

Public Document Pack



**Service Director – Legal, Governance and
Commissioning**

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Monday 13 October 2025

Notice of Meeting

Dear Member

Cabinet

The **Cabinet** will meet in the **Council Chamber - Town Hall, Huddersfield** at **1.30 pm** on **Tuesday 21 October 2025**.

This meeting will be live webcast. To access the webcast please go to the Council's website at the time of the meeting and follow the instructions on the page.

The items which will be discussed are described in the agenda and there are reports attached which give more details.

A handwritten signature in cursive script, appearing to read "S Lawton".

Samantha Lawton

Service Director – Legal, Governance and Commissioning

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

The Cabinet members are: -

Member	Responsible For:
Councillor Carole Pattison	Leader of the Council
Councillor Beverley Addy	Cabinet Member - Public Health
Councillor Moses Crook	Deputy Leader of the Council, Cabinet Member - Transport and Housing
Councillor Nosheen Dad	Cabinet Member - Adult Social Care and Corporate
Councillor Tyler Hawkins	Cabinet Member - Highways and Waste
Councillor Viv Kendrick	Cabinet Member - Children' Services (Statutory Responsibility for Children)
Councillor Amanda Pinnock	Cabinet Member - Communities and Environment
Councillor Jane Rylah	Cabinet Member – Education
Councillor Graham Turner	Cabinet Member - Finance and Regeneration

Agenda

Reports or Explanatory Notes Attached

Pages

1: Membership of Cabinet

To receive apologies for absence from Cabinet Members who are unable to attend this meeting.

2: Minutes of Previous Meeting

1 - 12

To approve the Minutes of the Meeting of the Cabinet held on 9 September 2025.

3: Declaration of Interests

13 - 14

Members will be asked to say if there are any items on the Agenda in which they have any disclosable pecuniary interests or any other interests, which may prevent them from participating in any discussion of the items or participating in any vote upon the items.

4: Admission of the Public

Most agenda items take place in public. This only changes where there is a need to consider exempt information, as contained at Schedule 12A of the Local Government Act 1972. You will be informed at this point which items are to be recommended for exclusion and to be resolved by the Committee.

5: Deputations/Petitions

The Cabinet will receive any petitions and/or deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also submit a petition at the meeting relating to a matter on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10, Members of the Public must submit a deputation in writing, at least three clear working days in advance of the meeting and shall subsequently be notified if the deputation shall be heard. A maximum of four deputations shall be heard at any one meeting.

6: Questions by Members of the Public

To receive any public questions.

In accordance with Council Procedure Rule 11, the period for the asking and answering of public questions shall not exceed 15 minutes.

Any questions must be submitted in writing at least three clear working days in advance of the meeting.

7: Questions by Elected Members (Oral Questions)

Cabinet will receive any questions from Elected Members.

In accordance with Executive Procedure Rule 2.3 (2.3.1.6) a period of up to 30 minutes will be allocated.

8: Increasing Physical Activity in North Kirklees

15 - 322

To receive an update on increasing physical activity in North Kirklees.

Wards affected: all wards

Contact: Martin Gonzalez, Public Health Manager

9: Inclusion and Diversity Strategy 2024-2027 – 12-month update

323 -
358

To receive a 12-month update on the Inclusion and Diversity Strategy 2024-2027 for the period September 2024 – September 2025.

Wards affected: all

Contact: Stephen Bonnell, Head of Policy, Partnerships, and
Corporate Planning

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Contact Officer: Andrea Woodside

KIRKLEES COUNCIL

CABINET

Tuesday 9th September 2025

Present: Councillor Carole Pattison (Chair)
Councillor Beverley Addy
Councillor Moses Crook
Councillor Nosheen Dad
Councillor Tyler Hawkins
Councillor Viv Kendrick
Councillor Amanda Pinnock
Councillor Jane Rylah
Councillor Graham Turner

Observers: Councillor Munir Ahmed
Councillor Ali Arshad
Councillor Andrew Cooper
Councillor Jo Lawson
Councillor Imran Safdar
Councillor Mohan Sokhal
Councillor Cathy Scott
Councillor Alex Vickers

33 Membership of Cabinet

All Members of Cabinet were present.

34 Declaration of Interests

Councillor Hawkins declared an 'other' interest in Agenda Items 16 and 17 (Minute No.s 48 and 49 refer) on the grounds that he had been actively engaged with the groups involved throughout the process.

Councillor A U Pinnock declared an 'other' interest in Agenda Item 16 (Minute No. 48 refers) on the grounds that a family member was involved in the scheme.

35 Minutes of Previous Meeting

RESOLVED – That the Minutes of the Meeting held on 8 July 2025 be approved as a correct record.

36 Admission of the Public

It was noted that exempt information was contained within Agenda Item 12.

37 Deputations/Petitions

No deputations or petitions were received.

38 Questions by Members of the Public

No questions were received.

39 Questions by Elected Members (Oral Questions)

Cabinet received the following questions in accordance with Executive Procedure Rule 2.3;

Question from Councillor J D Lawson

“I’ve received concerning emails regarding the construction in Cleckheaton. Knowing that houses around the site have tested positive for various types of asbestos, can you tell me at what stage public health would intervene?”

A response was provided by the Cabinet Member for Public Health (Councillor Addy).

Question from Councillor Cooper

“I checked what support was available to help households insulate their homes and came across the warm homes local grant on the Government website. It said if you are eligible and your local council has funding available they will arrange a home survey to see how your home could be made more energy efficient. They will then organise and pay for any improvement work they have agreed with you. The government website said that Kirklees was not participating, whereas neighbouring local authorities had secured funding. Why is Kirklees not participating in this scheme to help residents, did we not apply or was the application not successful?”

A response was provided by the Leader of the Council (Councillor Pattison).

Question from Councillor Scott

“At Kirklees we originally had three planning committees, we reduced those to two and we are now finding that there is a backlog in planning, and committees are not sitting. Its worrying that we have Members that are asking for applications to be directed to Committee and that the Chair is making the decision that applications can’t go to Committee. This isn’t right, we have people losing money because of this.”

A response was provided by the Cabinet Member for Finance and Regeneration (Councillor Turner).

Question from Councillor Safdar

“A recent gala charity event at our local wreck was a statement that the community takes pride in its shared spaces and that together we can transform places into spaces that we can all value. The park has long struggled with fly tipping and ASBO issues but it became a clean welcoming hub last Sunday. We are asking for visits from the relevant Cabinet Members to this site as it has now reverted back to being a fly tipping area with anti social behaviour. We are asking for regular maintenance and support from the Council to enable regular community events, children’s activities during the summer and a space where everyone feels welcome and connected.”

Cabinet - 9 September 2025

A response was provided by the Cabinet Member for Communities and Environment (Councillor A U Pinnock).

Question from Councillor Ali

“With regard to Westgate, Cleckheaton, I don’t feel that we have fully explored the concerns of the local community. I would like this to be halted to look at the preventative measures that we have in place to reduce the dust and going forward the local community needs to be spoken to. There is a public meeting at 7pm on Sunday 14 September at St Luke’s Church and we should be responsible in addressing the concerns of the local community.”

A response was provided by the Cabinet Member for Regeneration and Finance (Councillor Turner).

Question from Councillor Safdar (on behalf of Councillor Bramwell)

“The questions are in regard to flytipping and potholes and repeated failures to deal with such issues. Cllr Bramwell has reported mattresses in Westtown at the end of summer, and chased this up but the mattresses are still there and more rubbish has been dumped. Waste remains uncollected and residents are angry and losing faith. When will the Council finally admit its repeated failures to complete most basic tasks and respond to reports? What real action will be taken to improve this lacklustre service?”

A response was provided by the Cabinet Member for Communities and Environment (Councillor A U Pinnock).

40 Council Plan and Performance Update Report - Quarter 1 2025/2026

(Under the provision of Council Procedure Rule 36(1), Cabinet received representations from Councillors J D Lawson and Scott).

Cabinet received the Council Plan and Performance Update Report Quarter 1, 2025/2026 which provided information on progress against the 2025/2026 Council Plan priorities, and performance against key measures during the period.

The report provided a narrative against each of the four council plan priorities and against key measures by setting out an update on progress and activities delivered in the quarter and planning activities for the next quarter. It also provided a summary of key issues which were (i) the number of people open to adult social care had risen by 6.5% and the number of nursing and residential service users was higher than the national average (ii) the number of Looked After Children had risen by 12% over the past 12 months and (iii) the number of flytipping incidents had risen by 8% compared to the same period 12 months ago.

Cabinet noted that, in terms of highlights, (i) the timeliness of EHCPs had improved significantly during Quarter 1 (ii) the number of open damp, mould and condensation cases had reduced significantly during Quarter 1 and (iii) the number of households in temporary accommodation had reduced by 20% compared to 12 months ago.

RESOLVED - That the Council Plan and Performance Update Report – Quarter 1 2025/2026 be noted.

41 Corporate Financial Monitoring Report - Quarter 1, 2025-2026

(Under the provision of Council Procedure Rule 36(1), Cabinet received representations from Councillors J D Lawson and Scott).

Cabinet gave consideration to the Corporate Financial Monitoring Report, Quarter 1 2025/2026, which provided an update on the financial position as of 30 June 2025, together with key risks.

The report advised that the projected overspend at Quarter 1 of £5.9m for the General Fund was the lowest Quarter1 forecast overspend since covid. The report provided a breakdown of the projected outturn financial monitoring position in relation to (i) forecast general fund revenue outturn position 2025/2026 by service area (ii) general fund reserves and balance movements in year (iii) forecast housing revenue account revenue outturn position including movements in housing revenue account reserves in-year and (v) treasury management prudential indicators.

RESOLVED –

- 1) That the forecast revenue outturn position at Quarter 1 for 2025/26 (£5.9m overspend) be noted and that it be further noted that Executive Directors have been asked to bring forward sustainable proposals to reduce the overspend to bring the budget back into balance.
- 2) That it be approved that £149k of the budget amendment for Christmas week bin collections be redirected to support the Flytipping Strategy (£100k) and the Kirklees Clean-Up project (£49k).
- 3) That the Quarter 1 forecast that the Dedicated Schools Grant (DSG) deficit is forecast to increase by £12.5m in 2025/26 to £76.3m be noted.
- 4) That the Quarter 1 forecast HRA position as £181k overspend and forecast year-end reserves position of £14m be noted.
- 5) That the Quarter 1 forecast capital monitoring position for 2025/26 be noted and approval be given to a further net reduction in the 2025/26 position of £9.6m due to £9.9m re-profiling (£7.2m General Fund and £2.7m HRA) into future years.
- 6) That £0.4m net increase in the overall capital plan (£0.3m 2025/26, £0.1m 2026/27) due to increased grant and S106 contributions be noted.
- 6) That the Quarter 1 treasury management prudential indicators be noted.

42 Corporate Risk Report - Quarter 1, 2025-2026

Cabinet received a report which provided an update on the Corporate Risk Register for Quarter 1 2025/2026 and provided an assessment of risks faced at a significant corporate level. The report outlined major corporate risks and assessed their risk score alongside any movement from the previous quarter and provided a summary of processes and controls that may be in place to monitor and mitigate identified risks.

RESOLVED – That the Corporate Risk Report – Quarter 1 2025/2026 be noted.

43 Council Budget Strategy Update 2026-2027 and following years (Reference to Council)

Cabinet gave consideration to a report which set out an update to the Medium Term Financial Strategy, providing the framework for the subsequent budget setting process and future financial planning.

The report advised that the commencement of this financial strategy coincided with significant changes that were expected to all local authorities through Fair Funding 2.0 and the planned implementation of multiyear settlements. Cabinet were informed that local authorities were expected to receive the provisional local government finance settlements in November 2025. It was noted that the report made a number of prudent assumptions with regard to the impact of fair funding.

The report explained that there was a cumulative estimated budget gap over the five year medium term financial year strategy up to 2030/2031 of £56.3m, with the most immediate issue being the 2026/2027 forecast gap of £17.9m, caused by ongoing cost pressures, particularly in social care.

The report identified four key priorities of (i) a balanced budget and modern organisation (ii) protecting the vulnerable and achieving inclusion (iii) thriving people and communities and (v) local economic growth and working with regional and national partners.

Cabinet noted the information provided in the report which set out an update on (i) quarter one budget monitoring (ii) overarching principles of the financial strategy (iii) risk and uncertainty within the financial strategy, including the fair funding review (iv) council tax equalisation (v) risk (vi) update of the medium term financial strategy (revenue) 2026/2031 (vii) specific funding assumptions and portfolio assumptions (ix) medium term capital plan 2025/2033 (general fund) (x) general fund revenue budget (xi) collection fund and (xii) dedicated schools grant and housing revenue account.

The report indicated that the cumulation of this work would be that Cabinet would make initial budget proposals in December 2025, prior to consideration at Budget Council in February 2026.

RESOLVED – That the following recommendations be approved and that the report be submitted to the meeting of Council on 17 September 2025;

- 1) That the key risks to the delivery of the budget in 2025/26 outlined in the Quarter 1 Financial Monitoring report be noted, and that they be subject to consideration as part of the Budget Monitoring reports submitted to the Cabinet on a quarterly basis;
- 2) That the uncertainty as to the precise level of future funding for the Council and the assumptions around the potential impact of Fair Funding Review 2.0 be noted.
- 3) That the update and the revised budget gap to the MTFs for the period 2026/27 to 2030/3, as shown at Appendix A, be noted and that, in view of the uncertainty with some of the assumptions upon which the Strategy is based, it will remain under review as the Council's budget process progresses.

Cabinet - 9 September 2025

- 4) That it be noted that there is a significant gap of c£18m in 2026/27 which requires either reduction in budget pressures and/or new savings proposals to be brought forward.
- 5) That the scenario analysis (Appendix C) which models 'worst'/'best' case scenarios around the baseline MTFs as part of the assessment of potential risks facing the Council be noted.
- 6) That the current Capital Plan (Appendix D) reflecting updated General Fund funding assumptions prior to the completion of the Capital plan review and a revised HRA Capital Plan with updated funding be noted.
- 7) That the Medium Term Financial Strategy be agreed.
- 8) That in consultation with relevant Cabinet Members, Officers be requested to identify and bring forward budget savings proposals as part of the provisional budget report which will be initially considered by Cabinet in December 2025 and then a final budget report be presented for approval by Cabinet/Council as part of the development of the final budget for 2026/27 in February 2026; (subject to consultation as set out (11) below).
- 9) That it be noted that funding assumptions made in this report may be subject to change when the provisional local government finance settlement is published by Government.
- 10) That the timetable set out at Appendix E for the development of the Council's Budget for 2026/27 be noted.
- 11) That the proposal to undertake consultation on the budget proposals in late 2025 with a view to informing decisions on the Council's budget for 2026/27 be noted.
- 12) That subject to the continuation of the Business Rates Pooling arrangements, authority be delegated to the Chief Executive and the Service Director (Finance), in consultation with the Leader and the Cabinet Member for Finance and Regeneration, to determine whether the Council should continue as a member of the Leeds City Region Business Rates Pool in 2026/27.

44 Our Cultural Heart, part of the Huddersfield Blueprint, Phase 2 Gateway 4
(The report included exempt information in accordance with Schedule 12A of the Local Government Act 1972 (Access to Information) (Variation) Order 2006, namely that it contains information relating to financial and business affairs of third parties (including the Authority holding that information). It was considered that the disclosure of the information would adversely affect those third parties, including the Authority and therefore the public interest in maintaining the exemption, which would protect the rights of an individual or the Authority, outweighs the public interest in disclosing the information and providing greater openness and transparency in relation to public expenditure in the Authority's decision making).

(Under the provision of Council Procedure Rule 36(1), Cabinet received a representation from Councillor Munro).

Cabinet gave consideration to a report which set out an update on the progress of Phase 2 of Our Cultural Heart. The report advised that Phase 2 would progress to the Gateway 3 and 4 process and that further approval was sought to sign off the conclusion of the pre-contract services agreement and Gateway 4, to award JCT the construction contract and commence construction works onsite.

Cabinet - 9 September 2025

The report provided an update on Phase 1, which included the library and public realm space, by outlining the contractor's progress on site. It also set out proposals for the demolition of remaining retail units in preparation of the next phase (phase 3) and sought approval to procure and award the retail demolition contract.

Cabinet noted the overview of the remaining phases of the masterplan, including the feasibility study to develop the option of land at Queen Street as a multi storey car park. The report advised that the costs relating to operational costs and costs for the preparation of opening and ongoing operation of the facilities would continue to be reviewed.

RESOLVED –

- 1) That, in regards to the Conclusion of Phase 2 Gateway 4 & Enabling Works, authority be delegated to the Executive Director (Place), in consultation with the Portfolio Holder for Finance & Regeneration to sign off the conclusion of Phase 2 Gateway 4 including the contractors design proposals, planning and listed building consent matters, the RIBA 4 design, the construction programme, the construction contract and the contract sum and if required to maintain the optimum programme and subject to approval of Recommendation 6 to instruct any necessary enabling works from the Phase 2 Construction Budget during the PCSA period prior to the conclusion of Phase 2 Gateway 4.
- 2) That, in regards to Construction Partner, Phase 2, JCT Construction Contract, authority be delegated to the Executive Director (Place), in consultation with the Service Director (Finance) and the Cabinet Member (Finance and Regeneration) to make the decision to award the JCT construction contract and start works on site and that if the award would exceed the Phase 2 Construction Budget the matter be brought back to Cabinet.
- 3) That, in regards to Demolition Partner, Retail Demolition Contract, authority be delegated to the Executive Director (Place), in consultation with the Service Director (Finance), the Head of Procurement and the Cabinet Member (Finance and Regeneration) to make all necessary preparations to secure vacant possession of the Piazza Shopping Mall including serving notice on the remaining tenants and occupiers and ending all contracts, procure and then award the demolition contract either as part of Phase 2 or as a separate contract and start works on site and that if the award would exceed the Retail Demolition Budget the matter will be brought back to Cabinet.
- 4) That, in regards to SDP, Architect and Engineer Services and Extension of Appointments, subject to agreement on fees and in line with the Council's procurement process and Contract Procedure Rules, approval be given to continue the services being provided by the Client construction delivery team (SDP, architect and the engineer) to progress Phase 2 to Gateway 5 and the procurement and completion of the retail demolition, and that it be noted that

Cabinet - 9 September 2025

same delivery team is providing the necessary services on Phase 1 and the rest of the feasibility work on the master plan.

- 5) That, in regards to Construction Budget for Phase 1 Gateway 5, Phase 2 Gateway 5, Retail Demolition & Master Plan Allowances, approval be given to the further draw down of £58.228m, thereby increasing the committed funding for the programme from £78.957m to £137.185m.
- 6) That, in regards to Reallocation of Budget to Operational Services, approval be given, subject to no other sources of funding being available, the reallocation of funding from the Construction Budget to fund the West Yorkshire Archive Service (£265k) archive cleaning pre-opening capital costs as part of Phase 1 and IT costs (£200k) for Phase 2.
- 7) That, in regards to Reallocation of Budget for Internal Staff Costs and Property Costs, approval be given, subject to no other sources of funding being available, the reallocation of funding from the Construction Budget to fund the council's internal staff costs associated with the construction delivery (£2m) and property costs (£750k) as set out in Section 3.2 of the report.
- 8) That, in regards to Deliver the Programme to Phase 1 Gateway 5 (end of construction), Phase 2 Gateway 5 (end of construction) , Retail Demolition & Develop the Master Plan, authority be delegated to the Executive Director (Place) to work within approved budgets to deliver the project management, design and construction of the programme to Phase 1 Gateway 5, Phase 2 Gateway 5, retail demolition and develop the master plan.
- 9) That, in regards to, Complete the Agreement to Lease and the Lease for the Phase 1 Food Hall Tenant, authority be delegated to the Executive Director (Place), in consultation with the Service Director (Finance) and the Cabinet Member (Finance and Regeneration) to conclude the tenant selection process, negotiate the commercial terms and complete the Agreement to Lease, and the Lease.
- 10) That, in regards to, Operational Services Additional Budgets Phase 1 & Phase 2, it be agreed that the Executive Director (Place), Deputy Chief Executive and Executive Director (Public Health and Corporate Resources) in consultation with the Service Director (Finance) review and monitor the relevant service pre and post opening costs of the various phases of the Our Cultural Heart programme, and that the Service Director (Finance) shall ensure that the requests and estimates are added to the Council's Medium Term Financial Plan and be further refined as updated information becomes available.
- 11) That authority be delegated to the Service Director (Legal, Governance and Commissioning) to negotiate, agree, enter into all agreements and enter into and execute any documents necessary to enable the delivery of the Our Cultural Heart project to proceed.

45 Kirklees Transport Strategy, Consultation Results and Adoption

Cabinet gave consideration to a report which provided an update on the results of the publicity campaign and consultation activity undertaken on the draft Kirklees Transport Strategy.

The report advised that the draft Kirklees Transport Strategy, which had been subject to public consultation from 3 March to 28 April 2025, had received over 2000 responses from individuals, organisations and businesses. Cabinet were informed that an analysis of the responses had resulted in a redraft of the document to reflect the responses to the consultation and that the report presented the results of this consultation and engagement activity prior to the adoption of the strategy.

It was noted that a better approach to transport would help deliver against the Council's core priorities and place a stronger focus on more sustainable forms of transport in helping to achieve a greener, healthier Kirklees. The report advised that, subject to adoption, the strategy would establish the Council's transport ambition, support decision making, direct future funding bids, project activity and spend, and would remain fully aligned with the key priorities in the Council's Plan.

RESOLVED – That the Transport Strategy, as attached at Appendix E, be endorsed and that the Cabinet Member for Housing and Transport, in consultation with the Executive Director for Place, be delegated authority to make any necessary changes to the Strategy and formally adopt the Strategy.

46 Simpler Recycling in Kirklees

Cabinet gave consideration to a report which sought agreement for the Council to comply with simpler recycling legislation for residential recycling collection from 2028 through the collection of all compliant materials via the collection method required within legislation, from the start of the new waste disposal and treatment contract in 2028.

The report also highlighted how the recycling collection model would critically link with the new integrated resource and waste management procurement, which was previously approved by Cabinet in 2024.

The report advised that a decision was required to comply with simpler recycling legislation from 2028, which would allow the service to model an effective and efficient collection model, which would be implemented following the end of the existing waste treatment and disposal model, in line with guidelines set out within EPR funding and would enable the service to develop a complaint model that could be adopted for the new disposal and treatment contract, starting in 2028.

RESOLVED –

- 1) That approval be given to planning for the implementation of a simpler recycling collection model, in line with legislative requirements.
- 2) That it be agreed that a new model will be implemented for recycling collections, which will commence in 2028, subject to the submission of a report to Cabinet to seek approval to commence a new contract.

- 3) That approval be given to the development of options for a future collection model that complies with simpler recycling legislation at the relevant time during the procurement process for the new integrated resource and waste management services contract.

47 Kirklees Lane Rental Scheme

Cabinet gave consideration to a report which set out the proposal of a Council Lane Rental Scheme and sought authority to apply to the Secretary of State for Transport for powers to operate the scheme. The report advised that such applications needed to be submitted by 1 October 2025.

Cabinet noted that the scheme was a regulatory framework which would allow highway authorities to charge utility companies and contractors a daily fee for occupying the most traffic sensitive roads at the busiest times with the aim of incentivising faster, more efficient roadworks and minimise disruption to road users. The report advised that, subject to approval by the Secretary of State, the implementation of the scheme would enable the reduction of disruption from roadworks, improvements in air quality and making improvement times more reliable.

RESOLVED –

- 1) That the commencement of the statutory consultation be noted.
- 2) That authority be delegated to the Executive Director (Place) in consultation with the Cabinet Member (Highways and Waste) to (i) consider the results of the statutory consultation (ii) determine the contents of the Lane Rental Scheme (iii) determine whether to make an application and of the timing of the submission to the Department of Transport (DfT), and if DfT/Secretary of State for Transport (SoS) approval is granted, to implement the Kirklees Lane Rental Scheme and (iv) to determine the governance arrangements for the Surplus Income Board.
- 3) That the content of the Integrated Impact Assessment as set out at paragraph 3.5 be noted.

48 Community Asset Transfer of the Hudawi Centre, Great Northern Street, Huddersfield

(Under the provision of Council Procedure Rule 36(1), Cabinet received a representation from Councillor Munir Ahmed).

Cabinet gave consideration to a report which sought approval for the Community Asset Transfer of the Hudawi Centre, Great Northern Street, Huddersfield, to the Black Business Support Agency Community Interest Company.

Cabinet noted that the granting of a long leasehold would be in accordance with the Council's Community Asset Transfer Policy 2020 and would provide the Community Interest Company with the security needed to satisfy grant funder requirements whilst ensuring that the building remains available to the local community for the long-term future.

RESOLVED - That authority be delegated to the Service Director (Development), in consultation with Cabinet Member (Finance and Regeneration), to negotiate and agree terms with BBSA (Black Business Support Agency) C.I.C for the grant of a 125 year lease for the Hudawi Centre and instruct the Service Director (Legal, Governance and Commissioning) to enter into and execute all necessary documentation in connection with the grant of the lease.

49 Community Asset Transfer of the DRAM Centre, Ridgeway, Dalton, Huddersfield

(Under the provision of Council Procedure Rule 36(1), Cabinet received a representation from Councillor Munir Ahmed).

Cabinet gave consideration to a report which sought approval for the Community Asset Transfer of the DRAM Centre, Ridgeway, Dalton, to Moldgreen ARLFC Community Interest Company. The report advised that the transfer of the property would support the aim of allowing local people and communities to have greater control over the delivery of local assets and services.

Cabinet noted that the granting of a long leasehold would be in accordance with the Council's Community Asset Transfer Policy 2020 and that a long leasehold would give the Community Interest Company the security to ensure that the building and sports pitches remain available to the local community for the long term future.

RESOLVED - That authority be delegated to the Service Director (Development) in consultation with the Cabinet Member (Finance and Regeneration), to (i) negotiate and agree terms with Moldgreen ARLFC (DRAM Holdings) for the grant of a 125 year lease for the DRAM Centre and (ii) instruct the Service Director (Legal, Governance and Commissioning) to enter into and execute all necessary documentation in connection with the grant of the lease.

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KIRKLEES COUNCIL			
COUNCIL/CABINET/COMMITTEE MEETINGS ETC			
DECLARATION OF INTERESTS			
Name of Councillor			
Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an "Other Interest")	Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]	Brief description of your interest

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

If you have any of the following pecuniary interests, they are your disclosable pecuniary interests under the new national rules. Any reference to spouse or civil partner includes any person with whom you are living as husband or wife, or as if they were your civil partner.

Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.

Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.

Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -

- under which goods or services are to be provided or works are to be executed; and
- which has not been fully discharged.

Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

Any tenancy where (to your knowledge) - the landlord is your council or authority; and the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

- (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
- (b) either -

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or

if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.



REPORT TITLE: Increasing physical activity in North Kirklees

Meeting:	Cabinet
Date:	21 October 2025
Cabinet Member (if applicable)	Councillor Carole Pattison
Key Decision Eligible for Call In	No Yes
<p>Purpose of Report</p> <p>To provide an update to Cabinet following the 5th November 2024 report entitled ‘The Future of Dewsbury Sports Centre’. More specifically:</p> <ul style="list-style-type: none"> • To update Cabinet on their approval to commission an independent report on the key barriers and enablers to physical activity with particular focus on Batley and Dewsbury in order to add to the existing knowledge base and to help inform next steps. • To provide Cabinet with a series of recommendations based on the findings of the independent report carried out by Brightsparks (Summer 2025). 	
<p>Recommendations</p> <ol style="list-style-type: none"> 1. That Cabinet consider and note that the main finding from the report was the community desire for a new sport and leisure facility to serve the communities of Dewsbury and Batley and which provides a safe and welcoming space and opportunities for social connections. 2. That Cabinet therefore agree to take the next steps towards developing a new sport and leisure facility which meets the needs of the communities living in the Dewsbury and Batley areas of Kirklees. 3. That Cabinet agree to the commissioning of an external options appraisal followed by a feasibility study to determine: <ul style="list-style-type: none"> • What should be prioritised as part of any new sport and leisure facility, including facilities, co-location of services • Potential site options, including the availability of sites; the capacity and suitability of sites to accommodate new provision; and the accessibility of sites mindful of proposed future housing growth • The viability of options to be delivered within new capital budgets additional to the existing capital plan 4. That Cabinet note the proposed immediate work which will be undertaken and which will use the insight from the Brightsparks report to develop targeted opportunities to complement existing provision and support people across North Kirklees to be physically active. 	

5. That Cabinet note that many factors affect physical activity and agree to keep working with partners to tackle the broader issues that make it harder for people to be active.
6. That, subject to Cabinet approving the above recommendations, Scrutiny be engaged ahead of, and throughout the next steps of the process.
7. That subject to approving the above recommendations, Cabinet authorise the Service Director Legal, Governance and Commissioning to execute any documents or instruments in relation to the recommendations in this report.

Reasons for Recommendations

- It is recognised that significant inequalities exist in levels of physical activity between demographic groups and areas, with Heckmondwike, Batley (East and West), and Dewsbury (East, South and West) wards being amongst the least active wards in Kirklees. Additionally, data shows lower physical activity levels for people of Asian ethnicity; those with a disability; females; and people living in the most deprived areas. It is important that people in the highlighted areas and demographic groups are supported to be more physically active, to address these inequalities.
- Following comprehensive research by Brightsparks on physical activity enablers and barriers in North Kirklees, the key report recommendation was for a new sport and leisure facility to be built in Dewsbury.
- The research has also clearly highlighted the community desire for the sport and leisure facility to be a safe and welcoming place which provides opportunities for social connections – both through the physical design of the building but also through the opportunities and activities available.
- This new facility should work in conjunction with Batley Sports and Tennis Centre and Spen Valley Leisure Centre, to meet the needs of the surrounding communities and adds value to the local assets which are already in place.
- It is considered that the economic, building safety and logistical reasons behind the decision to permanently close Dewsbury Sports Centre (as per the November 2024 Cabinet report) remain valid.
- Alongside the findings of this public engagement research, current national, regional and local developments relating to the NHS and local health services place a greater emphasis on community support and prevention of health conditions. The development of a new, purpose-built, bespoke facility, to meet the current and future needs of the residents of Dewsbury and surrounding communities, aligns with the strategic direction of health and community service delivery.
- Other important factors identified by the research that should be considered as part of the work towards increasing physical activity levels in North Kirklees include the impact of safety, civic pride, social connectivity, accessibility, convenience (including co-location of services), value for money and affordability.
- In order to support the above point, Kirklees Active Leisure, who are a key partner for the delivery of physical activity opportunities across Kirklees will be funded to pilot a place-based community offer for the residents of Dewsbury and Batley. This will provide a mechanism to provide a variety of physical activity opportunities to different groups of people.
- As proposed in the 2024/25 Director of Public Health Report, and building on the World Health Organisation's Global Action Plan for Physical Activity, addressing barriers to physical activity is complex, and requires a 'whole systems approach' involving action from myriad partners across multiple systems. The next steps outlined in this report continue to offer a vital supporting mechanism for increasing physical activity levels across the whole of Kirklees.

Resource Implications:

- Resource to commission an options appraisal and subsequent feasibility study - c.£100K which will need to be identified from the existing capital plan.
- Any new sport and leisure facility will be subject to new capital budget being available, and the capital programme will need to be revised through the budget setting process. At this stage, until the outcome of the options appraisal and feasibility study are understood, the amount of capital required cannot be defined. There is an expectation that some external funding may be available to support the capital costs and work will commence to identify this. This will help to mitigate the corporate borrowing requirements needed to fund the capital project.
- It is imperative that the ongoing operational costs of the new facility are identified and factored into the Medium-Term Financial Plan when appropriate. This work will be part of the feasibility study.
- Utilise existing council officer capacity to continue to work alongside services and partners to address the wider barriers and issues impacting physical activity.
- Utilise existing council officer capacity to work alongside potential partners regarding the possible co-location of services.
- Re-purpose existing Public Health resource to pilot an approach to developing work to understand and address a range of place-based health inequalities across Dewsbury.
- Revenue funding will be made available to Kirklees Active Leisure for a pilot of a community based physical offer for the communities of Dewsbury and Batley. The value of this will be identified once the work has been fully scoped.

Date signed off by Executive Director & name

Rachel Spencer Henshall – Deputy Chief Executive and Executive Director for Public Health and Corporate – 09 October 2025

Is it also signed off by the Service Director for Finance?

John Bartlett (on behalf of Kevin Mulvaney – Service Director for Finance / Section 151 Officer) – 10 October 2025

Is it also signed off by the Service Director for Legal Governance and Commissioning (Monitoring Officer)?

Samantha Lawton – Service Director for Legal and Commissioning (Monitoring Officer) – 10 October 2025

Electoral wards affected:

All Wards

Ward councillors consulted:

Councillors across North Kirklees were invited to give views on the approach and advise on potential groups to consult with, which helped to shape the Brightsparks engagement.

Public or private:

Public

Has GDPR been considered? Yes – the engagement process was carried out under strict Information Governance guidelines, with a DPIA in place.

1. Executive Summary

Dewsbury Sports Centre (DSC) closed in September 2023 due to health and safety concerns owing to the discovery of Reinforced Autoclaved Aerated Concrete (RAAC). In November 2024, Cabinet confirmed the permanent closure of Dewsbury Sports Centre. That decision was based on several critical factors including financial constraints; the significant cost of refurbishing the existing facilities; and the available alternative physical activity provisions in the area.

When taking the decision to permanently close Dewsbury Sports Centre, Cabinet recognised that physical activity levels in North Kirklees, particularly Dewsbury and Batley were lower than in many other parts of the district. This pattern has long existed, and therefore suggests that whilst important to many, the provision of a leisure centre alone was not meeting the needs of the whole community.

Cabinet also requested that officers develop a better understanding of the complexities of community needs and to develop a longer-term strategic approach to address the physical activity needs of the Dewsbury and North Kirklees community. Cabinet approved the commissioning of an independent report to explore approaches to effectively address the health, well-being and social needs of the Dewsbury population.

As a result of this decision Brightsparks Agency were commissioned to produce an independent report on the key barriers and enablers to physical activity with particular focus on Batley and Dewsbury, to add to the existing knowledge base and to help inform next steps.

The engagement research carried out by Brightsparks took place in Summer 2025, and saw 998 people complete a survey, with 74% of respondents being resident in North Kirklees (37% from Dewsbury, 16% from Batley). Additionally, focus group sessions (59 people in total) and other face-to-face engagement (69 people) took place in Batley and Dewsbury only. The robust research methodology combined high-level quantitative data from a large cross-section of the local population with more detailed qualitative insight from a smaller subset of the population, through focus groups and other engagement activity. The detailed report provides valuable new insight that gives a greater understanding of our local population, including current behaviours and personal capability, opportunity and motivation to be physically active.

The strongest message was the continued dissatisfaction with the loss of facilities, in particular Dewsbury Sports Centre, with the loss of access to a swimming pool being especially highlighted. The research also showed that the facility alone was not the only factor affecting people's ability to be active; a range of wider influences also contributes to people's capability, opportunity and motivation to be physically active.

A copy of the full research report from Brightsparks is included with this Cabinet paper in Appendix 1 Brightsparks – Kirklees Physical Activity and Movement Report 2025; and Appendix 2 Brightsparks - Technical Report: Physical Activity and Movement in North Kirklees.

This research forms part of the next steps described in the 2024/25 Director of Public Health Annual Report ([Director of public health annual report 2024/25: Physical activity matters | Kirklees Council](#)), and will support future work leading towards the development of a new physical activity strategy for Kirklees.

Considering this new information alongside existing knowledge, officers considered the following options:

Option 1 – Continue to work with existing sport and leisure provision across the Dewsbury and Batley communities to support people to be physically active and work with existing and new partners to address the wider influences of physical activity.

Option 2 – Commission an options appraisal and feasibility study in order to develop a new sport and leisure facility to serve Dewsbury and Batley communities and also work with existing and new partners to address the wider influences of physical activity, alongside other existing physical activity work.

Officers recommend that Cabinet support Option 2 and approve the following next steps:

- That Cabinet consider and note that the main finding from the report was the community desire for a new sport and leisure facility to serve the communities of Dewsbury and Batley.
- That Cabinet therefore agree to take the next steps towards developing a new sport and leisure facility which meets the needs of the communities living in the Dewsbury and Batley areas of Kirklees.
- That Cabinet agree to the commissioning of an independent options appraisal followed by a feasibility study to determine:
 - What should be prioritised as part of any new sport and leisure facility
 - Potential site options to include availability of sites; the capacity and suitability of sites to accommodate new provision; and the accessibility of sites mindful of proposed future housing growth
 - Viability of options to be delivered within available capital budgets additional to the existing capital plan
- That Cabinet note the proposed additional work, which will use the insight from the Brightsparks report to develop targeted opportunities to complement existing provision and support for people across North Kirklees to be physically active,
- That Cabinet agree for ‘whole systems’ work to continue alongside a range of partners to address some of the wider issues which impact on people’s ability to be physically active.
- That, subject to Cabinet approving the above recommendations, Scrutiny be engaged ahead of, and throughout the next steps of the process.
- That subject to approving the above recommendations, Cabinet authorise the Service director Legal, governance and Commissioning to execute any documents or instruments in relation to the recommendations in this report.

Further detail on these recommendations can be found in Section 6 of this Cabinet report.

2. Information required to take a decision

2.1 Contextual information

Dewsbury Sports Centre (DSC) closed in September 2023 due to health and safety concerns owing to the discovery of Reinforced Autoclaved Aerated Concrete (RAAC). Prior to its closure, the centre had been loss making, (c £1.113m per annum, the largest loss of any of the Kirklees Active Leisure (KAL) operated leisure centres prior to the Leisure Centre consultation in Autumn 2023) and required significant investment for repairs. The decision to permanently close the facility was confirmed by Cabinet in November 2024.

In making that decision, Cabinet approved the commissioning of an independent report to explore approaches to effectively address the health, well-being and social needs of the Dewsbury population.

The 2021 Current Living in Kirklees (CLiK) survey identified the following areas as the ten wards with the lowest proportion of adults meeting recommended physical activity guidance levels:

Ward	Meeting physical activity guidelines
Heckmondwike	32.2%
Dewsbury West	34.1%
Batley East	35.7%
Dewsbury South	41.6%
Batley West	43.9%
Crosland Moor and Netherton	45.4%
Greenhead	45.9%
Dewsbury East	47.6%
Golcar	48.6%
Dalton	49.5%

The top five wards are all in North Kirklees and include both Batley wards and two out of three Dewsbury wards (with Dewsbury East also in the top ten).

The 2021 CLiK survey also shows that rates of inactivity (less than 30 minutes of physical activity per week) are:

- Three times higher for people out of work (versus those in work)
- 2.5 times higher for ages 75+ (versus ages 19-74)
- Twice as high for people with a disability (versus those without)
- Three times higher for those in most deprived areas (versus least deprived areas)
- Significantly higher for people of Pakistani ethnicity compared with those of White British or Indian ethnicity.

2.2 Research findings

Brightsparks were commissioned to carry out independent research to better understand the barriers and enablers to physical activity with particular emphasis on Batley and Dewsbury. This engagement was carried out over the summer of 2025, adopting a mixed-methods approach of survey questionnaire and in-person focus groups and face to face engagement for more qualitative detail.

