



Select Committee on a National Plan for Sport and Recreation

Corrected oral evidence: National Plan for Sport and Recreation

Wednesday 20 January 2021

4.25 pm

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Members present: Lord Willis of Knaresborough (The Chair); Lord Addington; Baroness Blower; Baroness Brady; Baroness Grey-Thompson; Lord Hayward; Lord Knight of Weymouth; Lord Krebs; Baroness Morris of Yardley; Lord Moynihan; Baroness Sater; Lord Snape.

Evidence Session No. 8

Virtual Proceeding

Questions 55 – 62

Witnesses

I: Hayley Jarvis, Head of Physical Activity, Mind; Paul Owen OBE, Sporting Ambassador, Sport in Mind; Chris Wilkins, Co-founder, Sporting Memories.

USE OF THE TRANSCRIPT

This is a corrected transcript of evidence taken in public and webcast on www.parliamentlive.tv.

Examination of witnesses

Hayley Jarvis, Paul Owen and Chris Wilkins.

Q55 **The Chair:** I welcome our witnesses to our second evidence session this afternoon. Hayley Jarvis is the lead for sport and physical activity at Mind; Paul Owen OBE is sporting ambassador for Sport in Mind, among many other things; and Chris Wilkins is the co-founder of Sporting Memories.

There will be a transcript of the meeting. If you feel you have been misrepresented in anything in the transcript, feel free to contact the clerks, and we will do our very best to put it right.

In our committee, we try to have a fairly open discussion rather than to overformalise. On that note, I shall use your Christian names, if that is okay.

I will ask you the first question, Hayley, but it applies to everybody. Mental well-being is one of the five priority outcomes announced in the Government's 2015 Sporting Future strategy. That is the strategy we are using as the starting point for our inquiry. Would you say that things have improved over the last five years, since the strategy has been in place? Do you think the role of physical activity in treating and supporting mental health and well-being gets enough attention and support?

Hayley Jarvis: First, thank you for inviting me today on behalf of Mind and for dedicating this session to mental health. That alone shows how far we have come in relation to physical activity and sport and mental health.

Since the introduction of Sporting Future, we have seen significant improvements in the sport and physical activity sector's response. It was the first time in government policy that physical activity and mental health were put together, so it was a landmark moment for us. In that same year, 2015, we launched the mental health charter for sport and recreation with the Sport and Recreation Alliance and the Professional Players Federation. At the time, we expected perhaps 10 signatures from governing bodies. It has grown in momentum, and almost 450 governing bodies, players associations and leisure providers are involved. We have seen sports understand their responsibilities, with increased awareness, and a definite intention to take action, but it is fair to say that everyone is at a different stage of the journey.

There has been some amazing good practice. I will pick out a couple, because I could talk about this all day. England Athletics has 1,000 mental health champions in local clubs. They are people with mental health experience and training who are raising awareness, breaking down stigma and running mental health programmes. That is really supportive and right from the top at EA. The work of the English Football League in having the Mind logo on their shirts, and bringing fans together in different ways, is another example.

There are lots of things happening as regards awareness. We have seen support for the mental health sector; we are being funded at Mind. Sport in Mind and Rethink Mental Illness have been approached by Sport England to deliver mental health programmes. We have seen an increase in awareness, but there is still a long way to go. There has been a great focus on the elite side by government, with the great work of Baroness Grey-Thompson on the duty of care review and the mental health and elite sport action plan, but there is much more that we can do in grass-roots sport. We want to embed mental health in the sport and physical activity landscape, and get the message across that it is everyone's responsibility. It is a very mixed field at the moment, but there has definitely been significant improvement.

The Chair: Chris, could I ask you as part of this question how you evaluate success in the sorts of things Hayley has been talking about? Is it just logos? Black Lives Matter has been an example perhaps more of gesture than actual substance.

Chris Wilkins: We are a very practical delivery organisation. We started 10 years ago this year. We have a number of pillars in our theory of change: improving mental well-being, improving physical well-being, reducing loneliness and isolation, and connecting people with the wider network. Well-being has always been one of the core pillars supporting that theory of change. Our demographic is older people and some of the frailest people living with long-term conditions, cognitive and physical. It is about keeping people living independently longer in their own homes. Although we do not have measures to define whether that is having an impact at that ultimate level, the measures we use are against those separate pillars. We use various well-being measures, whether the WEMWBS scale or other scales, to look at the impact of our intervention and our activity, whether in our face-to-face groups or other activities, to see whether they are having a positive impact on well-being.

