.H., 2019. Special issue– therapeutic benefits of physical activity for mood: a systematic review on the effects of exercise intensity, duration, and modality. *The Journal of psychology*, 153(1), pp.102-125.

Chatterjee, H.J., Camic, P.M., Lockyer, B. and Thomson, L.J., 2018. Non-clinical community interventions: a systematised review of social prescribing schemes. *Arts & Health*, 10(2), pp.97-123.

Department of Health – DH. 2011. Start active, stay active: A report on physical activity from the four home countries' Chief Medical Officers. Available at: . Accessed on 18 September 2019.

Department of Health and Human Services. DHHS. 2018. Physical activity guidelines advisory committee scientific report. Available at: (accessed 18 September 2019).

Department of Health & Social Care – DHSC. 2019a. UK Chief Medical Officers' physical activity guidelines. Available at: (accessed 11 September 2019).

Department of Health & Social Care – DHSC. 2019b Advancing our health: prevention in the 2020s. Available at: . Accessed on 18 September 2019.

Dodge, R., Daly, A.P., Huyton, J. and Sanders, L.D., 2012. The challenge of defining wellbeing. *International journal of wellbeing*, 2(3).

Dolan, P. and Metcalfe, R., 2012. Measuring subjective wellbeing: Recommendations on measures for use by national governments. *Journal of social policy*, 41(2), pp.409-427.

Dolan, P. and Testoni, S., (2017). Assessing the relationship between subjective wellbeing and engagement in sport or physical activity among healthy young adults. *What Works Centre*

for Wellbeing. Accessed on 14th February 2018

Downward, P. and Rasciute, S., 2010. The relative demands for sports and leisure in England. *European sport management Quarterly*, 10(2), 189-214.

Downward, P. and Rasciute, S., 2011. Does sport make you happy? An analysis of the well being derived from sports participation. *International Review of Applied Economics*, 25(3), 331-348.

Drinkwater, C., Wildman, J. and Moffatt, S., 2019. Social prescribing. *BMJ*, 364, l1285.

Edwards, M.B., 2015. The role of sport in community capacity building: an examination of sport for development research and practice. *Sport Management Review*, 18(1), 6-19.

Eime, R.M., Young, J.A., Harvey, J.T., Charity, M.J. and Payne, W.R., 2013. A systematic review of the psychological and social benefits of participation in sport for children and adolescents: informing development of a conceptual model of health through sport. *International Journal of Behavioral Nutrition and Physical Activity*, 10(1), 98.

Ekelund, U., Brown, W.J., Steene-Johannessen, J., Fagerland, M.W., Owen, N., Powell, K.E., Bauman, A.E. and Lee, I.M., 2016. Do the associations of sedentary behaviour with cardiovascular disease mortality and cancer mortality differ by physical activity level? A systematic review and harmonised meta-analysis of data from 850 060 participants. *British Journal of Sports Medicine*, 53(14), 886-894.

Finch, C.F. and Donaldson, A., 2010. A sports setting matrix for understanding the implementation context for community sport. *British Journal of Sports Medicine*, 44(13), 973-978.

Forgeard, M.J., Jayawickreme, E., Kern, M.L. and Seligman, M.E., 2011. Doing the right thing: measuring wellbeing for public policy. *International Journal of Wellbeing*, 1(1).

Friedrich, B. and Mason, O.J., 2017. "What is the score?" A review of football-based public mental health interventions. *Journal of Public Mental Health*, 16(4), 144-158.

Fujiwara, D., Kudrna, L. and Dolan, P., 2014. *Quantifying and valuing the wellbeing impacts of culture and sport*. Department for Culture Media and Sport research paper. Available at: [2014-Quantifying and valuing the wellbeing impacts of sport and culture.pdf \(artshhealthresources.org.uk\)](https://www.artshhealthresources.org.uk/2014-Quantifying_and_valuing_the_wellbeing_impacts_of_sport_and_culture.pdf). Accessed on 1 February 2021.