The survey was open to all Kirklees residents aged 18+, recognising that people may travel between different parts of Kirklees (for example, to access green space or leisure facilities) and to gain a broader population view of the barriers and enablers to being physically active, which may support a system-wide approach beyond place-specific factors. However, a targeted communications campaign and engagement with local community organisations ensured the majority of survey responses came from North Kirklees. The survey sample included responses across all age groups and the most common ethnicity categories in North Kirklees, although there was some under-representation of younger adults, males, and people of Pakistani ethnicity. Further information about the survey sample can be found in the research report. All focus group and engagement activity took place in Batley and Dewsbury to ensure views from residents in these towns could be explored in greater detail.

The strongest message was the continued dissatisfaction with the loss of facilities, in particular Dewsbury Sports Centre, with the loss of access to a swimming pool being especially highlighted.

The research also showed that the facility alone was not the only factor affecting people's ability to be active. Thematic analysis produced nine cross-cutting themes, overlapping but distinct:

- 1. Current Movement Habits:** The majority of respondents reported regular physical activity, with 68% walking several times weekly. Only 12% reported no physical activity in the previous seven days. Preferences for activity skewed toward low-cost, everyday movement.
- 2. Environmental & Infrastructure Factors:** Poor maintenance, safety concerns, and leisure facility closures limit access and erode community pride.
- 3. Accessibility & Inclusion:** Barriers to participation include cost, transport, disability, digital exclusion, and limited women-only provision.
- 4. Safety & Trust:** Antisocial behaviour, poor lighting, and neglected environments deter participation, especially among women, older adults, and carers.
- 5. Motivation & Social Connection:** Social activities, community hubs, and peer support strongly motivate participation.
- 6. Cultural Relevance & Representation:** Faith, gender, and intergenerational needs shape engagement and trust.
- 7. Wellbeing & Confidence:** Mental health, self-esteem, and intergenerational connectedness are deeply tied to activity levels.
- 8. Affordability & Value:** Cost barriers remain the strongest constraint; residents called for inclusive, low-cost provision.
- 9. Communication & Awareness:** Gaps in knowledge persist; preferred channels include WhatsApp, Facebook, GP referrals, and newsletters.

Research findings highlight:

- People want to be active - Walking and informal movement show there is motivation, especially for health and wellbeing. Current choices are limited by affordability, access to facilities, and safety concerns.
- The environment matters - When pavements are broken, lighting is poor, or parks feel unsafe, people choose not to use them. Where facilities close, whole communities feel the loss of reliable, trusted spaces.
- Inclusion is decisive - If opportunities are not affordable, accessible to people with disabilities, or sensitive to cultural and gender needs, then opportunities for participation are reduced. Choices are heavily shaped by whether provision feels welcoming and usable.
- Social connection sustains activity - People are more likely to remain active when it is fun, social, and part of community life. Without that, motivation drops.
- Wellbeing and confidence are intertwined - Activity boosts mental health and self-esteem, but when opportunities are disrupted, wellbeing suffers, making it even harder for people to re-engage.
- Information gaps reduce choice - Many people miss out simply because they don't know what's available. Without clear, accessible communication channels, especially offline, opportunities are invisible to those who could benefit most.

A copy of the full research report from Brightsparks is included with this Cabinet paper in Appendix 1 Brightsparks – Kirklees Physical Activity and Movement Report 2025; and Appendix 2 Brightsparks - Technical Report: Physical Activity and Movement in North Kirklees.

This research provides a robust, community-driven evidence base that captures how people in Batley, Dewsbury, and the wider Kirklees area engage with physical activity and movement.

Rooted in the lived experiences of residents, the research report offers valuable insights that system partners can use to shape targeted interventions, inform strategic investment, and guide equitable policy decision making. The research adds to existing knowledge identified in the 2024 Cabinet report by highlighting new themes and providing a more detailed understanding of a wide range of intersecting factors that motivate or prevent people from being physically active.

2.3 Research methodology limitations

While surveys, focus groups and community workshops are valuable tools for generating both broad and in-depth insights, each method has inherent limitations. Survey responses may lack depth, and surveys can unintentionally exclude digitally marginalised groups or individuals with lower literacy levels, thereby reducing representativeness. Focus groups are similarly affected by certain limitations, such as the influence of dominant voices, social desirability bias, and limited scalability, all of which can constrain the diversity and authenticity of feedback.

To mitigate the above risks, Brightsparks adopted a mixed-methods approach to triangulate findings and enhance both robustness and representativeness. Surveys were offered in digital and paper formats, designed with clear, accessible language, and monitored to maintain demographic balance. Focus groups were facilitated by trained, trauma-informed researchers who created inclusive and supportive environments. Strategies were employed to promote equitable participation, with sessions adapted to meet the varied needs of participants from diverse backgrounds.

Engagement was further supported by collaboration with trusted community partners and by offering multiple participation formats, including in-person, online, and translated materials, to ensure broad and equitable access. Clear communication around the project's purpose, process, and use of findings helped manage expectations and build trust.

As the research was conducted in the summer months, the results may reflect seasonal patterns and may not fully represent behaviour at other times of the year. Further research at different time points should be considered.

Further information about the survey methodology can be found in Appendix 2 Brightsparks - Technical Report: Physical Activity and Movement in North Kirklees.

3. Implications for the Council

3.1 Council Plan

This work supports the following aspects of the Council Plan:

- Getting the basics right - a balanced budget and a modern organisation
- Protecting the vulnerable and achieving inclusion
- Thriving people and communities - now and over the longer-term
- Local economic growth, working with regional and national partners

3.2 Financial Implications

- Resource to commission an options appraisal and subsequent feasibility study - c.£100K which will need to be identified from the existing capital plan.
- Any new sport and leisure facility will be subject to capital budget being available, and the capital programme will need to be revised through the budget setting process. At this stage, until the outcome of the options appraisal and feasibility study are understood, the

amount of capital required cannot be defined. There is an expectation that some external funding may be available to support the capital costs and work will commence to identify this. This will help to mitigate the corporate borrowing requirements needed to fund the capital project.

- It is imperative that the ongoing operational costs of the new facility are identified and factored into the Medium Term Financial Plan when appropriate. This work will be part of the feasibility study.
- Utilise existing council officer capacity to continue to work alongside services and partners to address the wider barriers and issues impacting physical activity.
- Utilise existing council officer capacity to work alongside potential partners regarding the possible co-location of services.
- Re-purpose existing Public Health resource to pilot an approach to developing work to understand and address a range of place-based health inequalities across Dewsbury.
- Revenue funding will be made available to Kirklees Active Leisure for a pilot of a community based physical offer for the communities of Dewsbury and Batley. The value of this will be identified once the work has been fully scoped.

3.3 Legal Implications

The Council has a discretionary power to provide recreational facilities within its area under Section 19 of the Local Government (Miscellaneous Provisions) Act 1976 and all other enabling powers to develop a new leisure centre. This is not a statutory duty.

The council has a statutory duty under section 12 of the Health and Social Care Act 2012 (Section 2B of the NHS Act 2006 - duties as to improvement of Public Health) to take appropriate steps for improving the health of the people (which includes children) in its area. The steps include amongst other things:

- Providing information and advice
- Provision of services or facilities for the prevention, diagnosis or the treatment of illness
- Providing financial incentive to encourage individuals to adopt healthier lifestyles
- Providing assistance to help individuals to minimise any risk to health arising from their accommodation or environment
- Making available the services of any person or facilities.

The council has a duty of Best Value under section 3 of the Local government Act 1999 to secure continuous improvement in the way its functions are carried out having regard to a combination of economy , efficiency and effectiveness .

The Council has a fiduciary duty to taxpayers to ensure revenue funding and capital costs are prudent ,affordable and sustainable in the context of the need for a balanced budget .

Section 149 of the Equality Act 2010 sets out the Public Sector Equality Duty replacing the previous duties in relation to race, sex and disability and extending the duty to all the protected characteristics i.e. race, sex, disability, age, sexual orientation, religion or belief, pregnancy or maternity and gender reassignment. The Public Sector Equality Duty mandates public authorities to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and other conduct prohibited under this Act
- Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it; and

- Foster good relations between persons who share a protected characteristic and persons who do not share it, which involves having due regard, in particular, to the need to - (a) tackle prejudice and (b) promote understanding.

Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- Undertake measures to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it, including, in particular, steps to take account of disabled persons' disabilities;
- Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

3.4 Climate Change and Air Quality

This will be considered further as part of an Integrated Impact Assessment (IIA) for any new facility.

3.5 Risk, Integrated Impact Assessment (IIA) or Human Resources

Dewsbury faces significant health challenges and inequalities being one of the most deprived areas in Kirklees and England. The life expectancy at birth for both males and females in Dewsbury is lower than the national average with these wards having some of the lowest levels in Kirklees. Some of the major health issues affecting Dewsbury are obesity, diabetes, cardiovascular disease, mental health problems and respiratory diseases. The wider determinants of health will contribute to poor health outcomes.

Data from the 2021 census indicates that Dewsbury has relatively high proportions of individuals who have no qualifications and people who have never worked or are long-term unemployed. Dewsbury also has a higher proportion of households where English is not the primary language (up to 15% of households in some parts of Dewsbury).

Any form of bodily movement contributes to physical activity and there are myriad ways and places in which people can be physically active, which is important for a variety of reasons. It enhances physical and mental health & wellbeing, positively influencing health conditions such as coronary heart disease, obesity & type 2 diabetes, mental health problems and social isolation. It also contributes to supporting community identity; development and place building; and community cohesion. Physical Activity can also encompass diversionary activities to address anti-social behaviour and provide pathways and opportunities for active travel or people to achieve personal goals.

It is recognised that seven LSOAs in Kirklees fall within the top 10% priority areas for physical inactivity and social need nationally, two of which are situated within the three Dewsbury wards. Furthermore, the CLiK Survey 2021 found that 48% of respondents in Dewsbury East, 42% in Dewsbury South and only 34% in Dewsbury West met the guidelines for physical activity. These longstanding inequalities indicate that the historical provision at Dewsbury Sports Centre, while valued by many, also did not adequately address the needs of many residents. Any future solution, therefore, needs to both ensure that any new facility meets the broadest range of people's needs possible, whilst also supporting provision and access to alternative settings or

means of being physically active. In both instances, taking accompanying action to remove or reduce other barriers is crucial.

As a result, promoting and supporting people to be physically active is complex and cannot be wholly achieved in isolation. The World Health Organisation in their Global Action Plan for Physical Activity highlights the need for a 'whole systems approach' across a range of sectors, systems and agencies, which includes addressing the wider social determinants of health, such as employment, community safety, poverty, cohesion, access to services and housing.

This is particularly important due to the acknowledged lack in physical activity levels across various populations and cohorts, both on a national and local scale. These disparities are particularly evident among women and girls; individuals with long-term health conditions or disabilities; certain ethnic groups; and residents of more deprived areas.

If the recommendations to explore a new facility are accepted, then an Integrated Impact Assessment will be developed as the options appraisal and feasibility study emerge to ensure any decisions meet our statutory obligations and are also as well informed as possible.

4. Consultation

The Leisure Centre Review Consultation at the end of 2023 and more detail can be found in the previous Cabinet paper 'The Future of Dewsbury Sports Centre'. Appendix 6 of the November 2024 Cabinet paper summarises the consultation across all parts of Kirklees, and Appendix 4 provides more detail on the insight gathered in Dewsbury. Consultation respondents advocated strongly for their local site to remain open, and Dewsbury residents highlighted the potential impact the closure of Dewsbury Sports Centre would have on their physical and mental health.

Brightsparks Agency's engagement took place in Summer 2025, and saw 998 people complete a survey, with 74% of respondents being resident in North Kirklees (37% from Dewsbury, 16% from Batley). Additionally, focus group sessions (59 people in total) and other face-to-face engagement (69 people) took place in Batley and Dewsbury only.

The work from Brightsparks builds on the prior Leisure Centre Review Consultation and explored in more detail some of the major barriers and issues which impact on the capability, opportunity or motivation to be more physically active, with a particular emphasis on the communities of Batley and Dewsbury.

5. Engagement

The robust research methodology combined high-level quantitative data from a large cross-section of the local population with more detailed qualitative insight from a smaller subset of the population, through focus groups and other engagement activity.

Despite all adults in Batley and Dewsbury being encouraged to take part in the survey and focus group research, engagement with children and young people was much more limited. The voices of young people are therefore underrepresented in the report, although adults with caring responsibilities shared their perspectives.

Young people's perspectives are available through other sources. For example, in September 2025, Kirklees Council's Our Voice team gathered views from over 100 young people aged 13-19 (or aged 13-25 for young people with SEND) on the activities, places and spaces they attend in their free time (including organised activities or things they do independently). Key recommendations to improve the provision of activities for young people included: increase knowledge about available provision; consider widening partnerships to enhance the after-

school offer; find ways to sustain and increase established provision; make use of detached and outreach provision for young people with financial, social or emotional barriers; ensure parks and open spaces are well maintained, clean, well-lit and accessible; consider Special Educational Needs or Disability focused engagement; consider how to promote and grow the 'arts' offer. Some of these themes align with the findings of the Brightsparks report and reinforce the importance of addressing wider community access beyond a new facility.

6. Options

6.1 Options considered

Option 1 – Continue to work with existing sport and leisure provision across the Dewsbury and Batley communities to support people to be physically active and work with existing and new partners to address the wider influences of physical activity.

Option 2 – Commission an options appraisal and feasibility study in order to develop a new sport and leisure facility to serve Dewsbury and Batley communities and also work with existing and new partners to address the wider influences of physical activity, alongside other existing physical activity work.

Officers recommend that Cabinet support Option 2 and approve the following next steps:

- That Cabinet consider and note that the main finding from the report was the community desire for a new sport and leisure facility to serve the communities of Dewsbury and Batley and which provides a safe and welcoming space and opportunities for social connections.
- That Cabinet therefore agree to take the next steps towards developing a new sport and leisure facility which meets the needs of the communities living in the Dewsbury and Batley areas of Kirklees.
- That Cabinet agree to the commissioning of an independent options appraisal followed by a feasibility study to determine:
 - What should be prioritised as part of any new sport and leisure facility provision
 - Potential site options to include availability of sites; the capacity and suitability of sites to accommodate new provision; and the accessibility of sites mindful of proposed future housing growth
 - Viability of options to be delivered within new capital budgets additional to the existing capital plan
- That Cabinet note the proposed additional work which will use the insight from the Brightsparks report to develop targeted opportunities to complement existing provision and support for people across North Kirklees to be physically active.
- That Cabinet agree for 'whole systems' work to continue alongside a range of partners to address some of the wider issues which impact on people's ability to be physically active.
- That, subject to Cabinet approving the above recommendations, Scrutiny be engaged ahead of, and throughout the next steps of the process.
- That subject to approving the above recommendations, Cabinet authorise the Service director Legal, governance and Commissioning to execute any documents or instruments in relation to the recommendations in this report.

6.2 Reasons for recommended option

Engagement has identified that lack of a leisure facility, particularly in Dewsbury and especially for swimming, is a key barrier to being physically active. Following comprehensive research by Brightsparks on physical activity enablers and barriers in North Kirklees, the key report recommendation was for a new leisure facility to be built in Dewsbury. This is consistent with existing data that showed that Dewsbury Sports Centre was not meeting the needs of many local residents in its existing guise.

Providing a quality new sport and leisure facility which meets the needs of local people, and which complements the existing leisure offer in North Kirklees would address this issue. This should work in conjunction with Batley Sports and Tennis Centre and Spen Valley Leisure Centre, to meet the needs of the surrounding communities and adds value to the local assets which are already in place.

It is also clear that there are a range of other factors that impact on people's ability to be active that would also need to be addressed, and systemic barriers that need to be removed. Working with partners to tackle some of these wider factors will not only help people across Kirklees to be more active generally, but it will also help ensure that any new sport and leisure facility provision, as well as the various other places and opportunities to be active which exist across Dewsbury, Batley and North Kirklees, are well used and accessible by the whole of the community.

Further detail on these recommendations is as follows:

New sport and leisure facility:

The November 2024 Cabinet report evidenced that even with the presence of Dewsbury Sports Centre, physical activity levels in North Kirklees, including the Dewsbury Wards, were lower than across other parts of the district. This suggests that in its current function, it was not providing an equitable space to enable physical activity across local communities. The Brightsparks report highlights that the absence of a sport and leisure facility for Dewsbury is a key barrier to physical activity and recommends a new sport and leisure facility is built. It is vital that this new facility is able to adequately meet the needs of Dewsbury and Batley communities in order to improve access to physical activity.

To assist in developing this new alternative sport and leisure facility, an options appraisal should seek to identify what priority elements are required in order to complement and enhance the existing leisure centre offer for North Kirklees of Batley Sports and Tennis Centre and Spen Valley Leisure Centre. This should include a consideration of; a wet site, an internal dry site, external sports provision, and broader partnership opportunities.

The options appraisal should be developed with continued community input and involvement to ensure the new facility incorporates suitable programmes and opportunities to meet the diverse needs and aspirations of the whole community.

The options appraisal should also consider the potential for the co-location of other community services or amenities (both private and public) in any new sport and leisure facility.

Once the priorities for the new sport and leisure facility are fully understood, alongside potential site options, then a feasibility study should determine the viability of delivering any new provision within available capital budgets. There is an expectation that this should include identification of potential sources of external capital funding.

Immediate work to complement existing provision:

It is also recognised that immediate work should be undertaken in Dewsbury and Batley in order to deliver short term gains and support longer term plans. Kirklees Active Leisure, who are a key partner for the delivery of physical activity opportunities across Kirklees will therefore work in partnership with Kirklees Council to pilot a place-based community offer for the residents of Dewsbury and Batley.

It is also vital that the Council and partners to continue to work with organisations and local assets who are already supporting local people to be physically active. (Appendix 3 of the November 2024 Cabinet Report gives an outline of the range of community opportunities which exist, whilst the Director of Public Health Report 'Physical Activity Matters' has highlighted the range of assets available, from public open spaces, to schools and the community sector).

Furthermore, Public Health will pilot an approach of dedicating officer resource to explore approaches to understand and address a range of place-based health inequalities across Dewsbury.

Whole Systems Approach to address Wider Factors:

The Brightsparks report also reinforces the independent Director of Public Health annual report: Physical Activity Matters regarding the need to address a range of other 'wider factors' that impact on people's ability to be physically active. It will therefore be necessary for the Council to work alongside other partners, stakeholders and communities to embed a 'whole systems approach' to increasing physical activity across North Kirklees, to address other issues which have been highlighted in the independent report including:

- Public safety in parks, open spaces and the town centre
- People's concerns about civic pride and presentation of place
- Availability of free or affordable activities
- Access to provision, including culturally sensitive / demographically appropriate provision
- Lack of awareness about available opportunities across Dewsbury and North Kirklees.

This will require a commitment to continue to develop the recommendations from the independent Director of Public Health annual report: Physical Activity Matters. Working across systems and with a range of partners – both internally and externally – is necessary if we seek to remove some of the barriers which limit people, both in North Kirklees but often across the whole of the district.

It also provides opportunities to work differently with partners and stakeholders to incorporate change in how things are done, For example, we might work with planners and developers to ensure that any major developments and / or regeneration projects in Kirklees reflect active design principles, and thereby support people to be more physically active as part of their everyday living.

7. Next steps and timelines

Commission an options appraisal followed by a feasibility study to look at options for a new sport and leisure facility to serve the communities of Dewsbury and Batley. The intention is for this work to be completed no later than Q4 of 2026.

More immediately, work will commence with Kirklees Active Leisure to pilot a place-based, targeted community offer for the residents of Dewsbury and Batley, based on insight from the Brightsparks report, and complementing existing local provision; whilst Public Health will also be piloting a new place-based approach to addressing health inequalities in Dewsbury.

Alongside this specific place-based work, Public Health will continue to work with system partners to look at developing a whole systems approach to addressing some of the wider influences of physical activity identified in the Director of Public Health Report: Physical Activity Matters. Addressing the wider barriers that impact physical activity levels across will have benefits in Batley and Dewsbury, but also across all Kirklees. This will include working alongside partners on specific initiatives including:

Place Partnership Development

Kirklees Council and partner organisations are currently working with Sport England on their Place Partnership Expansion Programme. This work will act as a catalyst to develop and embed a whole systems approach to movement and physical activity in Kirklees. This will involve looking at specific challenges some of our least active cohorts and communities experience, and understanding what systemic level change may be effective in reducing barriers to activity in a sustained manner.

Kirklees Physical Activity Strategy

In combination, this work will be used to help inform and develop a new physical activity strategy for Kirklees, supported by the Everybody Active Advisory Group and other key partners. The aim of this strategy will be to provide a clear steer to the Kirklees system on ways in which individuals, communities and organisations from across Kirklees can enable more people to access and participate in physical activity. Whilst recognising the universal importance of physical activity across the life course, national and local data makes it clear that our strategy needs to have a specific emphasis on helping inactive people to become more active, and on reducing the inequalities in physical activity levels that are experienced by some groups.

8. Contact officer

Martin Gonzalez – Public Health Manager
Owen Richardson – Data and Insight Enablement Lead
Lucy Wearmouth Head of Improving Population Health

9. Background Papers and History of Decisions

Cabinet: 26 September 2023 - [Kirklees Active Leisure Centre Offer 2024/25 - Consultation](#)

Cabinet: 12 December 2023 – [Leisure Centre Offer 2024/25](#)

Cabinet: 5 November 2024 – [The Future of Dewsbury Sports Centre](#)

10. Appendices

Appendix 1 - Brightsparks – Kirklees Physical Activity and Movement Report 2025;
Appendix 2 - Brightsparks - Technical Report: Physical Activity and Movement in North Kirklees
<https://www.kirklees.gov.uk/involve/entry.aspx?id=1206>

11. Service Director responsible

Physical Activity and Movement in North Kirklees

**An independent research report commissioned by Kirklees
Council**

September 2025

Table of Contents

Acknowledgement

Executive summary

Introduction and rationale for the research

Desk based research

Research methodology

Thematic key findings (Cross-cutting insights from all data sets)

- Current movement habits: how people are currently active, their preferences, motivations, and everyday barriers.
- Environmental and infrastructure factors: the role of parks, green spaces, travel routes, and the impact of facility closures.
- Accessibility and inclusion: challenges linked to cost, disability, transport, digital exclusion, and gendered provision.
- Safety and trust: perceptions of safety in public and community spaces, and the effect of closures on confidence.
- Motivations and social connection: drivers such as health benefits, enjoyment, family and peer support, and community hubs.
- Cultural relevance and representation: the importance of faith, gender needs, and intergenerational activity in shaping participation.
- Wellbeing and confidence: the connection between physical activity, mental health, self-esteem, and engagement across age groups.
- Affordability and value: the influence of cost, awareness of free or low-cost opportunities, and perceptions of inclusivity.
- Communication and awareness: how people find out about opportunities, preferred channels, and gaps in local knowledge.

Considerations for Kirklees

- A whole system approach
- Localised considerations for Batley and Dewsbury
- Considerations for future research and limitations

Conclusion

References

Acknowledgement

Brightsparks are deeply grateful to all our partners, and particularly all residents of Kirklees who took part in the survey, and those who joined focus groups and community engagement sessions. Your involvement is a testament to the commitment and care people across Kirklees have for their communities, and it has helped shape this report. What people have shared truly matters, and we are thankful for the time and thoughtful consideration given to this research.

Executive Summary

Purpose and scope

This independent report investigates patterns of physical activity and movement across Kirklees, with a focus on Batley and Dewsbury. The research tested the hypothesis that socio-economic status, cultural background, and accessibility to inclusive, safe spaces are significant predictors of participation. Commissioned by Kirklees Council and delivered by Brightsparks Agency (BSA), the project supports ongoing priorities around health equity and informs the work of the Sport England Place Partnership.

The study ran between May-August 2025, using a mixed-methods approach, including a community survey, structured focus groups, and interactive workshops. This design ensured both statistical breadth and qualitative depth, capturing lived experience alongside population-level trends.

What the findings tell us overall

- **The environment matters:** Where facilities close, whole communities feel the loss of reliable, trusted spaces. People consistently expressed a desire for a dedicated leisure centre where they can swim, be active, and come together. Swimming was highlighted as a particularly valued activity, offering both physical and social benefits, with such a centre viewed not just as a place for exercise but as a welcoming hub that strengthens community ties and supports health and wellbeing across all ages. Integrating activity spaces within co-located facilities, alongside shops, cafés, childcare, health provision, libraries, or job centres would further embed participation into daily life, making it more convenient and inclusive. At the same time, when pavements are broken, lighting is poor, or parks feel unsafe, people choose not to use them, underlining the importance of accessible, well-maintained environments.
- **People want to be active:** Many survey responses and feedback from qualitative sessions indicated people are regularly including walking and informal movement in their routines, showing there is existing motivation amongst residents to move, especially for health and wellbeing. However, current choices are limited by affordability, access to facilities, and safety concerns.
- **Inclusion is decisive:** If opportunities are not affordable, accessible to people with disabilities, or sensitive to cultural and gender needs, then opportunities for participation are reduced. Choices are heavily shaped by whether provision feels welcoming and usable.

- **Social connection sustains activity:** Responses from residents indicate they are more likely to remain active when it is fun, social, and part of community life. Without that, motivation drops.
- **Wellbeing and confidence are intertwined:** Activity boosts mental health and self-esteem, but when opportunities are disrupted, wellbeing suffers, making it even harder for people to re-engage.
- **Information gaps reduce choice:** Many people miss out simply because they don't know what's available. Without clear, accessible communication channels, especially offline, opportunities are invisible to those who could benefit most.

Key themes and findings

Thematic analysis produced nine cross-cutting themes, overlapping but distinct. These are ordered below broadly based on how frequently they were cited in both survey responses and qualitative face-to-face sessions. The strongest recurring thematic barrier related to environmental and infrastructure factors. However, it is clear that there are also a range of other broader influences of physical activity which impact people's ability and opportunity to be active

1. **Current movement habits:** The majority of respondents reported regular physical activity, with 68% walking several times weekly. Only 12% reported no physical activity in the previous seven days. Preferences for activity skewed toward low-cost, everyday movement.

"I try to walk every day - it's the only thing that fits around my work and kids."

2. **Environmental and infrastructure factors:** Poor maintenance, safety concerns, and facility closures limit access and erode community pride. Residents - particularly in North Kirklees - consistently called for a leisure centre with swimming, valued both for health and social benefits, and as a welcoming hub that strengthens community ties. Broken pavements, poor lighting, and unsafe parks further deter use of local spaces, an issue that overlaps strongly with themes of safety and trust.

"That pool was right round the corner, now I have to take two buses just to swim."

3. **Accessibility and inclusion:** Barriers to participation include cost, transport, disability, digital exclusion, and limited women-only provision.

"I need somewhere accessible with proper facilities, otherwise I just can't take part."

4. **Safety and trust:** Antisocial behaviour, poor lighting, and neglected environments deter participation, especially among women, older adults, and carers.

“If it’s dirty or overgrown, it doesn’t feel safe, even if it is.”

5. **Motivation and social connection:** Social activities, community hubs, and peer support strongly motivate participation.

“It’s not just about the exercise. It’s about having someone to go with, someone to talk to.”

6. **Cultural relevance and representation:** Faith, gender, and intergenerational needs shape engagement and trust.

“Women-only sessions let me take part without worrying.”

7. **Wellbeing and confidence:** Mental health, self-esteem, and intergenerational connectedness are deeply tied to activity levels.

“Simple things like walking with friends really help my mood.”

8. **Affordability and value:** Cost barriers remain the strongest constraint; residents called for inclusive, low-cost provision.

“It used to be affordable, but now I have to travel and pay more.”

9. **Communication and awareness:** Gaps in knowledge exist, particularly among certain groups including older residents. Multi-channel approaches are most useful to reach all audiences, with recommended channels including WhatsApp, Facebook, GP referrals, and newsletters.

“Things are happening but you don’t hear about them until they’ve gone.”

Limitations of the research

The survey was open to Kirklees residents aged 18 and over, while wider community engagement included families. However, much of the engagement was concentrated in Batley and Dewsbury, so findings may not fully represent the wider Kirklees population. Surveys without incentives can have lower response rates and may provide less detailed responses. Focus groups also carry limitations, such as the influence of dominant voices and limited scalability.

The study was geographically limited to Kirklees and conducted between May–August 2025, meaning results may reflect seasonal behaviours. These risks were mitigated by offering surveys in both digital and paper formats, using accessible language, facilitating inclusive focus groups, and providing multiple participation routes. Collaboration with

trusted community partners further supported broad and representative engagement within the agreed scope and timeframe.

Considerations and recommendations based on findings

Future action in Kirklees should adopt a whole systems approach, recognising that no single service or intervention can address inactivity and inequalities in isolation. Impact should depend on co-ordinated, long-term action across partners, with shared accountability for results.

Future action should be framed by the COM-B behavioural model (Capability, Opportunity, Motivation - Behaviour) and aligned with the WHO Global Action Plan on Physical Activity (GAPPA) ([link](#)) in order to ensure collective ownership of outcomes, not fragmented activities.

Principles of a whole systems approach

- **Shared ownership:** All stakeholders - council, NHS, schools, voluntary groups, and communities - should co-own delivery.
- **Cross-sector integration:** Policies including, but not limited to, planning, health, environmental, economic, leisure, transport, communities, and education should align to reinforce one another.
- **Equity at the core:** Interventions should be designed to reduce inequalities, with priority given to the most disadvantaged communities.
- **Evidence-driven action:** Longitudinal monitoring should be used to track change and evaluate results.

Key actions for consideration

Local assets required to meet community need and enhance civic pride – A leisure centre in Dewsbury as a community anchor

A dedicated centre with swimming provision in Dewsbury would meet a clear community need, offering valued opportunities for activity, wellbeing, and connection. Beyond exercise, it would act as a civic asset that fosters pride in place and strengthens community life. While Batley residents also expressed a need, though in smaller numbers, this highlights the importance of mapping provision and demand across both towns to ensure fair and effective investment.

Further actions for consideration

- System partners should consider ways in which safety and accessibility in parks, paths, town centres and greenways could be improved. This supports addressing issues relating to safety concerns and a local environment conducive to physical activity.
- System partners should establish / expand low-cost or free activities / activity groups that support more easily accessible activity opportunities and social connection. This should include women-only groups that support culturally sensitive participation.
- Improved targeting and tailoring of multi-channel communications to engage all audience groups.
- Consider the introduction of affordable access schemes including reduced-price memberships, pay-as-you-go models and transport subsidies for low-income households - helping to address the cost barrier to participation.
- Improve accessibility of booking systems (such as for KAL and related providers) by simplifying user interfaces and offering multilingual support in Gujarati, Urdu and Punjab, amongst other languages. This addresses digital exclusion and language barriers.
- Consider how community and school facility access can be expanded outside school hours for affordable adult and youth activities. Community sports halls and school gyms are underutilised assets with high potential for local provision.
- Partners should work together to progress the development of a new, multi-purpose leisure facility in Dewsbury. A formal feasibility process will be required to assess local data and evidence, site options, scope, capital and revenue models, and opportunities for co-location with other services. This would respond to the strongest and most consistent feedback from North Kirklees residents, while ensuring that programming reflects diverse needs across the district.
- Where new provision is proposed explore the potential for co-location of activity or leisure facilities alongside Council and external services and amenities in line with local needs and demand.

- Adopt and apply active design principles to all new developments, to ensure that travel infrastructure investment and planning considers connected, safe active travel infrastructure; (including segregated cycle lanes, widened pavements and safe crossings); high quality, safe, well-presented and maintained local access to play areas and public open space. This helps remove safety, civic pride and affordability barriers to walking, cycling and informal play and activity opportunities.

Conclusion

The strongest theme from this independent research is the community's desire for a new leisure centre serving the Dewsbury and Batley area. Whilst this should be a clear priority for Kirklees Council, it is equally important to recognise that improving physical activity is not just about facilities, but about creating equitable, safe, and culturally relevant opportunities that are rooted in community voice and supported by a coordinated system.

Existing data shows that physical activity levels in Dewsbury were relatively low even when the sports centre was open. This highlights that facilities alone will not be sufficient and that multiple factors must be addressed to create meaningful change. The engagement has identified key barriers to participation, including concerns around safety, affordability, accessibility, civic pride, awareness, and the need for social connection.

Residents in both Batley and Dewsbury also offered clear solutions: affordable provision, safer environments, trusted communication, and more opportunities for people to connect with each other. These insights point to the need for action that is both practical and grounded in local experience.

By committing to a whole-systems approach with shared accountability, Kirklees can move from fragmented delivery to measurable, long-term impact. This shift will help reduce inequalities that residents experience when trying to access and participate in physical activity. The research therefore provides a robust evidence base to guide policy, service design, and investment, ensuring that physical activity becomes easier, safer, and more valued in everyday life.

Introduction and rationale for the research

Background context

Kirklees Council, serving a diverse population of approximately 433,200 residents (ONS, 2023) across a wide West Yorkshire geography, is committed to improving the health and wellbeing of its communities through increased engagement in physical activity. The borough encompasses a range of urban and semi-rural communities, including the towns of Batley and Dewsbury, where physical inactivity levels are high.

Existing data from local population surveys in 2021 and 2016 shows persistent inequalities in activity levels, especially among certain population cohorts and wards - particularly Batley East, Batley West, Dewsbury East, Dewsbury South and Dewsbury West. In these areas, residents from Asian / Asian British backgrounds, individuals with disabilities, women, and those on low incomes face disproportionately low levels of activity (Kirklees Council 2021b).

Research objectives

Kirklees Council appointed Brightsparks Agency (BSA) to deliver a robust independent research exercise between May and August 2025. The aim was to generate actionable insight into public attitudes, motivations, and barriers related to physical activity and movement in Kirklees, particularly within Dewsbury, Batley, and surrounding communities. The investigation was designed to:

- Explore the specific needs, challenges, and aspirations of local residents in relation to being physically active.
- Examine perceived and actual barriers to participation in physical activity and movement, especially within under-represented and deprived groups.
- Inform the development of a long-term approach to increasing participation in physical activity and moving around more, with a focus on inclusion, accessibility, and reducing health inequalities.
- Feed into the work of the Sport England Place Partnership by providing locally grounded intelligence and co-produced recommendations.

Using lived experience as a catalyst for change

Brightsparks Agency (BSA) recognised that for any public health initiative aimed at improving movement and participation in physical activity to be both effective and

equitable, it had to be rooted in the lived experiences of local residents, particularly those facing the greatest barriers to being active.

This approach is directly aligned with national strategies such as Sport England's Place Partnerships, of which Kirklees is a designated Place Partner, which are designed to reduce physical inactivity through targeted, community-led initiatives in areas of high deprivation. It also supported Kirklees Council's goals around strengthening community wellbeing and reducing inequalities in opportunities and outcomes.

A core objective of the consultation was to complement and reinforce this wider programme. BSA fully endorsed this ambition and committed to delivering research that was community-informed and contributed to a local vision that is inclusive, impactful, and sustainable.

By capturing a deep and inclusive understanding of what physical activity means to people in Batley and Dewsbury and what may have prevented them from participating, this consultation can make a valuable contribution to ensuring an equity-led approach to physical activity and movement in Kirklees, helping to shape a healthier, more connected borough where every resident has the opportunity to move more, live well, and thrive.

Key objectives

BSA understood the project's objectives, key deliverables and the critical importance of adhering to a strict timeline. The research approach was designed to be rigorous, inclusive, and community-informed, with the overarching aim of achieving three core goals.

Firstly, BSA drew on insights from the previous Kirklees Active Leisure (KAL) 2024 consultation and built upon this foundation in a way that meaningfully reflected and responded to the needs of local communities, particularly in the north of the borough. This helped to establish baseline behaviours and attitudes towards physical activity and community participation across Kirklees.

Secondly, BSA sought to identify motivations and barriers to participation, with a specific focus on under-represented and marginalised groups, using a range of research methods.

Thirdly, the project aimed to guide and support a strategic, evidence-based approach that promoted health equity and enabled sustainable behaviour change around physical activity within the Kirklees population.

BSA brought extensive experience to this work, having delivered numerous similar projects across Yorkshire and the UK. The approach consistently combined high-quality, ethical research with meaningful, partnership-led engagement with local communities.

Structure of the report

This report is structured to take the reader from the purpose and context of the research through to its findings, analysis and considerations. The introduction and rationale outlines the background and need for the study, followed by a review of desk-based research, which summarises existing evidence and its role in shaping the research design.

The research methodology section details the approach, survey and focus group design, community engagement, data analysis methods, and ethical considerations. The thematic findings are presented for Batley and Dewsbury followed by wider Kirklees, although it should be noted that the whole data set was skewed to responses from these areas/North Kirklees.

The report then sets out potential actions for consideration tailored to each location and broader actions for the future, before ending with a conclusion that draws together the main messages.

A separate technical report provides more detail on the research methodology, as well as the supporting evidence gathered during this project, including demographic profiles, activity patterns, motivators, environmental factors, cultural and social influences, communication preferences and integration of physical activity spaces with other services, supported by qualitative feedback and community insights. This report also includes appendices of research materials.

Scope

Existing data shows significant inequalities in physical activity levels across Kirklees, with Batley East, Batley West, Dewsbury East, Dewsbury South and Dewsbury West among the least active wards in terms of meeting the UK Chief Medical Officer's (CMO) physical activity guidelines ([Department of Health and Social Care, 2019](#)). These guidelines recommend that adults, including older adults, engage in at least 150 minutes of moderate-intensity activity or 75 minutes of vigorous-intensity activity per week, or an equivalent combination, spread evenly across the week. They also advise incorporating muscle-strengthening activities on at least two days each week, balance and flexibility training for older adults, and minimising prolonged sedentary behaviour.

In light of these inequalities and the importance of meeting recommended activity levels, Kirklees Council prioritised research in the areas most affected, Dewsbury, Batley and North Kirklees, particularly given local activity rates and recent changes to leisure provision. Although all Kirklees residents were eligible to participate, the research intentionally targeted a geographically diverse cross-section of residents in these areas. Building on priorities identified in previous research and reflected in existing literature,

particular emphasis was placed on priority groups: women and girls, people with disabilities or long-term health conditions, Black, Asian and minority ethnic (BAME) communities, low-income households and adults aged 65 and over (Sport England, 2020).

The research was delivered using a mixed-methods approach, combining surveys with community engagement activities such as focus groups and workshops. This methodology ensured the research was inclusive, in-depth and capable of generating meaningful insights.

Approach and limitations of the research

It is important to acknowledge the limitations of the research scope for transparency. While surveys, focus groups and community workshops are valuable tools for generating both broad and in-depth insights, each method has inherent limitations. Surveys, for example, often face challenges such as low response rates when incentives are not offered.

It should be noted that the provision of incentives fell outside the scope of this research. Instead, the methodology was designed to prioritise respectful and meaningful involvement, fostering authentic participation within the identified constraints.

However, survey responses may lack depth, and surveys can unintentionally exclude digitally marginalised groups or individuals with lower literacy levels, thereby reducing representativeness. Focus groups are similarly affected by certain limitations, such as the influence of dominant voices, social desirability bias, and limited scalability, all of which can constrain the diversity and authenticity of feedback.

