Proportionate Universalism can be our "New Normal"

Let me start by thanking all the people who have helped me with writing this article and listed at the end. Also please note I am not a statistician so if I have got some of this data wrong or misinterpreted it, then I am sorry. My intention is to paint the big picture not expose the detail.

Let me start by summarising the case I am trying to make before building the evidence to support it.

- **The social, economic and political impact of the coronavirus crisis will be of such a magnitude that any attempt to simply repair the existing sport and physical activity system is doomed to fail and only a radical rethink and resetting of the system will be sustainable going forward.**

- **Whilst governmental and public attitudes towards the value of physical activity may change there can be no guarantee that this will translate into a simple expansion of existing patterns of behaviour and therefore a growth in the current market. In fact, in the medium to long term the market on which our existing business models are based will not recover sufficiently to maintain even the current infrastructure.**

- **The only way the system will be sustained will be by some form of reinvestment of public funding by central and local government but the scale and nature of this will be severely limited. This will mean not only a radical reprioritisation of what the sector provides and how it provides it but a radically different approach to how the sector behaves, operates and performs.**

- **In order to justify additional public investment, the sector will need to better demonstrate its contribution to addressing the real and increasing social and health inequalities. To do this it will have to address its current and increasing bias towards meeting the needs of those most able to pay by working better together across the sector to improve the health and wellbeing of everyone but giving a greater priority to those in greatest need. To do this it will have to fully embrace the principle of "Proportionate Universalism".**

- **To do this it will have to adopt whole system thinking, strive to achieve system change and demonstrate a real commitment to collaborative leadership. In doing this we must all be prepared to: -**

- **Refresh and reassert our values**
- **Strengthen our empathy**
- **Develop a sense of common purpose across the system, and**
- **Change our priorities**

In recent articles I have written about how the sector might emerge from the current crisis. In the original article I suggested that some people will want to try to repair things quickly so that they operate much as before whilst others will want to take the opportunity to change things so things work better and fit with whatever is the "new normal". As we proceed through these difficult days, I think there is a gradual realism appearing that things will be very different when we emerge. This difference could last a long time and may in fact become permanent. Therefore, if the sector is to survive it will itself need to be different and behave differently, particularly that part sitting within or dependent on public sector funding.

Now I'm squarely in the renew camp, firstly because I'm not convinced that what we have now is actually working very well and secondly, I'm also convinced that we cannot or should not simply replicate it if by so doing we simply make the inherent weaknesses and inequalities worse. I now firmly believe that the sheer disruption of what we will face is actually the best opportunity we have to re-engineer our purpose and our relationships. We should do this by embracing the principles of system change and collaborative leadership, and in doing so reposition ourselves as central to a fundamentally different approach to health and wellbeing centred round place and underpinned by proportionate universalism. I think this is equally true whether you work in a sport specific environment or a more generic activity environment. The challenge is the same.

I was very pleased by the recent opinion poll that concluded that only 9% of people want things to go back to how they were. Now I know this figure will change as the lure of old habits get stronger but remember you can create new habits in just sixty six days. If these aspirations remain true over coming months then they could be the underpinning for the significant social, economic and political shifts that I suggested were possible in my first article. So, if this is true and the new habits are already forming, we are already on the way to that new normal.

I said also that at times like this when we have nothing but uncertainty, good leaders step up and create a vision of the future to give people hope and a sense of direction. In my second article I lamented I was not yet seeing that vision. Four weeks on I am now disturbed that it has failed to materialise from a collaboration of all the sector bodies. They continue to do a great job supporting the urgent, but we need them to now think about the important, the future. I was pleased that Duncan Wood-Allum has at least had a go at setting out his vision for the future. https://www.healthclubmanagement.co.uk/digital/index1.cfm?mag=Health%20Club%20Management&codeid=34489&linktype=story&ref=n&issue=2020%20issue%204

I share everything he has said in his analysis and I really hope this might be the stimulus for all our leaders to come together and produce a shared vision and a common purpose. Without it we will all continue to drift in this sea of uncertainty and many of our valuable services will simply be sunk without trace.

In his article Duncan refers to my work on proportionate universalism so in this article I want to explain how I think this simple concept can and should now perhaps become the sectors common purpose and at the centre of its renewal policy.

First a few reminders. Professor Michael Marmot the instigator of proportionate universalism is a world expert on health inequalities. His first report 10 years ago identified the inherent health inequalities in this country. His key graph below shows that the poorer you are the less your life expectancy with a gap of nearly 10 years between the richest and the poorest communities. He also introduced the concept of disability free life expectancy which shows that the poorer you are, the earlier in your life you face a health related disability so making it harder to be economically and socially active, and as the graph shows the higher we take the pension age the more difficult it gets for people with early ill health dependencies.