Geidne, S., Quennerstedt, M. and Eriksson, C., 2013. The youth sports club as a health-promoting setting: an integrative review of research. *Scandinavian Journal of Public Health*, 41(3), 269-283.

Gill, D.L., Hammond, C.C., Reifsteck, E.J., Jehu, C.M., Williams, R.A., Adams, M.M., Lange, E.H., Becofsky, K., Rodriguez, E. and Shang, Y.T., 2013. Physical activity and quality of life. *Journal of Preventive Medicine and Public Health*, 46(Suppl 1), S28.

Grant, G., Pollard, N., Allmark, P., Machaczek, K. and Ramcharan, P., 2017. The social relations of a health walk group: an ethnographic study. *Qualitative Health Research*, 27(11), pp.1701-1712.

- Griffiths, M. and Armour, K., 2014. Volunteer sports coaches as community assets? A realist review of the research evidence. *International Journal of Sport Policy and Politics*, 6(3), 307-326
- Groshong, L., Wilhelm Stanis, S.A., Kaczynski, A.T. and Hipp, J.A., 2020. Attitudes about perceived park safety among residents in low-income and high minority Kansas City, Missouri, neighborhoods. *Environment and Behavior*, 52(6), pp.639-665.
- Handy, F. and Hustinx, L., 2009. The why and how of volunteering. *Nonprofit management and Leadership*, 19(4), pp.549-558.
- Hatzenbuehler, M.L. and Link, B.G., 2014. Introduction to the special issue on structural stigma and health. *Social Science & Medicine*, 103, 1-6.
- Heun, R. and Pringle, A., 2018. Football does not improve mental health: a systematic review on football and mental health disorders. *Global psychiatry*, 1(1), 25-38.
- Hills, L., Wainwright, E., Steenekamp, T. and Crawley, N., 2017. Evaluation of street league and made outside the classroom submitted to street league, 1 March 2017.
- Hooker, S.A. and Masters, K.S., 2018. Daily meaning salience and physical activity in previously inactive exercise initiates. *Health Psychology*, 37(4), 344.
- Hoye, R., Cuskelly, G., Auld, C., Kappelides, P. and Misener, K., 2019. *Sport volunteering*. London: Routledge.
- Huber, M., Knottnerus, J.A., Green, L., van der Horst, H., Jadad, A.R., Kromhout, D., Leonard, B., Lorig, K., Loureiro, M.I., van der Meer, J.W. and Schnabel, P., 2011. How should we define health?. *BMJ*, 343.
- Hunt, K., Wyke, S., Gray, C.M., Anderson, A.S., Brady, A., Bunn, C., Donnan, P.T., Fenwick, E., Grieve, E., Leishman, J. and Miller, E., 2014. A gender-sensitised weight loss and healthy living programme for overweight and obese men delivered by Scottish Premier League football clubs (FFIT): a pragmatic randomised controlled trial. *The Lancet*, 383(9924), 1211-1221.
- Inoue, Y., Berg, B.K. and Chelladurai, P., 2015. Spectator sport and population health: a scoping study. *Journal of Sport Management*, 29(6), 705-725.
- Inoue, Y., Sato, M., Filo, K., Du, J. and Funk, D.C., 2017. Sport spectatorship and life satisfaction: a multicountry investigation. *Journal of Sport Management*, 31(4), 419-432.
- John, A., and Mansfield, L. 2018. *Streetgames safe fit and well case studies*. Available at: [Brunel University London Safe Fit and Well Case Study Research Report Aug2018 0.pdf \(streetgames.org\)](#). Accessed on 1 February 2021.
- Kokko, S., Villberg, J. and Kannas, L., 2015. Health promotion in sport coaching: coaches and young male athletes' evaluations on the health promotion activity of coaches. *International Journal of Sports Science & Coaching*, 10(2-3), 339-352.