To mitigate the above risks, BSA adopted a mixed-methods approach to triangulate findings and enhance both robustness and representativeness. Surveys were offered in digital and paper formats, designed with clear, accessible language, and monitored to maintain demographic balance. Focus groups were facilitated by trained, trauma-informed researchers who created inclusive and supportive environments. Strategies were employed to promote equitable participation, with sessions adapted to meet the varied needs of participants from diverse backgrounds.

Engagement was further supported by collaboration with trusted community partners and by offering multiple participation formats, including in-person, online, and translated materials, to ensure broad and equitable access. Clear communication around the project's purpose, process, and use of findings helped manage expectations and build trust.

The survey was open to all Kirklees residents aged 18+, recognising that people may travel between different parts of Kirklees (for example, to access green space or leisure

facilities) and to gain a broader population view of the barriers and enablers to being physically active, which may support a system-wide approach beyond place-specific factors. The study was limited to the geographical boundaries of the Kirklees area and strictly adhered to the agreed project timeframe (May to August 2025). Any activities or data collection outside these parameters were beyond the remit of this commission and therefore not included in the report. Because the research was conducted in the summer months, the results may reflect seasonal patterns and may not fully represent behaviour at other times of the year. Further research at different time points should be considered.

All research activities were carefully planned and delivered within the agreed budget, ensuring the responsible and transparent use of resources. The relatively short three-month timescale inevitably limited the data collection window, however, this was mitigated through focused planning, strong partnership working, and effective engagement strategies. As a result, the research team was able to collect rich qualitative and quantitative data within the available timeframe.

Key lines of enquiry

The key lines of enquiry for this project centred on understanding how, why, and to what extent residents in the target areas engage in physical activity and movement and what factors influence their behaviour (socio-cultural, economic, psychological, and environmental). Central to this was the aim to explore not only current participation patterns but also the barriers and motivations that either hinder or encourage movement among different demographic groups.

The research sought to identify where and how residents are active, their preferred modes of activity, what gets in the way, and what support or changes would help them to be more active. These lines of enquiry were framed within the COM-B behaviour model (Capability, Opportunity, Motivation - Behaviour), which supports the development of evidence-based behaviour change interventions that are both targeted and scalable. COM-B identifies the following key factors that we must understand in order for behaviour change to occur:

- **Capability** - Does the individual have the skills, knowledge and ability to engage in a behaviour?
- **Opportunity** - What are the external factors that make the behaviour possible or impossible for the individual?

- **Motivation** - Are there any personal experiences that may impact the individual's motivation? This section looks at the personal motivations and aspirations of the individual and considers both reflective motivations (such as making plans for the future) and automatic motivations such as impulses and desires.
- **Behaviour change** - will only take place when these three factors are met.

Potential hypothesis

A potential hypothesis that emerged from the research framework was:

“Socio-economic status, cultural background, and accessibility to inclusive and safe spaces are significant predictors of physical activity participation among residents in Dewsbury, Batley and North Kirklees.”

This hypothesis was grounded in the desk based research, which incorporated existing data from Kirklees. The data highlighted that individuals living in deprived areas, from minority ethnic communities, or with health conditions were significantly less likely to meet physical activity guidelines due to structural, psychological or financial barriers.

The COM-B framework further supported the notion that inactivity was not solely a matter of willpower but often the result of limited opportunity (such as poor access to facilities), capability (such as health status or lack of knowledge), or motivation (including past negative experiences or low confidence). Testing this hypothesis through qualitative methods (focus groups and community engagement) and quantitative methods (surveys) was essential in establishing the validity and significance of the issues under consideration. The findings demonstrated the need for targeted, equity-focused interventions and provided a robust evidence base for the co-creation of solutions with local communities, thereby supporting the potential for long-term and sustainable impact.

Desk-based research

Desk-based research serves as a critical foundation for any research project by systematically exploring, evaluating, and synthesising existing knowledge on a given topic. The primary purpose of the research is to establish what is already known, identify gaps or inconsistencies in the current evidence base and highlight areas where further investigation is needed. By doing so, it not only provides context and justification for the study but also helps to refine and shape the research questions. It ensures that the research is grounded in existing theory and evidence, avoids duplication, and focuses on generating new insights.

In essence, the desk based research acted as a roadmap, guiding the direction, scope and relevance of the study. Given the timelines of this project, to expedite the launch of the study, a brief review was undertaken to inform the design of the research framework.

Literature and policy review

This section reviews literature relevant to the context of research on physical activity and movement, drawing on a range of credible local, national and international sources. By examining evidence from multiple geographic contexts, it considers how socio-economic factors, health promotion policies, infrastructure design and cultural influences shape participation in physical activity. The review also highlights strategies implemented in comparable settings to address changing patterns of engagement, thereby providing a foundation for interpreting the consultation findings and informing future service planning.

Within this context, and in response to financial pressures and evolving patterns of leisure centre use, Kirklees Active Leisure (KAL) and Kirklees Council undertook a public consultation ([Kirklees Council Leisure Centre Consultation, 2024](#)) to examine how residents use facilities and to identify the types of physical activity in which they currently participate.

Through surveys, community events, and stakeholder input, the consultation identified that residents take part in a wide range of physical activities both via KAL leisure centres (swimming, gym, fitness classes), and outside of KAL leisure centres, including:

- Recreational walking
- Running/athletics
- Traditional sports (football, netball, tennis, dancing, gymnastics etc)

- Cycling/biking
- Yoga, pilates, meditation
- Fitness activities (climbing, bouldering, parkour etc)
- Fitness classes (aerobics, Zumba, outdoor bootcamps)
- Non-traditional sports (archery, bowls, ice hockey etc)
- Martial arts
- Water-based activities (open water swimming, diving, underwater hockey/polo, canoeing, paddleboarding etc).
- Other activities (horse riding, caving, geocaching/orienteering etc)

The consultation also revealed key concerns around affordability, accessibility, and the impact of recent closures like Batley Baths and Dewsbury Sports Centre. Respondents called for community-based services, better transport, and more inclusive, flexible activity options. These findings are now shaping decisions on leisure investment and informing a wider approach to reduce health inequalities across Kirklees.

It is well known that poverty has a profound impact on health outcomes, this is especially evident in the domain of physical activity and movement. According to Why Poverty Matters: A Report by the Director of Public Health (2023), individuals living in economically deprived areas are significantly less likely to engage in regular physical activity due to a range of structural and environmental barriers.

These include limited access to safe and affordable recreational facilities, fewer green spaces, higher crime rates, and lower availability of active transport infrastructure such as walking and cycling paths. As a result, people in low-income communities often experience higher rates of sedentary behavior, contributing to increased risk of chronic diseases such as obesity, diabetes, and cardiovascular conditions. This disparity underscores the need for a targeted, whole system approach that not only promotes physical activity but also addresses the broader social determinants that limit equitable access to movement opportunities.

Recent research highlights the significant role of social determinants in shaping health behaviours and outcomes in the North of England, with direct relevance to the context of physical activity in Kirklees. Newton et al. (2024) used structural equation modelling to examine how factors such as income, education, and environmental deprivation influence key health behaviours, including physical activity, as well as broader physical and mental health outcomes. Drawing on large-scale survey data, the study found that both income and education had a strong influence on behavioural patterns, which in turn were highly predictive of self-reported physical and mental health.

The findings reinforce the need to consider socio-economic context when addressing physical inactivity, particularly in regions like Kirklees that include areas of high deprivation. The study challenges linear approaches to health intervention, calling instead for integrated strategies that address the wider social conditions influencing behaviour. This supports the inclusion of a deprivation lens in any local research or intervention targeting physical activity.

Director of Public Health Annual Report 2024-2025: *Physical Activity Matters* (Kirklees Council, 2025) stresses the wide health benefits of regular movement across all life stages while noting inequalities in participation, with one in four residents active less than 30 minutes a week. The report calls for a whole-systems, community-led approach to reduce inactivity and create fairer, more supportive environments. National policy drivers in England strongly align with and support the work Kirklees Council is undertaking to promote movement and physical activity as part of a broader public health agenda. The UK Government's Physical Activity Guidelines (Chief Medical Officers, 2019) emphasise the importance of integrating movement into daily life for all age groups, highlighting its role in preventing long-term conditions and improving mental wellbeing. Public Health England's *Everybody Active, Every Day* (2014) framework provides a strategic approach to embed physical activity across systems, particularly at local authority level, advocating for whole-system collaboration that includes planning, transport, education, and the voluntary sector.

Furthermore, Sport England's *Uniting the Movement strategy* (2021) calls for tackling inequalities and enabling inclusive, place-based approaches - key principles that reflect the ambitions of Kirklees to co-produce solutions with communities and reduce disparities in health. These national drivers not only legitimize, but also guide local authorities like Kirklees in building active environments, engaging underserved groups, and embedding movement into everyday life as a means to improve public health and community wellbeing.

On an international level, the World Health Organization's *Global Action Plan on Physical Activity 2018-2030 (GAPPA)* offers a global framework for reducing inactivity through active societies, environments, people, and systems. The Kirklees Physical Activity and Movement research drew on GAPPA's principles, ensuring that international best practice informed local analysis of barriers, opportunities, and strategies for increasing movement across the district.

As outlined earlier, physical activity is vital for public health and well-being, yet participation levels in Kirklees remain below national averages. Socio-economic disparities significantly influence physical activity participation. For instance, 13% of individuals in the most deprived quintile reported never undertaking recommended levels of moderate physical activity, compared to 7% in the least deprived quintile (Kirklees Council, 2018). Ethnic disparities are also evident: only 29% of Black and

Minority Ethnic (BAME) individuals met the recommended activity levels, with Asian British individuals reporting the lowest participation rates.

Health conditions further exacerbate inactivity. Adults with heart disease, diabetes, or chronic pain are more likely to be inactive, highlighting the need for tailored interventions. Additionally, women of childbearing age and older adults exhibit lower activity levels, underscoring the importance of age and gender-sensitive approaches ([Sport England, 2023](#)).

The 2021 Current Living in Kirklees (CLiK) survey identified key health and wellbeing trends among residents aged 16 and over ([Kirklees Council, 2021b](#)). Just over half rated their physical (57%) and mental health (56%) as good, though outcomes varied significantly by age and deprivation. Poorer physical health was more common among older adults (75+), while younger adults (18-24) were more likely to report poor mental health. Residents in the most deprived areas reported the worst outcomes across both measures.

Only 51% of adults met recommended physical activity levels, rising to 65% in the least deprived areas. Despite 91% feeling confident in managing their health, this dropped among those with poor wellbeing or long-term conditions. The survey sample included over 6,000 adults, with demographic analysis helping to highlight health inequalities across the district.

Environmental factors, such as limited access to safe and affordable recreational spaces, and cultural barriers, particularly among South Asian communities, also hinder physical activity engagement ([University of Huddersfield, 2022](#)). Addressing these multifaceted challenges requires comprehensive, inclusive strategies that consider the diverse needs of residents.

National and regional data consistently show lower levels of physical activity among South Asian communities and people living in areas of higher deprivation ([Sport England, 2022](#); [Public Health England, 2016](#)). Given that the areas of Kirklees selected for this study include relatively high proportions of both these population groups, it is vital that the research design acknowledges and reflects this context. This understanding will shape not only the desk-based analysis but also the wider methodological framework, ensuring that the insights gathered are grounded in the lived realities of those most affected by physical inactivity. By recognising these demographic patterns from the outset, the study will be better positioned to explore structural barriers and develop more equitable and targeted recommendations for future interventions.

The Everybody Active strategy ([Kirklees Council, 2021-25](#)) acknowledged inequalities in physical activity, local provision still reflects historic patterns of exclusion. Integrating inclusive design principles and amplifying girls' voices in the planning of active spaces is

critical to redressing these gaps and creating environments where all young people can move and thrive.

Nationally, the Sport England Active Lives Adult Survey indicates that 63.7% of adults meet the Chief Medical Officers' guidelines of 150 minutes of moderate-intensity physical activity per week ([Sport England, 2025](#)). However, disparities persist, with lower activity levels among women, those from lower socioeconomic groups, and Black and Asian communities. These findings highlight the need for targeted interventions to promote physical activity across diverse populations.

The [Sport England Active Lives Children and Young People Survey 2024](#) (age 5-16) provides valuable insights into physical activity levels among young people in Kirklees. Based on a sample of 503 respondents from the area, the survey found 51.7% of respondents met the Chief Medical Officers' guidelines of engaging in an average of 60 minutes or more of sport and physical activity daily, compared to 47.8% of children and young people nationally. Incorporating the children and young people (CYP) data alongside adult figures from the Active Lives survey supports a more consistent and comprehensive understanding of physical activity across different age groups, providing useful information for comparison.

This data is in contrast to the Kirklees Young People's Survey 2023 (though this is only based on responses from year 9-aged pupils) which found 15.1% of young people are meeting the guidelines of 60 minutes or more of daily physical activity (although 43.7% were active for 1-3 days, and 35.1% for 4-6 days). Despite the lower daily figure, many reported positive attitudes toward physical activity. Key findings show that 67% feel exercise is easy, 81% understand how to improve their skills, and 94% understand why exercise and sport is good for them ([Kirklees Council, 2023](#)).

Additionally, the data show that many young people actively travel to school and engage in a range of leisure activities. Leisure participation is highest for sports teams (38%), gym (24%), and sports teams or clubs (19%), reflecting the value of both structured and informal movement contexts. However, disparities exist. Young people with long-term health conditions or from more deprived areas report poorer physical health and reduced engagement. This aligns with broader research indicating that socioeconomic and health inequalities influence participation in physical activity ([Public Health England, 2020](#)). There remains a potential gap in knowledge, which underscores the need for Kirklees to develop a more locally grounded evidence base (through projects such as this) to regularly accurately assess and address the physical activity levels of all its children and young people.

Access may also be an issue for some. Batley Baths closed in 2022 due to the significant costs of running the centre, whilst Dewsbury Sports Centre closed in 2023, following the discovery of Reinforced Autoclaved Aerated Concrete (RAAC), a material known for its structural weaknesses.

Many people experience personal and psychological barriers to engaging in physical activity, regardless of weight status. These can include low self-confidence, fear of failure, embarrassment about appearance, and anxiety about being judged in public exercise spaces (Public Health England, 2020). Mental health challenges such as depression, stress, and trauma can further reduce motivation and energy levels, creating a cycle where inactivity exacerbates emotional distress (NICE, 2009). The Sport England (2022) Active Lives report also highlights that people often cite feeling too tired, not sporty enough, or lacking in confidence as key reasons for inactivity. Such barriers are particularly pronounced in those who have had negative past experiences with physical education or exercise, making re-engagement with movement a complex and emotionally loaded task.

How desk-based research informed the research design

The desk-based review identified a number of critical themes that shaped the direction of this research (and any future research), into physical activity and movement in Kirklees. These themes include:

1. Socio-economic inequality: Poverty and deprivation significantly reduce opportunities for physical activity due to structural barriers such as lack of facilities, unsafe environments and limited active transport options.
2. Health inequalities and demographic disparities: Activity levels vary widely by income, ethnicity, age, gender and health status, with South Asian communities, women, older adults and people with long-term conditions most at risk of inactivity.
3. Environmental and cultural barriers: Local access to affordable, safe, and culturally relevant spaces remains limited, particularly in deprived areas. Facility closures further restrict options for those already underserved.
4. Youth engagement and gender inclusion: While many young people show motivation to be active, young women and girls particularly face exclusion due to unwelcoming environments and limited youth-led design of active spaces.
5. Psychological and emotional barriers: Confidence, past negative experiences, mental health and fear of judgement all influence individual willingness and ability to engage in physical activity.

Based on these themes, a context-sensitive, equity-focused, and community-driven research project was designed that combined surveys, focus groups and active community engagement. The aim was to explore the lived experiences of

under-represented groups in key areas and ensure their voices directly shape the development of practical, inclusive solutions.

Surveys were used to gather broad insights into local behaviours, barriers, and motivations related to physical activity, while focus groups allowed for deeper exploration of personal and cultural experiences. Creative and engaging community workshops offered opportunities for residents to share their lived experiences and the realities of their everyday life.

The approach utilised recognised that meaningful change depends not only on addressing structural issues, like access to facilities and safe spaces, but also on understanding and responding to emotional and psychological barriers. Working closely with communities, the research helped to identify what support is truly needed to build confidence, increase motivation, and promote lasting, inclusive participation in physical activity and movement across Kirklees.

Research Methodology

Approach

BSA adopted a mixed-methods design to explore physical activity behaviours in Batley and Dewsbury, framed by the COM-B behavioural model (Capability, Opportunity, Motivation-Behaviour). The methodology combined:

- Surveys - paper (27 responses) and online (971 responses), capturing large-scale quantitative data on behaviours, barriers, and motivators
- Focus groups - nine groups with 59 participants, providing deeper insights into lived experiences and sensitive issues in Batley and Dewsbury
- Community workshops - with 69 residents, designed in collaboration with Kirklees Council and partners to amplify underrepresented voices through accessible, co-created activities

This triangulated approach provided both statistical breadth and qualitative depth, ensuring findings were robust, inclusive, and grounded in community realities.

Limitations

For transparency, several limitations are noted:

- Surveys: While accessible in paper and digital formats, response depth was limited. Of 8,985 visits to the online survey, only a fraction were fully or partially completed, reflecting common barriers such as consultation fatigue (exacerbated by the Dewsbury Sports Centre closure debate), participant fatigue, and the absence of incentives. Digital exclusion and literacy barriers may also have reduced representativeness.
- Focus groups: At risk of dominant voices, social desirability bias, and limited scalability. Four planned groups (two in-person, two online) were cancelled due to low or no engagement, highlighting challenges of availability and competing commitments.
- Community workshops: Engagement levels varied, and scalability remained limited compared to surveys.

- Scope and timing: Research was limited to Kirklees (May-August 2025), meaning seasonal patterns may affect findings. Broader or repeated studies would strengthen understanding across time. The three-month timescale and fixed budget constrained scope but were mitigated through careful planning, partnerships, and multiple participation formats (in-person, online, translated materials).

Mitigation measures

- Surveys designed with clear, accessible language and monitored for demographic balance
- Focus groups facilitated by trauma-informed researchers, using strategies to foster equitable participation
- Collaboration with trusted community partners supported engagement and trust-building
- Multiple formats (digital, paper, online, translated materials) ensured broad accessibility

Conclusion

While each method carried limitations, the mixed-methods design strengthened validity by cross-checking insights across sources. The project achieved a balance of inclusivity, rigour, and practicality within the defined timeframe and budget, creating a robust evidence base to inform local policy and service design. A detailed methodology can be found in the Technical report.

Thematic key findings across all data sets

The key findings are presented in thematic sections that draw on both quantitative survey data and qualitative insights from focus groups and community engagement. These strands of research are integrated so that each theme combines statistical evidence with accounts of lived experience. This approach offers a richer understanding of the issues, adding further intelligence and understanding to existing data and highlighting not only the scale and patterns of behaviour but also the perspectives and realities behind them. Given the geographic focus of the research, Batley and Dewsbury are highlighted throughout.

Important caveat: The overarching key findings outlined here are intended as an overview. They should be read in the context of the wider report, alongside sections such as the limitations, supporting evidence, and methodology. They provide an accessible way to digest the thematic findings, but are not exhaustive and should be treated as a high-level summary.

Analysis of the 'Kirklees Overall' sections should be read with the caveat that research responses were weighted more heavily towards North Kirklees, particularly Dewsbury and Batley, so overall findings may be impacted by this oversampling, although 52% of all survey responses were still from areas outside Batley and Dewsbury.

Each theme includes:

- **Headline findings:** a concise overview of the main insights.
- **Supporting evidence:** survey results, focus group and community engagement insights, and illustrative participant quotes.
- **Analysis and considerations:** reflections on what the findings suggest and factors to take into account in future planning or decision-making.
- **What the findings tell us:** a short reflection on how this impacts people's choices in physical activity.

The themes are presented in order of prominence and described separately for clarity. In practice, however, they overlap and interact. For example, affordability is closely tied to accessibility, while perceptions of safety are often linked to the quality of local infrastructure. The separation of themes is therefore a matter of organisation, not an indication that these issues stand alone. The considerations section later in the report brings these interconnections together.

1. **Current movement habits:** how people are currently active, their preferences, motivations, and everyday barriers.
2. **Environmental and infrastructure factors:** the role of parks, green spaces, travel routes, and the impact of facility closures.

3. **Accessibility and inclusion:** challenges linked to cost, disability, transport, digital exclusion, and gendered / culturally sensitive provision.
4. **Safety and trust:** perceptions of safety in public and community spaces, and the effect of closures on confidence.
5. **Motivations and social connection:** drivers such as health benefits, enjoyment, family and peer support, and community hubs.
6. **Cultural relevance and representation:** the importance of faith, gender needs, and intergenerational activity in shaping participation.
7. **Wellbeing and confidence:** the connection between physical activity, mental health, self-esteem, and engagement across age groups.
8. **Affordability and value:** the influence of cost, awareness of free or low-cost opportunities, and perceptions of inclusivity.
9. **Communication and awareness:** how people find out about opportunities, preferred channels, and gaps in local knowledge.

1. Current movement habits

Introduction

This theme explores how people across Batley, Dewsbury and wider Kirklees are currently engaging in physical activity, including the types of activities they prefer, the motivations that encourage participation, and the barriers that limit it. The findings provide a baseline picture of everyday movement patterns in the area and highlight differences across groups. By examining both the drivers and obstacles to participation, this section sets the context for understanding the wider environmental, social, and cultural factors that shape physical activity locally.

1.1 Batley

In Batley, motivations mirror Kirklees overall. Barriers include cost (46%), lack of local facilities (43%), and information gaps (31%).

“I’d love to join classes, but I don’t even know where they are advertised.”

“The parks are good, but sometimes I don’t feel safe if it’s later in the day.”

“Women-only sessions make such a difference - I feel comfortable and can actually enjoy being active.”

1.2 Dewsbury

In Dewsbury, 52% of survey respondents reported being active outdoors in local streets, and 48% use parks or public spaces. Active travel is higher here than in Batley, with 37% walking or cycling to get places. However, the closure of Dewsbury Sports Centre has had a major impact, with 41% of survey respondents saying they are less active since it closed. Cost and safety concerns remain strong barriers.

“Since the sports centre shut, I just don’t have anywhere reliable to go.”

“I walk to town most days, but it would be good to have somewhere indoors when the weather’s bad.”

“I miss the social side of going to classes - it’s not just about exercise, it’s about seeing people.”

1.3 Kirklees overall

In this data, the majority of residents engage in some form of physical activity, with only around 12% of survey respondents reporting no active days in the past week. Walking is the most frequently cited activity, with 68% of respondents saying they walk at least several times a week.

Informal settings dominate, with 72% of respondents being active at home and 61% in local streets or neighbourhoods. Parks and green spaces are also important, used by 49% of respondents. Enablers include access to parks, free or low-cost activities, and feeling safe. Barriers include lack of local facilities (45%), cost (41%), and unsuitable or unsafe spaces (36%). Focus group data also highlighted these preferences, enablers and barriers.

“I try to walk every day - it’s the only thing that fits around my work and kids.”

“I’d go to the gym if it was cheaper, but I just can’t afford the membership.”

“When the evenings get darker, I don’t feel comfortable walking outside, so I stop.”

Analysis and considerations

Informal activity is common among the majority of residents of Kirklees, with walking and everyday movement key, but long periods of sedentary time can also be common. Closures of local facilities, safety concerns, and affordability are identified as barriers to participation. Responses from Batley exhibit a pronounced

emphasis on affordability and information gaps; Dewsbury shows particularly acute impacts from the sports centre closure and stronger reliance on active travel.

What the findings tell us

People are motivated to be active, but qualitative responses indicate their choices are constrained by affordability, access to facilities, and seasonal safety concerns. Walking remains a default because it is free and flexible, but this over-reliance signals the lack of diverse, reliable, and affordable opportunities.

2. Environmental and infrastructure factors (parks, green space, travel routes, impact of facility closures)

Introduction

This theme explores how the physical environment, public spaces, transport routes, and availability of local facilities influence opportunities for people to be active in their daily lives. It considers the role of well-designed parks, accessible green spaces, and safe active travel routes in encouraging movement, alongside the challenges created by the closure of local sports centres and other community facilities. Together, these factors determine not only how easy it is for individuals to integrate physical activity into their routines, but also how equitable those opportunities are across different communities.

2.1 Batley

In Batley, 47% of survey respondents use parks weekly, but complaints about lighting and overgrown pavements are common. The closure of Batley Baths is repeatedly mentioned as a loss, with older residents particularly affected. Cycling infrastructure is minimal and residents call for safer routes.

“I stopped going out for walks at night because the lighting is so poor.”

“I used to go to Batley Baths for aqua classes - now I just don’t go anywhere.”

“The pavements are narrow and dangerous, especially if you’re pushing a buggy.”

2.2 Dewsbury

In Dewsbury, 48% of respondents use parks or public green spaces. Active travel is relatively higher, with more people walking to local destinations. The closure of Dewsbury Sports Centre is the single most cited issue, with 41% of survey respondents directly linking it to reduced activity.

“Since the sports centre closed, I’ve lost my routine and don’t exercise as much.”

“It was affordable and inclusive - now the alternatives are too far and too expensive.”

“I don’t feel the same sense of community without the sports centre.”

2.3 Kirklees overall

Parks and green spaces are used by nearly half of respondents, but 34% report they avoid them due to poor maintenance, antisocial behaviour, or inadequate lighting. Walking infrastructure is valued but 29% say pavements are in poor condition. Cycling is less common, with only 12% using it regularly. Lack of local facilities is cited by 45% as the biggest barrier.

“If the parks were better maintained, I’d take my kids there more often.”

“It’s hard to walk when the pavements are broken or blocked by cars.”

“More green ways and paths for running and cycling need to be properly made throughout the town. There’s a lot of runners and cyclists but no safe paths in many places to keep separate from cars and pedestrians.”

Analysis and considerations

Improving the quality, safety, and maintenance of public spaces would increase informal activity. Replacing or restoring leisure facilities could support participation when the local environment does not. Safer, connected walking and cycling routes would support active travel.

What the findings tell us

The quality and availability of the local environment directly shape participation. Poor lighting, broken pavements, and neglected parks push people away from outdoor activity. Facility closures have removed trusted, structured spaces,

meaning choices are restricted to informal and sometimes unsafe options. Where safe, well-maintained infrastructure exists, people are more active.

3. Accessibility and inclusion (cost, disability, transport, digital exclusion, gendered / culturally sensitive provision)

Introduction

This theme considers the social and structural factors that shape access to physical activity, highlighting how financial pressures, digital exclusion, disability, transport, and cultural or gender-related needs influence participation. The cost of memberships, equipment, or travel often prevents those on lower incomes from engaging, while increasing reliance on online booking and communication excludes individuals without internet access, digital skills, or confidence.

Disabled people face additional challenges, including inaccessible environments, limited adapted opportunities, and a lack of specialist support, and transport issues can further restrict the ability to reach parks, leisure facilities, or community classes.

At the same time, the availability of women-only spaces is vital in providing safe and welcoming environments for groups who may otherwise feel excluded.

Addressing these interconnected barriers is essential to ensuring that opportunities for movement are equitable, inclusive, and responsive to the diverse needs of the population.

3.1 Batley

In Batley, 46% of respondents identify cost as a barrier. Digital exclusion is reported more often here than in Dewsbury, especially among older residents. There is strong demand for women-only sessions and safe community spaces.

“I can’t book things online, so I just don’t go.”

“Women-only groups give me confidence - I wouldn’t go otherwise.”

“The buses don’t run when I need them, so I miss out.”

3.2 Dewsbury

In Dewsbury, issues with accessibility are reported more frequently by those with a disability or health condition, with 25% of respondents stating that facilities do not meet their needs. Transport costs and the closure of the sports centre exacerbate barriers. Women-only opportunities are valued but limited.

“I use a wheelchair and most places just aren’t suitable.”

“Without the sports centre, everything is further away and costs more to get to.”

“Women-only sessions are essential - they make me feel respected and safe.”

Focus group findings also support the theme of access and inclusion:

“My diabetes is getting worse but the options just aren’t there for me.” (Resident with long-term health condition)

3.3 Kirklees overall

Cost is cited by 41% of survey respondents as a barrier, with free/affordable options mentioned as an enabler by 56%. Digital exclusion remains a challenge: 28% struggle with online booking systems. 21% of respondents reported a disability or long-term condition, and many highlighted lack of suitable facilities. Women-only provision is valued, especially among South Asian women, but availability is limited.

“It’s not just about the money - the systems are hard to use if you’re not confident online.”

“I need somewhere accessible with proper facilities, otherwise I just can’t take part.”

“The women-only classes are brilliant, but there aren’t enough of them.”

Analysis and considerations

Affordability, disability access, transport, and culturally appropriate provision are regularly cited as barriers. Digital inclusion should be addressed alongside physical access. This points to the importance of co-design with representative contributions from the community as key to any future service development.

What the findings tell us

Opportunities exist, but they are not equally accessible. Cost, disability access, transport, and digital exclusion all shape who can take part. Women-only provision and culturally sensitive spaces make the difference between participation and exclusion for many. People's choices are narrowed when systems or environments are not designed inclusively.

4. Safety and trust (perceptions of safety in public and community spaces, and the effect of closures on confidence.)

Introduction

This theme explores how perceptions and experiences of safety influence people's willingness and ability to be active in public spaces and facilities. Feeling safe is a key determinant of whether individuals choose to walk, cycle, or use parks, leisure centres, and other community venues, and concerns about crime, antisocial behaviour, poor lighting, or traffic can all discourage participation.

For some groups, including women, older adults, and young people, safety concerns may be especially pronounced and limit access to otherwise available opportunities. Accessibility features such as secure transport links, well-maintained infrastructure, and the visible presence of staff or community wardens can help foster confidence and reassurance.

Understanding these perspectives is vital in addressing barriers and designing spaces and programmes that feel welcoming, inclusive, and protective for all members of the community.

4.1 Batley

In Batley, safety concerns are focused on poor lighting and antisocial behaviour. Women in focus groups stressed the importance of group-based or women-only provision.

"It's not safe to walk alone, especially in the dark."

"We need better lighting and security in the parks."

"I only feel comfortable if I go with other women."

4.2 Dewsbury

In Dewsbury, similar themes arise, with additional concerns about antisocial behaviour in parks. The absence of the sports centre means residents have fewer safe indoor options.

"I don't take my kids to the park after school because of what goes on there."

"The sports centre was safe and supervised - now we've lost that."

"I wish there were more family-friendly, safe spaces."

Focus group participants also stated:

"There was a stabbing in Crow Nest Park... people don't feel safe."

"Antisocial behaviour puts me off going out. The town's [Dewsbury] not what it used to be."

"If it's dirty or overgrown, it doesn't feel safe, even if it is."

4.3 Kirklees overall

Feeling safe is identified as an enabler by 54% of survey respondents. 32% said safety concerns prevent them from being more active. Residents called for better lighting, visible staff or patrols, and clean, well-maintained spaces in their responses. Facility closures are linked to a reduction in safe, supervised options.

"I don't go out in the evenings because I don't feel safe."

"If there were more staff around, I'd use the facilities more."

"Reduce speeding traffic, kids on motorised scooters, ensure dog owners clean up after their dogs."

Analysis and considerations

Safety improvements in public spaces, staffed hubs, and targeted women-only/group activities are key. Facility closures have removed safe spaces and need to be addressed.

What the findings tell us

Safety concerns are a key deciding factor. Where people don't feel safe, they don't take part, especially women, families, and older residents. The closure of facilities has led to some people feeling that a safe, supervised option has been removed,

leaving gaps in trusted spaces. Choices about activity are not just about opportunity, but about whether people feel confident and secure in taking part.

5. Motivations and social connection (health benefits, enjoyment, family and peer support, community hubs)

Introduction

This theme explores the reasons why people choose to be active and the social contexts that help sustain their participation. While many are motivated by the physical and mental health benefits of regular movement, enjoyment and fun are equally important in encouraging people to keep active over time.

Family and friendship networks often play a key role, with shared activities creating accountability, encouragement, and a sense of belonging. Together, these factors highlight that motivation is not only individual but also strongly shaped by social support and community environments that make activity a valued and enjoyable part of daily life.

5.1 Batley

In Batley, 82% of survey respondents cited physical health as a motivator and 62% mentioned enjoyment - a higher proportion than Kirklees overall. Group-based opportunities like walking clubs are valued.

"I only started walking because my neighbour asked me to join her."

"The local group keeps me going - it's about friendship as much as exercise."

"It's nice to feel part of something."

5.2 Dewsbury

In Dewsbury, 84% of respondents cited physical health, 76% mental health, and 52% social connection. The closure of the sports centre was linked to the loss of social routines in free-text responses.

"The centre was where I met people - now I feel isolated."

"I used to go swimming with friends, but now it's not possible."

"Exercise helps my confidence - I feel better when I do it."

Focus group participants also emphasised the importance of social connections:

“It’s not just about the exercise. It’s about having someone to go with, someone to talk to.”

“Getting on the bus and having a chat, it’s really important for the older generation.”

5.3 Kirklees overall

Health benefits are the strongest motivator, with 81% of survey respondents citing physical health and 74% mental health as key benefits. 48% said they gain confidence/self-esteem from activity, and 46% said they would be more active if they had someone to go with.

“Being active keeps me sane - it’s good for my mental health.”

“I go because my friend goes - it keeps me motivated.”

“I wish there were more community groups - it’s hard on your own.”

Analysis and considerations

Promoting health and enjoyment that can be gained from physical activity, alongside building social networks, is key to building residents’ motivation alongside ‘classic’ messaging relating to physical and mental health. Community hubs and group-based programmes support sustained participation in alignment with social connection.

What the findings tell us

Motivation is sustained by health benefits, enjoyment, and social ties. People are more likely to stay active when they do it with friends, family, or in community groups. Where social connection is missing, activity often drops away. Choices are influenced by whether opportunities provide not only exercise, but also friendship, routine, and belonging.

6. Cultural relevance and representation (respecting faith, gendered needs, intergenerational activity)

Introduction

This theme explores the influence of cultural norms, faith practices, and gendered needs on how people engage with physical activity, and the role of representation in shaping participation. Cultural expectations and traditions can determine which activities are considered appropriate, how much time is available, and whether certain spaces feel welcoming. Faith practices may affect clothing, timings, and access to facilities, while gendered needs such as women-only provision can remove barriers and create more inclusive environments.

6.1 Batley

In Batley, South Asian heritage strongly shapes demand for culturally sensitive provision. Trusted community venues and women-only spaces are emphasised.

“I feel more comfortable in places I know and trust.”

“Women-only sessions let me take part without worrying.”

“Our community wants things that fit with our culture.”

6.2 Dewsbury

In Dewsbury, similar needs to those in Batley are reported (reflecting the population), with strong emphasis on faith-aligned opportunities.

“Faith-friendly spaces make all the difference.”

“We used to go as a family – it was good for all of us.”

“It’s important to feel represented in what’s on offer.”

6.3 Kirklees overall

Perceptions of cultural value is strong, with 63% agreeing that being active is important in their culture. Women-only sessions and faith-sensitive provision are particularly valued. Family bonding and intergenerational activity are also important.

“In my culture, health is important – we just need the right spaces to do it.”

“I would never attend mixed classes, but I love women-only ones.”

“We enjoy activities we can do as a family.”

Analysis and considerations

Designing culturally sensitive, gender-appropriate programmes and using venues that are trusted and seen as inclusive by a wide range of audiences will build confidence across potentially under-represented groups.

What the findings tell us

Cultural and faith-based needs strongly shape engagement. Where provision respects faith practices, gendered needs, and family participation, people are far more likely to get involved. Without culturally relevant opportunities, many simply opt out. Choices depend on whether activities feel welcoming, appropriate, and representative of people’s identities and values.

7. Wellbeing and confidence (connections between physical activity and mental health, self-esteem, and intergenerational activity)

Introduction

This theme examines the link between movement and wellbeing, recognising that confidence, age, and life stage all play important roles in shaping how people engage in physical activity. Younger people may be motivated by social connection or enjoyment, and older adults by maintaining independence and health.

At every stage, confidence influences participation, with those who feel less capable or supported often facing greater barriers to becoming or staying active.

7.1 Batley

In Batley, older residents value routine activities, while mid-life groups are split between very active and inactive. Barriers include health, confidence, childcare, and cost.

“It’s hard with kids - I don’t have time for myself.”

“I used to do classes but lost confidence after being ill.”

“Simple things like walking with friends really help my mood.”

7.2 Dewsbury

In Dewsbury, responses from residents indicated that wellbeing is strongly linked to routine, and the sports centre closure disrupted this for many, based on survey and qualitative feedback.

“I used to go three times a week - it kept me going.”

“I feel worse since it shut, I’ve lost my confidence.”

“It helped me with my recovery - now I’m back to square one.”

Focus group conversations also recognised the value of exercise for wellbeing:

“Exercise is addictive and really important for me, it’s about my physical and mental wellbeing.”

7.3 Kirklees overall

74% of survey respondents said activity improves their mental health, and 48% said it boosts confidence. Older adults report high activity levels, but also a high amount of time spent sedentary. Younger groups show more variability.

“When I exercise, my mood lifts instantly.”

“It makes me feel better about myself - more confident.”

“It helps me cope with stress.”

Analysis and considerations

Activities that are low-barrier and confidence-building support both wellbeing and participation. Perceptions of physical activity opportunities as safe, social and compatible with routines are especially important for residents.

What the findings tell us

Activity is deeply tied to mental health, confidence, and self-esteem. When opportunities are disrupted, as in Dewsbury with the sports centre closure, people voiced that their wellbeing suffers. Confidence barriers, especially after illness or inactivity, reduce choices further. People are most likely to take part when opportunities are low-barrier, routine, and supportive of mental as well as physical health.

8. Affordability and value (cost barriers, awareness of free/low-cost options, perceptions of inclusive provision)

Introduction

This theme explores how financial factors shape participation in physical activity, focusing on the barriers created by cost, the availability and visibility of free or low-cost options, and people's perceptions of value. Rising living costs can make paid facilities, memberships, and classes unaffordable for many households, while a lack of awareness about existing community or low-cost opportunities means that some residents miss out on accessible provision.

At the same time, perceptions of value, whether activities are seen as worthwhile, good quality, and inclusive, play an important role in decisions about participation. Understanding these dynamics is essential to reducing inequalities and ensuring that opportunities for movement are affordable, appealing, and open to all.

8.1 Batley

In Batley, cost is mentioned as a potential barrier by 46% of survey respondents. Residents expressed a preference for low-cost community options.

"The sessions are too expensive - I just can't go."

"When things are subsidised, I join, but otherwise it's not possible."

"Even small costs add up when you're on a budget."

8.2 Dewsbury

In Dewsbury, concerns relating to cost are felt by respondents to be compounded by the sports centre closure, forcing residents to travel further and pay more.

"It used to be affordable, but now I have to travel and pay more."

"The alternatives are too expensive."

"I stopped going because of the costs."

Cost was also a factor that came up among focus group participants, with one stating:

"Even when the sessions are free, getting there isn't. If the bus doesn't turn up, I'm stuck."