Figure 1.1 Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003

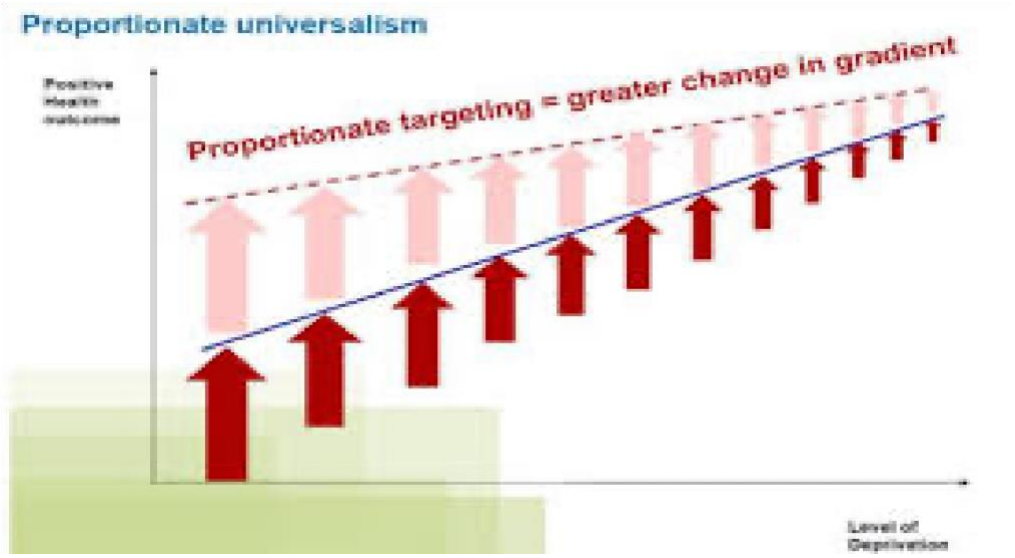
Source: Office for National Statistics[34]

In his ten-year review published as the virus outbreak was emerging, Marmot shows that over the last decade these inequalities have remained stubbornly the same and for some they have got worse. He clearly focuses on austerity as the cause for this but points out that austerity has hurt the poorest in our communities the worst. If we stop at this point and extrapolate this analysis over the next ten years with an even bigger financial crisis ahead of us, it's obvious that these health inequalities will get even worse unless some clear and decisive action is taken now to address the impact of further austerity measures on top of any overall economic contraction.

In his first report he explains how these health inequalities can be alleviated by addressing what he calls the social determinants of ill health. His argument is that they cannot be addressed just in the health sector but by a system wide change

involving improvements in employment, housing, education, transport and environmental factors. Although he only makes passing references to physical activity, given the messaging we have all heard recently about activity from the most senior health professionals and politicians about being more active it must finally have been recognised as a key factor in improving health and addressing health inequalities.

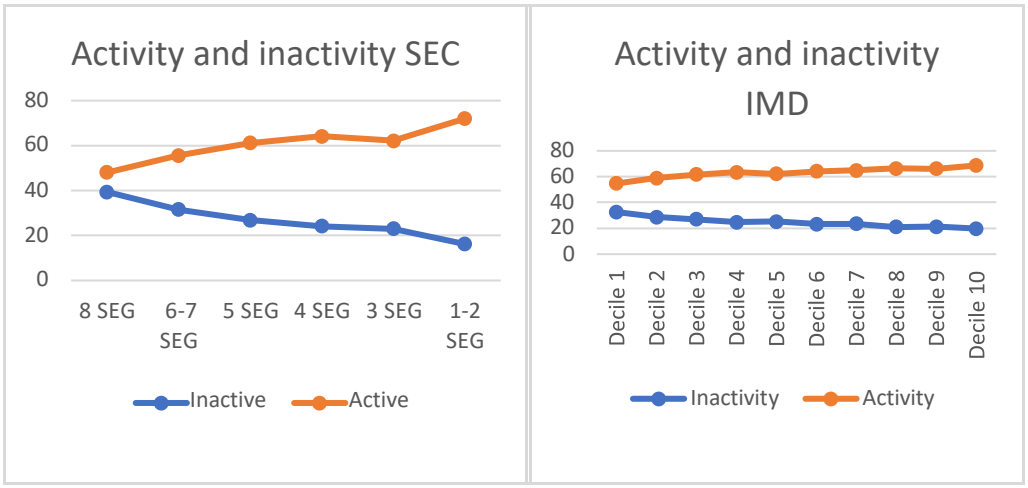
So, where does proportionate universalism come in? Marmot argues that we must all work together collaboratively across the whole system to make the curve less steep and narrow the gap in life expectancy. To do this he argues that we must spread our resources and our efforts across all communities in order to improve everybody's health, but we must put most resource and effort into supporting the most deprived communities in order to close the gap. The graph below is how he describes this approach.



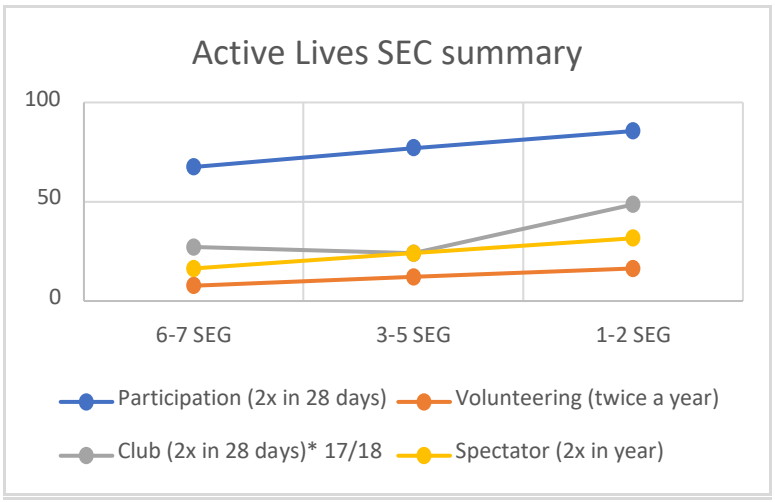
Whilst his review got lost in the midst of the virus it will return when we have time to take stock. In fact, I'm going to predict that if there is the sort of social, economic and political shift I anticipate, then expect Marmot's thinking on health to begin to feature much more strongly in policy making. So how might we respond and how might we use proportionate universalism to position ourselves as critical to this new normal?