Kokko, S., Donaldson, A., Geidne, S., Seghers, J., Scheerder, J., Meganck, J., Lane, A., Kelly, B., Casey, M., Eime, R. and Villberg, J., 2016. Piecing the puzzle together: case studies of international research in health-promoting sports clubs. *Global health promotion*, 23(1_suppl), 75-84.

Lakey, J., Smith, N., Oskala, A., and McManus, S., 2018. Culture sport and wellbeing: findings from the understanding society survey. *Natcen*. Available at: [NatCen Social Research](#). Accessed on 3 February 2021.

Leavell, M.A., Leiferman, J.A., Gascon, M., Braddick, F., Gonzalez, J.C. and Litt, J.S., 2019. Nature-based social prescribing in urban settings to improve social connectedness and mental well-being: a review. *Current Environmental Health Reports*, 6(4), 297-308.

Link, B.G. and Phelan, J.C., 2006. Stigma and its public health implications. *The Lancet*, 367(9509), 528-529.

Lubans, D., Richards, J., Hillman, C., Faulkner, G., Beauchamp, M., Nilsson, M., Kelly, P., Smith, J., Raine, L. and Biddle, S., 2016. Physical activity for cognitive and mental health in youth: a systematic review of mechanisms. *Pediatrics*, 138(3).

Lukka, P. and Ellis, A., 2001. An exclusive construct? Exploring different cultural concepts of volunteering. *VOLUNTARY ACTION-LONDON-INSTITUTE FOR VOLUNTEERING RESEARCH-*, 3(3), pp.87-110.

Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M. and Geddes, I., 2010. *The Marmot review: fair society, healthy lives*. Strategic review of health inequalities in England post-2010. London: The Marmot Review.

Marmot, M., 2020. Health equity in England: the Marmot review 10 years on. *BMJ*, 368.

Mansfield, L., Anokye, N., Fox-Rushby, J. and Kay, T., 2015. The health and sport engagement (HASE) intervention and evaluation project: protocol for the design, outcome, process and economic evaluation of a complex community sport intervention to increase levels of physical activity. *BMJ Open*, 5(10).

Mansfield, L., 2016. Resourcefulness, reciprocity and reflexivity: the three Rs of partnership in sport for public health research. *International Journal of Sport Policy and Politics*, 8(4), 713-729.

Mansfield, L., Kay, T., Meads, C., Grigsby-Duffy, L., Lane, J., John, A., Daykin, N., Dolan, P., Testoni, S., Julier, G. and Payne, A., 2018a. Sport and dance interventions for healthy young people (15–24 years) to promote subjective well-being: a systematic review. *BMJ Open*, 8(7), e020959

Mansfield, L., Kay, T., Meads, C., Johns, A., Daykin, N., Grigsby-Duffy, L., Lane, J., Dolan, P., Testoni, S., Julier, G., Payne, A., Tomlinson, A. and Victor, C., 2018b. *A systematic review of outdoor recreation (in green space and blue space) for families to promote subjective wellbeing*. What Works Centre for Wellbeing. Available at: [Outdoor-Rec-Systematic-Review-final_0131621000](#). Accessed on 1 February 2021.

Mansfield, L., Daykin, N. and Kay, T., 2020. Leisure & wellbeing. *Leisure Studies* 39(1), 1-10.

Mazzer, K.R. and Rickwood, D.J., 2015. Mental health in sport: coaches' views of their role and efficacy in supporting young people's mental health. *International Journal of Health Promotion and Education*, 53(2), 102-114.

McHale, S., Pearsons, A., Neubeck, L. and Hanson, C.L., 2020. Green health partnerships in Scotland; pathways for social prescribing and physical activity referral. *International journal of Environmental Research and Public Health*, 17(18), 6832.

McKenzie, J., Pinger, R. and Kotecki, J., 2011. *An introduction to community health*. Burlington, MA: Jones & Bartlett Publishers.

Moffatt, S., Steer, M., Lawson, S., Penn, L. and O'Brien, N., 2017. Link worker social prescribing to improve health and well-being for people with long-term conditions: qualitative study of service user perceptions. *BMJ Open*, 7(7), e015203.