The other interesting thing, going back to your first question about whether we have seen a change through a government focus on well-being, is that when we first started out, we had a tag line of well-being reminiscence, because we thought our focus was going to be on sharing people's memories and interest and passion for sport, to help connect people, and improve people's well-being. It was through working with the members in our clubs that we realised that, when older people were talking about sport, there was still a passion and interest in having a go at things. We have been on a journey from just being about mental well-being to embracing physical well-being, and having physical activities in the groups.

What we have seen feeding through from the change of government policy is an influence on the sporting bodies—Sport Scotland, Sport Wales and Sport England. They have been looking at programmes for people who are less engaged in activity, and, with our demographic of older people, we have seen their focus come in our direction, and we are sort of meeting in the middle now. That has been a big change for us. It is

clear that, while we have been on that journey for some time, they are still very much learning about the older, frailest demographic, and how sport can have an impact on people at any age.

Paul Owen: I certainly agree that, since it was a core part of the government strategy, the whole area has improved. We have seen a lot of changing of attitudes, whether in the general public, among sporting bodies, or in other places. We need to make sure that is maintained and that it is not just part of this strategy, for this Government, for this time, but becomes embedded into our natural lives.

The Chair: Can I ask you how you know that it has improved?

Paul Owen: I ought to have mentioned that one of the problems is how we measure it. From a personal point of view, it is about seeing how people's attitudes have changed. It is about recognition of mental health; people refer to, for example, the autism spectrum. We see reflected in the information we are getting back from our participants that mental health can affect anybody. After all, we are all capable of having a bad day. It is only a culmination of bad days that turn into bad weeks or bad months. I think we are all somewhere on that spectrum. It is fairly clear in public attitudes. You find that, when you start to discuss mental health in groups and with people, it is no longer a taboo subject and people are prepared to talk about it. The more we talk about it, the better.

Q56 **Baroness Brady:** Good afternoon everybody. Happy New Year, if it is not too late to say it.

In the question that you were just answering, Lord Willis asked how we measure the impact of physical activity on mental health and well-being. This is the committee's eighth witness session, and we are convinced, and we agree, that physical activity has a proven outcome for supporting physical and mental well-being. It boosts confidence. We have heard about self-esteem, and reducing levels of anxiety and depression and so on. However, we do not know how it is measured and what is good practice or best practice in the field. I would like Hayley to answer that first, please.

Hayley Jarvis: This is an area that we looked at really closely. Back in 2014, Sport England approached Mind, because it wanted to work with a national partner with that local delivery mechanism and [*Inaudible.*] local Minds to do the evidence base. [*Connection lost.*]

The Chair: We keep losing you, Hayley. In fact, we have lost you. It might help if you turn your camera off and just speak.

Hayley Jarvis: Hopefully we will [*Inaudible.*]—

The Chair: Sorry, Hayley, we cannot hear you, so we will move to Chris and come back to you.

Chris Wilkins: I have to say that the question is not one that I could easily answer. Our approach is to look at the four different pillars I

mentioned to see how we are improving overall well-being. Some people involved in our groups might be quite well stimulated and cognitively able, and they might find the physical side more challenging. Other members of the group might be more physically able, and we help them get involved in physical activities. For us, it is about creating a failure-free environment, and creating friendships and peer supports, because often the people we are working with are at an incredibly low ebb; they may have had a diagnosis of dementia or Parkinson's disease, or have been isolated for some time. We are engaging them again, getting them physically active and getting them communicating again. It is very much a holistic approach, so I do not think I can answer in the way you are looking for.

The Chair: Paul, can you answer it?

Paul Owen: Our main measurement is in our connection with our participants and the journey they have made. We need to remember that it is not just about being able to put on a sports session and encourage people to it. You have to go through the whole journey of persuading somebody to engage in the first place and then actually get them to the session. When they are at the session, it might be a few weeks before they actively participate. Their initial participation might just be by watching or passively taking part in the session.

