Using local authority entrance charges to tackle inequalities in physical activity? A qualitative study of leisure and public health perspectives

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Abstract

Background: Reducing or eliminating entrance charges for the public use of leisure facilities is one potential tool that local authorities (LA) have to reduce inequalities in physical activity (PA). Facility charges are likely to be a greater barrier to access for those who have lower incomes. Methods: Semi structured 1-to-1 and group interviews were conducted with 33 leisure and public health professionals in seven LAs in north-west England. We investigated how approaches to pricing varied in these settings and rationales influencing decision making. Results: Welfare orientated (e.g. affordability) and commercial drivers (e.g. income generation) featured most prominently across areas. Pricing policies placed less direct focus on public health goals, although tackling inactivity was articulated as part of leisure's role more generally. Local targeting of free/concessionary offers was also defined and implemented differently. Decision makers described navigating competing pressures of providing services for the public 'good' yet remaining financially viable. Conclusion: Many LAs are reviewing the extent of subsidy for facilities or are considering whether to invest public health budgets in leisure. The findings offer evidence of how pricing decisions are made and the approaches adopted in practice as well as the conflicting priorities for decision makers within an austerity context.

Introduction

Since municipal public baths were introduced in the UK during the 19th century, there have been debates about how much the public should be charged for using these facilities, reflecting tensions between public health ambitions for such services and the need to ensure they are economically viable.(1) More recently, decisions about leisure provision have, arguably, been shaped by similar tensions. A welfare orientated model has positioned leisure as a 'right', with the duty of public organisations to deliver accessible leisure for the local population.(2, 3) In contrast, a commercially driven approach is more aligned with business practices that emphasise income generation and deficit reduction.(4) Yet the implications for achieving public health priorities that stem from how local authorities (LAs) set entrance charges, remains less well understood.

Inactivity is of global concern and contributes to several cancers and chronic diseases.(5) In the UK context there is evidence that inactivity levels are 10% higher in most deprived areas compared to the least deprived.(6) The Active Peoples Survey (2016) also estimates a participation rate of 26% in lower socioeconomic groups, compared to 39.5% in higher groups.(7) Tackling this scale of physical inactivity in populations is recognised to require action at a range of levels that includes the affordability of participation.(8)

Under local government arrangements, LAs in England are the organisations responsible for delivering a range of public services across a locality. In some areas, unitary authorities are responsible for delivering all services across a geographical area but in other areas, this function is split between two tiers. LA leisure services (defined in terms of leisure centres, swimming pools and other community facilities) have the potential to improve population level activity, as they provide access to facilities that reach social groups across the life course. The amount that leisure services charge for using facilities is one potential strategy that LAs have at their disposal to tackle inactivity. Reducing or removing charges could contribute to this because cost has been found to act as a barrier to participation for lower income groups (9, 10). As a discretionary service, however, there is a risk that entrance charges could increase as a consequence of austerity because LAs can charge up to the full cost of provision.(11) Between 2009 and 2014 it is estimated that the public subsidy for LA leisure facilities was cut by 32% from £550 million to £375 million in England.(12)

Following changes to the organisation of the public health function in England, there is also a greater opportunity for public health professionals to work more closely with leisure services to more proactively plan provision in a way that promotes physical activity (PA).(13) Since 2013, upper tier and unitary LAs in England have been granted greater responsibilities for promoting public health and reducing inequalities, with public health departments transferring from the NHS into local government. However, previous studies have identified barriers to partnership working linked to the complexity of intersectoral collaboration as well as political and financial constraints.(14)

The research aimed to investigate the components of LA pricing policies, as well as the rationales and approaches shaping how such policies were developed and implemented locally. More specifically it considered: (i) How do goals and approaches to leisure entrance charges vary across LA areas in terms of what they are intended to achieve? (ii) What factors influence decisions about the ways that entrance charging policies are developed and implemented? The research described here formed part of a larger mixed method evaluation (designed by BB and EH) assessing the health inequalities impacts of LA leisure pricing strategies in the north west of England.