8.3 Kirklees overall

Cost is cited by 41% of survey respondents as a barrier, and 56% said free / affordable options enabled them to be more active. Transport and parking costs also add to barriers.

“I can’t justify paying for classes when money is tight.”

“Free activities are the only way I can join in.”

“Even parking charges stop me from going.”

Analysis and considerations

Expanding free/low-cost provision, transparent pricing, and concessions would directly address the concerns and issues raised by residents. More widely, travel costs should also be considered as a barrier to participation in some activities, and mitigation strategies developed.

What the findings tell us

Cost can be a decisive barrier. People want to be active, but if activities are expensive, they are simply not an option for many. Even small costs like parking or transport can tip the balance. Free or low-cost provision expands choice dramatically, while closures that force people to travel further reduce affordable options. Affordability is central to whether people can choose to participate.

9. Communication and awareness (finding out about local opportunities, preferred channels, gaps in knowledge)

Introduction

This theme considers where residents hear about opportunities to be active and the communication gaps that persist across different groups. It highlights the dominant channels people rely on, such as word of mouth, social media, and local networks, while recognising that not everyone has equal access to these sources. By examining both the strengths and areas for development of current communication approaches, this theme highlights the importance of accessible, inclusive, and varied messaging to ensure that all residents are aware of and able to take part in available opportunities.

9.1 Batley

In Batley, patterns mirror the Kirklees-wide picture, but hyper-local channels play a bigger role. WhatsApp groups, libraries, and places of worship are especially important. Residents highlight that heavy reliance on digital promotion risks excluding older and digitally limited groups.

“We share information in our WhatsApp group - that’s how I hear.”

“I’d like more noticeboards in local shops.”

“The council website isn’t useful - it’s too hard to navigate.”

9.2 Dewsbury

In Dewsbury, communication challenges are compounded by the closure of the sports centre, which previously acted as a central information hub. Without it, residents report feeling disconnected from updates about activities.

“I used to find out at the sports centre - now I don’t hear anything.”

“If it’s not on social media, I don’t know about it.”

“We need one place to check what’s on.”

9.3 Kirklees overall

Social media (58%) and word of mouth (53%) are the main channels through which respondents stated they hear about opportunities. Friends and family play an important role in sharing information. Around 29% of respondents said they do not hear about opportunities at all, suggesting significant communication gaps. Older residents and those who are digitally excluded rely more on printed posters, flyers, and GP referrals.

“I only know about things if someone tells me.”

“I’m not online, so I miss out on information.”

“Posters in the community centre are how I find out.”

Analysis and considerations

A blended communication strategy is required to ensure all residents have the opportunity to find out about what’s going on locally. Social media and word of mouth should remain central, but non-digital routes should be strengthened to reach those excluded from online channels. Printed flyers, noticeboards, GP and community centre referrals, and places of worship can extend reach. Information should be multilingual,

accessible, and easy to navigate. Consideration should also be given to establishing a central, regularly updated hub (physical or digital) to reduce the proportion of residents who feel they are not hearing about opportunities.

What the findings tell us

People cannot choose what they don't know about. Gaps in communication, particularly for those offline, mean many miss opportunities. Word of mouth, trusted community venues, and printed materials remain critical, while social media plays a major role for others. People reported through the survey and focus groups feeling disconnected from up to date information. Choices depend on whether information is clear, accessible, and tailored to local communities.

Conclusion and synthesis

Taken together, the thematic key findings present a multi-layered picture of how people across Kirklees, Batley, and Dewsbury experience, access, and value opportunities for physical activity. The findings show not only the prevalence of particular behaviours and barriers, but also the deeper social, cultural, and environmental factors that shape them.

What the findings tell us overall

- **People value accessible community facilities:** Beyond supporting exercise, people valued having local facilities, relating them (or the absence of them) to pride in where they live and strengthening of social connections and community life. This was especially evident in the findings from Dewsbury, though it was also voiced by smaller numbers of residents in Batley. A dedicated centre with swimming provision in this area would meet a clear community need, offering valued opportunities for activity, wellbeing, and social connection.
- **People want to be active:** Responses from residents indicated many were regularly building walking and informal movement into their daily and weekly routines, demonstrating a motivation among many residents to be active, especially for health and wellbeing purposes. But current choices are limited for many by affordability, access to facilities, and safety concerns.
- **The environment matters:** When pavements are broken, lighting is poor, or parks feel unsafe, people choose not to use them. Where facilities close, whole communities feel the loss of reliable, trusted spaces.

- **Inclusion is decisive:** If opportunities are not affordable, accessible to people with disabilities, or sensitive to cultural and gender needs, then opportunities for participation are reduced. Choices are heavily shaped by whether provision feels welcoming and usable.
- **Social connection sustains activity:** People are more likely to remain active when it is fun, social, and part of community life. Without that, motivation drops.
- **Wellbeing and confidence are intertwined:** Activity boosts mental health and self-esteem, but when opportunities are disrupted, wellbeing suffers, making it even harder for people to re-engage.
- **Information gaps reduce choice:** Many people miss out simply because they don't know what's available. Without clear, accessible communication channels, especially offline, opportunities are invisible to those who could benefit most.

Actions for consideration, emerging from residents' responses

1. **Restore / replace closed facilities:** Particularly to support residents in Dewsbury and Batley, where the loss of leisure centres (particularly swimming facilities) significantly impacts on participation, wellbeing, and community connection.
2. **Invest in safe, high-quality environments:** Better lighting, maintained pavements, clean and secure parks, and safe cycling/walking routes are all critical to enable everyday movement.
3. **Make affordability central:** Expand free and low-cost provision, address transport and parking costs, and ensure transparent pricing so financial barriers do not exclude people.
4. **Design for inclusion and cultural relevance:** Co-design with communities to create accessible, culturally appropriate, women-only, and family-oriented opportunities that feel welcoming for all.
5. **Build social connection into provision:** Prioritise group-based and community hub models that combine exercise with friendship, belonging, and peer support.
6. **Strengthen communication channels:** Create a blended approach using digital, print, community venues, and word of mouth, with consideration of multilingual, clear, and accessible messaging. Establishing a central, trusted hub for information is a key need.

In practice, these priorities overlap and reinforce one another. For example, affordable provision must also be inclusive, safe, and well-communicated to be effective.

Addressing them together through a whole system approach, rather than in isolation, is essential to broaden choice, remove barriers, and enable more people in Kirklees, Batley, and Dewsbury to engage in physical activity that supports their health, wellbeing, and sense of community.

Considerations for Kirklees

A whole systems approach

The following considerations are informed by the survey findings, focus groups and community engagement and link to the established evidence base on physical activity and movement promotion. They require a whole systems approach mapped to the COM-B model (Capability, Opportunity, Motivation; [Michie et al., 2011](#)) as well as the [WHO Global Action Plan on Physical Activity \(GAPPA\) \(World Health Organization, 2018\)](#) to ensure targeted, evidence-based and globally aligned interventions. Achieving these outcomes will require coordinated action, with partners, agencies, and individuals each playing a vital role in driving sustained change.

Important caveat: The research underpinning these recommendations was primarily carried out in Batley and Dewsbury, focusing on a valid, though limited, subset of these communities. In these areas, survey response levels and community engagement through qualitative research were particularly strong. As a result, the findings offer robust insights into local barriers and opportunities. However, distinct challenges in other parts of Kirklees mean that the results may not fully capture the experiences of all residents. While some themes clearly align with existing research, further work would be needed to test how well these insights apply across other localities.

Key actions for consideration

Local assets required to meet community need and enhance civic pride – A leisure centre in Dewsbury as a community anchor

A dedicated leisure centre with swimming provision in Dewsbury would address a clear community need, offering valued opportunities for physical activity, wellbeing, and social connection. Beyond its role in exercise, such a centre would stand as a civic asset - fostering pride in place and strengthening the fabric of community life.

While residents in Batley also expressed need for replacement facilities for the former swimming pool, albeit to a lesser degree, this underlines the importance of mapping both provision and need across the two towns to ensure fair and effective investment. A new, multi-purpose facility in Dewsbury should therefore be prioritised, reflecting the strongest and most consistent feedback from North Kirklees residents.

To maximise impact, there is strong evidence in favour of co-located community hubs where activity facilities are integrated with shops, cafés, childcare, health services,

libraries, and job centres. More than 61% of survey respondents said they would be more likely to take part if venues were connected to everyday destinations ([Hunter et al., 2015](#)). Embedding leisure within the routines and requirements of daily life makes participation easier, more habitual, and more inclusive.

To progress, partners should collaborate on a formal feasibility process that considers site options, scope, capital and revenue models, and opportunities for integration with other services. Programming must also reflect diverse needs across the district to ensure inclusivity and sustainability.

By doing so, the facility would not only respond to community priorities but also align with evidence-based approaches to health and wellbeing ([Brownson et al., 2001](#)). Framing development through COM-B (Opportunity/Motivation) and GAPP (Active Environments/Active Systems/Active Societies) reinforces the importance of designing places that embed activity in everyday life, build community pride, and strengthen social infrastructure.

Further actions for consideration

- **System partners should consider ways in which safety and accessibility in parks, paths, town centres and greenways could be improved** through enhanced lighting, regular maintenance and vegetation management; for example, in areas such as Wilton Park Woods and Crow Nest Park. Safety concerns and environmental neglect were repeatedly cited as barriers, particularly by women and older adults. Actions may include lighting, wayfinding, environmental maintenance, and community activation. Responsibility will lie across the whole system - Council services, police, transport providers and community organisations. Evidence shows that improved physical environments increase perceived safety and encourage active use ([Foster et al., 2014](#)). (*COM-B: Opportunity; GAPP: Active Environments*)
- **System partners should establish / expand low-cost or free activities / activity groups that support more easily accessible activity opportunities and social connection.** Nearly half of survey respondents (48.76%) indicated they would be more active if accompanied by someone, highlighting the role of social support in sustaining activity ([Kirklees Physical Activity Survey, 2025; Smith et al., 2017](#)). Consideration should be given to creating opportunities that strengthen social ties around physical activity. Partners may support group-based activities, buddying schemes, community champions and micro-grants for resident-led groups. (*COM-B: Opportunity/Motivation; GAPP: Active Societies/Active People*)

- **Improved targeting and tailoring of multi-channel communications to engage all audience groups**, such as WhatsApp and Facebook for 35-54-year-olds, printed newsletters and GP referrals for older adults, etc. Tailored messaging improves reach and engagement in diverse populations (Bauman et al., 2012). (COM-B: *Capability/Opportunity*; GAPPA: *Active Systems/Active Societies*)
- **The system should co-design activities and programmes that meet the needs of different cohorts**. This includes provision of women-only and culturally sensitive sessions, such as female-only swimming and gym classes, particularly in communities where gender norms influence participation. This was identified as a key enabler for South Asian women in the qualitative data and aligns with prior findings on culturally responsive programming (Jepson et al., 2012). This will require coordination between the Council, facility operators and community groups. (COM-B: *Opportunity/Motivation*; GAPPA: *Active People/Active Societies*)
- **Consider the introduction of affordable access schemes** including reduced-price memberships, pay-as-you-go models and transport subsidies for low-income households. Cost was the most frequently cited economic barrier to participation (38% of respondents) and is a critical determinant of engagement (Ding et al., 2011). (COM-B: *Opportunity*; GAPPA: *Active Systems/Active Environments*)
- **Improve accessibility of booking systems** (such as for KAL and related providers) by simplifying user interfaces and offering multilingual support in Gujarati, Urdu and Punjabi, amongst other languages. This addresses digital exclusion and language barriers (Kaihlanen et al., 2022). (COM-B: *Capability/Opportunity*; GAPPA: *Active Systems*)
- **Consider expanding use of community and school facility access outside school hours for affordable adult and youth activities**. Community sports halls and school gyms are underutilised assets with high potential for local provision (Sport England, 2020). (COM-B: *Opportunity*; GAPPA: *Active Environments/Active People*)
- **Adopt and apply active design principles to all new developments**, to ensure that travel infrastructure investment and planning considers connected, safe active travel infrastructure; (including segregated cycle lanes, widened pavements and safe crossings); high quality, safe, well-presented and maintained local access to play areas and public open space. This helps remove safety, civic pride and affordability barriers to walking, cycling and informal play and activity opportunities (Pucher & Buehler, 2012). (COM-B: *Opportunity*;

GAPPA: Active Environments/Active Systems)

Potential opportunities

These considerations should be phased strategically according to levels of complexity and capacity. As part of this, measures that can be identified as (relatively) low-cost and straightforward to implement should be prioritised in order to display visible progress to build trust and momentum, while more complex actions that support systemic change and infrastructure development are being planned and resourced.

Ongoing evaluation using the COM-B framework and benchmarking against [GAPPA](#) will ensure interventions remain responsive to evolving community needs and contribute to the global target of reducing inactivity by 15% by 2030 ([World Health Organization, 2018](#)). Using a whole system approach ([Kirklees Council, 2024](#)) is vital in ensuring communities can thrive.

Localised considerations for Batley and Dewsbury

While this research provides a broad perspective on physical activity and movement, the strongest engagement and most valuable insights came from communities in Batley and Dewsbury. Accordingly, the following considerations focus specifically on these two localities, reflecting their distinct challenges and opportunities, though some of which align closely with considerations for Kirklees as a whole. They draw on survey data, focus group discussions, and community workshops, and are grounded in the voices of residents to ensure that lived experience remains central.

The research shows that residents of Batley and Dewsbury share common priorities, particularly: affordable, inclusive facilities; culturally sensitive provision; safe and welcoming spaces; social connection; and better communication. The main differences are in emphasis: Batley residents placed more emphasis on safer parks / green spaces and group-based activities, while Dewsbury residents focused on active travel routes and youth-friendly provision. To fully reflect residents' views shared, we have summarised shared actions for considerations below, and specific considerations on the following pages.

Decision makers and system partners could reflect on and consider the following approaches:

Translating qualitative insights into action

- Communication and engagement should be multi-channel, making use of noticeboards, GP surgeries, libraries, schools, and face-to-face contact to reach those less digitally engaged, while maintaining online communication for digitally active groups.
- Tackling affordability requires more than low-cost provision; subsidies, travel support, and sensitivity to relative affordability are key. Even small costs can exclude those with limited disposable income or competing priorities ([Institute of Health Equity, 2020](#); [Sport England, 2022](#)).
- Programmes should be co-designed with full community representation, include women-only options, and be delivered in trusted venues such as mosques or day centres. Embedding inclusion and cultural sensitivity into planning and delivery will strengthen uptake.
- Social connection should be prioritised through buddy schemes, intergenerational activities, and group exercise opportunities. Raising the visibility of existing schemes could further increase participation.
- Low-cost, low-impact opportunities such as walking groups, gentle exercise classes, and community swimming should be expanded, aligning with residents' emphasis on physical and mental wellbeing.

- Addressing safety concerns requires investment in physical environments, better lighting, pavements, cleanliness, and visible community presence, alongside trust-building initiatives, rather than relying solely on policing.
- Reinvestment in local facilities, or affordable and accessible alternatives, is critical to restoring opportunities, reducing inequalities, and rebuilding community trust.

Considerations for Batley

These considerations are based on the findings of the research and reflect the priorities and lived experiences shared by residents in Batley. They outline clear areas where system partners can take the lead, along with local authorities, leisure providers, and community organisations.

Provision of accessible facilities

The closure of Batley Baths was repeatedly identified as a turning point in local activity levels, with many residents reporting that they had stopped attending altogether since its closure.

- “We’ve got nowhere central to go anymore. Batley Baths was the heart of the community.”
- “It’s too far and too expensive to travel elsewhere, people just stopped going when it closed.”

System partners could:

- Note requests for a multi-use facility in Batley and work alongside pre-existing assets in Batley to support access to physical activity. System partners should also advocate for investment in a multi-use facility that meets the needs of residents in both Batley and Dewsbury.
- Work with planners and leisure services to ensure affordability (low-cost membership and pay-as-you-go models) and inclusivity are built into the business case for new and existing facilities.
- Embed monitoring frameworks so the facility can evidence long-term health and wellbeing benefits.

(COM-B: Opportunity/Motivation; GAPP: Active Environments, Active Systems)

Enhance women-only and other culturally sensitive provision

Female-only swimming and gym sessions were consistently described as key enablers, particularly for South Asian women.

- “I’d go if it was just for women, we need spaces where we feel comfortable.”
- “For us, privacy matters. If there was swimming just for women, I’d be there every week.”

System partners could:

- Co-design women-only sessions with local women’s groups, mosques, and cultural organisations.
- Secure ongoing funding to subsidise these sessions, ensuring cost is not a barrier.
- Train staff in cultural competence and embed gender-sensitive policies across provision.

(COM-B: Opportunity/Motivation; GAPP: Active People, Active Societies)

Improve safety and usability of parks

Wilton Park Woods and other green spaces in Batley are underused due to safety concerns, particularly after dark.

- “I don’t walk there in the evenings, it feels unsafe and too overgrown.”
- “If the paths were lit and kept tidy, I’d take my kids there more often.”

System partners could :

- Collaborate with parks, planning, and community safety services to audit lighting, pathways, and maintenance.
- Fund community-led stewardship schemes (e.g., volunteer wardens, “friends of the park” groups) to build ownership and visibility.
- Promote parks as safe, welcoming spaces through campaigns that feature local families and diverse role models.

(COM-B: Opportunity; GAPP: Active Environments)

Promote group-based and social activities

Many residents highlighted the importance of social connection and peer support for motivation.

- “I’d go more if I had someone to go with - it’s hard on your own.”
- “We used to walk together as a group, and that made me feel safer and more motivated.”

System partners could:

- Grow and raise awareness of community walking groups, gardening clubs, and buddy schemes.
- Work with local voluntary and faith-based organisations to embed these activities where trust already exists.
- Develop “community connectors” roles to link isolated residents with groups, addressing loneliness alongside inactivity.

(COM-B: Opportunity/Motivation; GAPP: Active Societies, Active People)

Tailor communication to reach diverse groups

A number of residents expressed frustration that opportunities were poorly advertised or difficult to find out about.

- “You only hear about things if you already know someone. It’s not advertised well.”
- “If it came through my GP or a community centre, I’d be more likely to hear about it.”

System partners could:

- Map current communication channels and co-design new strategies with residents to identify the most trusted routes (e.g., GP surgeries, schools, community centres).
- Ensure information is translated and culturally tailored, particularly in Urdu, Punjabi, and Gujarati.
- Pilot digital approaches (e.g., WhatsApp broadcast groups) while maintaining offline methods for digitally excluded groups.
- Build evaluation into campaigns to understand reach and effectiveness by community group.

(COM-B: Capability/Opportunity; GAPP: Active Systems, Active Societies)

Considerations for Dewsbury

These considerations align to the findings of the research and reflect the priorities and lived experiences shared by residents in Dewsbury. They outline clear areas where system partners could work in partnership with local authorities, leisure providers, and community organisations to ensure a coordinated response.

Replace Dewsbury sports centre

The closure of Dewsbury Sports Centre has had a major impact on participation, with residents reporting that they have lost a central, accessible, and affordable venue.

- *“Since the Sports Centre closed, I’ve stopped going altogether. There’s just nothing nearby anymore.”*
- *“It was where everyone went, now we’ve got to travel or not go at all.”*

System partners could:

- Work together to progress the development of a new, multi-purpose leisure facility in Dewsbury. A formal feasibility process will be required to assess local data and evidence, site options, scope, capital and revenue models, and opportunities for co-location with other services. This would respond to the strongest and most consistent feedback from North Kirklees residents, while ensuring that programming reflects diverse needs across the community.
- Work with planning and leisure services to ensure affordability (reduced-price memberships and flexible payment options).
- Embed inclusive programmes from the outset, such as women-only sessions, youth provision, and accessible facilities for disabled residents.

(COM-B: Opportunity/Motivation; GAPP: Active Environments, Active Systems)

Create safe and connected active travel routes

Residents highlighted the need for safe walking and cycling infrastructure, linking neighbourhoods with the town centre, schools, and key destinations.

- *“I’d cycle if there were proper lanes, but the roads just aren’t safe.”*
- *“It should be easy to walk into town, but the crossings feel dangerous.”*

System partners could:

- Partner with transport and highways teams to design safe, connected active travel routes.

- Engage local schools and employers in promoting active commuting through workplace and school travel plans.
- Campaign for improvements such as segregated cycle lanes, widened pavements, and safe pedestrian crossings.
- Monitor use and health outcomes to demonstrate impact and build the case for wider investment.

(COM-B: Opportunity; GAPP: Active Environments, Active Systems)

Expand youth-friendly provision

Young people in Dewsbury reported a lack of affordable and accessible activities, leading to disengagement and inactivity.

- *“There’s nowhere for us to go that doesn’t cost too much, we just hang around.”*
- *“I’d do sports if there were cheap sessions for people my age, but it’s all too expensive.”*

System partners could:

- Collaborate with schools, youth services, and voluntary groups to expand access to sports halls, gyms, and pitches outside of school hours.
- Fund subsidised youth sessions that are affordable and culturally sensitive, designed in partnership with young people themselves.
- Train and employ local young people as peer leaders or activity champions to build trust and relevance.
- Connect provision to wider youth health and wellbeing programmes, tackling inactivity alongside mental health, diet, and social inclusion.

(COM-B: Opportunity/Motivation; GAPP: Active People, Active Societies)

Improve awareness of existing opportunities

Some residents reported not knowing about current opportunities in Dewsbury, even when provision was available. This suggests gaps in communication and engagement.

- *“Things are happening but you don’t hear about them until they’ve gone.”*
- *“If someone told me through the GP or the school, I’d probably go.”*

System partners could:

- Map communication pathways and co-design strategies with residents to understand how best to reach different groups.

- Integrate information about physical activity opportunities into existing health and care pathways, such as GP referrals and social prescribing.
- Use both digital platforms (WhatsApp, Facebook) and offline methods (community centres, places of worship, printed materials) to maximise reach.
- Track and evaluate campaign effectiveness by demographics and geography.

(COM-B: Capability/Opportunity; GAPPA: Active Systems, Active Societies)

Conclusion

The priorities identified in Batley and Dewsbury reflect the lived realities of local residents and provide clear direction for immediate, practical action. While the specific needs of each town differ, the common themes, affordable and inclusive facilities, safe and well-maintained public spaces, culturally sensitive provision, and the importance of social connection, highlight where co-ordinated action across Kirklees could have the greatest impact.

These findings demonstrate that having accessible local infrastructure, including leisure centres, are very important to our communities and provide ways to increase physical activity as well as provide opportunities for social connection. The findings also show that improving physical activity is not solely about infrastructure, but also about ensuring opportunities are accessible, inclusive, and meaningful for the people who need them most. By grounding interventions in the COM-B model, system partners can address the underlying drivers of behaviour change, while alignment with the WHO Global Action Plan on Physical Activity (GAPPA) ensures that local action is in line with a strong international evidence base, and contributes to global ambitions to reduce inactivity and health inequalities.

Ultimately, the insights from Batley and Dewsbury serve as a reminder that local voices must remain central to strategy. As Kirklees develops its borough-wide approach, these findings offer both a foundation and a call to action: to build environments, systems, and communities where movement becomes easier, safer, and more valued in everyday life.

Considerations for future research and limitations

Although this research provides a strong evidence base to inform future policy and practice in Kirklees, alongside other sources such as the Kirklees Active Leisure Consultation 2024 and the Current Living in Kirklees Survey, it has also highlighted important gaps. Specifically, there are limitations in the current local evidence base and evaluation processes for understanding patterns of activity and movement among Kirklees residents.

With this in mind, the following considerations are offered to help build stronger local understanding and more effective monitoring of activity and movement across Kirklees.

1. Long-term research planning

While the current research provides a valuable snapshot in time of attitudes, barriers, and enablers around physical activity, future work should adopt a longitudinal design. This will allow for:

- Tracking changes in behaviour, motivation, and physical activity levels over time.
- Understanding the long-term impact of interventions or policy changes.
- Identifying seasonal or situational variations in participation patterns. Studies spanning 12-24 months or longer will help to capture sustained behavioural shifts and allow for more robust conclusions about cause and effect.

2. Enhanced incentive structures

Engagement levels in physical activity and movement research can be improved by reasonable, tailored incentives that respect participants' time and input. This also supports greater equity in research approaches for participants on low incomes who may find it difficult to participate in qualitative research activities due to cost.

- Consider tiered rewards for continued participation in a long-term study (e.g., vouchers, fitness gear, community recognition).
- Consider offering incentives that align with healthy lifestyle goals, such as free class passes, local sports event tickets, or gym memberships.
- Where possible, provide feedback reports or personalised activity summaries to participants, giving them value beyond monetary rewards.

3. Mixed-methods follow-up studies

Future projects should continue combining quantitative measures (e.g., activity trackers, validated questionnaires) with qualitative insights (e.g., interviews, ongoing focus groups). This will:

- Provide a deeper understanding of the motivations, lived experiences, and cultural factors influencing activity.
- Enable cross-validation of self-reported behaviours with objective data.
- Allow ongoing dialogue with participants to adapt interventions in real time.

4. Targeted subgroup analysis

The current findings could be enriched by focusing follow-up research on specific demographics identified as underrepresented or having unique barriers, such as:

- Older adults
- Children and young people
- People with disabilities or chronic conditions
- Minority ethnic groups
- Low-income households

Long-term tracking within these subgroups can reveal targeted intervention strategies.

5. Community-embedded research models

Future projects should strengthen community ownership of the research process, ensuring findings lead to real-world action. This could involve:

- Partnering with local organisations, schools, and sports clubs for ongoing recruitment and retention.
- Establishing community advisory panels to guide research design and dissemination.
- Running pilot intervention programs within the research period to test and refine approaches.

6. Integration with policy and practice

A follow-up project should be designed with clear pathways for policy impact.

Recommendations include:

- Sharing longitudinal findings with local authorities, healthcare providers, and sport governing bodies.
- Embedding research outcomes into active travel plans, urban planning, or public health strategies.
- Measuring uptake and impact of policy changes informed by the study.

Conclusion

This research provides a robust, community-driven evidence base that captures how people in Batley, Dewsbury, and the wider Kirklees area engage with physical activity and movement. Rooted in the lived experiences of residents, it offers valuable insights that system partners can use to shape targeted interventions, inform strategic investment, and guide equitable policy decisions.

The findings of this research confirm the original hypothesis - socio-economic status, cultural background, and accessibility to inclusive and safe spaces are significant predictors of physical activity and movement participation in Dewsbury, Batley, and North Kirklees.

The data shows that residents on lower incomes and those with caring responsibilities consistently highlighted affordability and time pressures as barriers to participation, with many unable to access facilities or classes due to cost or competing priorities. Focus groups reinforced these concerns, describing how financial strain and limited local provision made it unrealistic for some residents to be active, even when motivation was present.

Cultural background also shaped experiences. Survey responses showed strong representation from communities with South Asian heritage and multilingual households, while focus groups and community conversations emphasised the importance of culturally sensitive provision. Residents valued women-only sessions, trusted community venues, and activities that acknowledged religious commitments, reflecting the diversity of Dewsbury and Batley.

Finally, accessibility and safe spaces emerged as decisive factors. Residents reported that the closure of leisure facilities had left significant gaps in opportunity, while poor transport links, neglected parks, and safety concerns further restricted activity. Community engagement events captured a strong appetite for inclusive, affordable, and local spaces where people could feel secure and welcome while being active.

Taken together with existing local and national evidence, these insights highlight that physical activity is not simply a matter of individual choice, but is shaped by wider structural inequalities. Tackling barriers linked to income, culture, and accessibility will be essential if equitable opportunities for movement are to be created across North Kirklees.

The COM-B model (Capability, Opportunity, Motivation → Behaviour; [Michie et al., 2011](#)), aligned with global frameworks such as the [WHO Global Action Plan on Physical Activity \(GAPPA\)](#) ([World Health Organization, 2018](#)), provides a clear and actionable foundation for creating environments and opportunities that enable more people to be active in their daily lives.

Capability

Residents' physical and psychological capability is shaped by health conditions, confidence levels, and knowledge about suitable activities. Yet our data shows that capability can be strengthened through inclusive programming, health condition-sensitive support, and accessible guidance delivered in multiple formats and languages.

Opportunity

Opportunity remains a dominant barrier. Facility closures, poorly maintained open spaces, safety concerns, and transport and cost issues restrict equitable access to activity. Aligning with GAPPA's *Active Environments* and *Active Systems* objectives, our findings reinforce that creating safe, affordable, and well-connected spaces across communities must be a key focus.

Motivation

Motivation is deeply influenced by cultural norms, social support, and previous experiences. While the health benefits of being active are widely recognised, low confidence, image concerns, and isolation limit engagement. Social connection, including buddy systems, visible role models, and culturally tailored programming like women-only or family-focused sessions is vital in boosting motivation, closely reflecting GAPPA's *Active Societies* and *Active People* ambitions.

Behaviour

The COM-B framework underscores that behaviour change occurs only when capability, opportunity, and motivation converge. Our findings suggest that layering inclusive programming (capability), equitable infrastructure and environments (opportunity), and socially embedded, empowering experiences (motivation) offers the clearest path to sustainable behaviour change.

Snapshot in time, but robust and clear evidence

This study provides a snapshot captured during the summer months of 2025, which may reflect seasonal patterns (e.g., heightened outdoor activity) and understate winter-related barriers such as poor lighting or weather-related avoidance. Despite this, the research is robust, utilising quantitative surveys and qualitative focus groups and community engagement workshops, all rooted in the voices of residents. Their lived

experiences enrich the data, anchoring the findings in everyday realities and lending depth to the evidence.

Alignment with GAPPA and call to action

Our findings closely align with GAPPA's systems-based approach, which sets out four strategic objectives and 20 policy actions to reduce physical inactivity by 15% by 2030 ([World Health Organization, 2018](#)). Like GAPPA, our analysis emphasises the necessity of cross-sector leadership, multisectoral partnerships, and community-centred strategies to drive lasting change.

Next steps

This report should be treated as a starting point, not the end. Future monitoring, especially across seasons, will be vital to inform responsive policy and programming. Together, by bridging the COM-B framework with the WHO's [GAPPA vision](#), Kirklees Council and its partners can move from insight to action, embedding physical activity and movement into daily life so that everyone, regardless of circumstance, has the capability, opportunity, and motivation to move more, live well, and thrive.

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Technical Report: Physical Activity and Movement in North Kirklees

**An independent research report commissioned by Kirklees
Council**

September 2025

Contents

1. **Project details** - 4
2. **Introduction and background** - 4
3. **Research Methodology** - 5
 - Overview - 5
 - Research design - 5
 - Survey design and implementation - 5
 - Focus group and community engagement design and implementation - 7
 - Data processing and analysis approach - 9
 - Risk management and limitations - 10
 - Ethical frameworks - 11
 - Conclusion - 13
4. **Survey respondents demographics** - 13
 - Batley respondent demographic profile - 13
 - Dewsbury respondent demographic profile - 23
 - Kirklees demographic respondent profile - 34
5. **Other supporting evidence** - 44
 - Batley supporting evidence - 44
 - Dewsbury supporting evidence - 79
 - All Kirklees supporting evidence - 119
6. **References** - 178
7. **Appendices** - 180
 - Appendix A - Survey
 - Appendix B - Focus Group Script
 - Appendix C - Community Engagement Consent Form

- Appendix D - Poster/flyer
- Appendix E - Organisations contacted

1. Project details

Title	Kirklees Council Physical Activity and Movement Research 2025
Client	Kirklees Council
Author	Brightsparks Agency

2. Introduction and background

Kirklees Council, serving around 433,300 residents across West Yorkshire ([ONS, 2023](#)), is working to reduce health inequalities by increasing participation in physical activity. Specifically, evidence shows that activity levels are among the lowest in Batley East, Batley West, Dewsbury East, Dewsbury South and Dewsbury West, particularly among Asian/Asian British communities, women, disabled people, and low-income households ([Kirklees Council, 2021b](#)).

Between May and August 2025, Brightsparks Agency (BSA) was commissioned to research local attitudes, behaviours, and barriers to physical activity. The study was guided by the COM-B behaviour change model and aimed to provide actionable insight to inform [Sport England's Place Partnership](#) programme and Kirklees Council's long-term strategy for inclusion and wellbeing.

Methods used included:

- Online and paper surveys
- Focus groups (in-person and online)
- Community workshops
- Desk-based evidence review

This report contains demographic survey data, interpretation and highlights considerations for moving forward. The insights gathered will inform the design of targeted, equity-focused interventions.

3. Research Methodology

Overview

BSA employed a mixed-methods research approach to explore experiences and attitudes toward physical activity and movement. This methodology integrated surveys and focus groups for adults aged 18+ and community engagement workshops, for adults, children and young people, providing both quantitative breadth and qualitative depth.

The research was grounded in the [COM-B behavioural framework - Capability, Opportunity, Motivation-Behaviour](#) - which guided question design and data analysis. Triangulating diverse data sources enabled a robust understanding of behavioural influences, barriers and enablers. This ensured that insights were both statistically sound and firmly rooted in the lived realities of the communities engaged.

Research design

The methodology was designed to offer a comprehensive picture of physical activity and movement behaviours across Batley and Dewsbury, along with a broader picture of the situation across Kirklees. It combined:

- **Surveys:** Paper (27 responses) and electronic (971 responses) to gather large-scale quantitative data on behavioural trends, barriers, and motivations.
- **9 Focus groups:** With 59 participants, to provide qualitative insights into lived experiences and deepen understanding of complex or sensitive issues.
- **Community workshops:** With 69 attendees, to engage underrepresented voices through co-designed, creative methods in accessible, inclusive formats.

Each method supported the others, allowing for validation of findings across different data sources and enriching the final analysis.

Survey design and implementation

Design framework

The survey was developed using the [COM-B model \(Capability, Opportunity, Motivation - Behaviour\)](#) to understand the behavioural drivers of physical activity. Questions were structured around the four domains:

- **Behaviour** - Current activity types, frequency, and locations
- **Opportunity** - Environmental and social enablers or barriers

- **Motivation** - Personal drivers, perceived benefits, and readiness for change
- **Capability** - Awareness, resources, and physical or psychological constraints

A range of response formats were used, including tick boxes, rating scales and open-text fields, allowing both quantitative and qualitative insights. Language was accessible and inclusive. A full list of survey questions can be found in [Appendix A](#).

Sampling strategy

Sample sizes were calculated to ensure representativeness at a 95% confidence level **with a $\pm 5\%$ margin of error:**

- **Batley** (Population: 44,505) - Minimum 381 responses ([ONS 2021](#))
- **Dewsbury** (Population: 63,722) - Minimum 382 responses ([ONS 2021](#))

Because of diminishing returns in sample size calculations, Batley and Dewsbury required almost the same number of responses (383) despite their different population sizes. Target thresholds were raised to account for potential non-responses and to enable subgroup analysis by age, gender, and ethnicity. Real-time demographic monitoring was used throughout fieldwork to guide targeted outreach where representation gaps were identified.

No sampling strategy was used for the wider Kirklees population because the research focused specifically on Batley and Dewsbury, enabling an in-depth exploration of local needs and priorities rather than a representative district-wide analysis.

Distribution channels

To maximise reach and inclusivity, both online and paper-based versions of the survey were made available.

Online distribution included:

- QR codes on printed and digital materials
- Paid social media campaigns targeting under-represented groups
- Distribution via Kirklees Council and local partner networks
- Promotion through community-specific platforms (e.g. community Whatsapp groups)
- Social media posts in local Facebook groups

Paper distribution aimed to reduce digital exclusion. Printed surveys with prepaid envelopes were made available at key community venues such as Batley Community Centre, Batley Library, Dewsbury Library, Dewsbury Moor Children's Centre, The Greenwood Centre and Thornhill Lees Community Centre.

A total of 27 completed paper surveys were returned.

Data cleaning and quality assurance

Survey responses underwent a structured quality assurance process to ensure consistency and reliability. This included:

- Removal of duplicates or incomplete submissions
- Retention of minor missing data where contextually appropriate
- Standardisation of spelling, coding, and formatting
- Maintenance of a full audit trail to support transparency and replicability

Cross tabulations were used to explore relationships between key variables such as age, gender, and ethnicity, and their influence on responses related to physical activity and movement behaviours, barriers to movement, and use of local services and spaces.

Focus groups and community engagement design and implementation

As part of the qualitative strand of the research, a combination of focus groups, community engagement workshops, and targeted sessions was carried out to explore lived experiences, attitudes and barriers to physical activity in greater depth. Particular attention was given to underrepresented groups, including older people and children, young people and families.

In Batley and Dewsbury, focus groups were complemented by wider outreach activities such as surveys and informal conversations. All focus groups were hosted in accessible public venues across both towns. Engagement took place in a variety of settings, ranging from community hubs like Batley Library, Batley Sports Centre and Batley Community Centre, to high-footfall locations including Tesco Batley, Asda Batley, Sainsbury's Dewsbury, Dewsbury Library and Batley High Street. Broader opportunities to gather resident perspectives were also created through events and public spaces, such as the Dewsbury International Food Festival and Crow Nest Park.

This place-based approach highlighted the importance of meeting communities where they are, ensuring that research remains grounded in local realities and shaped by the voices of those who live there.

Focus group recruitment and inclusion criteria

Participants were recruited predominately from the areas of Batley and Dewsbury through:

- Direct survey signposting
- Local outreach via community groups
- Collaboration with trusted organisations

Eligibility criteria included being aged 18+ and residing in the local area. Recruitment aimed to reflect a diversity of gender, age, ethnicity, and socio-economic background.

Focus group questions

Focus groups were structured around the COM-B behavioural framework to explore what shapes physical activity and movement behaviours in everyday life. The following questions guided the discussions:

- What does physical activity or movement look like for you day-to-day?
- What helps you to be active, and what makes it harder?
- Are there local places, services, or people that support your activity?
- What would make it easier or more appealing to move more?
- How do health, caring responsibilities, or other commitments affect your ability to be active?
- What changes would make a difference to you or people you know?

These questions helped uncover personal and community-level barriers, motivators, and contextual factors affecting physical activity.

Demographic considerations

Both towns represent some of the most ethnically diverse areas in West Yorkshire:

- **Dewsbury:** 44.4% Asian, 50.8% White ([ONS 2021 Approximate aggregated data](#))
- **Batley:** 39.2% Asian, 56.5% White ([ONS 2021, Approximate aggregated data](#))

These figures significantly exceed the national Asian population average. Dewsbury also has a notably younger population (median age 34 vs. national 40 ([MHCLG, 2024](#))). This context informed inclusive and representative recruitment strategies, though it should be noted that ethnicity was not routinely captured / shared by focus group participants.

Accessibility and venue selection

Focus group venues were selected based on:

- Proximity to participants and access via public transport
- Cultural familiarity and trust within communities
- Physical accessibility

Online sessions were also provided to increase participation for those with mobility or scheduling challenges.

Data processing and analysis

Recordings were transcribed and cleaned to remove filler or off-topic content. Anonymisation protocols were applied to protect participant identities. Data was analysed with integrity, prioritising context and tone, while adhering to ethical guidelines.

Community engagement workshops

Purpose and adaptation

Originally conceived as large public events, workshops were adapted into smaller-group sessions to facilitate more meaningful dialogue. This approach allowed deeper exploration with underrepresented or marginalised communities.