From information from people we have helped, and from our case studies, there is very clear evidence that people's health has improved. The charity started when its founder discovered that his childhood friend had not left the house for several months. He went to visit him. This was a guy for whom, apparently, school sport was completely alien; he used to write a letter on behalf of his parents to get off sport sessions. Our founder encouraged him to walk outside the house, initially to the bus stop down the road. That increased over time, and his GP spotted the improvement in the gentleman and said, "What are you doing differently?" He told him about the friend he had met up with. The GP asked whether he could refer some other people who might join them for their walks. It spiralled from there. Our evidence comes largely from the journey that we see people go on.

The Chair: Thank you for that. Hayley, I am back with you now. Would you like to add something?

Hayley Jarvis: Hopefully, you can hear me now.

The Chair: We can, yes.

Hayley Jarvis: Fantastic. The joys of technology. I was trying to explain that Sport England approached Mind back in 2014 to build on the evidence base of physical activity. Our programme is all about peer support and people using their personal experiences of mental health problems to support others to get active. We have worked with Loughborough University over the last six years to track people's progress from when they start becoming active, when they join our

programmes, and at three, six and 12 months. We have validated research methods on subjective mental well-being, quality of life and life satisfaction, to take people on that journey and understand the impact that physical activity has had.

We are supporting that with wraparound interviews and focus groups to draw out from them how physical activity has helped improve social support through social connectiveness as well as seeing the benefits to their mental health. People told us that it gave them structure in an unstructured week. The social connections were incredibly important to them and gave them friendships outside sport. Lots of people were previously isolated, and they now had networks they could rely on. People found that they were able to take part in things such as walking when their mental health was taking a dip because they had started to understand the benefits that being active could have on their mental health, how it made them feel—the enjoyment.

I listened to your previous behaviour change discussion about how that is brought to life through programmes such as ours. It can be difficult to measure, and it can be expensive, but there are definitely mechanisms and tried and tested ways for it to happen, as demonstrated through our programme.

On the awareness side, managing cultural change is difficult, but some of the studies, such as our Time To Change campaign with Rethink Mental Illness, have shown people's changing attitudes over a number of years. Our EFL partnership, measuring fans' awareness of mental health, and of Mind, over a series of years, has helped us to track the progress of recognition. It can be done, but it requires quite a lot of time and investment.

Baroness Brady: Nobody has been able tell us about any gold standard measure other than the anecdotal information, which of course is important. Is anybody aware of any international measure or body that is doing any research in this area they can point us to?

Chris Wilkins: I cannot.

Paul Owen: I cannot.

Hayley Jarvis: We could share the various measures that we use. The Warwick-Edinburgh scale that Chris said he uses is widely used and recognised, as is ReQoL on the quality of life. Dr Brendon Stubbs is a UK-based researcher who has undertaken a number of evidence reviews internationally. There is certainly evidence on the efficacy of physical activity for mental health outcomes. NICE has commissioned some research on children and adolescent mental health services, and using physical activity as an intervention. I believe that is a five-year study. The research I am talking about is predominantly around adult mental health. We can certainly share that.

The Chair: That would be excellent, Hayley, if you would.

Hayley Jarvis: Dr Brendon Stubbs would be our go-to.

The Chair: Thank you very much indeed for that, Hayley.

Q57 **Lord Krebs:** My question is for all of you, but perhaps, Paul, you could kick us off. It is about local delivery. We have heard in previous evidence sessions that the delivery of sport and recreation services on the ground can be quite fragmented, with a large number of organisations and bodies involved. How closely do you work with various groups, local authorities, local delivery agencies such as active partnerships, or with sports governing bodies, or local sport clubs? How do you navigate the complex landscape we have heard about?

Paul Owen: I preface this by saying that the landscape of sport is complicated, which is probably a wider issue, but certainly we find locally that we have very good connections. Our biggest connection is with the NHS. We work a lot with the NHS and GP surgeries on referrals, and that has been an important connection for us. In the areas where we have been working, we have good working relationships with local authorities, and, of course, there is the county sport type network. Again, I think that is variable across the country.