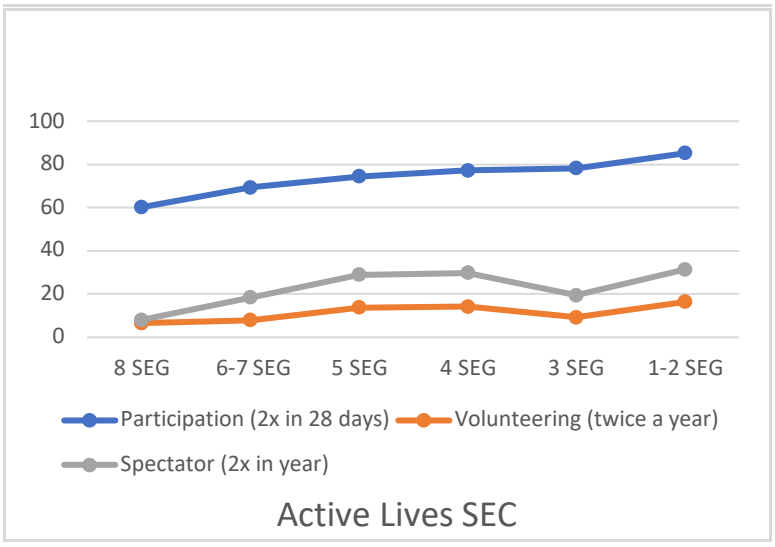
Over the last few weeks I have been collecting and collating data about how the sector performs in terms of meeting the needs of different communities and presenting them on the same basis as Marmot. My intention was to assess how far the sector is aligned with the Marmot concept of proportionate universalism and therefore how far we are currently contributing to making health inequalities better. I hoped to show we were making a major contribution but the evidence I'm afraid to say appears to point the other way. Although the evidence is mounting about how we contribute to improving overall health through increased activity we don't appear to be addressing health inequality in fact the data suggest that like Marmots conclusions on austerity the last decade has also taken us backwards.

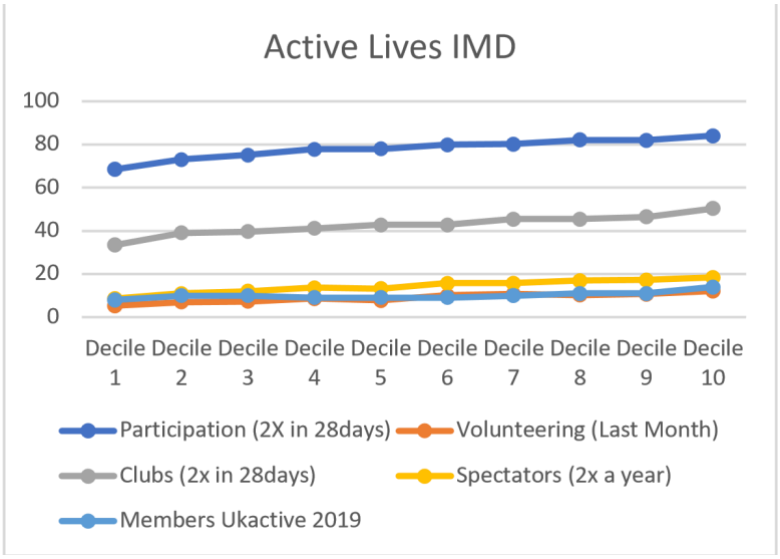
The first two graphs include data from the latest Sport England Active Lives surveys that measure people's activity levels and inactivity levels against the same measure used by Marmot e.g. deprivation (IMD) and against SEG groups. You can see as we would expect they follow the life expectancy graph in terms of socio-economic need. This underpins our case for the value of physical activity and why the latest messages about its importance are so central to how the sector is valued going forward. But the socio-economic differences between inactivity levels and activity levels have remained stubbornly the same since the survey began.



