HOLISTIC SPORT POLICIES - MYTHS, MIRAGES OR MUSTS?

ICSSPE partner session: Managing conflicting agendas - profit, participation or performance?
PLAY THE GAME CONFERENCE
Aarhus, Denmark: 28-31 October 2013

Professor Dr Margaret Talbot OBE
President,
International Council of Sport Science and Physical Education
**MYTH**

- Myths persist despite facts - they are as comforting as fairy-stories.

**KARL POPPER:**

“Whenever a theory appears to you as the only possible one, take this as a sign that you have neither understood the theory nor the problem which it was intended to solve.”

- *Objective Knowledge: An Evolutionary Approach* (1972)

“Science must begin with myths, and with the criticism of myths. “

- Ch. 1 "Science : Conjectures and Refutations", Section VII
MIRAGE

ILLUSORY, MISLEADING
EPHEMERAL, DISAPPEARS ON APPROACH
DANGEROUS
THREATENS REALITY

YET MAY REPRESENT DESIRABLE AIDS
Recurrent requests for help from Ministers & senior officials for help with:

- Infrastructure, especially governance (shield against corruption);
- Advocacy & positioning, case for investment - recognition that sport in marginal position in government budgets, outcome frequently claims for positive health/social benefits.

COMMON ACCEPTANCE - INVESTMENT EITHER IN MEDALS OR PARTICIPATION
CHALLENGES

- Conceptual blurring & confusion - lack of understanding of policy implications;
- “Where to start?” in countries lacking infrastructure;
- Methodological challenges - lack of baseline data, information: eg number of clubs, Federation records, participation rates & distributions, structural inequities reflected in sport structures & cultures;
- Exacerbated by “revolving door” of Ministerial appointments, career paths of civil servants, party political switches, marginal position of sport ministries within government;
- Conflicting claims/expectations for sport (ie national pride, health, youth social development, anti-crime etc - & sport’s dependence upon others’ agendas.)

PERSISTENT RETURN TO “DIFFICULT CHOICES” BETWEEN INVESTMENT INTO MEDALS OR PARTICIPATION. MYTHS AND MIRAGES (& POLITICAL EXPEDIENCY) LEAD MINISTERS ASTRAY ….
Challenges FOR SPORT POLICY-MAKERS

“THE BIG THREE” - education, health & sport?

Rather .... sport budgets a fraction of education & health.

Sport marginal to education & health policies - & lacks evidence & credibility for effective contribution - weakens sport’s case as a supplicant for

sport for sport’s sake in policy landscapes?
DEFINITIONS -
Physical activity, physical education, sport

Terms used interchangeably in policy/strategy development. Ministers tend towards “sport”.
All 3 include/depend on physical movement, but important distinctions.
PHYSICAL ACTIVITY

A broad term, referring to all bodily movement that uses energy. It therefore includes physical education and sport. However, it is wider than this - also includes active play and routine, habitual activities such as walking and cycling, as well as active play.
Physical education develops physical competence so that all children can move efficiently, effectively and safely and understand what they are doing. The outcome, physical literacy, is an essential basis for their full development and achievement.

Endorsed, with support statements from UNESCO, UNOSDP, IOC, IPC.
SPORT

“AN INSTITUTIONALISED GAME” (Ingham 1979):

Characterised by:

- Bureaucracy
- Symbolic system, shared understandings;
- Technologies specific to the sport;
- Systematic induction, education systems.
“SPORT” - A PROBLEMATIC CONSTRUCT

TENDENCY FOR “SPORT” TO BE DEFINED AS:

- Highly institutionalised, structured & organised - bureaucratic;
- Elitist & exclusive, i.e. only for “the best”; 
- Global, with common forms & rule structures - yet ideas & procedures led by Western (white male) assumptions.
SPORT POLICIES CAN BE DANGEROUSLY UNBALANCED
AUSTRALIA 2000 - 2012

REDISTRIBUTION OF BUDGETS FOLLOWING 2000 SYDNEY GAMES TOWARDS ELITE SPORT, ABANDONMENT OF PARTNERSHIPS WITH HEALTH & EDUCATION, ABORIGINAL AGENCIES. ? OUTCOME?

<table>
<thead>
<tr>
<th></th>
<th>OLYMPIC</th>
<th></th>
<th>PARALYMPIC</th>
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<tbody>
<tr>
<td></td>
<td>GOLD</td>
<td>SILVER</td>
<td>BRONZE</td>
<td>RANK-ING</td>
<td>GOLD</td>
<td>SILVER</td>
<td>BRONZE</td>
<td>RANK-ING</td>
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<tr>
<td>2000</td>
<td>16</td>
<td>25</td>
<td>17</td>
<td>4TH</td>
<td>63</td>
<td>39</td>
<td>47</td>
<td>1ST</td>
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<tr>
<td>2012</td>
<td>7</td>
<td>16</td>
<td>12</td>
<td>10TH</td>
<td>32</td>
<td>23</td>
<td>30</td>
<td>5TH</td>
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MYTH v/s VIRTUOUS CIRCLE: BRIDGES BETWEEN FIELDS OF EVIDENCE

DELAYED SELECTION
SUSTAINED PARTICIPATION
CHANGE THE PYRAMID MYTH TO A HOUSE OF SPORT?

ELITE

SPORT

RECREATIONAL/PARTICIPATION SPORTS
PHYSICAL CULTURES IN THE POLICY LANDSCAPE?