Yes, it is complex at times, but, so far, in the areas where we work, we have been quite lucky with local delivery. Dare I mention the C-word that has been happening to us in recent times? If there is a good to come out of coronavirus, it is possibly that it has pushed some organisations into working more closely together.

Chris Wilkins: We work across the UK. We are a very small organisation, but we work from Premier League football clubs to small cricket clubs, to sheltered housing complexes and local authority day centres—a whole range of settings. We approach our demographic to develop methodologies for working with people to bring them together, to get them stimulated cognitively and physically.

To scale that methodology and work with lots of different kinds of organisations, we have created our own social licence model. We have created a charter within that which encapsulates the methodology and our ethos, and how we work with the people we work with. It is flexible enough to be used to work with lots of different kinds of organisations, but the key thing is whether those partner organisations have the right ethos and the right understanding of the demographic and the people that we are trying to help, and, potentially, the right kind of setting. It is finding like-minded spirits among those organisations. They can be of any size and in any location. We navigate our way through by finding like-minded partners.

Lord Krebs: I have a very quick, curved-ball question. One thing that has come out of our inquiry so far is that many people, perhaps even most, get their physical activity not from taking part in what we traditionally call sport but from day-to-day walking, cycling or just moving around. I would add to that gardening, because gardening is

meant to be good for mental well-being. Do any of your organisations engage in activities that are not sport in the traditional sense but are physical activity and could enhance mental well-being?

Paul Owen: When we talk about sport at Sport in Mind, we very much include walking. We have recently taken on two allotments. From a personal point of view, I am almost a poacher turned gamekeeper. I have come from a career and a traditional sports background where I probably frowned on the idea of gardening being sport or physical activity, but I have very much changed my mind. Certainly, it is very much included in our programmes. As I say, we have allotments, and we have plans to get other allotments. One of our biggest activities is walking.

Chris Wilkins: At the moment, during Covid, we do not have our face-to-face clubs and we have created a kitbag that we send out to participants to use in their own home. It contains stress balls, resistance bands and beach balls for people to do exercises, either by themselves or on our Zoom groups. Within that there is a logbook, where we want people to log their physical activity, because it is all about nudging them and encouraging them on a weekly basis to do it in between times. We give examples of things such as gardening and walking up the stairs, and little things you can do in the kitchen such as lifting cans of beans.

We try to encourage those activities on a weekly basis. We are not prescriptive about what sport and physical activity can be. When we have face-to-face groups, we draw on the competitiveness and enjoyment of playing things such as new age kurling and bocchia. It is a case of whatever is right and encourages physical activity, whatever form that takes.

The Chair: Hayley, may I bring you back to Lord Krebs's first question about the fragmentation of places, and the confusing number of options for people, as well as his second rider question?

Hayley Jarvis: I certainly echo what Paul said about it being quite a complicated landscape, particularly for mental health providers who do not understand sport and physical activity. A lot of my time, particularly when I first joined Mind, was helping them to understand that. It is complicated.

Local Minds are at the heart of communities. Physical activity has long been part of their fabric, whether that is walking, tai chi or ecotherapies, such as gardening. All of those have been incredibly important. Through our Sport England investment, we have been very fortunate to establish physical activity and mental health regional networks to help demystify some of those things, and to bring key players together. Unless there is a project, where people are coming around a table in a steering group formed of local authorities, public health, sports providers, the local Mind and others, it does not happen.

The networks we have funded through some of our Sport England investment are to help those conversations and share best practice about

what is working in mental health and physical activity, because it is so complicated. We are fortunate that we have had funding for another year to help continue that, but long term it needs to be embedded in the physical activity sector so that that form of bringing of people together continues.

We have a long history in Mind of ecotherapy. We did a five-year programme funded by the Big Lottery, the Ecominds programme. There was extensive research with the University of Essex on the benefits to mental health of getting outside and being active; 90% of people said it improved their mood. There is strong evidence on it, and that has enhanced our services and, as I say, many now deliver it.

The Chair: May I bring in Lord Knight of Weymouth?

Q58 Lord Knight of Weymouth: You can. Thank you, Chair. I noticed Paul waving at you. The last time I met Paul, he was the head of British Canoeing. It is tempting to ask whether his poacher turned gamekeeper role is enough to get him fishing, because we had a lot of discussion about the conflict between the two. I am sure fishing would be very good for mental health.