Netz, Y., Wu, M.J., Becker, B.J. and Tenenbaum, G., 2005. Physical activity and psychological well-being in advanced age: a meta-analysis of intervention studies. *Psychology and Aging*, 20(2), 272.

Nichols, G., 2017. Volunteering in community sports associations: a literature review. *Voluntaristics Review*, 2(1), 1-75.

Nihei, N., 2010. Reconsideration of the problem of complicity between volunteering activities and neo-liberalism. *International Journal of Japanese Sociology*, 19(1), 112-124.

Oja, P., Titze, S., Bauman, A., De Geus, B., Krenn, P., Reger-Nash, B. and Kohlberger, T., 2011. Health benefits of cycling: a systematic review. *Scandinavian Journal of Medicine & Science in Sports*, 21(4), 496-509.

Oja, P., Titze, S., Kokko, S., Kujala, U.M., Heinonen, A., Kelly, P., Koski, P. and Foster, C., 2015. Health benefits of different sport disciplines for adults: systematic review of observational and intervention studies with meta-analysis. *British Journal of Sports Medicine*, 49(7), p434-440.

Patton, G.C., Sawyer, S.M., Santelli, J.S., Ross, D.A., Afifi, R., Allen, N.B., Arora, M., Azzopardi, P., Baldwin, W., Bonell, C. and Kakuma, R., 2016. Our future: a Lancet commission on adolescent health and wellbeing. *The Lancet*, 387(10036), 2423-2478.

Pavey, T.G., Taylor, A.H., Fox, K.R., Hillsdon, M., Anokye, N., Campbell, J.L., Foster, C., Green, C., Moxham, T., Mutrie, N. and Searle, J., 2011. Effect of exercise referral schemes in primary care on physical activity and improving health outcomes: systematic review and meta-analysis. *BMJ*, 343.

Pearce, J., 2012. The 'blemish of place': stigma, geography and health inequalities. A commentary on Tabuchi, Fukuhara & Iso. *Social Science and Medicine*, 75(11), 1921.

Pennington, A., Watkins, M., Bagnall, A.M., South, J. and Corcoran, R., 2018. *A systematic review of evidence on the impacts of joint decision-making on community wellbeing*. What

Works Centre for Wellbeing. Available at: <https://whatworkswellbeing.org/wp-content/uploads/2020/01/full-report-joint-decision-making-wellbeing-November2018-1.pdf>. Accessed on 3 February 2021.

Peschery, J.V., Pappas, Y. and Randhawa, G., 2018. Facilitators and barriers of implementing and delivering social prescribing services: a systematic review. *BMC Health Services Research*, 18(1), 86.

Polley, M., Bertotti, M. and Jarvis-Beesley, P., 2020. Resources for young peoples' social prescribing. Streetgames and NHS England, *NHS Improvement and Social Prescribing Youth Network*. Available at: [Resources for Children & Young People's Social Prescribing | StreetGames](#). Accessed on 4 February 2021.

Pretty, J., Peacock, J., Hine, R., Sellens, M., South, N. and Griffin, M., 2007. Green exercise in the UK countryside: effects on health and psychological well-being, and implications for policy and planning. *Journal of Environmental Planning and Management*, 50(2), 211-231.

Priest, N., Armstrong, R., Doyle, J. and Waters, E., 2008. Policy interventions implemented through sporting organisations for promoting healthy behaviour change. *Cochrane Database of Systematic Reviews*, (3).

Public Health England–PHE., 2019. *Improving young peoples' health and wellbeing; a framework for public health*. PHE Publications 2014687. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/773365/20150128_YP_HW_Framework_FINAL_WP_3.pdf. Accessed on 3 February 2021.

Public Health England–PHE., 2019. *Physical activity: applying all our health*. Available at: [Physical activity: applying All Our Health - GOV.UK \(www.gov.uk\)](#). Accessed on 1 February 2021.