Target groups

Workshops focused on individuals with shared identities or lived experience, including:

- Older people
- Children, young people and families

Group selection was based on emerging data gaps, local partner insights and participant availability.

Format and facilitation

Co-designed with Kirklees Council, the workshops created inclusive spaces for dialogue and creativity. Older residents engaged through facilitated discussion groups, while

children and families took part in interactive activities such as sticker exercises, shared writing, and image prompts.

Facilitation was guided by trauma-informed practices, ensuring sensitivity and care throughout. Materials were adapted to meet both cultural and accessibility needs, removing barriers to participation.

This thoughtful approach fostered trust, encouraged open and respectful conversations, and enabled a wide range of voices to be heard.

Data analysis approach

Thematic analysis was used to analyse qualitative data from open-text survey responses, focus groups, and community engagement sessions. This method is well-suited for exploring subjective experiences and identifying patterns across large datasets.

Following the work of [Braun & Clarke \(2006\)](#), the research team adopted an iterative, inductive coding process grounded in participants' own language and perspectives. The approach enabled the identification of themes that reflected the lived realities of residents in Batley, Dewsbury, and surrounding communities.

The analysis followed eight key phases:

1. **Data collection**
2. **Familiarisation** with open text comments/transcripts
3. **Initial coding** of the data to identify key concepts
4. **Theme identification**, based on patterns across codes
5. **Systematic coding** of data across the dataset
6. **Theme development and review**
7. **Theme refinement and naming**
8. **Report writing**, focusing on themes aligned with research objectives

Risk management and limitations

While the research was carefully designed to balance inclusivity, rigour and relevance, several methodological limitations were identified. The table below outlines key risks associated with each engagement method and the strategies used to mitigate them.

Method	Key Limitations	Mitigation Measures
Community engagement activities	Low levels of engagement, Representation gaps, access issues	Partner with existing community groups, use accessible community venues
Focus groups	Risk of social desirability bias, dominance by outspoken individuals, and limited scalability	Use of skilled, trauma-informed facilitators, small group sizes, and inclusive engagement tools
Surveys	Risk of low response rates, digital exclusion, and limited depth of insight	Use of paper versions, simplified language, and targeted outreach to underrepresented groups

Each method offered unique value while also requiring careful management of potential limitations. General risks such as consultation fatigue, accessibility challenges, or discomfort discussing sensitive issues were mitigated through flexible design, trauma-informed practices, and partnership with trusted local organisations.

Although the online survey received 8,985 visits, a considerably smaller proportion went on to complete it - either fully or partially - reflecting common challenges in survey-based research, including design flaws, participant fatigue (in this case, potentially abetted by recent major consultation on the closure of Dewsbury Sports Centre, which frames all discussions relating to physical activity in this area) or the absence of incentives. In addition, four focus groups (two in person and two online) had to be cancelled due to low or no engagement, which may have reflected not only a lack of interest but also issues of availability and competing commitments.

Ethical frameworks

All research activities adhered to:

- [BERA Ethical Guidelines \(2024\)](#)
- [Market Research Society](#) and [Social Research Association](#) standards
- [UK GDPR](#), Data Protection Act 2018, and [PECR 2003](#)

Ethical practices included:

- Informed consent with accessible information materials
- Confidentiality and anonymisation of all data
- Secure data storage (retained for one year post-project)
- Safeguarding protocols for vulnerable participants
- Use of culturally appropriate and inclusive materials, including Easy Read formats and language support

Conclusion

This methodology combined statistical rigour with inclusive engagement, delivering a multi-dimensional understanding of physical activity across Batley and Dewsbury. The integration of surveys, focus groups, and workshops, designed with cultural sensitivity and ethical integrity, ensured that findings reflected both broad trends and the lived experiences of local residents. The result is a robust evidence base to inform future policy, service design, and community action.

4. Survey Respondents Demographics

Demographic profile of respondents - Batley

Summary

Of the 145 total responses for Batley, survey respondents came from across the area, showing a wide geographic spread. The largest proportion lived in Birstall, with notable representation from Healey, Staincliffe, and Purlwell/Mount Pleasant. Smaller groups came from areas such as Wilton, White Lee, and Hanging Heaton. This distribution highlights both core neighbourhood concentrations and the participation of smaller surrounding communities.

Key statistics

Respondents came from the following areas:

- Birstall - 16%
- Healey - 11%
- Staincliffe - 10%
- Batley - Purlwell/Mount Pleasant - 10%
- Soothill - 8%
- Upper Batley - 8%
- Batley Carr - 7%
- Carlinghow and White Lee - 7%
- Batley Centre - 7%
- Hanging Heaton - 5%
- White Lee - 3%
- Batley Wilton - 3%

Interpretation

This distribution shows that while participation is broad, the strongest engagement came from nearby Birstall and central neighbourhoods, suggesting these areas may have higher community engagement or stronger survey reach. Areas like Healey and Staincliffe also show notable activity, reflecting their significance as residential hubs.

Conversely, the smaller numbers from Wilton and White Lee suggest lower participation, possibly linked to population size, accessibility, or awareness.

Considerations

The geographic spread indicates that activity programmes should be inclusive of both larger and smaller neighbourhoods to ensure even reach. High concentrations in Birstall and surrounding areas offer opportunities to build on existing community networks, while smaller or underrepresented areas may benefit from targeted outreach and localised promotion. This balanced approach can strengthen overall participation and address potential gaps in engagement across Batley.

Age of Batley respondents

Summary of responses

Respondents were distributed mainly across middle age groups, with the largest shares in the 35–64 range. Younger adults (under 35) and older adults (65+) were less represented, though there was still some presence across all age brackets.

Key statistics

- 18–24: 4.8%
- 25–34: 13.8%
- 35–44: 21.4%
- 45–54: 22.1%
- 55–64: 20.0%
- 65–74: 7.6%
- 75 or over: 9.7%
- Prefer not to say: 0.7%
- Answered: 145 | Skipped: 0

Interpretation

The distribution is concentrated among those aged 35–64, who account for nearly two-thirds of all Batley respondents (63.5%). Younger participants (under 35) made up less than one-fifth, while older participants (65+) accounted for around the same proportion (~17%).

Considerations

- Engagement is strongest among mid-life adults, reflecting likely community or household responsibilities.
- Lower response rates from younger groups suggest outreach methods may not be fully engaging this demographic.
- Older adults (65+) are moderately represented, indicating good inclusion but still a smaller share than middle-aged groups.

Gender of Batley respondents

Summary of responses

Most Batley respondents identified as female, making up more than two-thirds. Just over a quarter identified as male, and very few preferred not to answer. No respondents selected non-binary, intersex, or not specified.

Key statistics

- Male: 26.1%
- Female: 69.6%
- Non-binary / Intersex: 0%
- Not specified: 0%
- Prefer not to say: 4.4%
- Answered: 92 | Skipped: 53

Interpretation

The data shows a strong female majority, with men representing about one-quarter of responses. No representation was recorded from non-binary or intersex respondents, which may reflect actual demographics or lack of survey inclusivity.

Considerations

- The strong female skew suggests women were more engaged or represented in this Batley sample.
- Lack of non-binary/intersex representation could be due to very small numbers or underreporting.

- With over 50 people skipping the question, gender identity remains a sensitive area for some respondents.

Ethnicity of Batley respondents

Summary of responses

The majority of Batley respondents identified as White British, followed by a significant proportion identifying as Asian/Asian British - most of which were of Indian heritage. Very few respondents selected other categories, and only a small number preferred not to answer although many respondents skipped the question.

Key statistics

- Asian / Asian British: Indian: 34.4%
- Asian / Asian British: Pakistani: 3.2%
- Asian / Asian British: Bangladeshi: 0.0%
- Asian / Asian British: Chinese: 0.0%
- Asian / Asian British: Kashmiri: 2.2%
- Asian / Asian British: Any other Asian: 0.0%
- Black / African / Caribbean / Black British (all categories): 0.0%
- Mixed ethnic groups (all categories): 0.0%
- White: British: 51.6%
- White: Irish: 2.2%
- White: Other: 1.1%
- White: Gypsy/Irish Traveller/Roma: 0.0%
- Prefer not to say: 4.3%
- Another ethnic group (e.g. Arab): 1.1%
- Answered: 93 | Skipped: 52

Interpretation

The Batley sample is split mainly between White British (51.6%) and groups within Asian/Asian British (39.8%), with Indian respondents making up the overwhelming majority of the latter. Representation from Black, Mixed, and other minority groups was absent in this sample.

Considerations

- Batley shows higher representation of Asian/Asian British: Indian respondents compared with the overall dataset, suggesting a distinct local demographic pattern.
- The absence of Black and Mixed ethnicity responses may reflect genuine low representation locally or limitations in outreach.
- With over 50 skipped responses, some ethnic diversity may not have been fully captured.

Language/s spoken at home by Batley respondents

Summary of responses

English was the dominant home language, spoken by over 90% of respondents. Gujarati was the most common additional language, followed by Urdu, while other languages were rarely reported. A small proportion preferred not to say or specified “other.”

Languages spoken were:

- English: 93.4%
- Urdu: 9.9%
- Punjabi: 2.2%
- Bengali: 0%
- Gujarati: 26.4%
- Arabic: 1.1%
- Polish: 0%
- Romanian: 0%
- Slovak: 0%
- Somali: 0%
- Kurdish: 0%
- Farsi (Persian): 0%
- Pashto: 0%
- Turkish: 0%
- Chinese (Mandarin, Cantonese): 0%
- Prefer not to say: 4.4%
- Other (specified): 2.2%
- Answered: 91 | Skipped: 54

Interpretation

English is the predominant language spoken at home, but there is a notable cluster of South Asian languages, particularly Gujarati (over a quarter of respondents), with smaller representation from Urdu and Punjabi. This indicates strong bilingual or multilingual communities within Batley.

Considerations

The prominence of Gujarati stands out compared to the wider Kirklees dataset, suggesting Batley has a distinct local linguistic profile. Urdu, while present, is less common than in the broader Kirklees population respondent figures.

Religion of Batley respondents

Summary of responses

Christianity and Islam were the two largest religions reported, together making up over 70% of responses. A smaller group reported no religion, with a few preferring not to say or specifying other faiths. No respondents identified with Buddhist, Hindu, Jewish, or Sikh faiths.

Key statistics

- Christian: 33.7%
- Muslim: 39.1%
- No religion: 16.3%
- Prefer not to say: 6.5%
- Other (specified): 4.4%
- Buddhist: 0%
- Hindu: 0%
- Jewish: 0%
- Sikh: 0%
- Answered: 92 | Skipped: 53

Interpretation

Muslim respondents formed the largest single group (39.1%), followed closely by Christians (33.7%), showing a near balance between the two dominant faiths locally. Around one in six respondents reported having no religion, with only small proportions selecting “other” or declining to answer.

Considerations

- The relatively high proportion of Muslim respondents compared to the overall dataset suggests Batley has a stronger Islamic community presence.

- Christianity remains a major faith identity but is proportionally smaller than in the overall survey.

Total annual household income of Batley respondents (before tax and deductions but including benefits/allowances)

Summary of responses

Income data shows wide variation, though the largest single group of respondents to the question preferred not to disclose their income. Among those who did respond, most fell into lower income brackets, particularly under £30,000. Higher-income households were present but in smaller proportions.

Key statistics

- Under £10,000: 9.9%
- £10,001–£20,000: 13.2%
- £20,001–£30,000: 9.9%
- £30,001–£40,000: 5.5%
- £40,001–£50,000: 4.4%
- £50,001–£60,000: 6.6%
- £60,001–£70,000: 3.3%
- Above £70,000: 4.4%
- Prefer not to say: 42.9%
- Answered: 91 | Skipped: 54

Interpretation

Excluding non-disclosures, most respondents reported household incomes under £30,000, reflecting a relatively low-income profile in Batley. Middle-to-higher income households (above £40,000) are present but make up a minority.

Considerations

- The very high “prefer not to say” rate (43%) limits the robustness of conclusions, indicating sensitivity around income disclosure.

- The concentration of households in the under £30,000 range suggests affordability and financial inclusion are important considerations locally.
- Batley responses align in terms of income with the wider data set.

Disability and long-term health conditions of Batley respondents

Summary of responses

Over one-third of Batley respondents reported having a disability or long-term health condition, while just over half said they did not. A smaller group preferred not to say. Among those who reported conditions, physical activity limitations were the most common, followed by psychological or mental health conditions.

Key statistics

- Yes: 37%
- No: 55.4%
- Prefer not to say: 7.6%
- Answered: 92 | Skipped: 53

Of those reporting a disability/condition:

- Physical activity limitations: 55.9%
- Psychological/mental health condition: 26.5%
- Deafness/hearing impairment: 8.8%
- Blindness/visual impairment: 2.9%
- Learning difficulty: 2.9%
- Other (e.g. cancer, HIV): 11.8%
- Prefer not to say: 8.8%
- Other (specified): 8.8%

“Other” Responses (3 specified)

- COPD
- Type 2 diabetes
- Type 1 diabetes

Interpretation

The largest proportion of reported conditions relate to physical activity limitations (more than half of those with conditions). Mental health conditions are also significant, followed by smaller shares of sensory impairments and chronic illnesses like diabetes and COPD.

Considerations

- Responses indicate physical accessibility and mobility support are needed by a significant portion of the population in Batley.
- The presence of diabetes and COPD in the “Other” category highlights the role of chronic illnesses that may not always be captured by standard categories.

Caring responsibilities of Batley respondents

Summary of responses

Around four in ten Batley respondents reported having caring responsibilities, while just under half said they did not. A smaller group preferred not to disclose. Among carers, the majority were primary carers for children, with some also caring for older adults or supporting in secondary roles.

Key statistics

- Yes: 41.1%
- No: 48.9%
- Prefer not to say: 10%
- Answered: 90 | Skipped: 55

Of those with caring responsibilities:

- Primary carer of a child/children (under 18): 63.9%
- Primary carer of a child/children with disability/health condition: 0.0%
- Primary carer/assistant for a disabled adult (18+): 8.3%
- Primary carer/assistant for an older person (65+): 16.7%
- Secondary carer: 13.9%
- Prefer not to say: 5.6%

Interpretation

Caring responsibilities are common in Batley, with children forming the main focus of care. Support for older people also plays a role, while disabled adult care is less frequent. Secondary caring roles are present but less dominant.

Considerations

- Childcare is the primary caring burden, underlining the importance of family-focused support.
- Care for older adults is notable, suggesting multigenerational responsibilities for some households.
- A relatively high proportion (10%) preferred not to disclose, which may indicate sensitivity around caring roles or household circumstances.

Demographic profile of respondents - Dewsbury

Summary

In Dewsbury, 332 people answered the question on areas of residence. The responses show broad geographic coverage across the town, with the highest concentrations in Thornhill Lees, Earlsheaton, Thornhill, and Savile Town. Moderate representation was seen from Dewsbury Moor, Westborough/Boothroyd, and Bywell Road, while smaller clusters were reported in neighbourhoods like Hanging Heaton, Thornhill Edge, and Staincliffe. Some areas, including Grange Moor, Whitley, and Woodkirk, were not represented at all

Key statistics

The respondents came from the following areas:

- Most common areas:
 - Thornhill Lees - 14%
 - Earlsheaton - 11%
 - Thornhill - 10%
 - Savile Town - 10%
- Moderately represented:
 - Dewsbury Moor - 6%
 - Westborough / Boothroyd - 6%
 - Bywell Road - 5%
- Smaller clusters: Hanging Heaton, Thornhill Edge, Staincliffe
- No representation: Grange Moor, Whitley, Woodkirk

Interpretation

The spread of responses suggests engagement across a wide range of neighbourhoods in Dewsbury, with some areas strongly represented while others were barely or not at all included. The higher percentages from Thornhill Lees, Earlsheaton, Thornhill, and Savile Town highlight where participation was strongest.

Considerations

- The survey results provide good overall coverage, but uneven distribution suggests certain communities are underrepresented.
- Future research efforts should focus on reaching residents in low- or non-represented areas (e.g., Grange Moor, Whitley, Woodkirk) to ensure more balanced input.
- Areas with high response rates could be leveraged as hubs for further community engagement and deeper exploration of local needs.

Age of Dewsbury respondents

Summary of responses

A total of 338 respondents answered the age question:

- 18-24 - 3%
- 25-34 - 11%
- 35-44 - 17%
- 45-54 - 26%
- 55-64 - 18%
- 65-74 - 15%
- 75+ - 8%
- Prefer not to say - 1%

Overall, young people are under-represented in the findings, with only 3% of respondents aged 18-24. Other age groups are more broadly representative, albeit with a bias towards those aged 35-54, who make up 42% of all respondents.

When examining age across ethnic groups, there is a clear line of difference in trends at age 55. Among White British respondents, 63% were aged 55 or over; whereas among those of Asian/Asian British Indian or Pakistani heritage, the clear majority were aged 54 or under (85% and 89% respectively). There is also single-age dominance among some groups with single or low numbers of responses where all respondents fell within a single age category

Interpretation

The data suggests a bias towards middle-aged and older respondents generally and, particularly within White British residents. This age distribution may reflect broader

demographic trends in Kirklees more widely, where census data indicates an ageing population among White British residents and younger age profiles among certain ethnic minority groups ([Office for National Statistics \[ONS\], 2023](#)). It may also reflect greater engagement among older White British residents on community matters, compared to younger ones.

The younger profile of Asian/Asian-British respondents (although still majority 35+) may reflect more successful engagement through particular channels or potential language barriers that may have put off less confident older first-generation Asian residents from taking part.

The low representation of 18-24 year-olds is consistent across all survey findings, and could reflect sampling bias, generational migration patterns or lower survey participation among younger adults.

Considerations

With age distribution biased towards those aged 35-64, with limited participation from younger adults, survey data must be considered with these caveats. It may shape results around mid-life priorities while overlooking the needs of younger groups. Future engagement strategies should continue to aim for a more balanced age representation through mixed methodology to ensure policies and planning are inclusive of all life stages.

Gender of Dewsbury respondents

Summary of responses

Most Dewsbury respondents identified as female, making up nearly two-thirds. Around one-third identified as male, and a small proportion preferred not to say. No respondents selected non-binary, intersex, or not specified.

Results:

- Male: 32.6%
- Female: 63.3%
- Non-binary / Intersex: 0%
- Not specified: 0%
- Prefer not to say: 4.2%
- Answered: 215 - skipped: 123

Interpretation

The distribution shows a strong female majority, but with a larger proportion of male respondents compared to Batley's sample. No representation was recorded from non-binary or intersex respondents, which may reflect both local demographics and survey limitations.

Considerations

- Female respondents are more engaged, but men are also significantly represented in Dewsbury compared with Batley.
- The absence of non-binary/intersex responses suggests either very low numbers or barriers to disclosure.
- A sizeable skip rate (123 people) indicates gender identity remains a sensitive topic for many respondents.

Ethnicity of Dewsbury respondents

Summary of responses

The majority of Dewsbury respondents identified as White British, followed by a substantial proportion identifying as Asian/Asian British, mainly with Indian or Pakistani heritage. Very small numbers selected other ethnic categories, and a handful preferred not to say or specified another group.

Key statistics

- Asian / Asian British: Indian: 15.0%
- Asian / Asian British: Pakistani: 12.7%
- Asian / Asian British: Bangladeshi: 0%
- Asian / Asian British: Chinese: 0%
- Asian / Asian British: Kashmiri: 0.5%
- Asian / Asian British: Any other Asian: 0.5%
- Black / African / Caribbean / Black British: African: 0%
- Black / African / Caribbean / Black British: Caribbean: 0.5%
- Black / African / Caribbean / Black British: Any other: 0.5%
- Mixed: White and Asian: 0.9%
- Mixed: White and Black Caribbean: 0.5%

- Mixed: White and Black African: 0%
- Mixed: Any other mixed: 0.5%
- White: British: 58.6%
- White: Irish: 0.5%
- White: Other: 3.2%
- White: Gypsy / Roma: 0%
- Prefer not to say: 4.6%
- Another ethnic group (e.g. Arab): 1.8%
- Answered: 220 - skipped: 118

Interpretation

Dewsbury's ethnic profile is predominantly White British (58.6%), but with a notable Asian/Asian British community (29.2% combined, led by respondents of Indian and Pakistani heritage). Other ethnicities are present only in very small numbers. In comparison, aggregated 2021 census data shows that Dewsbury's population is 50.8% White and 44.4% Asian, with 28.4% of residents identifying as Pakistani and 11.7% as Indian (ONS, 2021). This suggests residents of Pakistani heritage were under-represented in the survey relative to their census proportion - with the caveat that a large proportion of respondents chose not to answer this question.

Considerations

- Compared with Batley, Dewsbury has a smaller proportion of Asian/Asian British respondents and a stronger White British majority - though this is not representative of local population figures.
- Representation of Black, Mixed, and "other" groups is minimal, but their presence suggests some diversity beyond the main categories.
- A relatively high skip rate (118 people) indicates sensitivity or reluctance to disclose ethnicity.

Language/s spoken at home by Dewsbury respondents

Summary of responses

English was the predominant language spoken at home, spoken by the vast majority of respondents. South Asian languages, particularly Gujarati, Urdu, and Punjabi, were the

most common additional languages, while only a handful of respondents reported other languages.

Key statistics

- English: 95.4%
- Urdu: 9.6%
- Punjabi: 6%
- Gujarati: 9.2%
- Bengali: 0%
- Arabic: 0%
- Polish: 0.9%
- Romanian: 0.5%
- Slovak: 0%
- Somali: 0%
- Kurdish: 0%
- Farsi (Persian): 0%
- Pashto: 0%
- Turkish: 0%
- Chinese (Mandarin, Cantonese): 0.5%
- Prefer not to say: 1.4%
- Other (specified): 0.9%
- Answered: 218 - skipped: 120

Interpretation

The distribution shows that while English is the most common language, there is still meaningful representation of South Asian languages, with Gujarati, Urdu, and Punjabi being the most common. Very small proportions of respondents reported European or other world languages.

Considerations

- English-speaking households dominate, but bilingualism is present in parts of the community.

- Gujarati, Urdu, and Punjabi speakers highlight the cultural and linguistic diversity that should be accounted for in communication and engagement.
- Low reporting of other languages indicates only limited linguistic diversity beyond these key groups.

Religion of Dewsbury respondents

Summary of responses

Christianity was the most commonly reported religion, followed by Islam. Around one-fifth of respondents said they had no religion, and a smaller share preferred not to say. A very small number identified with “other” religions, while none reported Buddhist, Hindu, Jewish, or Sikh faiths.

Key statistics

- Christian: 37.8%
- Muslim: 29%
- No religion: 20.3%
- Prefer not to say: 11.1%
- Other (specified): 1.8%
- Buddhist: 0%
- Hindu: 0%
- Jewish: 0%
- Sikh: 0%
- Answered: 217 | Skipped: 121

Interpretation

The results highlight Christianity as the leading religion among respondents. However, aggregated census data indicates 41.6% of residents identify as Muslim and 28.8% as Christian, alongside 23.1% reporting no religion (Census Data / ONS 2022). This indicates Muslim residents may be underrepresented, which likely is linked to the under-representation of Asian-Pakistani residents.

Considerations

- Religious diversity is shaped mainly by Christianity and Islam, requiring sensitivity to both traditions in engagement.
- A sizeable proportion without religion suggests a secular presence in the community.
- The “prefer not to say” group is relatively large, pointing to some reluctance in disclosing faith identity.

Total annual household income of Dewsbury respondents (before tax and deductions but including benefits/allowances)

Summary of responses

Responses were spread across income groups, though the largest single share preferred not to disclose. Among those who did answer, most reported incomes between £10,000 and £30,000, with smaller proportions in middle and higher income brackets.

Key statistics

- Under £10,000: 5.1%
- £10,001–£20,000: 15.4%
- £20,001–£30,000: 13.5%
- £30,001–£40,000: 7.0%
- £40,001–£50,000: 6.5%
- £50,001–£60,000: 6.1%
- £60,001–£70,000: 4.7%
- Above £70,000: 7%
- Prefer not to say: 34.9%
- Answered: 215 | Skipped: 123

Interpretation

Excluding non-disclosures, the most common income range was £10,000–£30,000, reflecting a leaning toward lower household incomes. Middle-income bands (around £30,000–£60,000) were less common, while higher incomes (£70,000+) were present but limited.

Considerations

- The high rate of “prefer not to say” (35%) limits certainty in interpreting results, showing sensitivity around income reporting.
- The prevalence of lower incomes may highlight affordability challenges for many households.
- Middle and higher-income households form a smaller portion, suggesting fewer respondents in financially secure categories.

Disability and long-term health conditions of Dewsbury respondents

Summary of responses

Around three in ten Dewsbury respondents reported having a disability or long-term health condition. Among those, physical activity limitations were the most common, followed by psychological or mental health conditions. Smaller shares reported sensory impairments, learning difficulties, or other conditions.

Key statistics

- Yes: 28.4%
- No: 65.6%
- Prefer not to say: 6%
- Answered: 218 | Skipped: 120

Of those reporting a disability/condition (answered: 61):

- Physical activity limitations: 44.3%
- Psychological/mental health condition: 23%
- Blindness/severe visual impairment: 8.2%
- Deafness/severe hearing impairment: 4.9%
- Learning difficulty: 4.9%
- Other (e.g. cancer, HIV): 6.6%
- Prefer not to say: 3.3%
- Other (specified): 19.7%

Interpretation

The majority of reported conditions related to physical activity limitations, with a notable proportion also experiencing long-standing mental health conditions. Sensory and learning-related conditions were present but less frequent.

“Other” responses (12 specified)

- Arthritis (multiple mentions, including rheumatoid with joint replacements)
- Diabetes (several mentions)
- IIH, IBS, PCOS (combined responses)
- Sarcoidosis of the lung
- Coeliac disease
- Atrial fibrillation (heart condition)
- ADHD
- Experience of dyslexia (not formally supported)

Considerations

- Arthritis and diabetes were the most frequently mentioned conditions in the “Other” category, reinforcing patterns seen in broader disability data.
- Responses also included a mix of chronic illnesses (e.g. sarcoidosis, coeliac, atrial fibrillation) and neurodivergence (ADHD, dyslexia).
- This highlights the importance of recognising both physical and invisible conditions when considering accessibility and support.

Caring responsibilities of Dewsbury respondents

Summary of responses

Over one-third of respondents reported having caring responsibilities, while just over half said they did not. A smaller proportion preferred not to disclose. Among carers, most were primary carers for children, but there was also a significant role in caring for older people and disabled adults.

Key statistics

- Yes: 37.2%
- No: 56.7%
- Prefer not to say: 6.1%

- Answered: 215 | Skipped: 123

Of those with caring responsibilities (answered: 79):

- Primary carer of a child/children (under 18): 57%
- Primary carer of a child/children with disability/health needs: 6.3%
- Primary carer/assistant for a disabled adult (18+): 13.9%
- Primary carer/assistant for an older person (65+): 19%
- Secondary carer: 11.4%
- Prefer not to say: 10.1%

Interpretation

Caring responsibilities in Dewsbury span across both children and adults, with childcare forming the largest share. Nearly one-fifth of carers reported looking after older adults, and a smaller proportion supported disabled adults. The presence of secondary carers highlights shared caring roles within households.

Considerations

- The high proportion of primary childcare carers points to strong family responsibilities that may impact on opportunities for physical activity and movement.
- Caring for older people is significant, reflecting intergenerational support needs.

Demographic profile of respondents - Kirklees

Summary of responses

In total 998 people responded to the survey. Of those who selected to answer the question, respondents came from across Kirklees, with the highest representation from Dewsbury (36.8%), followed by Batley (15%), Mirfield (14%), and Huddersfield (11.3%).

Smaller proportions were from Colne Valley (3.1%), Liversedge (3%), Cleckheaton (2.2%), Holmfirth (2%), Heckmondwike (2.1%), Denby Dale (2%), and Kirkburton (2%). A further 5.4% lived bordering or outside Kirklees, naming locations such as Sowerby Bridge, Wyke, Horbury, Ossett, Morley, Brighouse, Emley, Drighlington, Birkenshaw, Oldham, Bramley, Shepley, Middlestown, Stockport, Grange Moor, and Sheffield.

Key statistics interpretation

The data indicates a strong response from Dewsbury and Batley residents, together making up over half of the sample (52%). Mirfield and Huddersfield also contributed a significant share, while other areas had notably lower representation. When considering the north of the borough (Batley, Cleckheaton, Dewsbury, Heckmondwike, Liversedge or Mirfield), it made up 74% of responses - reflecting the strong promotion and community engagement in this area.

The presence of respondents from outside Kirklees suggests that the survey reached individuals with connections to the area through work, family, or previous residence.

Considerations

The concentration of responses from Dewsbury and Batley - and the north of Kirklees generally - provides a robust evidence base for understanding physical activity and movement patterns in these areas, aligning with the report's focus on them in later sections. However, the lower sample sizes from other parts of Kirklees may limit the ability to draw equally strong conclusions for those areas, suggesting that future engagement should prioritise improving reach in under-represented communities.

Age of all Kirklees respondents

Summary of responses

The distribution shows that respondents are fairly evenly spread across middle age groups, with fewer younger (18–24) and older (75+) participants. The largest share is in the 45–54 age group. Very few (93 of 924 who responded) chose “prefer not to say.”

Key statistics

- 18–24: 3% (28)
- 25–34: 9.7% (90)
- 35–44: 16.5% (152)
- 45–54: 22.4% (207)
- 55–64: 20.7% (191)
- 65–74: 17.3% (160)
- 75+: 9.2% (85)
- Prefer not to say: 1.2% (11)

Interpretation

The data suggests a strong skew toward respondents aged 45–64, who make up 43.1% of the sample. Younger participants (under 35) are relatively underrepresented at just 12.7%. There's also a healthy proportion of older adults (65+) at 26.5%, showing engagement across later life stages.

Considerations

- Targeting efforts may need to increase outreach to younger demographics to achieve more balanced representation.
- Engagement strategies for middle-aged respondents appear effective but could be tailored further by age bands (45–54 vs 55–64).
- The higher response rates among older groups suggest trust and interest, but accessibility (digital/physical) should be checked to maintain inclusivity.

Gender of all Kirklees respondents

Summary of responses

The majority of respondents identified as female, making up nearly two-thirds of the group. Around one-third identified as male, with very small proportions selecting other options.

Key statistics

- Male: 30.5%
- Female: 64.2%

- Non-binary / Intersex: 0.2%
- Not specified: 0.5%
- Prefer not to say: 4.7%
- Answered: 600 - skipped: 417

Interpretation

The data shows a strong female majority, with male respondents making up about a third. Very few identified outside the binary categories, which may reflect both the demographics and possible limitations in inclusivity.

Considerations

- A large skip rate (~41%) may suggest sensitivity or discomfort with the question wording.
- Future surveys may need clearer framing and assurances of anonymity to reduce skipped responses.

Ethnicity of all Kirklees respondents

Summary of responses

The majority of respondents identified as White, particularly White British. Asian/Asian British groups, particularly those of Indian and Pakistani heritage, were , while all other categories had very small representation. A small proportion preferred not to say.

Key statistics

- Asian / Asian British: Indian: 11.7%
- Asian / Asian British: Pakistani: 6.1%
- Asian / Asian British: Bangladeshi: 0%
- Asian / Asian British: Chinese: 0%
- Asian / Asian British: Kashmiri: 0.5%
- Asian / Asian British: Any other Asian background: 0.2%
- Black / African / Caribbean / Black British: African: 0%
- Black / African / Caribbean / Black British: Caribbean: 0.5%
- Black / African / Caribbean / Black British: Any other background: 0.2%

- Mixed: White and Asian: 0.5%
- Mixed: White and Black Caribbean: 0.2%
- Mixed: White and Black African: 0.0%
- Mixed: Any other mixed background: 0.2%
- White: British (English/Welsh/Scottish/Northern Irish): 69.5%
- White: Irish: 1%
- White: Gypsy or Irish Traveller / Roma: 0.2%
- White: Other: 3.1%
- Prefer not to say: 5.3%
- Another ethnic group (e.g. Arab): 1.2%
- Answered: 609 | Skipped: 408

Interpretation

The responses show a strong majority identifying as White (over 73% in total), with White British by far the largest group. Asian/Asian British respondents made up a meaningful minority (around 18.5%), though this was concentrated in Indian and Pakistani groups.

According to the 2021 Census, the ethnic breakdown for Kirklees was 70.5% White British, 5.2% Indian, and 12.6% Pakistani. While the survey's ethnic mix broadly aligns with the borough-wide distribution, Indian respondents appear somewhat over-represented, whereas Pakistani respondents are under-represented. Representation from Black, Mixed, and Other ethnic backgrounds was minimal. It should be noted that with a large proportion of respondents skipping this question entirely, the actual response profile may be quite different.

Considerations

- The limited diversity outside White and Asian/Asian British categories suggests potential under-representation of certain groups.
- With 40% skipping the question, sensitivity around ethnicity may be a factor.

Language/s spoken at home by all Kirklees respondents

Summary of responses

Almost all respondents reported speaking English at home, with a small proportion also speaking South Asian languages such as Gujarati, Urdu, and Punjabi. Other languages were represented at very low levels. A small percentage preferred not to say or selected “other.”

Key statistics

- English: 94.7%
- Urdu: 5.7%
- Punjabi: 3%
- Bengali: 0%
- Gujarati: 7.6%
- Arabic: 0.2%
- Polish: 0.3%
- Romanian: 0.2%
- Slovak: 0%
- Somali: 0%
- Kurdish: 0%
- Farsi (Persian): 0%
- Pashto: 0%
- Turkish: 0%
- Chinese (Mandarin, Cantonese): 0.2%
- Prefer not to say: 3.3%
- Other (specified): 1.7%

- Answered: 602 | Skipped: 415

Interpretation

English is overwhelmingly dominant, spoken at home by almost everyone (95%). South Asian languages (Gujarati, Urdu, Punjabi) make up the bulk of non-English use, with Gujarati notably higher than Urdu despite smaller population counts in the UK census.

Considerations

- The high dominance of English suggests limited linguistic diversity in household use, though multilingualism may still exist but not be fully captured.
- Small proportions of South Asian language speakers indicate cultural diversity that may be important for engagement or service accessibility.

Religion of all Kirklees respondents

Summary of responses

Christianity was the most common religion reported, followed by Islam. Over a quarter of respondents said they had no religion, while a smaller proportion preferred not to answer. Other faiths were present in very small numbers, and a few specified “other.”

Key statistics

- Buddhist: 0.2%
- Christian: 43.4%
- Hindu: 0.2%
- Jewish: 0%
- Muslim: 18.1%
- Sikh: 0.2%
- No religion: 26.4%
- Prefer not to say: 9.1%
- Other (specified): 2.5%
- Answered: 602 | Skipped: 415

Interpretation

The data shows a clear Christian majority, though with significant representation of Muslims and a large secular/no religion group. Other world faiths were represented only minimally, and the “other” responses highlight some diversity not captured by the main categories.

Considerations

- The notable “no religion” group suggests a shift away from traditional faith identities for a sizeable portion of respondents.

- The presence of Muslim respondents (almost 1 in 5) indicates meaningful representation of minority faith communities at a borough-wide level.
- High skip rates (40%+) across demographic questions, including this one, suggest respondents may be sensitive about disclosing religion.

Total annual household income of all Kirklees respondents (before tax and deductions but including benefits/allowances)

Summary of responses

Household incomes varied, but the largest single group preferred not to disclose. Among those who did respond, most reported incomes between £10,000 and £40,000, with smaller proportions in higher brackets.

Key statistics

- Under £10,000: 5.2%
- £10,001–£20,000: 12.8%
- £20,001–£30,000: 14%
- £30,001–£40,000: 9.6%
- £40,001–£50,000: 6.9%
- £50,001–£60,000: 6.1%
- £60,001–£70,000: 4.2%
- Above £70,000: 9.3%
- Prefer not to say: 32%
- Answered: 594 - skipped: 423

Interpretation

Excluding non-disclosures, most households fall within the lower–middle income ranges (£10,000–£40,000), which collectively account for around 36%. Higher incomes (£50,000 and above) represent a smaller but notable share (~20%), particularly over £70,000 (9.3%). The large proportion preferring not to say (32%) limits the certainty of conclusions.

Considerations

- The “prefer not to say” figure is significant and may indicate sensitivity around income, suggesting results should be treated with caution.
- The data leans toward lower and middle incomes, which reflects the profile of the survey population.
- Any planning or service considerations should account for affordability and accessibility, especially given the relatively small proportion of higher-income households.

Disability and long-term health conditions of all Kirklees respondents

Summary of Responses

Around one-third of respondents reported having a disability or long-term health condition, while the majority said they did not. Among those who disclosed a condition, the most common type related to physical activity limitations, followed by mental health conditions.

Key Statistics

- Yes: 33.9%
- No: 59.5%
- Prefer not to say: 6.6%
- Answered: 605 | Skipped: 412

Of those reporting a disability/condition:

- Deafness or severe hearing impairment: 7.4%
- Blindness or severe visual impairment: 5%
- Physical activity limitations (e.g., walking, climbing stairs): 48%
- Learning difficulty: 4%
- Psychological/mental health condition: 18.8%
- Other long-standing illness (e.g., cancer, HIV): 10.9%
- Prefer not to say: 6.9%
- Other (specified): 24.3%

Summary of “Other” responses

The free-text answers mostly reinforced well-known long-term conditions, with clustering around chronic illnesses and neurodivergence. The largest groups were diabetes, arthritis/joint issues, and neurodivergent/learning-related conditions.

Key themes

- Diabetes (various types): 9 mentions
- Arthritis / Joint issues (including osteoporosis, joint pain): 9 mentions
- Neurodivergent / Learning (autism, ADHD, dyslexia, neurodivergent): 9 mentions
- Cardiovascular / Blood pressure (hypertension, artery issues, PAD): 6 mentions
- Respiratory (asthma, COPD, lung conditions): 5 mentions
- Digestive (IBS, Crohn’s, PCOS linkages): 2 mentions
- Neurological (epilepsy, balance issues, IHH): 4 mentions
- Other individual conditions (e.g., sarcoidosis, visual impairment, osteoporosis): low-frequency, unique responses

Interpretation

A significant portion of respondents (about 1 in 3) experience disability or health conditions, highlighting the importance of accessibility and inclusive approaches. The most common issue relates to physical activity limitations, suggesting mobility support may be a priority. Mental health also emerged as a considerable factor.

The “Other” category shows a wide spread of conditions but is dominated by recurring chronic illnesses (diabetes, arthritis), mental health/neurodivergence, and cardiovascular issues. This suggests a mix of both physical and invisible conditions shaping respondents’ lived experiences.

Considerations

- High reporting of physical limitations underlines the need for accessible environments and services.
- The presence of mental health conditions and varied “other” responses shows a wide spectrum of needs beyond physical health.
- With over 400 skipped responses and some preferring not to disclose, stigma or sensitivity may still influence reporting accuracy.

Caring responsibilities of all Kirklees respondents

Summary of responses

Over one-third of respondents reported having caring responsibilities, while the majority did not. Among those who identified as carers, most were primary carers for children, with notable proportions also caring for older adults and disabled adults.