I want to talk about the impact of Covid. I personally know one teenager who during this time has now got anorexia. I know another who has increased her body weight by 50% during this period. I am particularly concerned about the impact of the pandemic on mental health and well-being, particularly on children and young people. We have seen evidence from the Centre for Mental Health estimating that 1.5 million children and young people need extra mental health support as a result of the pandemic.

How big an impact is it? How do we address it, particularly given the state of CAMHS coming into the crisis? Should we expand the provision of school nurses to help address the gap that has emerged as a result of the pandemic?

Hayley Jarvis: It is clear that it is a mental health emergency as much as a physical health emergency at the moment. Our research certainly backs that up. In the first lockdown, we researched 16,000 people, and two-thirds of adults with existing mental health problems told us that their mental health declined during that time. We also saw people experiencing mental health problems for the first time, and I think that trend will continue for some time, particularly, as we heard in the first witness session, given the inequalities [*Inaudible.*] around social deprivation and poverty. Those have been exacerbated for people from black, Asian, minority ethnic groups and all our front-line workers. There is a real crisis point.

Your example is echoed in the fact that we saw unhealthy coping strategies, with people eating too much, drinking too much, and drugs and alcohol being a problem for adults [*Inaudible.*] and children and young people, which causes us a huge concern. In a report on physical activity, 52% of adults and 49% of young people said their mental health

got worse because they could not go to their usual clubs or do their usual physical activities, and gyms were shut. It has been a real crisis time for us. I guess the services were already overstretched.

To address it going forward, we have to build back by making the right choices. We want to be kinder and fairer, and create a more equal and safer society. Children and young people's mental health was already a concern. In 2017, the statistic was one in 10 young people¹; last summer, it was one in six. That is staggering, as is the fact that 50% of common mental health problems are established by the age of 14. Support for young people's well-being in schools is critical, alongside their education. Education about their mental well-being and giving them tools for their resilience [*Inaudible.*] access to school counsellors. I know of some schools that have them one day a week [*Inaudible.*]. Certainly that is not unusual. I think it is definitely [*Inaudible.*]—

The Chair: I think we will move to you, Paul. Ignore Lord Knight's question about fishing and canoeing.

Paul Owen: The reason why I was waving my hand was to reinforce something that came out of your earlier session. It is important that our sports sessions are co-designed with people who have experienced mental health difficulties. It is not just about running a sports session for people to turn up to but the whole process that people are engaged in. Angling is a fantastic sport, and I am sure it helps people's mental health. I think my campaign at the time was about trying to share the space.

Hayley is absolutely right. The crucial thing at the moment is getting people vaccinated. That is the first wave of troops and the big action we all have to take. Organisations such as ours are very conscious that we are part of the next wave, the sweeping-up operation, the operation to help people back to work and get beyond Covid. That has to be very important. We have to try to look not only at how we take the strategy into the sporting community but at how we get into companies and organisations, to help them recognise that, if they want to move forward, helping their employees to become healthier and happier people, and overcome some of the difficulties they will have, is very important. There is a lot of work. We alluded earlier to the fact that the environment has improved, but, clearly, that was before Covid. Covid will give us all quite a lot of work to do, and we all have to pull together.

The Chair: Paul, moving forward, to Lord Knight's question, what recommendations can we make? For instance, should we have some sort of national plan, which people have got to adhere to, that links physical activity to mental health?

Paul Owen: Without a doubt.

The Chair: Is that too strong?

¹ Note by witness: Experienced a mental health problem

Paul Owen: I guess “got to” is probably quite strong. As we have national plans for so many things, we need a national plan that lasts beyond the terms of Governments. It has to be ingrained in our society. We have proved the link between physical health and mental health, and there needs to be a cross-party ongoing plan. It is good to see, for example, that Sport England now talks about its 10-year strategy. That is quite important for getting longevity. One of the worst things you can do is make short-term interventions and not follow through and not continue with them.

Chris Wilkins: The biggest feature for us, and our demographic of older people, has been the isolation, which has affected not just our original beneficiaries but carers, in many cases. It has had a terrible effect on them. The decrease in mobility through inactivity is a time bomb for older people as well. We will be faced with that at whatever time people feel confident enough to come out, with vaccinations, down the line.