Rigby, E., Hagell, A. and Starbuck, L., 2019. What do children and young people tell us about what support their wellbeing – evidence from existing research. *VCSE Health and Wellbeing Alliance and Young People's' Health Partnership*. Available at: [Scoping-paper-CYP-views-on-wellbeing-FINAL.pdf \(youngpeopleshealth.org.uk\)](#). Accessed on 2 February 2021.

Rugel, E., 2015. Green space and mental health: pathways, impacts, and gaps. *National Collaborating Centre for Environmental Health*. Available at: https://ncceh.ca/documents/evidence-review/green-space-and-mental-health-pathways-impacts-and-gaps?utm_campaign=AprENG&utm_me=. Accessed on 1 February 2021.

Sánchez-Santos, M.T., Mesa-Frias, M., Choi, M., Nüesch, E., Asunsolo-Del Barco, A., Amuzu, A., Smith, G.D., Ebrahim, S., Prieto-Merino, D. and Casas, J.P., 2013. Area-level deprivation and overall and cause-specific mortality: 12 years' observation on British women and systematic review of prospective studies. *PloS One*, 8(9), e72656.

Sculthorpe, C., 2016. End of project evaluation report of Green Open Spaces for Health. [GOV July-5-2016 Agenda-Item-14-Appendix-2.pdf \(southdowns.gov.uk\)](#)

Sharma-Brymer, V., Brymer, E. and Davids, K.E., 2015. The relationship between physical activity in green space and human health and wellbeing: an ecological dynamics perspective. *Journal of Physical Education Research*, 2(1), 7-22.

Sokol, R. and Fisher, E., 2016. Peer support for the hardly reached: a systematic review. *American Journal of Public Health*, 106(7), e1-e8.

South, J., Higgins, T.J., Woodall, J. and White, S.M., 2008. Can social prescribing provide the missing link?. *Primary Health Care Research & Development*, 9(4), 310-318.

Sport England., 2021a. *Guide to research*. Available at: [sport-england-research-guide.pdf \(sportengland-production-files.s3.eu-west-2.amazonaws.com\)](#). Accessed on 1 February 2021.

Sport England., 2021b. *Active lives children and young people survey – academic year 2019-21*. Available at: [PowerPoint Presentation \(sportengland-production-files.s3.eu-west-2.amazonaws.com\)](#). Accessed on 1 February 2021.

Ströhle, A., 2009. Physical activity, exercise, depression and anxiety disorders. *Journal of Neural Transmission*, 116(6), 777-784.

Such, E., Burton, H., Copeland, R.J., Davies, R., Goyder, E., Jeanes, R., Kesterton, S., Mackenzie, K. and Magee, J., 2020. Developing a theory-driven framework for a football intervention for men with severe, moderate or enduring mental health problems: a participatory realist synthesis. *Journal of Mental Health*, 29(3), 277-288.

Taylor, P., Davies, L., Wells, P., Gilbertson, J. and Tayleur, W., 2015. *A review of the social impacts of culture and sport*. CASE: The Culture and Sport Evidence Programme and Sheffield Hallam University.

Testoni, S., Mansfield, L. and Dolan, P., 2018. Defining and measuring subjective well-being for sport policy. *International Journal of Sport Policy and Politics*, 10(4), 815-827.

Tinkler, L. and Hicks, S., 2011. Measuring subjective well-being. *London: Office for National Statistics, 2011*, 443-455.

Tinkler, L., 2015. The Office for National Statistics experience of collecting and measuring subjective well-being. *Statistics in Transition. New Series*, 16(3), 373-396.

Trinh, L., Wilson, R., Williams, H.M., Sum, A.J. and Naylor, P.J., 2012. Physicians promoting physical activity using pedometers and community partnerships: a real world trial. *British Journal of Sports Medicine*, 46(4), 284-290.

Thomas, A. and Finch, H., 1990. *On Volunteering: A qualitative research study of images, motivations and experiences*. Hertfordshire, UK: Volunteer Centre UK.