Key statistics

- Yes: 36.7%
- No: 57.4%
- Prefer not to say: 5.9%
- Answered: 594 | Skipped: 423

Of those with caring responsibilities (answered: 216):

- Primary carer of a child/children (under 18): 59.3%
- Primary carer of a child/children with disability/health condition: 6.9%
- Primary carer/assistant for a disabled adult (18+): 11.6%
- Primary carer/assistant for an older person (65+): 16.7%
- Secondary carer (another person is main carer): 14.8%
- Prefer not to say: 5.6%

Interpretation

Caring is a significant aspect of life for many respondents, with more than one in three engaged in such roles. The majority of carers look after children, though a meaningful share also provide care for disabled or older adults.

Considerations

- High levels of primary childcare responsibilities may impact respondents' work/life balance and availability.
- Carers of disabled adults and older people highlight the importance of support services across generations, not just for children.
- The presence of secondary carers suggests some shared responsibility, but primary carers remain the majority and may face greater pressures.

5. Other Supporting Evidence

Introduction

This section presents further detail on the survey results from across Kirklees, offering an overview of how residents engaged in physical activity and movement. It outlines the demographic profile of survey respondents and identifies key barriers, challenges and enablers influencing participation. While overall findings provide a borough-wide perspective, the first sections focus in greater depth on Batley and Dewsbury, giving a more detailed understanding of local context, needs and opportunities. It is important to note that survey questions were optional, so response rates varied between questions. Insights are drawn from both quantitative survey data and qualitative feedback left in open text comment boxes.

Survey findings for Batley

This section presents survey findings from **Batley residents**, focusing on their physical activity and movement patterns, preferences for different types of activities, and the barriers or enablers that influence participation. In total 145 people from Batley responded to the survey. The data provides insight into both the frequency and nature of physical activity in Batley, as well as the contextual factors that support or hinder residents' ability to be active. Where possible, results have been cross-tabulated by demographic characteristics such as age, gender, ethnicity, and health status to build a more complete picture of local behaviours and attitudes.

Analysis of the Batley-specific data reveals several key trends. Many residents report low activity levels due to health-related limitations, poor access to facilities or a lack of culturally relevant or welcoming opportunities. Social connections, particularly with family and friends, play a significant role in motivating activity, especially for mid-life adults. Younger people express a preference for informal and social forms of exercise, while older adults cite safety concerns, chronic conditions, and limited provision as key barriers.

The implications are clear: to increase physical activity and movement in Batley, interventions must be tailored to reflect the town's unique demographic and cultural makeup. There is a need for more inclusive, accessible, and locally delivered programmes that not only support physical health, but also foster social connection and a sense of belonging. Targeted investment in infrastructure, community partnerships, and communication channels will be essential to creating long-term, sustainable change.

The Batley findings are organised into the following themes, which together illustrate the factors shaping how residents experience physical activity and movement:

- Summary of respondent engagement, demographic profile and population context.
- Types, frequency and settings of physical activity and movement.
- Patterns of physical activity/movement and inactivity.
- Motivators and enablers of movement.
- Barriers to participation in physical activity and movement.
- Environmental factors influencing physical activity: Access, safety, and satisfaction.
- Cultural, social and community influences on activity.
- Awareness and communication preferences.
- Changes in activity over the last year and reasons.
- Accessibility, integration, and examples of combined services and facilities.
- Qualitative feedback and suggestions for improving support.

Summary of Batley respondent engagement and demographic overview of respondents

Population context

The demographic profile of Batley survey respondents provides important context for interpreting patterns in physical activity and movement. Respondents are distributed across different parts of Batley, with the largest proportion coming from neighbouring Birstall (16.9%), followed by Healey (11.3%), Batley - Purlwell/Mount Pleasant (10.6%) and Staincliffe (10.6%). Other areas such as Soothill (8.5%) and Upper Batley (8.5%) also represent notable portions, while smaller shares were reported from Batley Wilton (2.8%) and White Lee (3.5%). Overall, this demonstrates a wide geographic spread, with the highest concentration clustered in neighbouring Birstall and surrounding central areas.

The age distribution reveals a strong middle-aged representation. The largest groups fall within the 45-54 age bracket (22.1%) and 35-44 (21.4%), closely followed by 55-64 (20.0%). Younger adults were less represented, with only 4.8% (7 people) aged 18-24 and 13.8% aged 25-34. Older respondents were present too, with 9.7% aged 75 or over and 7.6% aged 65-74, while only one participant (0.7%) preferred not to state their age.

This suggests that the survey most strongly reflects the views of adults aged 35-64, while younger and older populations are underrepresented.

In terms of ethnicity, just over half of respondents identify as White: English/Welsh/Scottish/Northern Irish/British (51.6%), while more than a third identify as Asian/Asian British: Indian (34.4%). Smaller proportions include Pakistani (3.2%), Kashmiri (2.2%), White: Irish (2.2%), White: Other (1.1%), and Other ethnic groups such as Arab (1.1%). No respondents identified as Black, Mixed, Bangladeshi, Chinese, or other Asian backgrounds, while 4.3% preferred not to state their ethnicity.

The population profile of Batley depends on how its boundaries are defined: ([CityPopulation, 2021](#)) combines Batley with Birstall (93% White and predominantly Christian), whereas the two Batley wards alone are 50% Asian and 46% White, with a predominantly Muslim population. This distinction is important given Birstall's relatively large share of survey respondents. While the survey sample shows a higher proportion of Indian respondents, aggregated census data ([CensusData / ONS 2021](#)) indicates that the Asian/Asian British: Pakistani population is under-represented, as it is in Kirklees-wide figures. It is also notable that 36% of respondents chose not to disclose their ethnicity, which may reflect concerns about privacy, fear of discrimination, uncertainty about how the data would be used, or a belief that the question was not relevant.

The data also highlights the importance of language and cultural diversity in Batley. A high proportion of English-speaking households (93.41%) is complemented by significant numbers of Urdu, Gujarati, and Punjabi speakers, reflecting strong South Asian heritage communities. This linguistic and cultural mix may influence preferences for and access to activities and facilities.

Religious affiliation is shaped primarily by Christian and Muslim communities, together accounting for more than two-thirds of respondents. Aggregated census figures show 39% of Batley's population identifying as Muslim and 31% as Christian, with around 24% reporting no religion ([CensusData / ONS 2021](#)). This has implications for how activities are scheduled and delivered, ensuring cultural sensitivity and inclusivity. Gender also plays a role, with a high proportion of female respondents and many reporting caring responsibilities, particularly for children. With around a quarter of Batley's population under 18, family-friendly and accessible activity options are especially important for engagement.

Health and socio-economic factors further influence participation. Over a quarter of respondents reported a disability or long-term health condition, often limiting physical activity or linked to mental health. Data shows that in Batley & Spen, around one in three residents aged 65+ experience moderate to extreme mobility issues, and nearly one in ten face problems with self-care ([Kirklees Observatory](#)). From a socio-economic perspective, many respondents reported lower household incomes, retirement, or

absence from full-time work. Batley has higher levels of economic inactivity than national averages, often linked to health or caring responsibilities ([Nomis Census Data](#)). This suggests affordability and accessibility are central considerations when developing opportunities for physical activity.

Approximately 23.1% of respondents could be classified as being on low income (9.9% under £10,000 per year, 13.2% under £20,000). This is higher than overall Kirklees responses, and in line with the number of low income households in Kirklees, with indicative supporting data showing 22.8% of residents are economically inactive ([ONS, 2024](#)). It should be noted that 42.86% of respondents to this question selected 'Prefer not to say' - which means it should be read with that caveat.

Overall, the demographic profile paints a picture of a community that is geographically diverse, strongly middle-aged, predominantly of White British and Asian/Asian-British heritage, and shaped by linguistic, cultural, and religious diversity. At the same time, health conditions, caring responsibilities, and lower incomes present barriers to participation. These insights highlight the importance of tailoring approaches to be inclusive, affordable, culturally sensitive, and adaptable, to ensure broader engagement across Batley's diverse community.

Physical activity patterns by age group in Batley

Summary

145 people answered the question related to age. This was cross-tabulated with responses on how many days individuals engaged in physical activity over the previous seven days. Activities included walking, gardening, dancing, sports, or any other movement that raised heart rate.

Key statistics

- Among 18-34-year-olds, activity was split between one-off use (22%), steady daily engagement (22%), and varied moderate patterns
- 35-44: 25% reported 0 days, while 18% each reported 4 or 7 days.
- 45-54: A polarised group, with 21% reporting no activity and 25% active daily.
- 55-64: 29% reported 7 days, although some still reported only 0-2 days.
- 65-74: Activity levels were evenly distributed across 1, 2, 3, and 7 days (approximately 20% each).
- 75 and over: The most common response was 5 days (36%), with some reporting 2 or 7 days.

Interpretation

The findings highlight a mixed pattern of activity across age groups. Younger adults appear to engage in activity irregularly, however it is worth noting the low number of respondents aged 18-24 (4.83%). Middle-aged groups show clear polarisation, with some not engaging at all and others active daily. Older adults appear steadier, with many engaging in moderate activity several times a week. Compared with the UK Chief Medical Officers' recommendations of at least 150 minutes of moderate-intensity activity per week alongside strength-based activities twice weekly, many groups fall short of these standards ([UK Chief Medical Officers, 2019](#)).

Potential opportunities

These findings suggest the need for targeted interventions. Younger adults may benefit from support in establishing more consistent activity habits. Middle-aged groups may require strategies to bridge the gap between inactivity and daily activity. For older adults, maintaining safe, routine-based movement appears key. Across all age groups, efforts to encourage both aerobic and strength-based activity would better align with national health guidelines.

Batley - On average, how much time per week (in minutes) do you typically spend moving or being physically active (for example, walking, doing household chores, exercising, or being active at work)

Data interpretation note: These were free-text comments, so in some cases respondents entered a number (e.g., “5”) without specifying whether it referred to hours, minutes, or another unit. Interpretation should take this ambiguity into account. In addition, it should be noted that despite the use of examples, activity can mean different things to different people. Responses may therefore be subjective, shaped by individual perceptions of what constitutes physical activity and movement.

Summary of responses

Of the 145 Batley respondents, 112 answered the question on physical activity. Among those who did answer, activity levels varied enormously. At one end of the spectrum, a small group (around 10-15%) reported very low activity - often less than 60 minutes per week - falling significantly short of national health recommendations. At the other extreme, a minority (around 8-10%) reported extremely high levels, exceeding 2,000 minutes per week, typically due to active occupations or intensive training schedules.

The majority of respondents, however, fell into a middle band. Roughly half of the sample reported between 180 and 600 minutes of activity per week (3-10 hours), equivalent to 26-86 minutes per day. This range aligns most closely with the Chief Medical Officer’s guidelines of at least 150 minutes of moderate activity per week. A further 20-25% reported between 600 and 1,200 minutes (10-20 hours) of activity, suggesting higher-than-average engagement, often achieved through a mixture of daily routines, exercise classes, or walking.

Average, Median, and Middle Range

- **Median:** 300 minutes per week (5 hours)
- **Middle 50% range:** 120 to 840 minutes per week (2-14 hours)

Some respondents reported little or no regular activity, while others described high levels of movement through work, daily walking, or structured exercise. Several explicitly highlighted health conditions or caring responsibilities as barriers. A small number directly connected their reduced activity levels to the closure of local leisure facilities describing how the loss of accessible venues disrupted their routines and affected their health.

Representative quotes

- *“I’m relapsing because Batley or Dewsbury baths was my only way to exercise. I’m anxious and would go to each every other day for at least 120 mins.”*

- *“Differs at present, recovering from hip replacement. I have ongoing osteopenia in my spine and osteoarthritis all over. About 2 hours a week at the moment, but it changes daily.”*

Interpretation

The Batley data reveals a split picture. Personal circumstances strongly shaped responses, with health conditions, recovery from surgery, and caring responsibilities commonly noted as limiting factors. Several participants also highlighted how the closure of local leisure facilities disrupted their habits and reduced their opportunities to stay active. Overall, the data reflects a diverse set of lifestyles, shaped both by individual health and broader community resources.

The mix of units used (minutes, hours, daily estimates and step counts) highlights the subjective way in which residents interpret what “counts” as being active.

Potential opportunities

- For the inactive group, initiatives should prioritise accessible, low-barrier opportunities to move more, including everyday walking or home-based routines, supported by clear messaging on how small amounts of activity can add up.
- For the moderately active majority, there is scope to encourage variety and sustained engagement, while ensuring facilities and safe spaces remain available.
- For highly active residents, the challenge is maintenance and preventing drop-off, particularly where activity relies on specific facilities such as leisure centres - the closure of which were explicitly mentioned by some respondents.

Batley - On a typical day, how much time do you spend sitting or being still (not including sleeping)? *This includes time spent sitting at work, using a computer, watching TV, travelling by car or public transport, or relaxing at home.*

Summary of responses

The data shows that most respondents spend a significant amount of time sitting or being still, with the largest share at 5-6 hours (25.6%) and 9 hours or more (22.4%). A smaller proportion report 3-4 hours (20.8%) and 1-2 hours (12%), while very few spend less than an hour (7.2% combined). Only 9.6% report 7-8 hours, and 2.4% chose not to disclose. Overall, the pattern indicates that the majority dedicate long durations, typically over 3 hours, suggesting sustained engagement or involvement. Overall, findings point to risks consistent with national data and the importance of local strategies that align with [NHS physical activity guidance](#).

Interpretation

Given the sample is dominated by middle-aged adults, many are likely to experience prolonged sitting due to occupational roles. Younger adults are less represented but often face sedentary patterns linked to study or early career work, while older adults show inactivity associated with retirement.

These findings broadly mirror national patterns, where UK working-age adults typically sit 8-10 hours per day ([British Heart Foundation, 2014](#); [NHS, 2022](#); [Chasin, 2021](#)), with office-based workers often exceeding this ([Fellowes, 2018](#)). The Batley sample therefore aligns with wider trends in sedentary behaviour.

Potential opportunities

- Target middle-aged groups with workplace interventions to reduce prolonged sitting.
- Support younger adults with education on healthy habits as they enter sedentary roles.
- Encourage older adults to stay active through community and social initiatives.
- Link interventions to official NHS recommendations of at least 150 minutes of moderate activity per week plus strength exercises.

Batley - Where do you spend time being physically active or moving?

(Respondents could select multiple options)

Summary of responses

In Batley, 123 respondents answered this question (with multiple selections possible), highlighting a range of settings where residents engage in physical activity. The most common locations were at home and outdoors in local streets or neighbourhoods, with parks and private gardens also featuring strongly. Fewer respondents reported being active in formal or structured environments such as gyms, leisure centres, or organised clubs.

Key statistics:

- At home (e.g. home workouts, dancing, active chores) - 52.03%
- Outdoors in local streets or neighbourhoods - 48.78%
- In the garden / allotment or other private outdoor space - 33.33%
- In parks or public green spaces - 37.40%
- At work - 23.58%
- At a leisure centre, gym, or swimming pool - 20.33%

- At a private gym or fitness studio - 10.57%
- With a local group or club - 11.38%
- At a place of worship or community venue - 13.01%
- At college or university - 2.44%
- While travelling (e.g. walking or cycling instead of driving) - 13.8%
- Playgrounds / play areas - 1.63%
- Not currently active - 5.69%
- Other (please specify) - 11.38%

Other activities reported

Responses in this category covered a mix of hobbies, everyday activities, and community engagements that did not fit into other predefined categories. Examples included sports and leisure, social groups, volunteering, and routine domestic tasks.

- Golf
- Local privately owned football complex
- Chair exercise classes / Well-being groups
- Luncheon club
- Library
- Volunteering
- Shopping
- Playing with children / grandchildren
- Looking after animals

Interpretation

For Batley residents, the data suggests that everyday and accessible locations - particularly homes, local streets, and green spaces - play the biggest role in enabling physical activity. Structured and facility-based activity appears less common, potentially reflecting preferences for informal activity, as well as possible barriers such as cost, time, or accessibility.

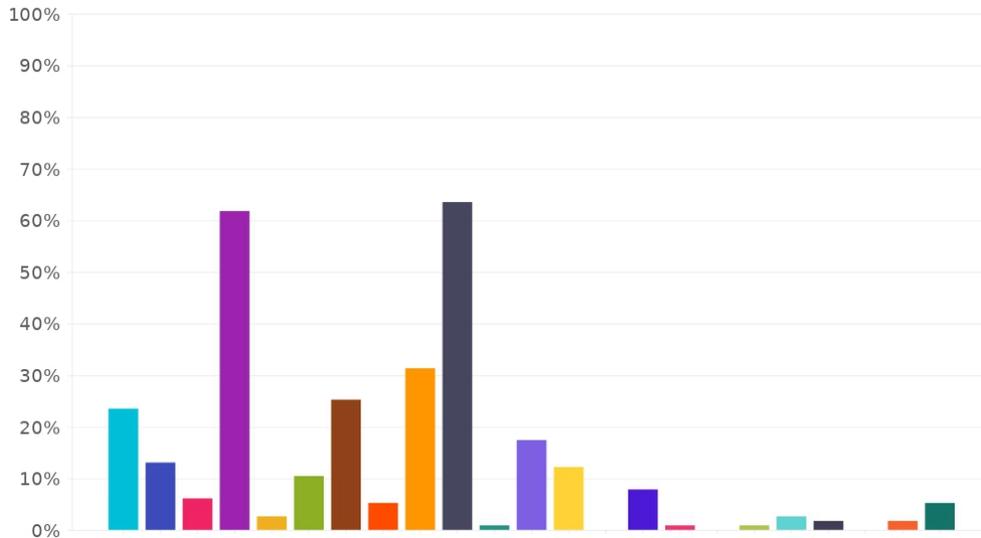
Potential opportunities

The findings highlight the importance of maintaining and enhancing the quality, safety and accessibility of local outdoor spaces, as these play a central role in supporting everyday activity in Batley. At the same time, there is scope to encourage greater participation in structured and facility-based activities, which can provide additional social, physical and mental health benefits for some groups. Community-led initiatives

and affordable, accessible programmes may help bridge this gap, ensuring that residents have opportunities both for informal movement within their neighbourhoods and for more organised forms of exercise that can complement these existing habits.

Batley - What types of physical activity or movement do you usually do in a typical week? (Participants can select multiple options)

Answered: 115 Skipped: 30



- Going to the gym or fitness classes
- Swimming (indoor or open water)
- Playing sports (e.g. football, cricket, netball, tennis, hockey)
- Walking, using a wheelchair or manual scooter (for leisure or transport)
- Cycling or biking (for leisure or commuting)
- Running or jogging (alone or with others)
- Playing informally with children (e.g. in the park, at home)
- Dancing (e.g. at home, socially, in a class)
- Gardening or allotment work
- Household chores or active tasks (e.g. DIY, cleaning)
- Active play with friends (e.g. frisbee, basketball)
- Using outdoor spaces (e.g. greenways, parks, skateparks)
- Yoga, pilates, or meditation with movement
- Climbing, bouldering, or parkour
- Fitness classes (e.g. aerobics, Zumba, outdoor bootcamps)
- Archery
- Bowls
- Ice skating / ice hockey
- Martial arts (e.g. karate, taekwondo, judo)
- Water-based activities (e.g. diving, canoeing, paddleboarding)
- Horse riding
- I'm not currently active - I do less than 30 minutes per week of movement / activity. (Inactive means people who do less than 30 minutes of moderate-intensity physical activity per week that raises the heart rate e.g. walking, cycling, dancing)
- Other (Please specify)

This question recognised that being active can mean different things to different people. Activity could include structured exercise like going to the gym or playing sport but also everyday activities such as walking, gardening, household chores, or playing with children. Respondents could select multiple options.

Summary of responses

Respondents described being active in a wide variety of ways, reflecting both structured exercise and everyday movement. For many, physical activity was part of daily routines, such as walking, gardening, household chores or playing informally with children.

Others took part in more formal or organised activities including gym sessions, fitness classes, swimming, yoga or running. A smaller number mentioned participation in team sports or specialist activities, while a few reported being largely inactive. Overall, the findings highlight that most activity is grounded in everyday movement, with formal exercise and sport playing a smaller but still meaningful role in people's lives.

Key statistics

- The most common weekly activities reported were activities that could be considered 'everyday tasks': household chores or active tasks (63.48%), walking or wheelchair use (61.74%), and gardening or allotment work (31.30%). This could also include playing informally with children (25.22%)
- Among structured exercise, going to the gym or fitness classes (23.48%) was most frequently cited, with lower response levels for swimming (13.04%), yoga/pilates/meditation (12.17%), running/jogging (10.43%), and team sports (6.09%). Only 2.61% selected cycling.
- There was a smaller percentage than perhaps expected reporting using outdoor spaces such as greenways or parks (17.39%).
- Only 1.74% reported doing less than 30 minutes of activity a week.

Other activities

Respondents also mentioned additional activities not listed in the survey options, such as looking after outdoor animals, martial arts, fencing, volunteering involving lifting/carrying, and home-based exercise DVDs. These responses suggest a wider variety of activity types beyond the predefined categories.

Interpretation

The data shows that incidental and accessible forms of movement, like walking, chores, and gardening are more prevalent than structured sports or organised classes. This suggests that everyday physical activity opportunities are important for overall engagement, and that formal exercise is not the primary mode of activity for most respondents. The relatively low participation in higher-intensity or team-based activities may reflect barriers such as cost, time, accessibility, or confidence.

Potential opportunities

- To increase physical activity levels, strategies should build on the popularity of walking and informal activity by expanding safe, attractive outdoor spaces and supporting low-cost, unstructured opportunities. Programmes could also help bridge the gap into more structured or vigorous activity, especially for those already engaged in light exercise.
- Recognising and validating activities like chores, gardening and animal care may also encourage more residents to view themselves as active, potentially boosting motivation and participation in other forms of movement.

Batley - When are you more likely to be physically active or move more? (Respondents could tick all that apply.)

The data shows that in Batley, physical activity patterns vary between weekdays and weekends, with some consistent preferences emerging.

Weekday patterns

The most common time for being active during the week is weekday mornings, with 62% of respondents (the highest amount) identifying this period as when they are more active. This is followed by weekday evenings (42% of respondents) and weekday afternoons (34% of respondents). Very few people reported not being active on weekdays (only 5% of respondents).

Weekend patterns

On weekends, morning activity is again the most common at 64% - broadly similar to weekdays. Weekend afternoons are also popular (53%) - more so than weekday afternoons, which is to be expected given the increased free time more people have during the day at the weekend. Weekend evenings see a significant drop in activity compared to weekday evenings, with 18% reporting being active - which may be linked to increased participation in social and leisure activities at the weekend. Only 7% of respondents reported not being active at the weekend.

Weekday vs. Weekend activity and type preferences

- **Weekdays:**
Activity is mostly **everyday movement** (chores 63%, walking 62%, gardening 31%). Formal exercise (gym, yoga, swimming, running) is less common but steady. Mornings are the most active time, followed by evenings; afternoons are quieter.
- **Weekends:**
Mornings remain the most popular, but **afternoon activity rises** (family, outdoor,

leisure). Evenings drop sharply. Everyday movement still dominates, with only slight increases in structured activities.

Key differences

- Morning activity is consistent across week and weekend.
- Weekend afternoons see more leisure-based activity.
- Evenings are the least active time overall - particularly at weekends.
- A minority report being completely inactive.

Insights

The findings suggest that morning activity is the most popular time for physical movement in Batley, both during the week and on weekends. Afternoon activity is more common on weekends compared to weekdays, while evenings, particularly weekend evenings, are the least active period. This pattern may reflect work schedules, family commitments, or personal preferences for starting the day with movement.

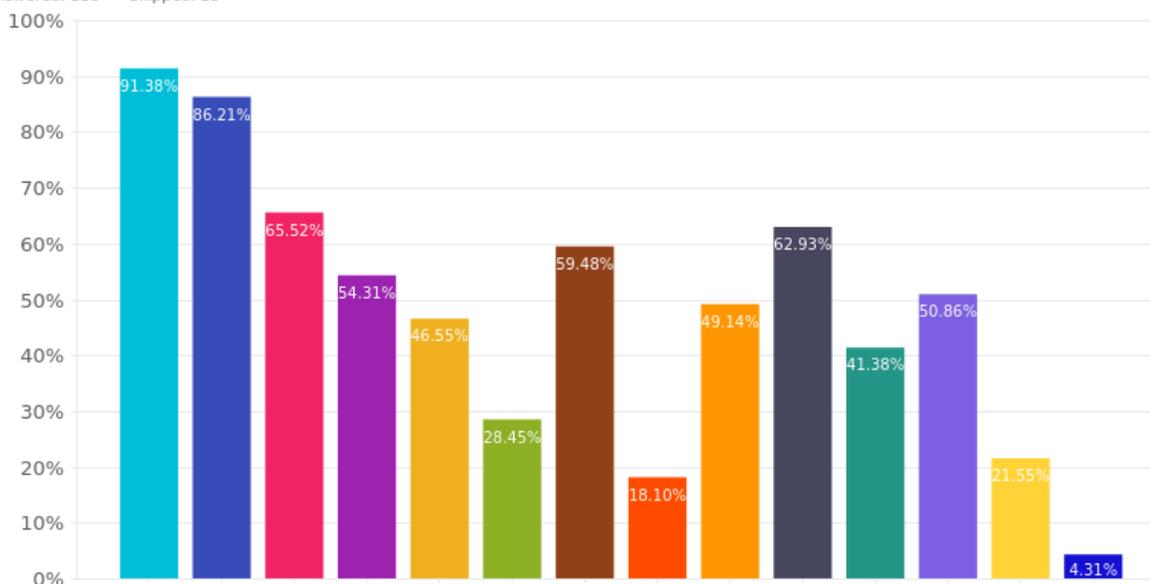
Potential opportunities

- Activity programmes in Batley may see better engagement if scheduled in the mornings or evenings, while targeted initiatives could help boost afternoon activity opportunities for those with flexible schedules.
- Offering family-friendly or community-based activities during these times could further boost engagement.

Batley - What do you feel are the benefits of physical activity and movement? Respondents could select multiple answers.

What do you feel are the benefits of physical activity and movement?
(✓ Tick all that apply)

Answered: 116 Skipped: 29



- | | | |
|--|---|--|
| ● Physical health | ● Mental health | ● Fun / enjoyment |
| ● Confidence / self-esteem | ● Spending time with others | ● Family bonding |
| ● Being outdoors | ● Cultural / faith connection | ● Managing health conditions |
| ● Weight management | ● Staying independent | ● Getting stronger |
| ● Learning new skills | ● Other (Please specify) | |

Summary of responses

A total of 116 respondents in Batley identified a wide range of perceived benefits from being active. The most commonly recognised were:

- Improved physical health (91.38%)
- Better mental health (86.21%)
- Fun and enjoyment (65.52%)
- Weight management (62.93%)
- Spending time outdoors (59.48%).

Around half of respondents also emphasised building strength (50.86%), managing health conditions (49.14%), and improved confidence or self-esteem (54.31%). Social

benefits such as spending time with others (46.55%) and family bonding (28.45%) were acknowledged by a smaller proportion, while other motivations included staying independent (41.38%) and learning new skills (21.55%). A cultural or faith connection was noted by 18.10%, and 4.31% selected 'other'.

Summary of “Other” responses

While only a small proportion of respondents (4.31%) selected “Other” as a benefit, the open-text responses provide valuable personal insights. Participants listed “*social skills*” and “*a sense of community and support*” as their responses.

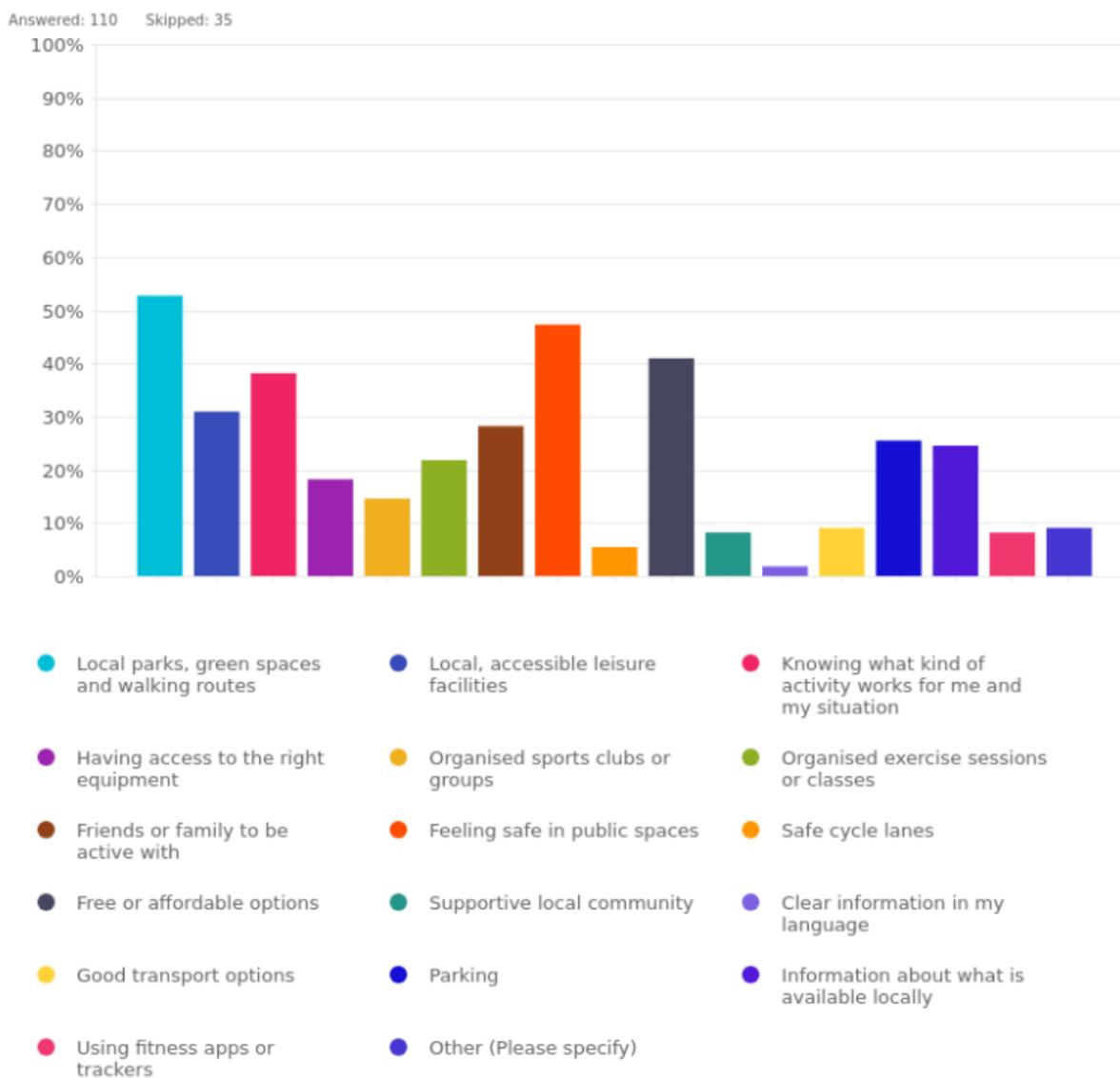
Interpretation

The data highlights that Batley residents overwhelmingly associate physical activity with health-related benefits, particularly improved physical and mental wellbeing. Enjoyment, weight management, and being outdoors were also strong motivators, suggesting that both health and lifestyle factors play important roles in encouraging activity. Social and relational benefits, while less prominent, still represent a significant portion of responses. The presence of responses related to independence and managing health conditions suggests that for some, activity is viewed as an important part of maintaining daily functioning and quality of life.

Potential opportunities

- **Engagement opportunities:** To maximise engagement, activity programmes in Batley should emphasise the full spectrum of benefits that residents associate with being active. Alongside promoting improvements to physical and mental wellbeing, initiatives could highlight the enjoyment, outdoor experiences and social connections that activity provides, making participation more appealing to a broad audience.
- **Audience-specific benefits:** Tailoring messages and programmes to reflect the role of movement in supporting independence, managing health conditions, and building confidence would be particularly valuable for groups with specific health or lifestyle needs. By addressing both universal and targeted motivations, programmes are more likely to foster sustained participation and reach those who stand to benefit most.

Batley - What are the most important factors that currently help you to move or be physically active? Respondents could select up to five options.



Summary of responses

A total of 110 respondents identified a range of factors that enable them to be active. The most frequently cited were access to local parks, green spaces, and walking routes (52.73%), alongside feeling safe in public spaces (47.27%) and having free or affordable options available (40.91%). Personal awareness of which activities suited their needs was also significant (38.18%), as was access to local leisure facilities (30.91%). Social enablers such as friends or family to be active with (28.18%) and a supportive local community (8.18%) were mentioned by smaller groups, as were practical considerations like parking (25.45%), good transport options (9.09%), and

clear information in different languages (1.82%). Information about local opportunities (24.55%) and access to organised sessions (21.82%), clubs (14.55%), or the right equipment (18.18%) were further identified as important enablers. A small proportion (9.09%) highlighted other factors.

“Other” factors reported

- *“From home, being able to walk along traffic-free paths.”*
- *“Chiropractor.”*
- *“I’m not that active. I have tried going to local parks with my kids, but they have overgrown grass and dog droppings everywhere making it unusable.”*
- *“Drop-off / pick-up.”*
- *“I’ve nothing, I loved swimming & other classes.”*
- *“Women’s only in sports centres (e.g., previously run Sitara - over 16s women only session at Batley Baths which has now closed).”*
- *“None, because I get no help!”*

Interpretation

The data suggests that accessible, safe, and affordable spaces are the strongest enablers of physical activity for Batley residents. However, qualitative feedback shows that facility quality, maintenance, and targeted provision (e.g., women-only opportunities) could further influence engagement. Social connections and personal knowledge of suitable activities also play a role, while factors such as organised clubs, cycle lanes, or language-specific information are less influential.

Potential opportunities

- Maintaining and improving local green spaces, ensuring safety in public areas, and providing low-cost opportunities could have the most impact on supporting physical activity in Batley.
- Addressing identified barriers, such as poor park maintenance and the loss of valued activities, alongside tailored provision like women-only sessions, could significantly improve accessibility and participation.

Batley - What factors affect your ability or motivation to move more or be more active? Respondents could select multiple options.

Summary of responses

In Batley, 115 residents highlighted multiple barriers to being physically active, spanning both structural issues (such as limited and costly facilities, safety, and environmental

challenges) and personal or social factors (like childcare, confidence, health conditions, and time constraints). The responses show a strong mix of practical access concerns and individual-level barriers that limit participation.

Key statistics

- Facilities & Access
 - Lack of local facilities: 52%
 - Expensive memberships: 37%
 - High session fees: 30%
 - Inconvenient opening/session times: ~30%

- Safety & Environment
 - Unsafe/poorly maintained spaces: ~30%
 - Bad weather/poor lighting: ~25%

- Personal & Social Barriers
 - Childcare responsibilities: 21%
 - Low confidence/motivation: 19%
 - Health/disability challenges: 17%
 - No one to be active with: 18%
 - Body image concerns: 12%
 - Lack of time: 12%

“Other” direct quotes

Facilities & closures

- *"No leisure centre locally."*
- *"Closing swimming pools in the local area (Batley). I want to take my children swimming and can't because our local swimming pool is closed."*
- *"Activities that suited my needs were at Dewsbury Sports Centre. Alternative options do not suit my needs or goals."*
- *"If Dewsbury was open, I would certainly be using it for fitness classes with friends."*
- *"No local authority pool for early morning length swimming and no Mixed Martial Art classes at local authority sports clubs."*

Cost and affordability

- *"I do as much as I can but pool costs are too high for hiring the pool."*

Environment and safety

- *"As mentioned in the last Q; too much litter and dog droppings and unkempt areas make it pointless to go out with the kids to any of the local parks."*
- *"Unable to walk on pavements due to cars being parked on them. Make it illegal for cars to park on pavements. Pedestrians should not have to walk on the busy roads!"*
- *"Lack of cycle lanes."*

Accessibility and inclusion

- *"I am disabled. The Council providing the right care is the factor that is stopping me."*
- *"Kirklees Active app to access gyms and facilities is not user friendly at all and it makes it very difficult to access affordable options."*

Interpretation

The data reveals that Batley residents experience a layered set of barriers to physical activity. Structural barriers, like lack of facilities, closures of local centres, high costs, and poor maintenance, combine with environmental factors such as unsafe pavements, lack of cycle lanes, and unkempt public areas. Personal challenges like childcare demands, health conditions, and confidence further reduce participation. The qualitative feedback reinforces the statistics, underscoring frustrations about issues such as facility closures and limited activity options suited to residents' needs.

Potential opportunities

Overcoming barriers to physical activity in Batley requires investment in safe, well-maintained facilities and spaces, alongside affordable pricing and tailored programmes such as women-only or disability-inclusive sessions. Improving access, both physical (pavements, cycle lanes) and digital (booking apps)-and strengthening community support can help residents overcome personal challenges like childcare, health issues, and low confidence.

Batley - What might make you feel safer when moving or being active?

These free text responses were submitted by people who previously indicated that safety was a concern when it comes to being active in Batley. Only 22 people responded to this question, which suggests that perceptions of safety may not be a widespread concern among respondents - or that it may not have been front of mind when completing the survey. However, the low response rate also limits the strength of

any conclusions drawn, and further engagement may be needed to explore this issue more fully.

Their answers offer rich qualitative insight into local barriers and what changes would help them feel safer, with common themes emerging around lighting, policing, public space design, and women-only provision.

Key themes and quotes

1. Street lighting and visibility

As in Dewsbury, poor lighting was the most frequently mentioned concern. It was directly linked to a lack of confidence in going out, particularly in the evenings or through parks and wooded areas.

- *“Better street lighting”*
- *“Better lit areas... safer roads”*
- *“Feeling safe outdoors with better lighting”*
- *“Clear paths, not overgrown, well lit”*
- *“More street lights”*
- *“Lighting. Local police.”*

Specific locations mentioned included Wilton Park Woods, suggesting known hotspots where better visibility could help people feel safer.

2. Police presence and crime prevention

Several residents expressed concern about crime, drug dealing, and a lack of visible security, particularly in the town centre.

- *“More police presence in our community”*
- *“More visible police and stopping all drug dealing in town centre”*
- *“Too many robberies and bad things happen in town centre especially”*
- *“Park patrols”*
- *“Lighting, CCTV”*

The concern was not just about visibility but about active deterrence and enforcement. Some responses suggested regular patrols could reduce loitering and illegal activity.

3. Access to safe and inclusive activity spaces

Respondents want safe, local spaces where they can participate in activities **without fear or intimidation**. This included indoor venues and outdoor areas that are maintained and monitored.

- *“Safe space where activities held”*

- *“A safe place to attend with parking”*
- *“Like minded people”*
- *“Qualified staff on site”*

The presence of staff, structure and purpose contributes to a sense of security, especially for more vulnerable residents.

4. Women-only and gender-sensitive provision

A small but important number of responses highlighted the need for safe spaces specifically for women.

- *“Ladies only sessions”*
- *“Having a safe area of women and no men.”*
- *“Places to go to be active that are safe and where people are able to travel home afterwards safely”*

This theme overlaps with both safety and cultural inclusion, underscoring the importance of gender-aware programming.