The other thing that challenged us as an organisation was that everything was face to face and suddenly we had to completely change what we did, to support people remotely. It is about thinking laterally. For us, the most important thing is connectivity, and how to keep people connected, whatever their situation. We have kept pushing the boundaries. The latest thing we have started is developing friend circles. We create mini conference calls where we phone people so that people do not have to remember to phone in or go through the process of dialling in, and we absorb the cost so that older people do not need to worry about that. In everything we do, the most important thing, whatever the situation, and it has been extreme during Covid, is connecting with people, and trying to get over the technical barriers. If people only have a landline, how can we connect with them?

Going forward, it has meant that we have blended delivery now so that we can reach a wider mix of people, regardless of their situation. For us, it is how to get people properly connected so that there can be real friendships and real peer support. That for us is the starting point. Before we get people physically active, it is about getting people connected and building up their emotional confidence, as much as anything, to be ready to do physical activity. For us, that is a big piece, especially for people with long-term conditions, who are isolated, so that we can pull them out of that situation.

The Chair: Hayley, I hope you are with us. Could I bring you in? Looking ahead, how can we address mental health and well-being, particularly of children and young people?

Hayley Jarvis: There is definitely a need to work and invest in community services so that people can access the support they want, when and how they need it. There is already some strong partnership work in schools, and in communities and universities. That is key. It about community services being available.

There is also the role of the voluntary sector. Some of our colleagues have had to close or significantly reduce the capacity of their programmes. We know that many charities are struggling right now and are at risk. We need to make sure that we maintain community services and that the support sector carries on with the good work it has been doing on its responsibility and, in the messaging that it has been pulling together, focusing on physical activity and how it makes us feel—the immediate mental health benefits. It is a source of pleasure and fun, and there are mindfulness benefits as well. That is really important, as well as making it accessible and affordable, and easy to access.

We should keep up the good work and think about the wider aspects of sport—the volunteering. I know there is a worry from lots of governing bodies that volunteers will not go back. Volunteering is a key contributing factor to our mental health. It is one of the five ways to well-being. Volunteers are more likely to rate themselves as happy. Coming back from Covid, there is a role for sport and physical activity, in playing it, volunteering, and watching it, spectating; the feel good effect for people when the stadiums open certainly has an impact. It is about celebrating those things and continuing some of the programmes, such as Sport in Mind, that specifically tackle mental health and prescribe physical activity as a treatment to help manage mental health recovery.

There is a big job to be done. Sport has a key role to play, and mental health should be part of the conversation across the whole sport and physical activity sector. Actually, mental health should be part of the conversation across all of government. Sport is a huge vehicle for helping to achieve some of that.

Q59 Lord Hayward: Hayley just referred to feelgood factors. May I point out that it is now former President Trump? The formal handover has begun and is taking place as we speak.

To the issue of the day, there has been a series of references from all the witnesses about partnerships, being connected, networks and the like. May I address this question first to Paul? What are the benefits or disadvantages of the social prescribing of exercise to treat mental health and well-being? Is it being done effectively? If not, how can it be improved?

Paul Owen: Social prescribing is very important. Its effective delivery has probably been somewhat scuppered by Covid and all that has gone on around that. It is very early days, certainly from our perspective. I mentioned earlier our relationship with GP surgeries and the NHS. We plan, going forward, very much to prioritise social prescribing.

I went to an eminent talk on it. I think a culture change is still needed with GPs, because it is still very much easier to prescribe a drug that has lots of scientific background and lots of research. Some are adapting and moving to the culture of prescribing physical activity more quickly than others. The whole area of social prescribing is important at a time when we all see clearly the importance of the NHS. Whatever your views on

investment, it is probably never going to be enough. We need to find other ways of moving forward.

Social prescribing, as far as I can see, is a good thing, and it needs to be given more priority. A lot more county sports partnerships, for example, are appointing members of staff to liaise with GP practices and their leads on social prescribing. From my point of view, I think that is to be encouraged, because it is a big area where we could make quite a lot of improvement. It will be particularly important post Covid.