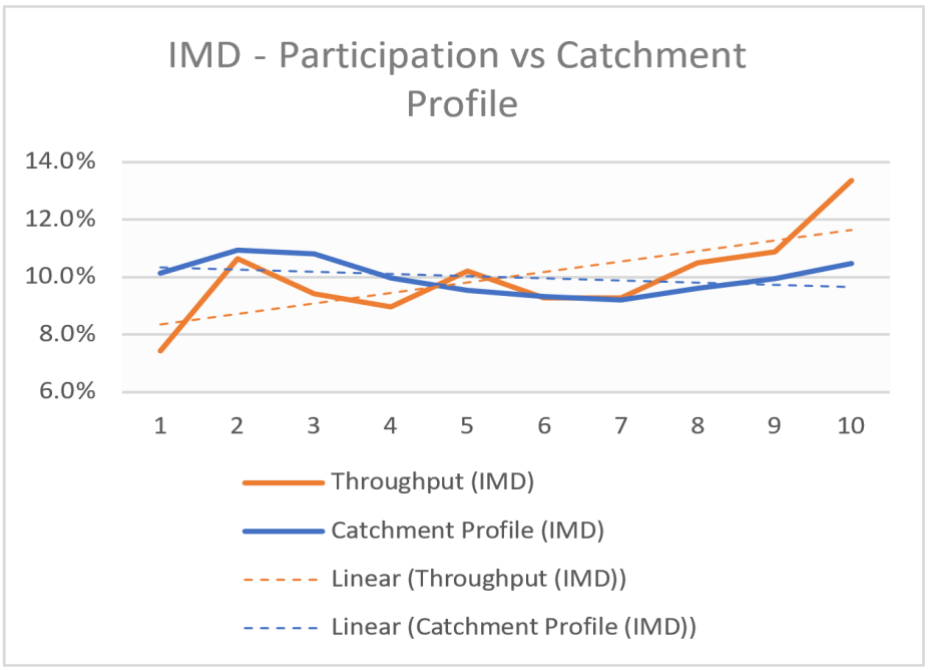
The same dataset also measures behaviours like participation, volunteering, club attendance and spectating. What you immediately notice is that all the lines on these graphs go the same way as life expectancy on Marmots graph. In other words, there is higher levels of participating in sport and physical activity, playing in clubs, volunteering and even spectating from those communities and socio-economic groups that are the least deprived than those that are the most deprived. The final graph also includes data from the 2019 UK Active survey showing membership levels by IMD levels which again shows exactly the same trend.



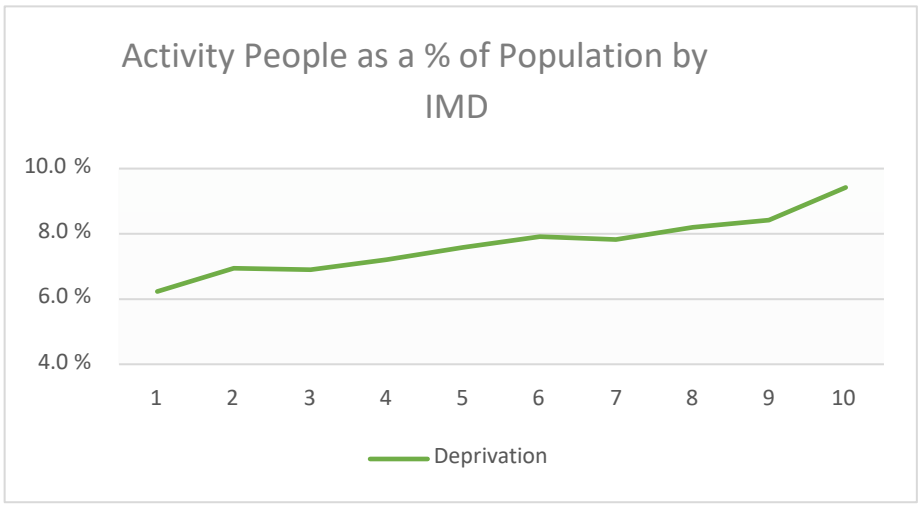




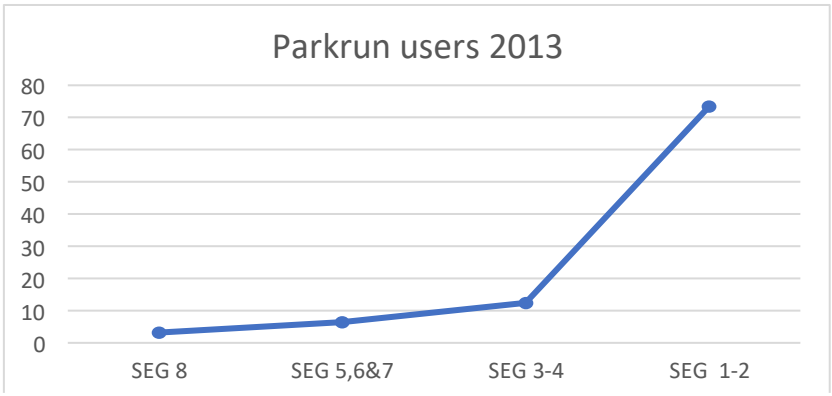
The next two graphs come courtesy of DataHub. The first is the participation analysis by deprivation from 2019 using data from 908 sites that have sent consistent data across the full 12-month period. There are over 93 million visits to the sites from 3.4 million individuals included in the sample size. The orange line shows participation levels by deprivation levels (IMD) and once again the line falls from the least deprived to the most deprived. The blue line is the % of catchment population (15min drive time to the sites in the sample) by IMD group. Note the two lines cross roughly in the middle at IMD 5. To the right of where they cross participation is over- representative of the better off communities and to the left of the where they cross participation is under-representative of the least well-off communities. The two dotted lines are trendlines for throughput and catchment population.



The second graph shows the percentage of the population who are active within the catchment profile for each IMD group and once again the graph falls the same way with the percentage of the least deprived being higher than the most deprived.