Methods

Recruitment and data collection

The fieldwork was located in seven LA areas who formally agreed to take part in the main study. The 2015 Indices of Multiple Deprivation Rank (15) provides an average deprivation summary score for each of the 326 LAs in England. Of the seven areas, five LAs were ranked within the most deprived 25% of all LAs, one area within the 50% most deprived LAs and one area in the least 50% deprived LAs. Each LA contains some of the most deprived neighbourhoods in the country in spite of the range of scores. With the exception of one area, leisure provision in all areas was owned and managed by the LA department. In the other area, the provision was managed by a Community Leisure Trust. Leisure provision in all areas included wet (swimming pools) and dry facilities (gyms, classes). All services provided outreach activities (e.g. based in community centres) but these varied in scale.

Members of the research team (EH, VH and JH) conducted fieldwork between December 2014 and April 2015. A total of 33 informants were recruited, purposefully sampled for their professional roles. Individual or group interviews with leisure professionals (n=27 participants) included senior strategic leads and service/operational managers. Where group

interviews were conducted (four areas), these involved the leisure service team from the same LA. Individual interviews (n=4 participants) with public health professionals included those with strategic or commissioning roles for PA. Two local elected politicians took part in individual interviews in two areas. Written informed consent was sought from participants. Interviews followed a semi-structured topic guide and ranged in length from between 40 to 70 minutes. Both individual and group interviews utilised the same schedule with group participants reminded of confidentiality prior to the discussion. Policy documents were collated from LA webpages and during fieldwork. Researchers (EH, VH) utilised documents to identify details of schemes for each LA (e.g. date of introduction, target group) and as prompts during interviews to explore rationales underpinning schemes. A research advisory network involved leisure and public health teams from the participating LAs. These meetings also enabled the team to track any major changes to schemes during the main study.

Analysis

All interviews were audio recorded and professionally transcribed. Researchers (EH & VH) familiarised themselves with the transcripts then extracted data to an analysis framework in Excel structured around deductive headings related to the interview topic guide. Charting and synthesising data, used in a framework approach to analysis supported a comparative analysis of pricing goals and approaches between sites and professional groups.(16) Framework analysis enables a systematic approach to managing and mapping qualitative data particularly where the aim is to compare within and between cases. Other team members (BB, JH, FW, AO) contributed to the analysis and interpretation of data. Emerging findings were discussed with practitioners during workshop sessions. Only the research team had access to transcripts and practitioners were not involved in analysing data. All quotes and excerpts used below to illustrate the results are anonymised to protect participants' identities. Codes provide the following information: LA fieldwork site (1-7) + Role (public health/ leisure professional or local politician). Ethics approval was gained from Lancaster University's research ethics committee in December 2014 (FHMREC14025).

RESULTS

Goals of leisure pricing

Welfare orientated goals

Professionals in all seven areas referred to the LA's responsibility to ensure publically funded services were accessible for the local population. Perspectives on the necessity of affordable

entrance charges were most prevalent in LAs where facilities were located in areas characterised by insecure employment and unemployment. Reference was made to 'not wanting to price people out of participation', as these respondents explained.

> *I think the recognition that it's one of the more deprived boroughs in the country so a high proportion of the population on low incomes, very low incomes and at the same time activity levels historically have been very low as well. (Local Politician, Site 2)*

> *In saying that it means that we have to make sure our services are universally accessible to people who have got social or economic challenges. (Leisure, Site 6)*

Offering activities at a low cost or for free in 'pockets' of deprived neighbourhoods or for particular groups (e.g. children in care) was also described as a means of encouraging participation among groups defined as 'socially excluded' or 'hard to reach':

> *People in leisure believe that leisure can contribute significantly to life to some of these youngsters. That's why there's a lot of things that we are doing that are trying to encourage kids to be involved. (Leisure, Site 1)*

Commercially driven goals

However, the need to achieve LA budget positions and financial targets was also highlighted as a prominent factor affecting pricing decisions in all participating LAs.