Chris Wilkins: Social prescribing could be absolutely key, but I have a couple of real concerns about the way it is developing at the moment. It seems to be very patchy and delivered in different ways. I am most worried that it could be a bit of a tick-box exercise. There could be social prescribers looking for something, "Ah, that's great. There's something over there for older people", for instance, and sending them there, without any robustness in the evaluation of impacts. I have had some practical experiences already of things that were recommended that I know are not robust. A real concern for me is discipline and whether there are enough measures to make sure that what is prescribed is of real value.

The Chair: Hayley, do you want to come in?

Hayley Jarvis: I agree with Chris, and with everything Paul said on social prescribing. It has huge potential, and we can certainly see that. We have to be careful. It is not designed for everyone. It may not be suitable for people with severe enduring mental health problems. We need to be open about its limitations, and who it is and is not for.

People's access to social prescribing is a postcode lottery. I talked to some of our members recently to understand their needs. I have an advisory group member in Bury who is desperate to get active. She has been given an exercise referral and she is on the books for social prescribing. She needs a little more support. For most of the pathways, it is signposting to an activity. Some social prescribers can attend one visit with the individual, but if you really lack self-esteem and confidence, and you have no social networks, it is a huge jump to go to an activity, whether it is a physical activity or a knitting group. We need to think about simple activations like having buddies, or people giving support for a few sessions, to overcome those barriers.

Another challenge, building on something Chris said, is reliance on the voluntary sector. The voluntary sector is amazing, but programmes come and go, and often there may not be capacity in some of the activities that social prescribers are trying to refer to. That is another barrier.

Definitely, the premise works, but we are not necessarily seeing the support and, ultimately, the money and resource following a person from meeting a link worker to actually going to the activity. There are real worries in the sports sector about what will happen to some of the groups, activities and sports clubs. We had some great funding packages,

but if they are no longer there after Covid there will not be places to refer people to. It is a great theory. I guess there are some concerns that we could make it much better.

The Chair: Lord Hayward, do you want to come back?

Lord Hayward: No, that is fine. Thank you very much.

The Chair: We move on finally to Baroness Sater.

Q60 **Baroness Sater:** We have heard from all of you that there has been quite a lot of positive progress but there is still lots more to do. We have touched on some of the recommendations that you would like to see us take to government as a committee. Could you tell us what would be at the top of the list of recommendations that you would like the committee to take to government?

Hayley Jarvis: It is hard to pick just one, but I will try to keep to the brief. There should be a cross-governmental plan for mental health, and sport and physical activity should form part of it, as a vehicle to achieving mental health outcomes, through participation, volunteering and spectating. It should recognise the role of all the partners, both the voluntary sector and community mental health services, in all the roles that we can play.

That is quite a large recommendation. It is about playing and getting active, but it is also about volunteering and spectating, and using that huge platform and vehicle to raise awareness. A cross-governmental plan for mental health would be my recommendation.

Paul Owen: That is the crucial thing, because everything stems from that. I reinforce what Hayley said. Long-term strategy in a cross-government plan is important. We also need to give further thought to how we measure the outcomes. From our discussion earlier this afternoon, it is fairly clear that there is not necessarily, or it does not materialise, an exact measurement out there. While we are all striving to find it, we are struggling to do it. From my point of view, we need to look at how we measure the outcomes, because that is quite difficult. There is a danger that if we are too focused on traditional outcomes it might be quite damaging.

Chris Wilkins: For me, there needs to be recognition that sport can be for absolutely everybody. We are dealing with the frailest people, whether it is long-term physical or cognitive conditions. We have had some incredible case studies over the last couple of years. We have been engaging with people who, many years before, had self-excluded from sport, perhaps through multiple conditions such as dementia and Parkinson's disease. They stopped playing sport, and we have brought them back into a sporting environment, perhaps with intergenerational activities, and they have been active again, up until a month or a few weeks before they passed away. That throws up a few things for me when we talk about measures. Sometimes, it is quality of life and engagement even as your conditions are all heading south. It is not

necessarily about improving some of those conditions. The meaningfulness of the engagement is palpable. It is really powerful.