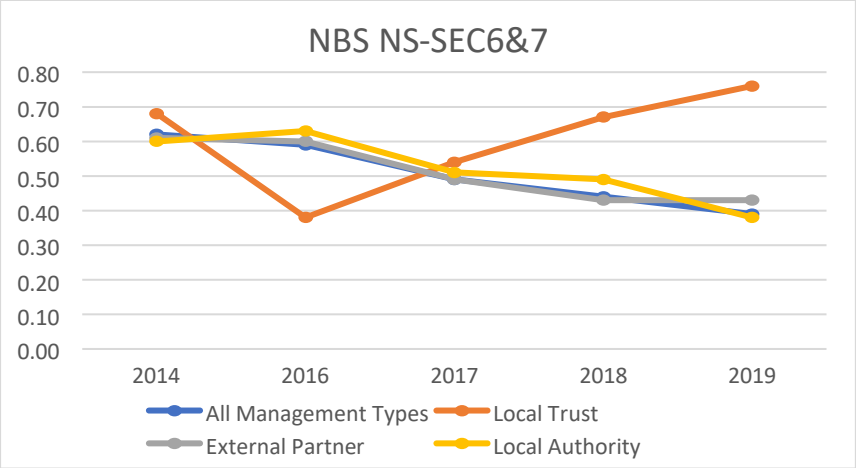
Parkrun is a relatively new addition to the scene and has been highly successful at getting more people active in community settings. But looking at data from a 2013 study exploring the public health potential of mass community participation events once again we can see over 70% of users came from the better off groups falling away steeply in the rest of the community. I have no idea if this has now changed but given the other data, I suspect not.



Finally, is the evidence from Sport England's National Benchmarking Service (NBS). I have pointed out previously that we have seen from NBS data a significant improvement in efficiency but a deterioration in access particularly among SEC 6&7. Over the last five years we have seen the gradual reduction in council subsidy levels as both costs have been reduced and income and use levels increased. In many cases councils have been able to replace subsidy with a financial return. Last year's annual report showed the median for cost recovery now stands at 107% an increase from 91% in 2014 and although there are still variances between the type of management and the nature of facilities, this is an average shift of 16 percentage points which has transformed the industry from requiring subsidy to making a profit. 62% of facilities are no longer subsidised and the median return to councils is £85,804. But at the same time the level of representative use by NS-SEC 6&7 groups has fallen from 62% in 2014 to 39% in 2019 whilst representative usage by NS-SEC 1&2 groups has risen from 55% to 62% in the same period.

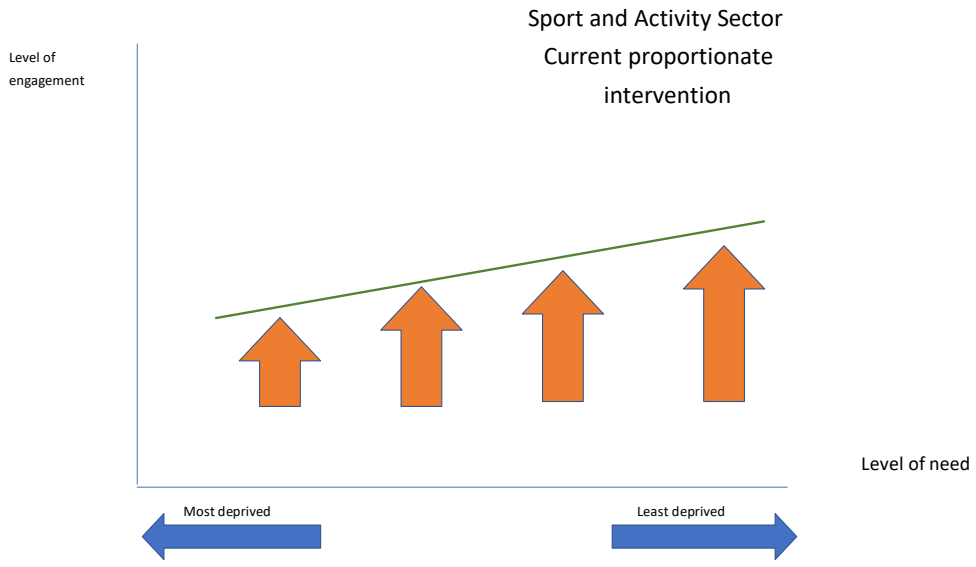
The data does not easily allow us to show variations between the NS-SEC categories given how it focuses on just NS- SEC 6&7 but the following graph does show how the level of representation by this group has fallen across both local authorities and external providers whilst local trusts have been much more erratic but shows a small overall increase between 2014 and 2019. This is perhaps worth further analysis, given this management option has also performed best in terms of efficiency. Local trusts appear top in 10 (out of 20) efficiency indicators: subsidy per visit; cost recovery; subsidy per head of catchment population; energy costs; energy efficiency rating; fitness income per station; income from swimming activities and swimming lessons; throughput; and the number of members per fitness station.

I don't want to get lost in the argument about different delivery models because the key message is that in 2019 we are grossly unrepresentative in terms of use by our most deprived communities and if we can learn why local trusts are better that should be our focus.