> *The way I see it simply is it's a local authority led business and my ownership as a manager is to operate non-profit really; to break even as a business so it doesn't cost the council and then look at potential profit related to future investment; so that's the way I look at it. (Leisure, Site 5)*

In many areas, participants spoke of pricing decisions being affected by funding cuts. Those with strategic decision making roles expressed concerns about the ability to maintain affordable services amid increasing financial pressures:

> *The Council will have lost over £300 million in six years and there's more cuts to come and this service is under real pressure while we are still trying to maintain a service which focuses and supports all members of the community; so it's a tough line to walk. (Leisure, Site 6)*

Participants described additional financial pressures from newly opened budget gyms offering highly discounted memberships. To generate more regular income and increase competitiveness, leisure teams had intensified marketing strategies that promoted direct debit membership to attract new and retain existing users or reducing membership pricing to increase its 'competitiveness'.

In practice, the balance between a focus on welfare and commercial goals was not always dichotomous. In one area, for example, income generated from direct debit memberships enabled the service to subsidise activities for groups perceived less likely to participate in leisure.

> *So our work on our business side and our gym and aerobics stuff is really important to bring down our net requirement but also mean we can still charge a reasonable rate for these youngsters and that to be involved. (Leisure, Site 1)*

Public health professionals were also cognizant of tensions in using price to reach inactive groups amid competing financial pressures. This was highlighted with regard to the ways that leisure targeted activities to either existing/regular or non-users/inactive user groups.

> *I guess from providing that leisure service point of view you've got that balance haven't you to get right between putting classes on that people can identify with from a range of different backgrounds including people who don't currently do any exercise. I can see that's a challenge. (Public health, Site 1)*

The complexity of financial structures for leisure pricing decisions was suggested to affect the use of public health evidence as well.

> *I think that the solution from a Public Health perspective might be relatively easy but the solution from a local authority perspective might be so much more harder because … the finance attached to the existing structures is so complex that almost the evidence based almost might be secondary to everything else that's going on (Public health, Site 5)*

Public health goals

Compared to the two goals above, less emphasis appeared to be placed upon public health priorities as drivers underpinning how leisure entrance charges were set. Two further themes were identified in the findings that may help explain this. Firstly, both public health and leisure professionals acknowledged that leisure provision had a key role to play in tackling inactivity in local populations, however, more divergent perspectives were offered about the role of price more specifically in tacking inactivity. While affordability was recognised as a financial barrier for low income groups, professionals suggested there were a myriad of factors affecting public decisions to use leisure or partake in PA more generally.

> *I think my professional view would be that there are all sorts of barriers that prevent people from taking exercise and money may be one of those barriers but it is only one barrier. (Public health, Site 3)*

Examples cited of these barriers included the physical accessibility and location of the facilities, public attitudes to gyms, timing of when classes were put on as well as family and working constraints.

Secondly the research identified not insignificant variation in the levels of integration or joint working between public health and leisure teams. In one area, a historical approach to partnership working had resulted in the implementation of a community wide programme, which included a universal free leisure component (described below). This programme received considerable investment from public health and leisure budgets over a number of years. In other areas a more typical model functioned where public health teams commissioned or worked with leisure services to deliver 'discrete' projects or interventions (e.g. walking for health, or exercise on referral) but public health teams had less direct involvement in pricing decisions. In three areas, partnership arrangements appeared less developed. Here, factors such as workforce restructuring and staffing changes as well as a two-tiered LA structure were reported to have affected levels of partnership working.

Approaches to reduce or remove entrance charges

Targeted concessionary schemes

Schemes offering concessions for particular groups (e.g. unemployed, retired adults) were in operation in all areas. Referred to as 'passport to leisure' or 'standard concessions' their

introduction was often reported as being shaped by political ideologies and a historical legacy of affordable provision.

> *There were members politically obviously wanted to encourage exercise in the facilities when [the] financial situation wasn't as strict. They came up with the scheme of; I don't think it came from us particularly; it was just something that the council wanted to introduce.* (Leisure, Site 4)

These schemes required proof of eligibility from users although differences were evident between LAs in how criteria were applied to particular groups but also in the groups who were entitled to a concession. Most users were limited to using the facilities at 'off peak' times (daytimes and weekends), although in one LA, users could attend at any time of day. Mixed viewed were expressed about the impact of these concessionary schemes. In one LA, the leisure team described the scheme as 'not an underused scheme by any means'. In other areas, leisure teams expressed concern that a 'blanket' approach to offering concessions to 'just about anyone' was likely to be unsustainable in the financial climate. However, attempts to tighten eligibility criteria could be politically and publically unpopular.