Around that, our hobby-horse is the focus on that frail demographic. There are a lot of sports for older people. I play walking football and I thoroughly enjoy it, but I know how competitive it is. This goes back to previous committee meetings, which I was interested in hearing. For me there is a huge gap in that demographic in getting people from being inactive to active. There is so much that can be done in that area. A lot of existing provision, such as the walking sports, are great for those who are physically able enough, but there is a whole swathe of people who can still enjoy sport in many different forms and enjoy the benefits of what it does for their physical and mental well-being. The message I would like to get across to government is that sport really can be for everybody.

- Q61 **Lord Moynihan:** I want to follow up Baroness Brady's excellent question and Hayley's response. Hayley, you mentioned the Warwick-Edinburgh mental well-being scale as an outcome measure. In your concluding remarks, outcomes have been commented on by all three of you. You then talked about the University of Essex's excellent research. Could you provide us with some more detail, particularly your view about the Warwick-Edinburgh mental well-being scale, which is widely used, and whether you think it is effective? The better the analysis we can have behind the recommendations that you have made, the better for the committee.

To conclude, I want to follow up Lord Knight's remarks. It is a privilege to be back in Paul Owen's company. I worked with him for seven years. He has given outstanding lifetime service to sport. He delivered the setting for the first ever GB canoe slalom gold in the C2. To see you again in this area, Paul, reinforces what an outstanding contribution you continue to make. It is good to see you again and good to see you well.

The Chair: Hayley, are you able to do that for us?

Hayley Jarvis: I work with our head of research, as I am not the expert on this, but we will pull that together, along with the research we conducted in the area previously.

Chris Wilkins: May I mention one thing on the WEMWBS scale, because we have used elements of it in the past? As an insight, working with older people, some things like the WEMWBS scale can be difficult to implement, and very uncomfortable for the people asking the questions and the people answering them. There is a lot of pushback, and it can be seen as overly intrusive. We have often tried to find softer alternative measures. It is problematic. We have come up against that a lot. There is an ideal set of measures, but there is the reality of trying to implement them on the ground.

- Q62 **The Chair:** All three of you seemed to indicate that we needed a cross-governmental plan to be able to bring together sport, mental health and

physical health, to move forward. Who should lead that? Should it be DCMS, one of the smallest and least powerful departments in government? Who should do it? It is all right saying it, but you have to will the structure to make it effective. Paul, may I ask you to start and then ask Hayley to join in?

Paul Owen: It probably needs to be orchestrated by DCMS, if you could rely on one of the sports councils, for example, as part of the picture. Each one has a different part. I appreciate what you are saying about the size of DCMS. I am not an expert in the workings of government, but I would have thought that there needs to be some fairly big cross-working between DCMS and other departments such as the Department of Health. Perhaps it should be led from No. 10 Downing Street.

It is a very important issue, and I do not think that government departments should shy away from the responsibility of doing it. If DCMS does not have the reach, or is not big enough, probably another mechanism needs to be found.

The Chair: Hayley, who would you have leading it?

Hayley Jarvis: Apologies. I—*[Inaudible.]*²

The Chair: That was a very diplomatic answer. Chris, do you agree with the idea of having a cross-departmental approach?

Chris Wilkins: I think so. It is almost the biggest challenge. I had some interesting conversations with the head of innovation for NHS Lothian. It is a complex jigsaw. Coming from our end of sport and culture, and realising the impacts that can be made at the level of behavioural change, there is a disconnect. He was talking about the frailty index and how important it was to stop people moving up that pyramid at the top. There is somewhere—perhaps health—where it can all connect, to help understand the enormous benefits that this could bring, but it is how you bring that together, I feel. That does not answer who should lead it, but it needs to be brought together.

The Chair: We will leave that to the committee. On that note, I bring the session to a halt. As ever, I thank the committee for its great range of questions and interest this afternoon. I thank our three witnesses, who have given absolutely excellent responses, and have cemented the idea that mental health has to be a fundamental part of any proposals we make to government about using sport and recreation to create a fitter, healthier and more active society. Thank you all very much indeed, and a safe Covid-free journey home.

² Note by witness: Mind would suggest DCMS should be part of the planning and lead on embedding sport and physical activity across the plan. However, the cross-government plan for mental health should bring together ministers from across all departments and be coordinated at the highest level, for example by the Cabinet Office.