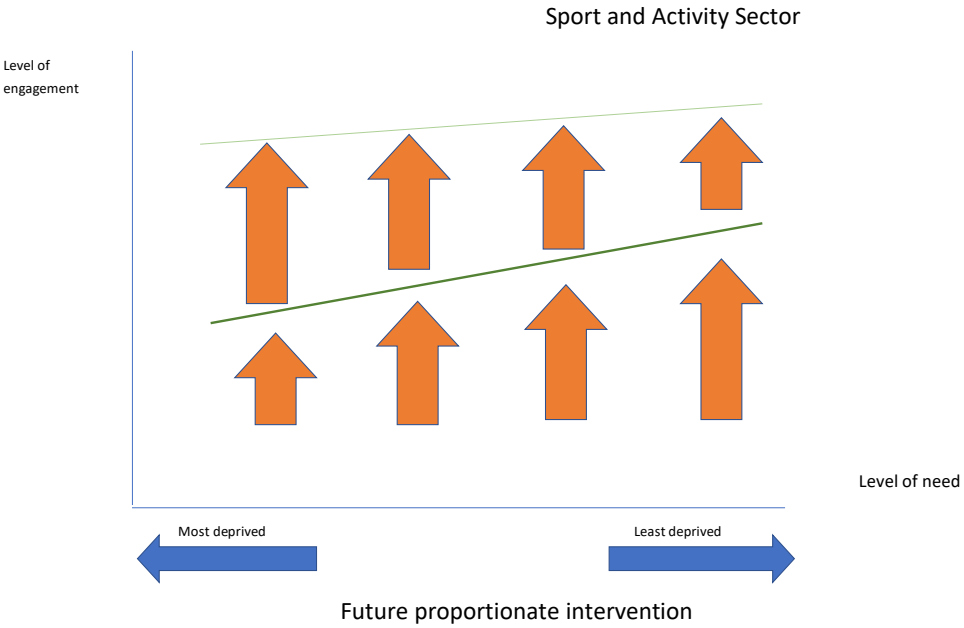
Now we have known this to be the case for forty years since I first started to work in the sector so none of this should surprise us, but perhaps it should surprise us when we see it so starkly and at a time when we want to maximise the value of physical activity to protect the future of the sector.

If we were to overlay all these graphs, we would see a composite view of how the sector provides for its different communities. If we were to then use Marmots model of proportionate universalism to describe it our current performance would look something like the following graph, namely we do provide something for everybody but the **least** of our effort and resources appear to go into supporting not only the least well off with shorter life expectancy and less disability free life expectancy, but also the most inactive.



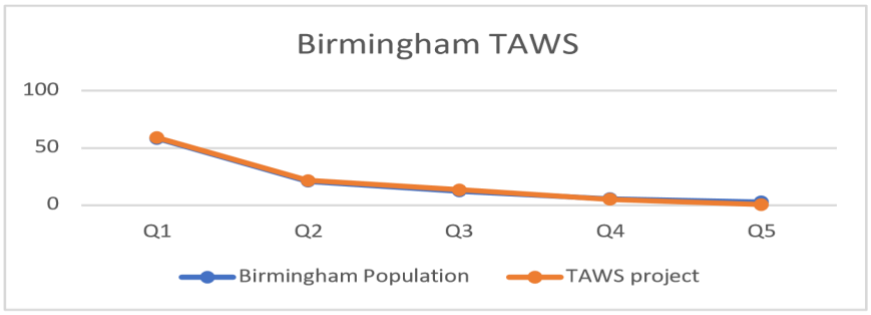
If you want a sportier representation of the problem, this might help us to see the challenge is actually about levelling the playing field to make it a fairer game for everyone.

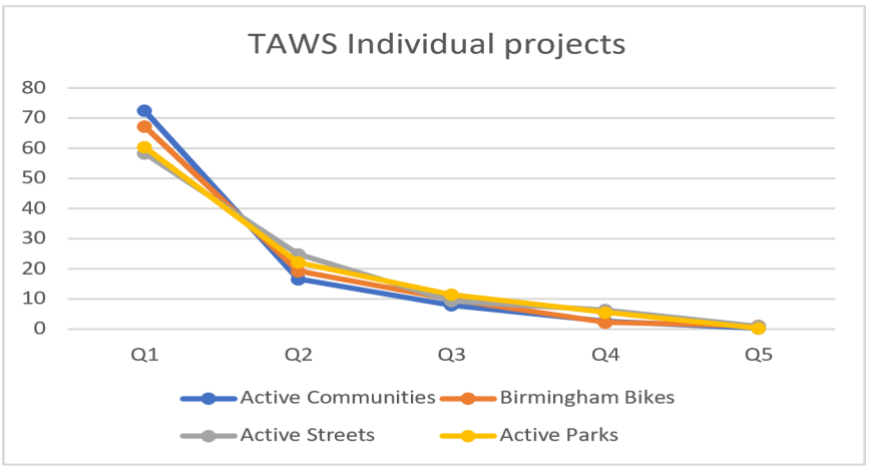
Our challenge then, is to embrace Proportional Universalism so that with a significant shift in effort it starts to look like this.



There are examples already where a different approach is yielding different results. I often quote The Active Wellbeing Society in Birmingham which many of you will know emerged out of the Birmingham City Council Sport and Leisure service. They started their work on Be Active, as a project that has been embedded on Marmot principles, 10 years ago. Following additional public health and then council funding Be Active provided free access to facilities in the city proportionate to the deprivation level. Everyone was able to use the free time as a member of the scheme but the higher the local deprivation the higher the amount of free time. The overall impact on the system in terms of socio-economic benefits were significant with independent evidence showing there were system wide savings of over £21 for every £1 invested. The service left the council two years ago and was established as a community benefit society where is continued the work started in the council. Every project that The Active Wellbeing Society runs is codesigned with deprived communities and delivered through the lens of Proportionate Universalism, and as well as using IMD as one of their metrics, they also measure themselves against the population demographics of the city to attempt to ensure they are representative of the population they serve locally.