> *We had some resistance because I made the decision to take out the qualifying 'because you're old' when we have some wealthy pensioners rocking up in Mercedes and benefitting from cheaper activities, which we felt was a little unfair. (Leisure, Site 7)*

In two areas, funding cuts were also reported to have led to reductions in the level of concession offered for use of facilities under these schemes.

Free leisure provision

A smaller number of areas operated schemes that provided free leisure offers but these varied in scale and in approach. There were differences in whether such provision was universally offered (to the whole population) or targeted at particular groups. A universal approach in one area included a large free offer aimed at anyone living or working in the LA. This was introduced alongside intensive marketing activities, a team of health trainers, dedicated instructors, community development officers and a network of volunteers.

> *It isn't just about providing free leisure in leisure centres, a lot of things Leisure Professional 4 said around volunteering, the programme, walking and cycling, it needs to be a whole scale approach to leisure, sport, physical activity.* (Leisure, Site 2)

In other LAs, free leisure offers included free swimming for under 16s during the holidays, swimming lessons for housing association tenants and free leisure access for young people under 18 or adults over 75 years. Yet for some professionals, there was uncertainty if free leisure should be available at all. Reflecting on their own local experiences, some professionals suggested that free access resulted in people devaluing schemes.

> *Again you've got to put a value on something because don't respect. If there's no value or no cost value behind nobody respects it. (Leisure site 4)*

DISCUSSION

Main finding of this study

The research identified three goals underpinning pricing decisions. Welfare orientated and commercial goals featured most prominently across all areas. Fewer areas articulated public health as an explicit goal of pricing policies, with models of partnership between public health and leisure varying across LAs. The scale and targeting of concessionary or free offers was also approached in different ways. Professionals in strategic roles acknowledged the 'balancing act' in managing sometimes competing goals amid organisational pressures to make cost savings. During the study this was evidenced in some areas by reductions in concessionary offers available.

What is already known on this topic

Leisure pricing is one strategy with potential to tackle population level inactivity, however, evidence from intervention studies is mixed. For example, free leisure has been found to encourage teenage children from more deprived areas to swim more frequently (17) but that cost may be less important for older adults.(18) Yet there are few empirical studies investigating the impact on participation by different socioeconomic groups. Policies may also result in 'intervention driven' inequalities in different ways.(19) Inequalities may be widened if more affluent users take more advantage of universal free schemes compared to those who are less well-off or if cost related barriers to access (e.g. distance to facilities) are not taken into account.(17) Concessionary schemes targeting those in receipt of welfare payments could result in stigmatising groups or constrain access if use of facilities is only offered at certain times of day. Paradoxically, access to leisure facilities located in more deprived areas could be reduced if cuts to public services result in reduced hours or retrenchment of the LA's role in the services it provides.(20)

What this study adds

The study provides evidence about the ways that LA leisure pricing decisions are made, and the approaches that are adopted in practice. These findings also offer some insights into the challenges of joint working for public health teams embedded within complex socio-political and economic environments.(21) In the context of budget cuts, public health decision makers require robust evidence to support investment in preventative approaches as well as make the case for health to be considered in wider LA decisions.(22) By embedding this qualitative investigation within a wider mixed method study, which treats LA pricing policies as a 'natural experiment',(23) the study will produce more detailed evidence needed for decision making as to how leisure pricing influences participation for whom and in which contexts.

Limitations of this study

The research took place in a small number of LAs who self-selected into the study. Limited contextual information is provided about areas to preserve participant anonymity as far as this is feasible. The accounts reported here may also not reflect experiences in other parts of the country. Fewer interviews with local politicians took place as the fieldwork clashed with a local election period and due to the departure of a researcher. It was not possible to interview public health professionals in all areas mainly due to personnel changes in some LAs.

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