5. Maintenance of pavements and walkways

Several people described being forced to walk in the road due to overgrown paths or cars parked on pavements.

- *“Better pavements & less cars parking on pavements”*
- *“Being able to walk on pavements instead of having to walk into roads due to cars parked on the pavement!”*
- *“Clear paths, not overgrown”*

This theme reinforces the need for environmental design that supports safety and accessibility, particularly for pedestrians, families, and disabled people.

6. Being with others

While fewer in number, some residents noted that not being alone improved their confidence when active.

- *“Being with my husband”*
- *“Being able to exercise with others. The area is too dangerous to walk around alone”*

This aligns with previous findings about the protective power of social connection and group activities.

Summary

With the caveat that this is a limited number of responses, they show a clear and consistent concern about lighting, policing, and infrastructure, with some additional issues around inclusion and support for women and other marginalised groups. Based on the feedback, the following actions should be considered:

- Upgrade lighting in key areas like parks and woodland paths, especially Wilton Park Woods.
- Increase visible policing and deterrence, particularly to address drug dealing and theft in the town centre.
- Introduce or expand women-only and gender-sensitive sessions with safe transport access.
- Tackle pavement obstructions and improve walkway maintenance to reduce forced road use.
- Provide community activity spaces with qualified staff and peer support to build confidence and trust.

Batley - Have you increased or decreased your physical activity or movement over the last year? Respondents could select multiple reasons for changes.

Summary of responses

114 respondents answered this question, with 31 skipping. Over half (50.9%) of those who responded stated a decrease in physical activity and movement (28.1% a lot and 22.8% a little), and 28.1% stated they had increased levels of physical activity (11.4% a lot and 16.7% a little).

The most common reasons for changes in activity were health-related (43.82%), including illness, injury, and recovery, followed by mental wellbeing (29.21%), changes in free time (25.84%), and access to facilities or outdoor spaces (26.97%). Financial pressures, cost of living, motivation and caring responsibilities also featured as notable factors.

Reasons for change interpretation

Increased activity

Some respondents described increases in activity, though these were fewer than the reports of decreases. The main reasons included:

- Mental wellbeing benefits - activity seen as an outlet for stress relief and maintaining health.

- Lifestyle changes - joining community groups such as Milen Care or taking up new hobbies like gardening boosted physical activity.
- Pleasurable environments - respondents highlighted enjoying outdoor spaces and parks, though this was sometimes disrupted by weather extremes.

Supporting quotes

- *“Since joining Milen Care, he exercises more and loves using the treadmill.”*
- *“Enjoy the benefits of gardening. Outdoor spaces. The UK has lovely lush greenery/parks.”*
- *“Increase because of the pleasure of places visited.”*

Decreased activity

The majority of responses pointed to reductions in activity, driven by several key factors:

- Closure of facilities - the loss of Dewsbury Sports Centre, Batley Baths and other local leisure venues was the most commonly cited barrier.
- Health and injury - illness, injury, pregnancy and recovery from conditions such as back injuries limited participation.
- Environmental and maintenance issues - poorly maintained parks and safety concerns discouraged outdoor activity.
- Financial pressures - higher costs of activities and reduced disposable income restricted options.
- Caring and time constraints - responsibilities such as childcare, work changes or college limited free time.

Supporting quotes

- *“Closure of Dewsbury Sports Centre.”*
- *“Closed Batley Baths round the corner after refurbishment.”*
- *“Closing of the different leisure centres and pools that I used. Less maintenance on parks so local parks are not safe to run in, branches all over the paths etc.”*
- *“No swimming pool to access in Batley.”*
- *“Back injury.”*
- *“Pregnancy/young baby.”*
- *“I got fed up of going to different parks and finding dog droppings everywhere I went.”*
- *“Less working hours.”*

- “College.”

Interpretation

The data shows that changes in physical activity in Batley over the past year have been influenced by a blend of personal health, environmental quality, and facility access. While some reported increases linked to enjoyment of outdoor spaces or organisational support, many cited facility closures, poor maintenance of parks, and health issues as significant barriers. Seasonal weather changes and life events (such as pregnancy or starting college) also played a role in shifting activity patterns.

Potential opportunities

To support sustained or increased activity levels, efforts should focus on maintaining current facilities, reopening key facilities, improving park upkeep, and offering adaptable activity options for those affected by health or life changes. Affordable, accessible opportunities, both indoors and outdoors, will be critical in addressing the combined impact of health, financial, and environmental barriers.

Batley - Cultural, social and community influences on activity

Respondents were asked to indicate how much they agreed (from *strongly disagree* to *strongly agree*) with a series of statements exploring social influences on physical activity, selecting one response option for each statement.

The statements included:

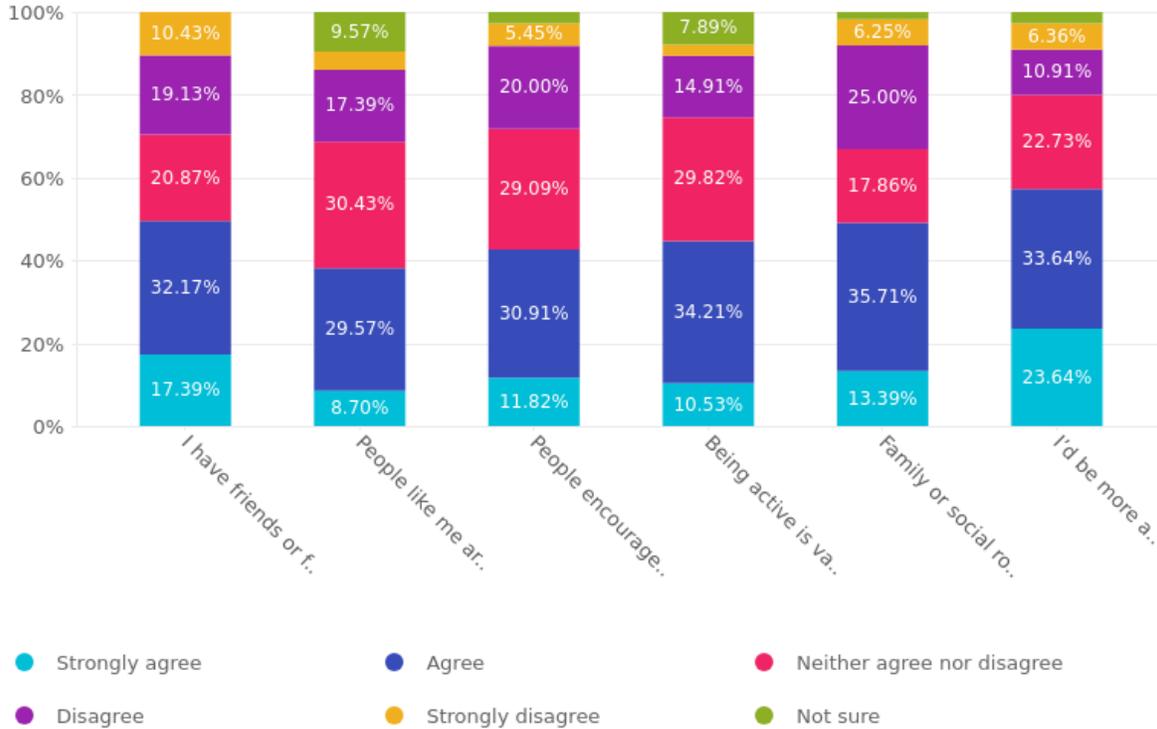
- I have friends or family I can be active with.
- People like me are regularly active.
- People encourage me to be active.
- Being active is valued in my culture.
- Family or social roles limit my time to be active.
- I'd be more active with someone to go with.

The responses give insight into the social and cultural dynamics shaping opportunities for activity, highlighting both enablers (support networks, role modelling) and barriers (time, caregiving, cultural expectations).

How much do you agree with these statements about moving / being active and the people around you?
 (✓ Tick one per row)

Please indicate your level of agreement with the following statements:
 (Select one option per statement)

Answered: 115 Skipped: 30



Row	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not sure	Response count
I have friends or family I can be active with	17.39% (20)	32.17% (37)	20.87% (24)	19.13% (22)	10.43% (12)	0.00% (0)	115
People like me are regularly active	8.70% (10)	29.57% (34)	30.43% (35)	17.39% (20)	4.35% (5)	9.57% (11)	115
People encourage me to be active	11.82% (13)	30.91% (34)	29.09% (32)	20.00% (22)	5.45% (6)	2.73% (3)	110
Being active is valued in my culture	10.53% (12)	34.21% (39)	29.82% (34)	14.91% (17)	2.63% (3)	7.89% (9)	114
Family or social roles limit my time to be active	13.39% (15)	35.71% (40)	17.86% (20)	25.00% (28)	6.25% (7)	1.79% (2)	112
I'd be more active with someone to go with	23.64% (26)	33.64% (37)	22.73% (25)	10.91% (12)	6.36% (7)	2.73% (3)	110

Social and cultural influence on activity

Findings show that social connections play an important role in shaping activity habits. Just under half of respondents (49.56%) reported having friends or family they could be

active with, while an even larger proportion (57.28%) said they would be more active if they had someone to go with. This highlights companionship as both a current enabler and a potential driver for increased participation, suggesting that peer and family networks are central to sustaining activity.

Perceptions of peer activity and motivation

Perceptions of peer activity were notably low, with only 38.26% of respondents agreeing that “people like me are regularly active.” This reflects a weaker sense of shared norms around exercise and may reduce individual motivation, as people are less likely to feel that activity is something typical or achievable within their peer group. While over 42% felt encouraged to be active, more than a quarter disagreed, indicating that visible encouragement and role models are not consistently present.

Cultural value and community engagement

Nearly half of respondents (44.74%) agreed that being active is valued within their culture. However, the relatively high proportion who neither agreed nor disagreed (29.82%) points to uncertainty about how strongly activity is embedded within cultural norms. This suggests that while many communities do associate activity with cultural value, for others it may not be framed as a priority, leaving space for programmes to strengthen the role of activity as a shared cultural and social practice.

Time and social role pressures

Family and social responsibilities were highlighted as barriers by over 31% of respondents, while around a fifth were neutral and a third disagreed. This divide suggests that pressures linked to childcare, household responsibilities, and work commitments are significant for many, but not universal. For those affected, competing demands limit opportunities for regular exercise, particularly among working-age adults.

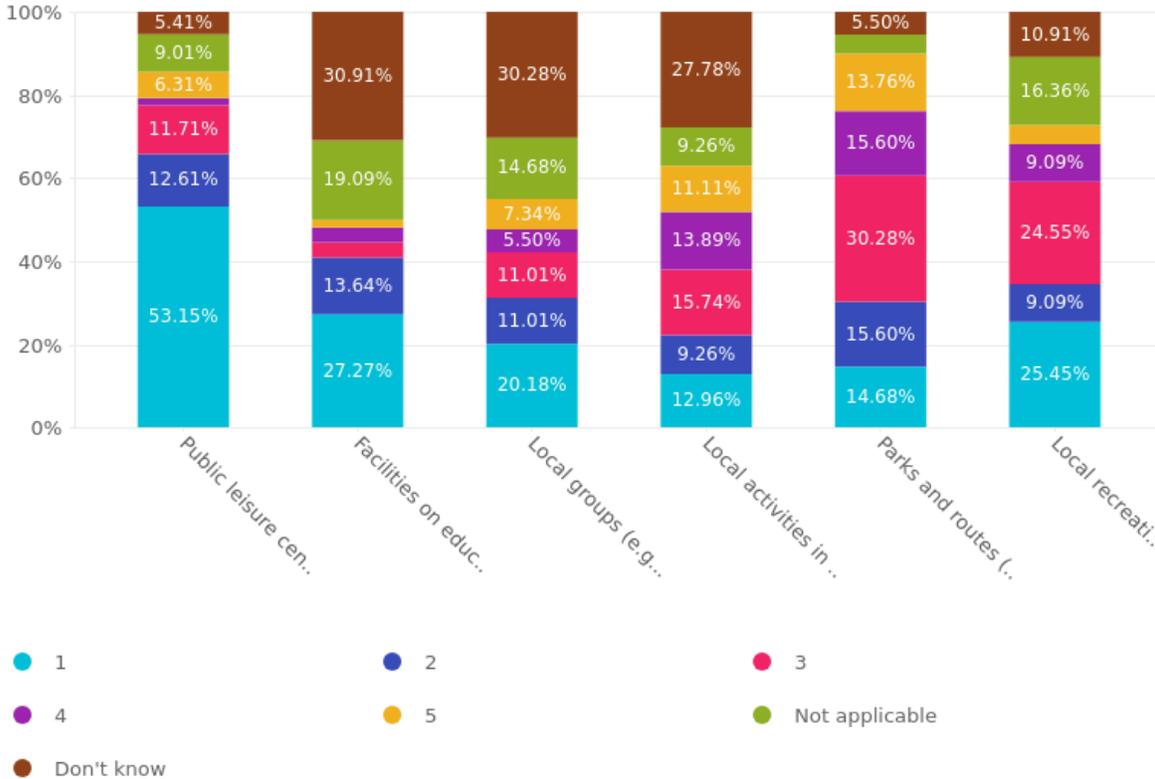
Potential opportunities

Efforts to increase activity should build on existing social ties by creating opportunities for buddy schemes, peer-led sessions and family-based activities. Community role models could help shift perceptions of inactivity and reinforce that “people like me” can and do participate. Embedding activity within cultural practices and community events could strengthen its perceived value, while flexible, accessible options tailored to working families and caregivers would help overcome time-related barriers. Together, these approaches could make activity more visible, inclusive and sustainable within everyday life.

Batley - How satisfied are you with the opportunities for movement and physical activity in your area?

(Please tick one box per row: 1 = Very dissatisfied, 5 = Very satisfied, N/A = Not available near me)

Answered: 112 Skipped: 33



Row	1	2	3	4	5	Not applicable	Don't know	Response count
Public leisure centres (e.g. Kirklees Active Leisure gyms, swimming pools, sports halls)	53.15% (59)	12.61% (14)	11.71% (13)	1.80% (2)	6.31% (7)	9.01% (10)	5.41% (6)	111
Facilities on education sites (e.g. school or college sports halls)	27.27% (30)	13.64% (15)	3.64% (4)	3.64% (4)	1.82% (2)	19.09% (21)	30.91% (34)	110
Local groups (e.g. walking groups, sports clubs)	20.18% (22)	11.01% (12)	11.01% (12)	5.50% (6)	7.34% (8)	14.68% (16)	30.28% (33)	109
Local activities in independent settings (e.g. private gyms, community clubs)	12.96% (14)	9.26% (10)	15.74% (17)	13.89% (15)	11.11% (12)	9.26% (10)	27.78% (30)	108
Parks and routes (e.g. greenways, nature paths)	14.68% (16)	15.60% (17)	30.28% (33)	15.60% (17)	13.76% (15)	4.59% (5)	5.50% (6)	109
Local recreation / play areas (e.g. playgrounds, skate parks)	25.45% (28)	9.09% (10)	24.55% (27)	9.09% (10)	4.55% (5)	16.36% (18)	10.91% (12)	110

Summary of responses

Satisfaction with local opportunities for movement and physical activity in Batley varies considerably. Public leisure centres received the lowest satisfaction rating, with 53.15% of respondents “very dissatisfied” and only 6.31% “very satisfied,” suggesting issues around quality, accessibility or cost. Dissatisfaction may also link to the recent closure of facilities. Further research may be needed to establish this possible link. Facilities on education sites also had relatively low satisfaction, with only 1.82% “very satisfied” and a large proportion (30.91%) unsure, likely reflecting limited public access or awareness.

Satisfaction with local groups (e.g., walking or sports clubs) was mixed, with 20.18% “very dissatisfied” but some positive responses (7.34% “very satisfied”), and high uncertainty (30.28% “don’t know”), indicating potential gaps in promotion or reach. Local activities in independent settings (e.g., private gyms, community clubs) showed a more balanced spread of satisfaction levels but still had a high “don’t know” rate (27.78%).

Parks and routes (e.g., greenways, nature paths) were generally better regarded, with fewer “very dissatisfied” ratings (14.68%) and more people reporting mid to high satisfaction, though 30.28% rated them as average. Local recreation/play areas had moderate satisfaction, with 25.45% “very dissatisfied” and 24.55% neutral, suggesting room for improvement in facilities for children and families.

Interpretation

The findings highlight that public leisure centres stand out as the main source of dissatisfaction, likely linked to recent closures as well as concerns over cost and accessibility. In contrast, outdoor facilities such as parks and routes were more positively received, though many respondents still rated them only average, indicating potential for improvement in quality or maintenance.

High levels of uncertainty about education sites and local groups suggest barriers related to awareness, visibility or public access, rather than quality alone. Independent settings appear to offer better satisfaction but remain underutilised or less well known, given the high proportion of “don’t know” responses.

It is also important to recognise the role of seasonal and contextual influences. Since the survey was conducted in summer, outdoor activities may have appeared more attractive simply due to weather and daylight hours. The absence of indoor alternatives during the evaluation period may also have amplified positive perceptions of outdoor options. These factors mean that satisfaction levels, particularly for outdoor spaces, may not fully reflect year-round patterns of engagement.

Potential opportunities

The data highlights key areas for improvement, particularly public leisure centres and educational facilities, where dissatisfaction is high and satisfaction is low.

- An assessment of current provision would be beneficial to establish if the satisfaction response relates to the closures of facilities or relates to existing provision.
- Investment in upgrades, better maintenance, or more affordable and flexible access may be beneficial.
- The high proportion of “don’t know” responses for community groups and private activities suggests a need for better promotion and visibility of existing opportunities.
- Parks, routes, and play areas are relatively better regarded, indicating they are valued community assets that could be further enhanced to increase informal, accessible physical activity. Ensuring that these outdoor spaces remain safe, well-maintained, and inclusive could support higher overall activity levels.
- Efforts should also focus on making facilities and programmes more visible, affordable, and culturally relevant to address both awareness and accessibility barriers.

Accessibility and integration of physical activity and movement spaces with other services in Batley

In Batley, 70.3% said that having access to services such as shops, healthcare, libraries, cafés, or childcare located at or near places that encourage physical activity would make them more likely to use those spaces, 10.8% said it would not, and 18.9% were unsure.

Through cross tabulation, of those with caring responsibilities, 81.2% said yes, co-location would make them more likely to use activity spaces - highlighting the potential value of such spaces for families.

When asked about awareness of places where movement opportunities and services are successfully combined, 47 responded while 98 skipped the question. Responses were mixed, with some citing leisure centres with cafés, libraries hosting movement groups, Greenhead Park in Huddersfield, Oakwell Hall in Birstall, and Dewsbury parkrun, while others highlighted the closure of facilities such as Batley Baths and Dewsbury Sports Centre or the poor condition of local parks. Some said they were not aware of any such opportunities locally.

Direct quotes included:

- *“Swimming pool, sports hall, running track”*
- *“Libraries, MAGIC - Movement and games in chairs and walking groups”*
- *“Workplaces with gyms”*
- *“Leisure Centre, coffee shops and leisure facilities”*
- *“Greenhead Park [Huddersfield], Oakwell Hall [Birstall], Rothwell Park [Leeds]”*
- *“Dewsbury parkrun”*
- *“Private community centres”*
- *“Local library groups for gardening, walking clubs, connecting”*
- *“Yoga groups or Kirklees well-being groups”*
- *“Privately run exercise classes for women, where children are welcome”*
- *“Spent swimming is good but is a distance for Batley people to go”*
- *“Savile Road playing fields, accessible, flat surface, plenty of space”*
- *“Dewsbury Moor Sports Club offers a walking/running group”*
- *“Batley Baths and Dewsbury Sports Centre (unfortunately both closed)”*
- *“Dewsbury Sports Centre, the building should be repaired and reopened! It served the community very well”*

- *“No swimming pool to access in Batley”*
- *“Closure of local sports facilities leaves fewer combined activity spaces”*
- *“Batley has so much opportunity. It just feels neglected... unusable due to grass not being cut and dog droppings”*
- *“Wilton Park was great with a café and great running paths but the paths are not maintained now”*
- *“Offering activities in local parks to keep people fit would be beneficial”*
- *“Have a gym or fitness centre aimed at teens”*
- *“Evening/weekend adult classes in schools, zumba, sewing, cooking, exercise”*

Interpretation

The findings suggest that co-location of services with physical activity spaces has strong potential to encourage greater use, particularly among those with caring responsibilities. Convenience, the ability to combine multiple activities, and the maintenance of facilities appear to be key factors influencing participation. The closures of key venues and deterioration of parks have left many residents feeling that opportunities for active living are limited.

Potential opportunities

Improving access to multi-use community hubs that integrate leisure, everyday services, and well-maintained green spaces could significantly boost participation in physical activity in Batley. Reopening or replacing lost facilities, addressing park maintenance, and creating inclusive, affordable options tailored to families, caregivers, and young people could reduce barriers and foster healthier, more active lifestyles.

Qualitative feedback on physical activity support - Batley residents

Is there anything else you would like to tell us about what would help you or your family to move more / be more active in Kirklees?

Summary of responses:

A total of 77 respondents provided additional feedback, with 68 skipping the question. Responses overwhelmingly focused on the reopening of closed leisure facilities - particularly Batley Baths and Dewsbury Sports Centre - alongside calls for better maintenance of parks, affordable access to activities, and improved safety. Many respondents emphasised the need for inclusive and accessible provision for women, older people, and young people, as well as for those with disabilities. There were also suggestions for more community-based activity sessions and classes to encourage participation, with an overall emphasis on creating safe, affordable, and accessible opportunities for people in Kirklees to be more active

Key themes and direct quotes:

1. Reopening closed facilities

The closure of Batley Baths and Dewsbury Sports Centre was the single most repeated concern, with many linking it directly to reduced opportunities for physical activity.

- *"Re-open Batley and Dewsbury Baths. Clean up the paths in the woods and lake in Wilton Park. Invest in all the parks in Kirklees. They are great, free assets."*
- *"You need to get a grip and reopen the closed local facilities so there is opportunity for people without overcrowding."*
- *"Reopen Dewsbury Sports Centre and/or Batley Baths. I need to take two buses to get to the only ones that are open, costing me time and money I don't have."*
- *"Should never have closed down Batley Baths & Dewsbury Baths. It's way too far and not easy to access Spensborough Baths."*

2. Affordable access and financial barriers

Several residents raised concerns about high costs for memberships, classes, travel, and equipment.

- *"Being more affordable. Travel being more accessible and actually affordable. No buses turn up, people can't afford taxis. I can't walk far so if the bus doesn't come and I don't have money for a taxi I cannot go."*
- *"I'd love to be able to go swimming. There's a centre literally just around the corner but it's way out of my price range!"*
- *"Need to offer discounts to parents and those on low incomes for gym membership."*
- *"I'm lucky, I can afford the private gym with my senior discount, not everyone has that."*

3. Maintenance and safety of parks and public spaces

Poorly maintained green spaces and safety concerns were repeatedly mentioned.

- *"Local parks are run down and not maintained. Do not want to visit due to this."*
- *"Parks and streets need to be made safe. There's nowhere to walk alone safely. Free car parking at leisure centres. Clean up play areas for children."*
- *"Wilton Park was great with a café and running paths, but the paths are not maintained now and it's dangerous to run on."*
- *"The cycle routes in Kirklees are really poor, they're not safe or joined up."*

- *"You don't want to be actually walking in darkness around needles"*
- *"Just walking down pavements it's an issue around here... there's a lot of very irresponsible dog ownership."*
- *"There was a stabbing in Crow Nest Park... people don't feel safe."*
- *"If it's muddy or uneven, I just won't go. It's not worth the risk."*
- *"If it's dirty or overgrown, it doesn't feel safe, even if it is."*
- *"Unloved places get more litter... it's like no one cares."*
- *"Liverpool [in comparison] was spotless... that made me want to walk around."*
- *"Uneven pavements are dangerous, especially for older people."*
- *"Cracken Edge paths are too overgrown, I can't see what's coming."*

4. Inclusive provision for women, older people, and specific groups

Requests were made for tailored sessions and safe environments.

- *"There are no female-only swimming sessions in the main pool near me... we are crammed into the activity pool."*
- *"I'd like a gym for the elderly, with staff who understand illness and older bodies."*
- *"Please have gyms/fitness centres aimed at teens, and adult classes at secondary schools in the evenings or weekends."*
- *"We need something for children, for families, and for young people."*
- *"It's not about prettying up the town. It's about making it accessible... and having things for people to do."*
- *"There's nothing for anybody to do, the younger generations to do... there's no security for the older generations."*
- *"They decided to do mood lighting there. So they made the room all dark... I fell off the bike." [visually impaired respondent]*
- *"They used to put an offer on for teen gym and that's what I actually went to... if they want to target young people they can put offers on"*

5. Better variety and scheduling of activities

Many residents wanted a wider range of activities at more convenient times.

- *"A wider variety of classes at different times. Yoga isn't available between 6.30-8pm, which is when many can attend."*
- *"Longer evening sessions so classes can fit in after work, and more choice of classes available."*

- *"Toddler groups for exercise/yoga, mum's & tots workout groups."*
- *"We need something like the old Practice Activity and Leisure Scheme (PAL) again, to show people the ropes."*
- *"Activities need to let you go at your own pace. Otherwise it's not sustainable."*
- *"I'd love a circular walking group with no steps, something my scooter could manage."*

6. Community and social opportunities

Some highlighted the role of social connections and group activities in supporting regular participation.

- *"Group meet-up points for a casual walk together... important to have high-vis clothing so all are safe and feel part of the team."*
- *"Community groups are beneficial, encourage us to be active, provide social time, and help us stay healthy and fit."*
- *"Why not promote buddy systems in communities? People would help each other, it's not expensive."*
- *"We could all be in the same place and the kids were enjoying themselves safely... making a space that's attractive."*

Interpretation

The responses strongly reinforce earlier findings about barriers and enablers in Batley, most notably the impact of facility closures, financial accessibility, and maintenance of public spaces. There is a clear appetite for safe, inclusive, and affordable opportunities, particularly those that cater for women, older people, and families. The emphasis on social connection and community groups suggests that opportunities to be active are as much about belonging and enjoyment as they are about physical health.

Potential opportunities

- Reopening or replacing closed leisure facilities in Batley and Dewsbury would directly address many of the concerns raised.
- Ensuring activities are affordable, accessible by public transport, and supported by safe, well-maintained green spaces would help more residents engage in physical activity.
- Expanding women-only provision, youth-friendly programmes, and social activities could further improve participation and community wellbeing

Survey findings for Dewsbury

This section summarises survey responses from Dewsbury residents, examining patterns of physical activity and movement, preferred types of exercise or active pursuits, and the main barriers and enablers affecting participation. In total, 338 people from Dewsbury responded to the survey. The findings explore not only how often residents are active but also the social, environmental and personal factors that shape these behaviours. Where relevant, results are cross-tabulated with demographic variables such as age, gender and health status to provide a deeper understanding of how different groups within the community experience and approach physical activity.

The survey reflects a diverse community, with significant White British and Asian/Asian British (Indian and Pakistani) representation, high rates of multilingual households and many residents living with health conditions, caring responsibilities or low incomes. Physical activity patterns are varied, while some are active daily, many rely on informal movement such as walking or household chores and almost half sit for over five hours a day, in line with national sedentary averages. Most activity takes place in local streets, parks, or at home, with facility use restricted by the closure of Dewsbury Sports Centre, alongside cost and accessibility barriers. Residents value the health and social benefits of being active but face challenges including unsafe or poorly maintained spaces, affordability, cultural relevance and limited awareness of available opportunities. Addressing these issues will require affordable, inclusive provision, safer environments and improved local facilities to support sustained community engagement in physical activity.

The Dewsbury findings are presented under the following themes, which highlight the range of factors shaping participation:

- Summary of respondent engagement, demographic profile and population context.
- Types, frequency and settings of physical activity and movement.
- Patterns of physical activity / movement and inactivity.
- Motivators and enablers of movement.
- Barriers to participation in physical activity and movement.
- Environmental factors influencing physical activity: Access, safety and satisfaction.
- Cultural, social and community influences on activity.
- Awareness and communication preferences.
- Changes in activity over the last year and reasons.

- Accessibility, integration, and examples of combined services and facilities.
- Qualitative feedback and suggestions for improving support.

Summary of respondent engagement and demographic overview of Dewsbury respondents

Population context

The demographic profile of Dewsbury survey respondents provides key context for interpreting physical activity patterns. 220 people elected to provide their ethnicity and 118 did not. Most identified as White: English, Welsh, Scottish, Northern Irish or British (58.64%), with notable Asian/Asian British: Indian (15.00%) and Pakistani (12.73%) representation. By comparison, aggregated 2021 census data shows that Dewsbury's population is 50.8% White and 44.4% Asian, with 28.4% of residents identifying as Pakistani and 11.7% as Indian ([ONS, 2021](#)). This suggests Pakistani residents were under-represented in the survey relative to their census proportion - with the caveat that a large proportion of respondents chose not to answer this question.

English was spoken in 95% of households, alongside Urdu, Gujarati and Punjabi, reflecting multilingualism in some communities. Census data for Kirklees confirms that Urdu, Punjabi and Gujarati are among the most common languages spoken at home after English, illustrating the town's strong South Asian linguistic heritage ([ONS Census 2021, TS025](#)).

217 people responded to the question on religion and 121 skipped. Religious affiliation among respondents is concentrated among Christian (37.8%) and Muslim (29%) groups, together making up two-thirds of respondents. However, aggregated census data indicates 41.6% of residents identify as Muslim and 28.8% as Christian, alongside 23.1% reporting no religion ([Census Data / ONS 2022](#)). This indicates Muslim residents may be underrepresented, which likely is linked to the under-representation of Asian-Pakistani residents.

Women made up 63.26% of respondents, with most identifying their gender as the same as their sex at birth and the majority (84.51%) identifying as heterosexual.

218 people responded to the question related to whether they have a disability. 120 people skipped. Over a quarter reported a disability or long-term health condition, often limiting physical activity or involving mental health conditions, reinforcing the need for inclusive, adaptable provision. Caring responsibilities were common (37.21%), particularly for children and older adults, highlighting the value of flexible, family-friendly options.

Socioeconomic factors may shape participation. 20.5% of respondents to a question about household incomes, could be defined as on low income (5.1% earning £10,000 or less per year, 15.3% earning £20,000 or less). This was slightly below the level of low

income households in Kirklees, with indicative supporting data showing 22.8% of residents are economically inactive ([ONS, 2024](#)) and 30.2% of children living in families with absolute low income ([Kirklees, 2024](#)). This was alongside mixed employment patterns, including a substantial retired population and those not in work due to ill health or caring duties. Many people (34.9%) chose not to disclose household income. This can be because it is a sensitive topic, often seen as private, potentially misused, or difficult to report accurately.

Overall, this context calls for the same needs in Dewsbury as suggested in Batley: a culturally sensitive, low-cost and accessible opportunities with tailored provision for those with health conditions, caring responsibilities or lower incomes. Census evidence supports this picture, with Dewsbury's relatively high proportion of Muslim and South Asian residents, its multilingual households and its socio-economic challenges reinforcing the importance of inclusive and affordable provision.

Physical activity patterns by age group in Dewsbury

Summary of responses

When asked about physical activity in the past week that raised their heart rate, responses revealed a range of activity levels for Dewsbury residents. The most common answer was daily activity (27.43%), with a spread of responses across other answers:

Key statistics

- 1 day: 11.11%
- 2 days: 11.11%
- 3 days: 13.89%
- 4 days: 10.07%
- 5 days: 11.11%
- 6 days: 4.86%
- 7 days: 27.43%

This indicates a mixed profile of both highly active individuals and those with less frequent participation, although it does reflect 77.78% of respondents were active on three or more days.

When age is taken into account, there are broad trends of higher daily levels of activity among those under 44 and over 65. However, both 45-54 (42.25%) and 55-64 (35.72%) groups are more likely to be only active on two or fewer days per week. This may be indicative of changing health and juggling work-life balance that becomes more

common with middle-age, without the extra free time that retirees have. Over-75s show polarised levels of those with both more frequent everyday movement (36%), but also those with fewer movement days (40%), which may be indicative of the impact of health conditions among this audience.

Interpretation

Over a quarter of Dewsbury respondents are highly active, with strong daily engagement among both younger and older adults. However, inactivity peaks in the 45-54, 55-64 and older adults (75+) show polarised activity patterns, possibly linked to differences in health, time, or access. These findings are consistent with [Public Health England's \(2014\)](#) report, which notes that physical activity generally declines from midlife onwards, yet community-based interventions can significantly boost participation among older populations.

Potential opportunities

- Targeted interventions could focus on middle-aged adults (45-64) to address higher inactivity rates, and tailored activities for older adults (75+) could bridge the gap between active and inactive subgroups.
- Offering inclusive, accessible options like walking groups, community gardening or gentle fitness classes may help boost participation.

Dewsbury - On average, how much time per week (in minutes) do you typically spend moving or being physically active (for example, walking, doing household chores, exercising, or being active at work)

Data interpretation note: These were free-text comments, so in some cases respondents entered a number (e.g., “5”) without specifying whether it referred to hours, minutes, or another unit. Interpretation should take this ambiguity into account. In addition, it should be noted that despite the use of examples, activity can mean different things to different people. Responses may therefore be subjective, shaped by individual perceptions of what constitutes physical activity and movement.

Summary of responses:

Out of all respondents, 225 provided valid, quantifiable answers. Reported activity levels varied widely, from just a few minutes per week to over 40 hours, with a small number of extreme cases.

- **Median:** 300 minutes per week (5 hours)
- **Middle 50% range:** 60 to 720 minutes per week (1-12 hours)

Some responses indicated no regular physical activity, while others reported high levels through active work, daily walking or regular structured exercise.

Representative quotes

Several comments highlighted barriers such as closure of local leisure facilities, poor health and caring responsibilities.

“I used to walk every day, up until a few years ago. Like many people my age started with joint pain (knee hip) so started swimming. Perfect exercise for the joints. But that was taken away from me by Kirklees. I am now overweight and probably a future drain on the NHS.”

“Since Dewsbury Sports Centre closed I have done virtually no physical exercise. The closure has a significant impact on my mental health. I used the centre daily and didn’t realise the danger I was facing in a building riddled with Reinforced Autoclaved Concrete with a roof that could collapse at any moment. I can’t afford to travel to Cleckheaton to use Spenborough. I could walk to Dewsbury Sports Centre. There are no facilities now within walking distance to my home. The sports centre provided me with a social life, this is now non-existent. My health has suffered and I now regularly attend the hospital, who advised I need to exercise more”

“Not much as I don’t have a local gym any more. My main gym was Dewsbury Sports Centre which was in easy reach. I was very fit and healthy. Travel to Spen is 1 hour there and back with work and children it’s not feasible to travel out of my locality. The classes are held at such times travel to and forth interrupts work and school pick up time”

“I used to go daily to Dewsbury Sport Centre. Now I am walking once a week”

Interpretation:

The large gap between the average and median suggests a skewed distribution: a minority of very active individuals pull up the average, while a significant number of respondents report relatively low activity. Many residents appear to achieve most of their movement through daily life (work, chores, school runs) rather than structured exercise. Health issues, lack of accessible facilities and time pressures are recurring reasons for low activity.

Potential opportunities

The closure or reduction of local facilities appears to have compounded inactivity for some groups, reinforcing the need for accessible, affordable and community-based venues that remove practical barriers to participation. At the same time, tailored interventions are crucial for individuals managing long-term health conditions or caring responsibilities, for whom flexibility, proximity and low-cost opportunities are key to enabling regular activity.

Dewsbury - On a typical day, how much time do you spend sitting or being still (not including sleeping)? (This includes time spent sitting at work, using a computer, watching TV, travelling by car or public transport, or relaxing at home.)

Summary of responses

Of the 282 respondents, the majority reported spending a considerable portion of their day inactive. The most frequently reported durations of sitting or being still were 3-4 hours per day (26.24%) and 5-6 hours per day (21.63%), with substantial proportions also sitting for 7-8 hours (15.96%) or 9 hours or more (15.96%). Shorter durations were less common: 11.70% reported 1-2 hours daily, and just 5.32% sat for less than 1 hour. A further 3.19% were unsure or preferred not to say.

When examined across age, patterns of inactivity reflect both occupational and lifestyle differences, with mid-range sitting durations more common in younger and working-age groups, while extended sitting is more prominent among older adults.

Key statistics

- <1 hour: 5.32%
- 1-2 hours: 11.70%
- 3-4 hours: 26.24%
- 5-6 hours: 21.63%
- 7-8 hours: 15.96%
- 9+ hours: 15.96%
- Unsure/prefer not to say: 3.19%

Interpretation

These findings suggest that sedentary behaviour is common, with a split between mid-range sitting times (3-6 hours) and extended periods (7-9+ hours). This aligns with occupational patterns, commuting, and lifestyle routines-particularly in middle-aged working groups.

Compared with national evidence, respondents here appear slightly less sedentary overall, but a substantial minority still reach high-risk thresholds of 7-9 hours daily. Extended sitting is most concerning in older age bands, where it compounds with age-related health risks. The ethnic profile suggests limited diversity in the sample, which may restrict how far the findings can be generalised to minority groups.

The results echo national data, such as the British Heart Foundation ([2014](#)), which found an average sitting time of 9.5 hours daily among working-age adults and up to 11

hours for older adults. Similarly, Parliamentary health evidence highlights 8-10 hours daily sedentary time for UK adults ([Chasin, 2021](#)).

Potential opportunities

The implications are clear: reducing extended sitting time is a public health priority. Key strategies should include:

- Workplace initiatives: encouraging standing desks, active meetings, and movement breaks.
- Active travel: promoting walking and cycling for commuting where possible.
- Community programmes: accessible walking schemes and light activity opportunities for older adults.
- Public awareness campaigns: highlighting the risks of prolonged sitting and benefits of small movement changes.
- Tailored interventions may be needed across age groups, for example, workplace flexibility for 25-54 year-olds, and community-based schemes for those 65+.

Dewsbury - Where do you spend time being physically active or moving?

(respondents could select multiple options.)

Summary of responses

In Dewsbury, 285 respondents identified one or more locations where they are physically active. The most common setting was at home (57.19%), followed by outdoors in local streets or neighbourhoods (53.68%). Parks or public green spaces (39.65%) and gardens, allotments or private outdoor spaces (37.89%) were also popular. All of which are free-to-use private or public spaces. No other responses received more than 25%.

Key statistics

- At home 57.19%
- Outdoors in local streets or neighbourhoods 53.68%
- Parks or public green space 39.65%
- Gardens, allotments or private outdoor spaces 37.89%
- While travelling e..g cycling or walking 21.75%
- Leisure centre / gym / swimming pool 20.35%
- At work 17.89%
- With a local group or club 14.39%

- Private gym or fitness studio 11.23%
- At a place of worship or community venue 7.37%
- Playgrounds / play areas 7.02%
- Other 5.96%
- At college or university 1.75%
- N/A 4.56%

Other activities reported

Responses in this category (5.96%) covered everyday tasks, community participation, and activities no longer accessible due to local facility closures. Examples included:

- Household chores and shopping (including supermarket shopping, shopping in town, and routine errands)
- Golf
- Community and social groups (including “Outlookers” and other local groups)
- Festivals and local events
- Yoga
- Running and walking off-road
- School run/walking to and from school
- Swimming - mentioned by several respondents, often in the context of no longer being able to swim since Dewsbury Sports Centre/Baths closed

Interpretation

The majority of respondents rely on accessible, everyday environments such as the home, local streets and public green spaces for physical activity. This suggests that convenience, proximity, and low-cost settings are central to maintaining regular activity. Structured or facility-based options like gyms, leisure centres and clubs attract smaller proportions, possibly reflecting barriers such as cost, accessibility, or personal preference for informal activity.