If you look at the following graph the startling thing you see is that the graph is the exact opposite to all the others above with far greater engagement from the most deprived instead of the least deprived so mirroring what Marmot suggests is required to address health inequalities.





I wanted to show more good practice examples like Birmingham but so far nothing has been forthcoming. If your service or facility can demonstrate the same or similar sort of success in terms of equity, then please send me your data and I will add it to the paper.

After forty years of not making significant inroads into this problem we all know how difficult this challenge will be and many of you will rightly say that given the financial position we will now face, now is not the time to take on this challenge. When we have stabilised the sector, we will come back to deal with it is already a view I have heard. I disagree, if the mood of the country is that we need to do things differently and better, now is the very time to deal with this failure by resetting our system.

If we look at the statistics is the challenge really that hard. The gap between where we are now and where we need to be to ensure our usage levels are at least representative is probably less than we may think although the gap on activity levels between the most and least deprived is at about 17%. I recognise that resources are a key factor in this challenge, but I would also argue it is really more about values, empathy and priorities but above all leadership.

I have started to see emerge some staged recovery plans emerge specifically around facilities. I applaud these and all those trying to help the sector get through this crisis. But most of what I have seen appear to be about repairing what we had by looking for public funding either from central government or local government to make up the income gaps until things get back to “normal” if of course it ever does return. If central government and more importantly local government are going to be as short of cash as we envisage and other priorities will be stacking up ahead of us we will need to make a much better case for the contribution we can make to the increasing social and economic needs and the widening health inequalities.

Simply claiming we are improving activity levels but mainly for the better off is unlikely to be a constructive starting point to justify more investment. We must be able to demonstrate we can better address health inequalities and not just repair the sector in such a way that by sustaining the same business models we actually make things worse? For example, the big issue of failing leisure management contracts. Even if more national money is forthcoming to help manage the lockdown period, I doubt more will come to make up contract shortfalls due to a very slow recovery. This means the most likely option is to negotiate rolling forward any short-term debt to later in the contract. However, to recover this is there not a danger that our graphs will simply become steeper and we move user engagement even further towards the better off and away from those least able to pay higher prices? Repairing our system in this way may help keep the assets open but it could have a significant impact on the most deprived communities and inhibit any further attempts to reduce health inequalities which will by then be much worse.

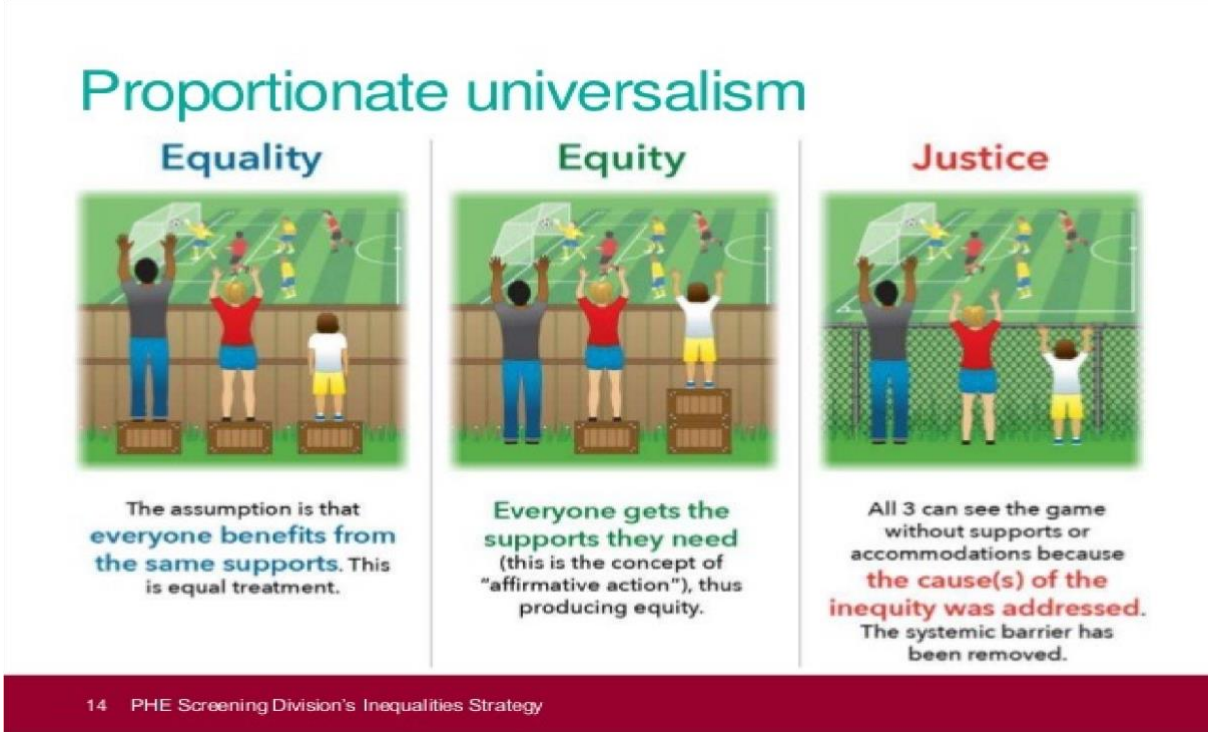
The answer does not lie in tackling each bit of the system separately, facilities, clubs, community activities and school sport by quick fix funding. We have to tackle all of these as part of whole system change including working with other services in