- Pluralist - local/regional;
- Reflect/express context - social history, culture, demography, topography;
- Can be competitive or organised for display - but often are informal, grounded in everyday life & communities;
- Role in nation-building/cultural identities;
- May be displaced by sport strategies, or conflict with them.
YOUNG CHILDREN ARE ACTIVE
CHILDREN WILL BE ACTIVE!
CHILDREN WILL BE ACTIVE!
CHILDREN NEED TO LEARN TO TAKE RISKS & THE SKILLS TO MANAGE THEM
CHILDREN ENJOY PHYSICAL ACTIVITY AND LEARNING
PHYSICAL ACTIVITY STRATEGIES MAY BE:

* devolved to sport;
* competed against by sport for budgets, leadership;
* ignored by sport (eg excludes early years, older people, groups which are “hard to reach”;
* denied by sport ....
PA LEVELS GOING DOWN – A GLOBAL TREND
### Projected Human Costs of Inactivity (Designed To Move 2012)

<table>
<thead>
<tr>
<th>Country</th>
<th>Premature Death</th>
<th>Physical and Mental Health &amp; Well-being</th>
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<tbody>
<tr>
<td>USA</td>
<td>300,000 Obesity related deaths</td>
<td>7/10 Overweight or obese 13% Of 8-15 year olds have a mental health disorder</td>
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<tr>
<td>UK</td>
<td>1/5 men, 1/8 women Die of premature deaths from coronary heart disease</td>
<td>OVER 1/4 Adults overweight or obese More than any other country surveyed, British girls 15-17 say it’s hard to feel beautiful when faced with ideals in the media</td>
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<td>Brazil</td>
<td>250,000 Deaths from heart disease &amp; diabetes</td>
<td>1/2 Inactive 3x Childhood obesity in last 20 years</td>
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<td>China</td>
<td>1,150,000 Deaths associated with hypertension</td>
<td>1/4 Adults are diabetic or pre-diabetic 30 million Children under age 17 with mental health issues</td>
</tr>
<tr>
<td>India</td>
<td>1/4 Adult deaths attributed to heart disease, India’s #1 killer</td>
<td>62.4 million Diabetics in 2011 (23% increase over 2010)</td>
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# Projected Economic Costs of Inactivity (Designed To Move 2012)

<table>
<thead>
<tr>
<th>Country</th>
<th>Total Spend (US$) in 2008</th>
<th>2008 Direct Costs (US$)</th>
<th>2008 Indirect Costs (US$)</th>
<th>2030 Direct Costs Projection (US$)</th>
<th>% Increase in Direct Costs (US$) 2008-2030</th>
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<tbody>
<tr>
<td>USA</td>
<td>$147B</td>
<td>$90.1B</td>
<td>$56.5B</td>
<td>$191.7B</td>
<td>+113%</td>
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<td>- 2x the federal budget for the Department of Education (based on US$77.4B 2012 budget)</td>
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<tr>
<td>UK</td>
<td>$33B</td>
<td>$16.1B</td>
<td>$16.7B</td>
<td>$26.0B</td>
<td>+61%</td>
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<td>- Close to the National Health Service’s annual efficiency target (based on £20B of annual efficiency savings over the next four years)</td>
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<tr>
<td>CHINA</td>
<td>$20B</td>
<td>$12.2B</td>
<td>$7.5B</td>
<td>$67.5B</td>
<td>+453%</td>
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<td>- Almost 1/3 of China’s total health care budget (based on 2011 planned investment of approx. US$63B)</td>
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<tr>
<td>INDIA</td>
<td>$2B</td>
<td>$1.3B</td>
<td>$0.7B</td>
<td>$7.5B</td>
<td>+477%</td>
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<td>- Equal to the total annual budget for secondary education (based on US$1.9B/year for 2007-2012)</td>
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ONE VISION, TWO ASKS

WE ARE DESIGNED TO MOVE

VISION
FUTURE GENERATIONS RUNNING, JUMPING AND KICKING TO REACH THEIR GREATEST POTENTIAL

ASK 1
CREATE EARLY POSITIVE EXPERIENCES FOR CHILDREN
A generation that enjoys positive experiences in physical education, sports and physical activity early in life has the chance to shape the new future. This generation could break cycles of inactivity where they already exist, or prevent them before they start.

ASK 2
INTEGRATE PHYSICAL ACTIVITY INTO EVERYDAY LIFE
Economies, cities and cultures can be shaped and designed to encourage and enable physical movement. In fact, some already are. These are the bright spots. To ensure a better future for all, they need to be the norm.
SUMMARY

- Physical activity - most accessible, the art of the possible. Evidence base for health strong & consistent. BUT health policies focus on sickness & treatment services, marginalise preventive measures, including PA. WHO 4% of budget on NCDs, omits mention of PA in action plans. Lacks global and national policy communities.

- Physical education - most comprehensive system & infrastructure available for induction into PA and sport; well-qualified workforce. BUT weak national/global policy community. Evidence base for benefits for education, health & sport weak (no research, no evidence).

- Sport - problematic for access, exclusive. Policy community potentially strong but fragmented - & divided on rationale. Evidence base for social, health, educational benefits weak & inconsistent.
MUST

- Sport policies which embrace playground to podium, the dynamics of participation & performance - including the right to remain mediocre! - & exploit all sectors’ contributions;
- Sport/PA policies with a life long approach, accommodating shifting motivations, pressures & priorities related to life cycle, health promotion.