Thomson, L., Camic, P.M. and Chatterjee, H., 2015. *Social prescribing: a review of community referral schemes*. University College London.

Thompson Coon, J., Boddy, K., Stein, K., Whear, R., Barton, J. and Depledge, M.H., 2011. Does participating in physical activity in outdoor natural environments have a greater effect

- on physical and mental wellbeing than physical activity indoors? A systematic review. *Environmental Science & Technology*, 45(5), 1761-1772.
- Thompson, S.R., Watson, M.C. and Tilford, S., 2018. The Ottawa Charter 30 years on: still an important standard for health promotion. *International Journal of Health Promotion and Education*, 56(2), 73-84.
- Veal, C., 2017. Dance and wellbeing in Vancouver's 'A Healthy City for All'. *Geoforum*, 81, pp.11-21.
- Vella, S.A., Swann, C., Batterham, M., Boydell, K.M., Eckermann, S., Fogarty, A., Hurley, D., Liddle, S.K., Lonsdale, C., Miller, A. and Noetel, M., 2018. Ahead of the game protocol: a multi-component, community sport-based program targeting prevention, promotion and early intervention for mental health among adolescent males. *BMC Public Health*, 18(1), 1-12.
- Völker, S. and Kistemann, T., 2011. The impact of blue space on human health and well-being—salutogenetic health effects of inland surface waters: a review. *International Journal of Hygiene and Environmental Health*, 214(6), 449-460.
- Voorberg, W.H., Bekkers, V.J. and Tummers, L.G., 2015. A systematic review of co-creation and co-production: embarking on the social innovation journey. *Public Management Review*, 17(9), 1333-1357.
- Warber, S.L., DeHudy, A.A., Bialko, M.F., Marselle, M.R. and Irvine, K.N., 2015. Addressing "nature-deficit disorder": A mixed methods pilot study of young adults attending a wilderness camp. *Evidence-Based Complementary and Alternative Medicine*, 2015.
- Weightman, A.L., Morgan, H.E., Shepherd, M.A., Kitcher, H., Roberts, C. and Dunstan, F.D., 2012. Social inequality and infant health in the UK: systematic review and meta-analyses. *BMJ Open*, 2(3).
- World Health Organization—WHO., 1946/2020. Constitution of the World Health Organization. *World Health Organization*. Available at [couv arabe.indd \(who.int\)](http://couv.arabe.indd(who.int)). Accessed 4 December 2020.
- World Health Organization—WHO., 2020. World Health Organization 2020 guidelines on physical activity and sedentary behaviour. *World Health Organization*. Available at: <https://bjsm.bmj.com/content/54/24/1451>. Accessed on 1 February 2021.
- Wicker, P., 2017. Volunteerism and volunteer management in sport. *Sport Management Review*, 20(4), 325-337.
- Wicker, P. and Downward, P., 2019. The causal effect of voluntary roles in sport on subjective well-being in European countries. *Journal of Sport Management*, 1(aop), 1-13.
- Wildman, J.M., Moffatt, S., Steer, M., Laing, K., Penn, L. and O'Brien, N., 2019a. Service-users' perspectives of link worker social prescribing: a qualitative follow-up study. *BMC Public Health*, 19(1), 98.

Wildman, J.M., Moffatt, S., Penn, L., O'Brien, N., Steer, M. and Hill, C., 2019b. Link workers' perspectives on factors enabling and preventing client engagement with social prescribing. *Health & Social Care in the Community*, 27(4), 991-998.

Wilson, J., 2000. Volunteering. *Annual Review of Sociology*, 26(1), 215-240.

Wittels, P. and Mansfield, L., 2021. Weight stigma, fat pedagogy and rediscovering the pleasures of movement: Experiencing physical activity and fatness in a public health weight management programme. *Qualitative Research in Sport, Exercise and Health*, 13(2), 342-359.

Yeung, J.W., Zhang, Z. and Kim, T.Y., 2018. Volunteering and health benefits in general adults: Cumulative effects and forms. *BMC Public Health*, 18(1), 1-8.