particular the health sector, just as we have done so well in the crisis. We have to show how we can work not just with public health but transport planners, environmental services and schools and colleges to change the whole system. Whilst facility contracts may look like a “big problem” it may not be the big solution to the strategic problems the country will face over the next decade and beyond.

I have been following with great interest the Sport England Local Delivery Pilots. These projects are based on system thinking and system change. They are working in a place setting and with some of the most deprived communities by developing some radically different approaches. This is where the future might be germinating and although we may not have all the evidence just as we are doing with the search for the vaccine for coronavirus is this not the moment to perhaps fast track some of the learning and start to share it and roll it out quickly.

You can watch the introductory video here https://youtu.be/hPJW358im9I and find out all about the different projects and approaches here https://www.sportengland.org/campaigns-and-our-work/local-delivery

If we are to come out of this current crisis in one piece, we cannot simply do things the same way. We have to be prepared to change things and be prepared to help change the system by demonstrating a real commitment to collaborative leadership.



But the journey will need to start by first looking at ourselves first so here is my four steps to making life better for everyone.

Refresh and reassert our values

Our values underpin everything we do. They dictate our behaviours, they create the culture of the organisations we work in and they dictate what we do and how we do it. We have to ask ourselves if we really do value equity and fairness to the degree we claim we do and therefore if we do, we have to ensure this is better reflected in our behaviours, culture and actions. If we don't have these values or really believe in them then is this the time to reassess both ourselves and the purpose of our organisations.

Strengthen our empathy

Some four years ago I wrote an article asking if we simply lack empathy for all the people we define as our target groups.
http://www.theleisurereview.co.uk/articles18/allison_empathy.html
Empathy is the ability to understand and share the feelings of others. If we are all mad keen on sport and fitness, employed in reasonably well paid jobs with regular income, have cars, have access to technology, have all the right clothing and equipment and have time to get active, can we really understand what it is like not to have these things? Our empathy or lack of it will influence and shape how we price our services, how we programme them, how we market and promote them, how we design and deliver our customer service and above all how we welcome people when they enter our facilities and services. What has been fascinating in the crisis is how we have all become much more empathetic to others. We stopped at home, we clapped for our carers, we gave preference in shops and on online shopping to the vulnerable and we have even started to value our low paid workers who keep the country running. If we can do this in the crisis, surely, we can do the same in our new normal.

Develop a common purpose across the system

One thing the crisis has shown us is that disparate organisations can work together to achieve a common purpose, saving lives. But equally when it's over we may also see how parts of the system were ill equipped to respond as well as they should have done. It's clear we are seeing system thinking at work perhaps more clearly than we ever have and we can hope that relationships created in the crisis will continue and some of our silo thinking and competitive behaviour may never return. We know the sector has played a major part in supporting individuals and communities particularly those most vulnerable and most in need, and the impact of this will I hope be to leave a lasting image on our empathy and our values which will stimulate us to work differently and behave differently. We have also seen the sector find creative ways of keeping people healthy and active without just relying on facilities. Parks and open spaces have become so much more central to people's lives as has home activity and the fear of returning to gyms and enclosed spaces may mean that all these places are not part of the new normal. System change involves working collaboratively to make the system work better to achieve a

common purpose and perhaps our common purpose after the crisis should simply be "physical activity for all" but this time we genuinely mean it.

If you want to understand more about systems and collaborative leadership, please read my earlier paper. https://www.linkedin.com/posts/martyn-allison-fcimspa-3aab7b18_3-would-leading-collaboratively-help-changeactivity6640563383210954755-uofh

Change our priorities

If as I hope we emerge from this crisis having refocused our values, become more empathetic to those in our communities most in need and facing the most challenging health inequalities and we have embraced the concept of system thinking, system change and collaborative leadership what next?
Well nothing will change unless we change it. By "we" I mean all of us. All the national bodies, local providers of every sort, clubs, community organisations, Active Partnerships, managers, staff of all levels but above all local and national politicians. In the end we simply have to change our priorities and that will take immense leadership from us all. We must collaborate to take shared action to switch policies and resources so that we can deliver proportionate universalism to ensure everyone gets something to help them be more active and healthier but those in greatest need get the most support and help.

I realise that for those still struggling with the reality of this crisis and facing huge uncertainty about their future jobs and livelihoods this sort of thinking may have a very hollow ring. When your house has been flooded you just want to get it dried out, get back in it and get back to normal as soon as possible. But I fear that the old normal will never return, certainly not the same as it was. With the right leadership and the right narrative, we can start to influence people to help us create something that is better, more sustainable, more resilient and more just.

Let's not miss the chance to at least try.

Martyn Allison May 2nd, 2020.

I want to record my thanks to all the people who have helped me construct this article.
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