Potential opportunities

Efforts to increase activity levels could be most effective if they focus on enhancing and promoting safe, attractive and accessible local environments for exercise, including streets, parks and home-based resources. There may also be opportunities to address barriers to using leisure facilities and organised activities, potentially through affordability schemes, targeted programmes or outreach. The small percentage who are not currently active may benefit from initiatives that introduce low-threshold, locally accessible ways to begin moving more.

Dewsbury - What types of physical activity or movement do you usually do in a typical week?

This question recognised that being active can mean different things to different people. Activity could include structured exercise like going to the gym or playing sport but also everyday activities such as walking, gardening, household chores, or playing with children. Respondents could select multiple options.

Summary of responses:

Respondents described being active in a wide variety of ways, reflecting both structured exercise and everyday movement. For some, this meant formal activities such as going to the gym, attending fitness classes, swimming or playing organised sports. For others, activity was integrated into daily life through walking, using outdoor spaces, gardening, household chores or playing with children. Many respondents engaged in multiple forms of activity, while a smaller proportion reported doing little or no regular movement. This variety illustrates that physical activity is often shaped by personal preferences, lifestyle patterns and opportunities available in the local area. Respondents could select multiple options.

Key statistics

- Walking, wheelchair, or manual scooter use was the most common activity (61.99%).
- Household chores and active domestic tasks were also frequent (58.67%).
- Gardening or allotment work was reported by nearly one-third of respondents (31.73%).
- About one-quarter engaged in outdoor spaces such as parks/greenways (25.46%) or gym/fitness classes (26.20%).
- More structured activities were less common: running/jogging (13.65%), swimming (13.28%), cycling (11.44%).
- A small minority were inactive, doing less than 30 minutes of activity per week (6.64%).
- Niche activities such as martial arts, climbing, or horse riding were very rare (each <2%).

Other activities reported

- Dog walking
- Tennis
- Short walks
- Walking without aid

- Household chores
- Exercise bike at home
- Daily exercise programme at home
- Online exercise classes
- Gym visits when energy and health allow

Interpretation

The data reflects a broad and inclusive definition of physical activity among Dewsbury respondents, including both structured exercise and everyday movement. The highest participation rates in walking, household chores and gardening highlight the importance of routine, accessible activities that can be easily incorporated into daily life. This suggests that physical activity promotion should value informal, incidental movement as much as formal exercise or sport.

Activities like gym attendance and fitness classes, while still popular, are less common than everyday activities, pointing to diverse preferences. The significant use of outdoor spaces indicates that local environments are important facilitators for activity.

Varied activity types, such as playing with children, running, cycling, yoga and dance demonstrate different interests and physical capacities across the community. This diversity underscores the need for a wide range of options to accommodate different ages, abilities, and preferences.

Potential opportunities

- The findings suggest that physical activity promotion in the area should recognise and support a broad spectrum of activities, placing equal value on everyday movement, such as walking, gardening and household chores, alongside more formal exercise and sport.
- Ensuring continued investment in local outdoor spaces - including parks, greenways and skateparks - will be vital, given their role as key venues for activity.
- At the same time, addressing gaps in provision remains a priority, particularly through the reopening or replacement of Dewsbury Sports Centre, which previously provided important opportunities for swimming and gym-based exercise.
- Inclusive programming is also needed to accommodate residents with health conditions, mobility restrictions or disabilities, while offering a diverse and flexible range of activities tailored to different ages, abilities and interests.

Taken together, these approaches would help reduce barriers, better meet community needs and support sustained increases in physical activity across the population.

When are you more likely to be physically active or move more? (Respondents could tick all that apply.)

Summary of responses

In Dewsbury, physical activity is most commonly undertaken in the mornings and afternoons during both weekdays and weekends. Weekday mornings stand out as the most active period, while weekend activity also shows strong engagement in the mornings and afternoons. Evenings see less overall participation, although they remain important for certain groups already active at that time. A consistent subset of respondents reported low or no activity throughout the week.

Key statistics

- **Weekdays**
 - 168 respondents (78.57%) active in weekday mornings
 - 117 respondents active in weekday evenings
 - 112 respondents active in weekday afternoons
 - Only 14 respondents inactive on weekdays
- **Weekends**
 - 78.57% of weekday morning exercisers also active on weekend mornings
 - 71.43% of weekday afternoon exercisers active on weekend afternoons
 - 64.96% of weekday evening exercisers active on weekend evenings
 - 46.15% of weekday evening exercisers continue activity into weekend evenings
- **Inactivity**
 - 42.86% of those inactive on weekdays also inactive on weekends

Interpretation

The data highlights Dewsbury residents tend to engage in physical activity during the morning and afternoon, both during the week and at weekends. This suggests that people tend to integrate exercise into their daily routines at times that align with work, school, or family schedules.

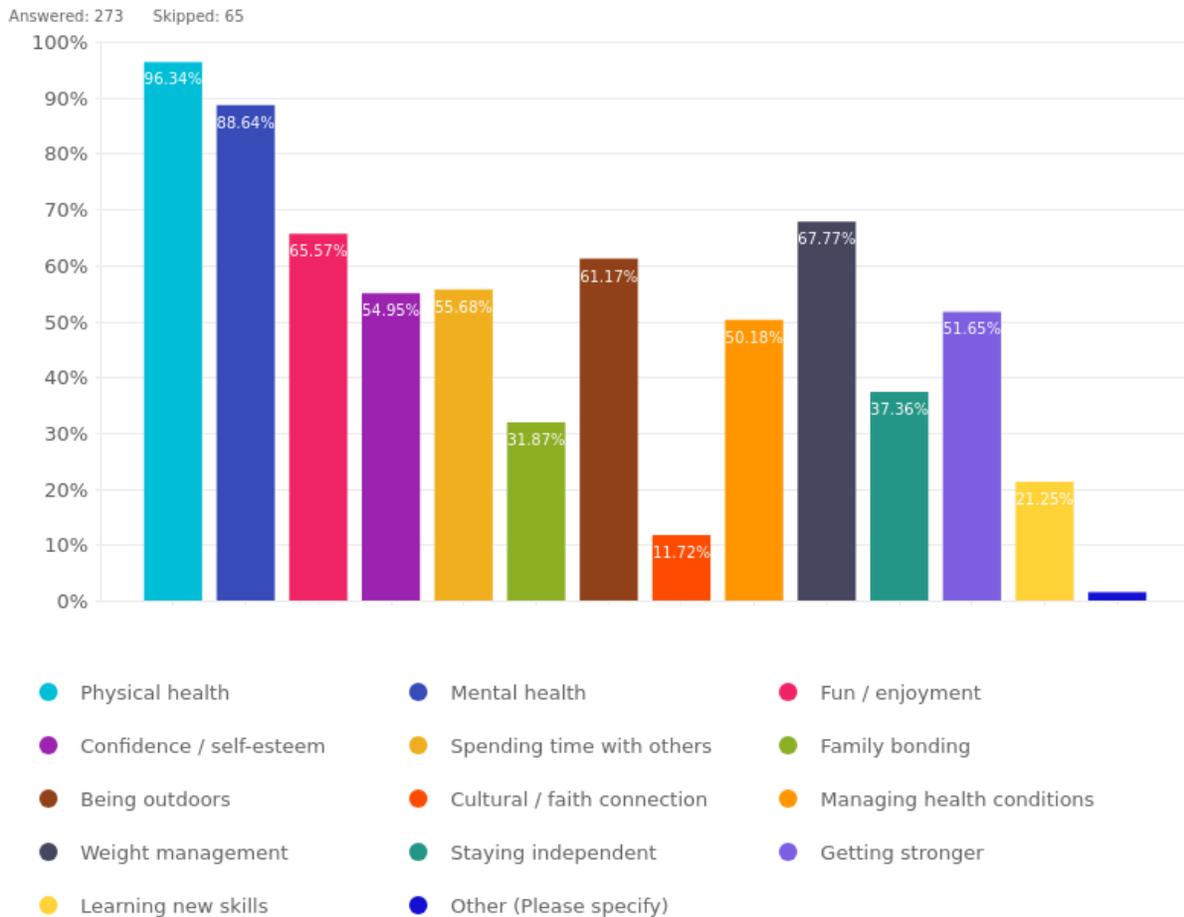
Evenings are less popular, which may relate to the availability of opportunities, or reflect competing commitments or reduced motivation at the end of the day. Evenings are still important for groups who value social or team-based activities. The small group

consistently inactive across the week indicates a segment resistant to current activity opportunities, perhaps due to barriers such as confidence, access, or routine.

Potential opportunities

- To maximise engagement based on preferences from responses, more activity programmes in Dewsbury should be scheduled in the mornings and afternoons, particularly at weekends when availability is greater. Evening-focused initiatives should be designed for those already predisposed to evening activity, such as team sports or social groups.
- Importantly, the consistently inactive group represents a key challenge: initiatives should be low-barrier, welcoming, and routine-based to encourage gradual adoption. Tailoring entry-level opportunities, such as short community walks, family-friendly sessions, or informal drop-in activities, could help integrate this group into regular patterns of physical activity.

What do you feel are the benefits of physical activity and movement? Respondents could select multiple answers.



Summary of responses

A total of 273 respondents identified a wide range of perceived benefits from physical activity. The most commonly cited benefits were:

- Improved physical health (96.34%)
- Better mental health (88.64%)
- Weight management (67.77%)
- Fun and enjoyment: 65.57%
- Spending time outdoors: 61.17%

These were the same 'most selected' benefits as Batley (and across all respondents). Over half of respondents valued other health-related benefits such as strength building (51.65%), and support in managing health conditions (50.18%); or socially-linked

motivators such as increased confidence (54.95%), social interaction (55.68%) and family bonding (31.87%) - reflecting wider responses relating to this element of being active. Less frequently mentioned but still important benefits included independence (37.36%), learning new skills (21.25%) or cultural or faith connections (11.72%).

Summary of 'other' responses

Only 1.47% of respondents selected 'other', but these did highlight aligned benefits that made a difference, such as meeting new people, life-saving health impacts, and routine-building.

Interpretation

The results suggest that physical activity is valued in Dewsbury not just for health benefits but as part of a holistic lifestyle that blends wellbeing, enjoyment, and social connection. The overwhelming recognition of physical (96.34%) and mental health (88.64%) benefits reflects how central activity is to personal health maintenance.

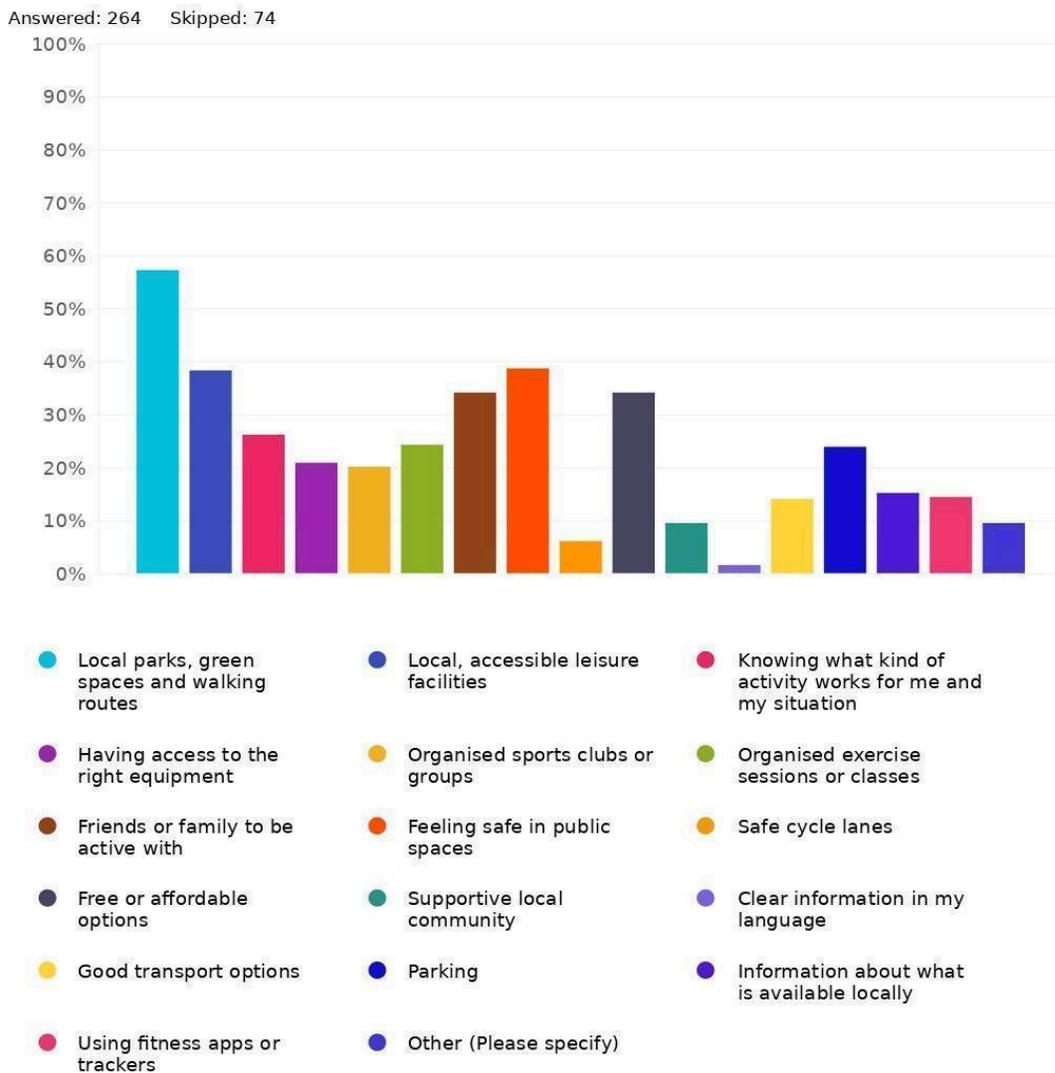
However, the prominence of weight management, fun, and outdoor engagement indicates that residents see exercise as a way to achieve balance, happiness, and quality of life. Social aspects, such as interaction, confidence, and family bonding, underline activity's role in strengthening personal relationships and community cohesion. The smaller categories, like cultural or faith connections, suggest more individualised or niche motivations. Importantly, the open-text "Other" responses show both the life-enhancing role of activity and the real barriers residents face. This dual perspective illustrates the tension between motivation and external constraints.

Potential opportunities

- **Holistic benefits:** Community and public health initiatives should frame physical activity as a multidimensional opportunity that encompasses health, enjoyment, and social belonging. Campaigns should highlight diverse benefits, making them relatable to different groups-for example, independence for older adults, outdoor fun for families, or confidence-building for younger participants.
- **Tackling barriers** is essential: programmes should offer short, convenient activities, affordable entry points, and flexible scheduling to accommodate busy lives. Integrating activity into existing routines, such as pre-work or school sessions, could help mitigate time pressures.
- **Social activity:** Additionally, amplifying the social side of exercise through group formats, buddy schemes, or community events could foster supportive networks that sustain long-term participation.

By recognising both the motivations and challenges highlighted in the data, local initiatives can design more inclusive and impactful activity opportunities.

Dewsbury - What are the most important factors that currently help you to move or be physically active? Respondents could select up to five options.



Summary of responses

A total of 264 respondents identified a variety of factors that support their ability to be physically active. The most commonly cited were access to parks, green spaces and walking routes (57%), followed by feeling safe in public spaces (38.64%) and access to local leisure facilities (38.26%). Social support from friends or family (34%) and affordable or free activity options (34.09%) were also highlighted.

Other enablers included personal awareness of suitable activities (26%), organised sessions or classes (24%), and practical support such as parking availability (24%).

Less frequently mentioned but still relevant were access to equipment, organised sports clubs, transport links, fitness trackers, supportive communities, and multilingual

information. The “Other” responses provided powerful insights, particularly around the loss of Dewsbury Sports Centre, safety concerns, affordability challenges, and the role of informal or home-based activity.

‘Other’ responses

- *"Would be access to a local sports centre if Dewsbury Sports Centre was reopened"*
- *"Loss of Dewsbury Sports Centre has taken away my opportunity to exercise"*
- *"Well-lit and paved streets so I can run safely in the dark winter months"*
- *"Hydrotherapy once a week"*
- *"Bad transport access - sometimes have no option but to walk"*
- *"Access to countryside and public rights of way"*
- *"Women's only sports centres"*
- *"Doesn't feel safe in public spaces"*
- *"We don't have many facilities. Dewsbury Sports Centre has been shut down"*
- *"Segregated facilities for our community"*
- *"Having access to a gym or pool"*

Interpretation

The findings underline that physical activity in Dewsbury is strongly enabled by access to safe, affordable, and well-maintained spaces. Parks, walking routes, and leisure facilities provide the foundation, while social support and affordability act as key motivators. The “Other” responses reveal deeper structural and emotional challenges. The closure of Dewsbury Sports Centre has left many residents feeling disconnected from opportunities.

Affordability and proximity continue to limit participation, alongside barriers like safety concerns, and appropriate facilities / activities available locally. Importantly, residents also highlight the role of informal or home-based activity, such as gardening, dog walking, or housework, demonstrating that activity does not always rely on formal provision. These insights reflect both the strengths of existing supports and the fragility of local infrastructure when key facilities are lost.

Potential opportunities

- To support residents effectively, investment in safe, accessible, and affordable spaces is essential, particularly addressing the loss of Dewsbury Sports Centre, which has had a profound impact on community activity levels. Efforts should

prioritise reopening or replacing key facilities, ensuring they are culturally inclusive and family-friendly.

- Communication must be improved, with clear, accessible information about local opportunities to reduce confusion and increase uptake.
- Addressing affordability through subsidised or low-cost options will help tackle economic barriers. In parallel, community programmes should validate and encourage informal activity, recognising home-based and outdoor pursuits as meaningful contributions to physical wellbeing.
- Enhancing safety in public spaces, providing childcare options, and supporting culturally sensitive provision can further empower diverse groups to engage.

Taken together, these measures could create a more resilient, inclusive, and responsive environment for physical activity in Dewsbury.

sessions being too expensive (21.6%) and cost of transport or parking (15.4%) also frequently cited.

Other notable factors included bad weather and lack of knowledge about what's available (both 17.6%), no lighting after dark and health or disability issues (both 14.6%), and inconvenient opening or session times (12.4%). Social barriers such as no one to go with (12.8%) and not feeling welcome (10.6%) were also mentioned.

Lower reported barriers included cultural or family expectations, low confidence or motivation, and childcare or caring responsibilities. A small portion (8.4%) indicated they are already active, and none reported a lack of desire to be active.

The data highlights that access, safety, and cost are significant obstacles to increasing physical activity, alongside environmental and social factors.

Other factors reported

Respondents provided additional feedback highlighting a lack of access to facilities, increased travel burdens and wider concerns about poor transport links, parking and the condition of outdoor spaces, including:

“Losing Dewsbury sports centre has reduced accessibility. Difficult and costly to go by public transport to other centres.”

“Bad road surfaces and unsafe drivers speeding affect cycling appeal. Horrible overgrown pavements and footpaths make walking problematic”

“Public transport is limited and when parking, the payment process is too complicated since you need a phone”

“Closure of Dewsbury & then Scissett pool has stopped me swimming which I use for managing health issues”

“Local leisure centre closed increasing travel time to the nearest KAL facility”

Interpretation

The findings indicate that structural barriers are the most pressing issues limiting physical activity among respondents. The closure of local facilities is overwhelmingly the most significant concern (reported by over 70%), with residents highlighting that it not only reduces accessibility but also increases travel time, cost and reliance on poor transport links. Safety concerns, such as unsafe spaces, poor road conditions and inadequate lighting, also feature prominently, reflecting a lack of confidence in using local environments for activity.

Cost-related barriers form another strong theme, with expensive memberships, session fees and transport or parking costs all cited as obstacles. These findings point to affordability being as much about ancillary expenses as it is about direct participation fees. Environmental challenges such as bad weather and poor maintenance of outdoor

spaces further reduce opportunities, while social barriers - such as not having someone to go with or feeling unwelcome - underline the importance of inclusive, community-oriented provision.

Although health and disability issues were mentioned, these were less prevalent compared to barriers of access, cost and safety. Notably, no respondents indicated a lack of desire to be active, suggesting that willingness and motivation exist but are being undermined by external circumstances.

Potential opportunities

The findings carry clear implications for local planning and service provision. The closure of key facilities, most notably Dewsbury Sports Centre, has created a significant gap that is forcing residents to travel further, at greater cost, and with limited transport options, ultimately reducing participation. Addressing affordability is equally important, as the data shows that the expense of memberships, sessions and transport continues to act as a barrier. Safety concerns, including poorly maintained roads, inadequate lighting and unsafe outdoor spaces, further highlight the need for improvements to infrastructure that would make everyday environments more conducive to walking, cycling, and other forms of physical activity.

The evidence also points to wider systemic challenges: public transport remains limited, while complex or costly parking arrangements discourage access to facilities for those who rely on cars. At the same time, social barriers - such as lacking someone to go with or feeling unwelcome - indicate that greater attention should be given to inclusion and community-based approaches that foster confidence and belonging. For some, the loss of facilities has had a direct impact on their ability to manage health conditions, underlining the importance of protecting opportunities for therapeutic and preventative activity.

Taken together, these findings suggest that there is both willingness and demand to be active but that participation is constrained by structural, financial and environmental obstacles. To unlock this potential, investment must focus not only on reinstating accessible local facilities but also on making them affordable, safe and welcoming, while ensuring transport and infrastructure support active lifestyles.

Dewsbury - What might make you feel safer when moving or being active?

This question was shown only to respondents who had identified safety as a barrier to being active in the previous survey question. A total of 58 individuals provided free-text responses, offering valuable insight into the specific safety concerns and improvements they believe would help them move more confidently around Dewsbury.

Residents described safety as a major factor influencing their ability to be active, with concerns focusing on poor lighting, antisocial behaviour, and a lack of visible police

presence. Many emphasised the need for safe, well-maintained local facilities, group-based activities to provide social support, and better infrastructure and cleanliness. Some also highlighted gender- and identity-specific safety needs, reinforcing the importance of inclusive and culturally sensitive planning.

Safety priorities identified by respondents

1. Better lighting

Raised by around one-third of respondents, lighting was the single most important factor for feeling safe after dark.

- *“Better lighting on streets. Better upkeep of the greenway.”*
- *“Well-lit parking.”*
- *“More street lighting and closer parking areas.”*
- *“Night lights in my local park.”*

2. Increased police presence and tackling antisocial behaviour

About a quarter of respondents called for visible patrols and action against antisocial groups. Concerns centred on Dewsbury town centre and local parks.

- *“Having police patrolling regularly to move all the drunks, druggies and thieves.”*
- *“More police presence on the streets and less antisocial behaviour.”*
- *“Parks unsafe due to gangs meeting there. Unsociable behaviour.”*
- *“More police/police funding to remove antisocial and criminal behaviour.”*

3. Access to safe and affordable leisure facilities

Over one-fifth wanted improved or reopened leisure centres, swimming pools, gyms, and women-only or disability-friendly sessions.

- *“Easy accessible sports centre and pool in Dewsbury.”*
- *“A safe sports centre in Dewsbury but the town centre needs to be well lit, clean and free from drinkers.”*
- *“Opening up the local leisure centre.”*
- *“Having access to an affordable leisure facility, e.g., swimming baths, nearer to home.”*

4. CCTV and surveillance

Some respondents highlighted the role of surveillance for reassurance and deterrence.

- *“Good lighting. Security cameras. Security personnel.”*
- *“More CCTV cameras in the area.”*

- *“Security cameras and police visibility.”*
- *“More CCTV coverage in public spaces.”*

5. Community and group activities

Being active with others was seen as important for both safety and motivation.

- *“Friends and support.”*
- *“Being with someone else in case I get lightheaded or start to feel unwell.”*
- *“Walking on our local Caulms Wood in a group. I don’t feel safe walking there on my own anymore.”*
- *“Organised groups.”*

6. Improved infrastructure and environment

Some respondents linked safety with better-maintained and accessible infrastructure.

- *“Smoother roads and pavements with no loose or patchy surfaces.”*
- *“Clear footpaths... not having to walk in roads.”*
- *“Cycle path and walking lit route in park.”*
- *“Improved road safety, slower drivers, better surfaces.”*

7. Women and disability friendly spaces

A smaller but significant number called for tailored spaces for women and disabled participants.

- *“Women only sessions for the disabled.”*
- *“Women-led activities that are advertised well.”*
- *“Women friendly spaces.”*

8. Park wardens and safe green spaces

Several respondents asked for wardens or rangers to monitor parks and deter unsafe behaviours.

- *“Facilities nearer within my home town of Dewsbury and park rangers or wardens in public park spaces.”*
- *“Nice safe clean town, park keepers, local police.”*
- *“Having park wardens to make green spaces safer.”*

Summary

With the caveat that this is a limited number of responses, respondents prioritised environmental safety measures (lighting, policing, CCTV) alongside accessible

community facilities (sports centres, group activities, inclusive provision). These findings highlight the need for both physical infrastructure improvements and visible community safety measures to encourage active lifestyles. Addressing these concerns could have a major impact on enabling people to be active and connected in their communities.

Dewsbury - Have you increased or decreased your physical activity or movement over the last year? Respondents could select multiple reasons for changes.

Summary of responses

Respondents were asked to describe changes in their physical activity and the reasons behind them. In Dewsbury, responses painted a clear picture of how external factors (especially the closure of key facilities) have shaped people's engagement in exercise.

While some individuals (24% combined) reported an increase in activity, either a lot (9.63%) or a little (15%), the dominant trend was a decline. Over half of respondents (51%) said their activity had decreased, with almost a third (31%) experiencing a sharp drop. Around a quarter (23%) reported no real change, and only a very small number (1%) were unsure.

Declines were most often linked to the loss of the Dewsbury Sports Centre and swimming facilities, which many cited as their primary place for structured exercise.

Reasons for change interpretation

Increased activity

Although limited, some respondents described increases in activity due to:

1. **Training for a specific goal** - e.g., preparing for a marathon or personal fitness challenge.
2. **Seasonal boosts** - better weather and longer daylight in summer encouraged more outdoor walking and exercise.
3. **Lifestyle changes** - involvement in community or volunteering activities provided additional opportunities to be physically active.

Supporting quotes

"Marathon training"

"In summer I am more active"

"Started helping at a lunch club"

Decreased activity

The majority of respondents pointed to a decline in physical activity, with reasons including:

1. **Closure of Dewsbury Sports Centre and pools** - loss of key local leisure facilities was the most frequent issue.
2. **Accessibility and cost barriers** - alternatives were described as too expensive or not inclusive of those with disabilities.
3. **Health and age-related barriers** - medical conditions, surgeries, and ageing limited physical engagement.
4. **Personal safety and infrastructure concerns** - fears about traffic, crime, and feeling unwelcome reduced outdoor activity.
5. **Caregiving and time constraints** - responsibilities such as caring for relatives, work changes, and childcare reduced available time.

Supporting quotes

- *“Private gyms too expensive”*
- *“Not enough support for partially sighted people”*
- *“Surgery on my back and now needing a hip replacement”*
- *“Getting older”*
- *“Streets don’t feel safe”*
- *“Too much traffic”*
- *“Caring for a partner”*
- *“Collecting grandchildren from school”*

Implications

The data highlights a consistent and concerning trend: despite some individual increases linked to motivation, seasonality, or lifestyle, the closure of Dewsbury Sports Centre has created significant barriers to physical activity.

Residents report frustration with the lack of affordable, accessible, and inclusive alternatives, particularly for swimming and group exercise. Vulnerable groups, including older adults, carers, and those with health conditions are disproportionately affected.

To address this, the community needs:

- Investment in restoring or replacing leisure facilities.

- Support for vulnerable groups to access activity opportunities.
- Safer, more welcoming outdoor spaces and better infrastructure for walking and cycling.

Such actions could reverse the current decline and support long-term community health.

Dewsbury - Cultural, social and community influences on activity

Respondents were asked to indicate how much they agreed (from *strongly disagree* to *strongly agree*) with a series of statements exploring social influences on physical activity, selecting one response option for each statement.

The statements included:

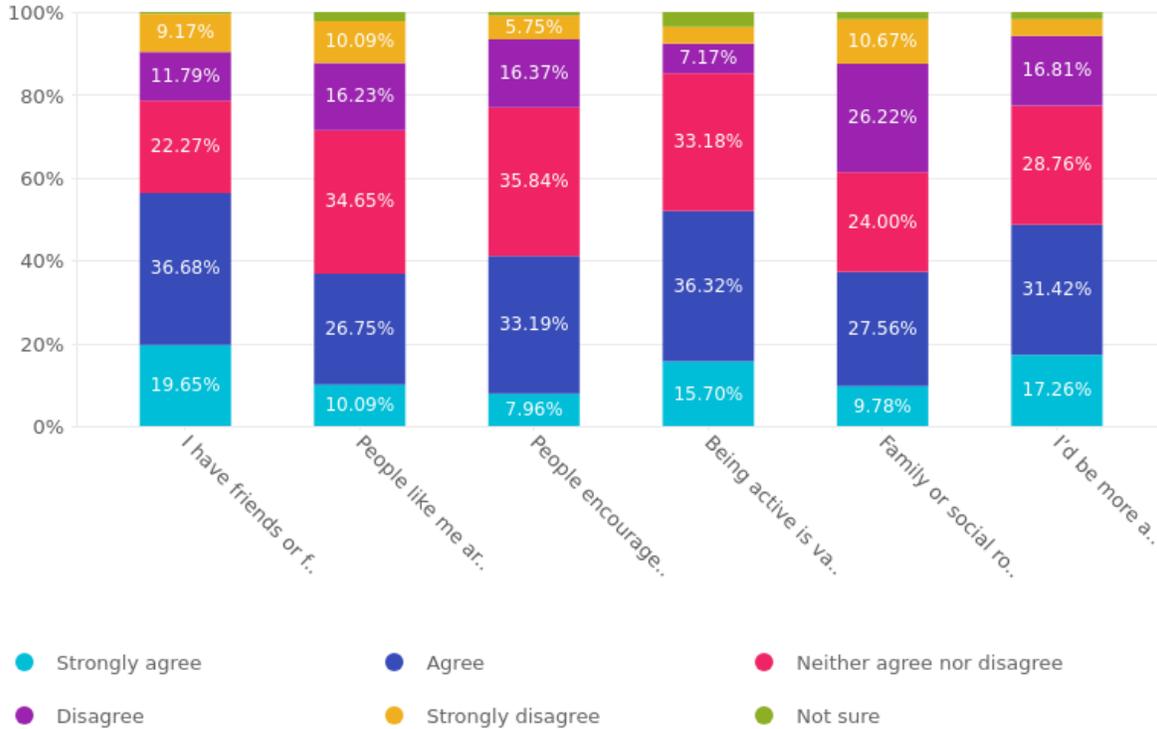
- I have friends or family I can be active with.
- People like me are regularly active.
- People encourage me to be active.
- Being active is valued in my culture.
- Family or social roles limit my time to be active.
- I'd be more active with someone to go with.

The responses give insight into the social and cultural dynamics shaping opportunities for activity, highlighting both enablers (support networks, role modelling) and barriers (time, caregiving, cultural expectations).

How much do you agree with these statements about moving / being active and the people around you?
 (✓ Tick one per row)

Please indicate your level of agreement with the following statements:
 (Select one option per statement)

Answered: 231 Skipped: 3



Row	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not sure	Response count
I have friends or family I can be active with	19.65% (45)	36.68% (84)	22.27% (51)	11.79% (27)	9.17% (21)	0.44% (1)	229
People like me are regularly active	10.09% (23)	26.75% (61)	34.65% (79)	16.23% (37)	10.09% (23)	2.19% (5)	228
People encourage me to be active	7.96% (18)	33.19% (75)	35.84% (81)	16.37% (37)	5.75% (13)	0.88% (2)	226
Being active is valued in my culture	15.70% (35)	36.32% (81)	33.18% (74)	7.17% (16)	4.04% (9)	3.59% (8)	223
Family or social roles limit my time to be active	9.78% (22)	27.56% (62)	24.00% (54)	26.22% (59)	10.67% (24)	1.78% (4)	225
I'd be more active with someone to go with	17.26% (39)	31.42% (71)	28.76% (65)	16.81% (38)	3.98% (9)	1.77% (4)	226

Social and cultural influence on activity

Findings show that social connections play a major role in shaping activity habits. Around a third of respondents identified having friends or family to be active with as an

important factor, while nearly half said they would be more active if they had someone to go with. This demonstrates that companionship is both a current enabler and a key motivator for increased participation.

Perceptions of peer activity and motivation

Fewer than 40 percent of respondents agreed that “people like me are regularly active.” This low perception of peer activity links closely to barriers such as low motivation and confidence, reported by around one in five participants. These findings suggest that a lack of visible role models and limited peer encouragement may dampen people’s belief that activity is something relevant or achievable for them.

Cultural value and community engagement

Nearly half of respondents agreed that being active is valued within their culture, and many highlighted family bonding and community support as benefits of participation. For some, activity is framed less as an individual pursuit and more as a collective experience that strengthens family and community ties. This suggests that cultural framing and family-centred approaches could be effective in encouraging greater engagement.

Time and social role pressures

A large proportion of respondents pointed to family and social responsibilities as barriers to activity. Over a third agreed that these roles limited their time to be active, while a similar proportion disagreed, showing a clear divide. Childcare and work commitments were particularly noted as constraints, indicating that for many working-age adults, competing demands limit the ability to take part in regular exercise.

Interpretation

These findings suggest that social environments and cultural expectations shape both the opportunities and barriers to being active. While there is a clear sense that activity is valued, the lack of visible role models and the perception that peers may not be active could dampen motivation. Family and household responsibilities were described as competing demands that limit time for exercise, particularly among adults of working age. At the same time, the emphasis on companionship shows that physical activity is not only a personal behaviour but also a socially reinforced practice, where encouragement and collective participation can play a crucial motivational role.

Potential opportunities

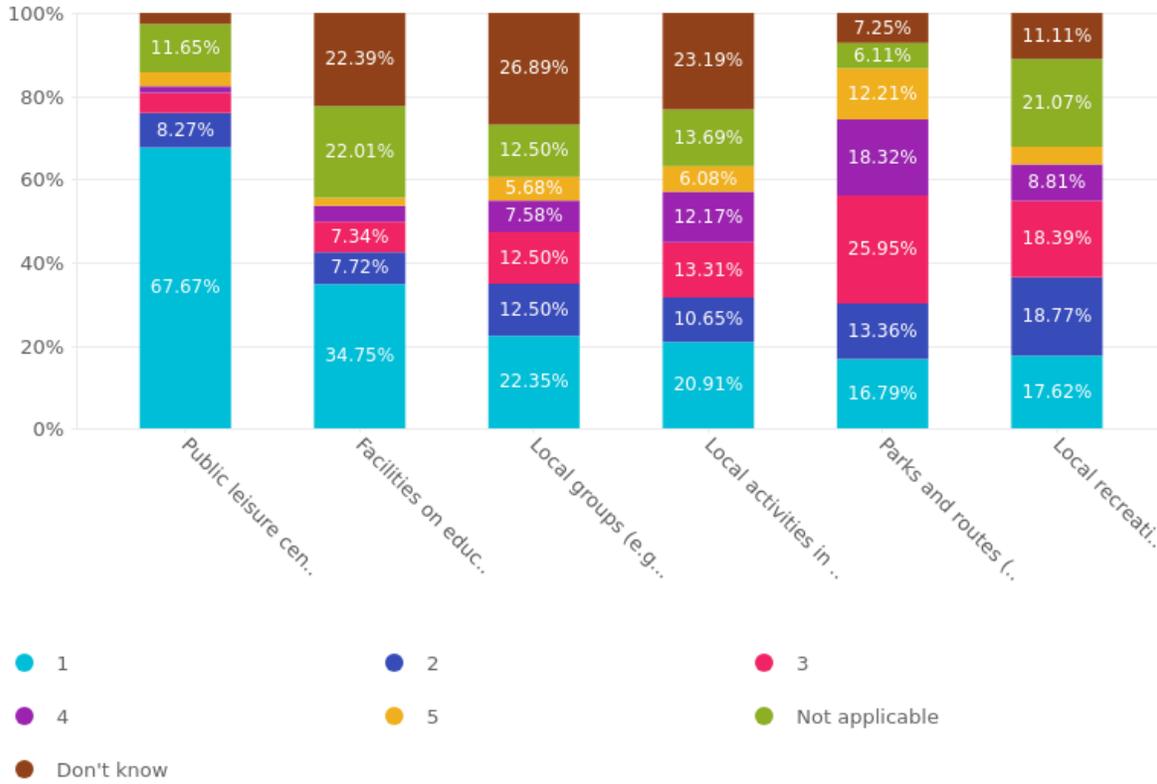
These findings suggest that efforts to increase activity should build on existing social networks and cultural values by creating opportunities for buddy schemes, group activities, and family-based programmes. Increasing the visibility of relatable role models can help shift perceptions of who is active, supporting confidence and motivation. Flexible and accessible activity options, designed to fit around work and

caring roles, are needed to address time pressures. By aligning activity opportunities with social connections, cultural identity, and daily routines, participation can become more sustainable and inclusive.

Dewsbury - How satisfied are you with opportunities for physical activity and movement in your local area?

(Please tick one box per row: 1 = Very dissatisfied, 5 = Very satisfied, N/A = Not available near me)

Answered: 267 Skipped: 71



Row	1	2	3	4	5	Not applicable	Don't know	Response count
Public leisure centres (e.g. Kirklees Active Leisure gyms, swimming pools, sports halls)	67.67% (180)	8.27% (22)	4.89% (13)	1.50% (4)	3.38% (9)	11.65% (31)	2.63% (7)	266
Facilities on education sites (e.g. school or college sports halls)	34.75% (90)	7.72% (20)	7.34% (19)	3.86% (10)	1.93% (5)	22.01% (57)	22.39% (58)	259
Local groups (e.g. walking groups, sports clubs)	22.35% (59)	12.50% (33)	12.50% (33)	7.58% (20)	5.68% (15)	12.50% (33)	26.89% (71)	264
Local activities in independent settings (e.g. private gyms, community clubs)	20.91% (55)	10.65% (28)	13.31% (35)	12.17% (32)	6.08% (16)	13.69% (36)	23.19% (61)	263
Parks and routes (e.g. greenways, nature paths)	16.79% (44)	13.36% (35)	25.95% (68)	18.32% (48)	12.21% (32)	6.11% (16)	7.25% (19)	262
Local recreation / play areas (e.g. playgrounds, skate parks)	17.62% (46)	18.77% (49)	18.39% (48)	8.81% (23)	4.21% (11)	21.07% (55)	11.11% (29)	261

Summary of responses

A total of 267 people responded to this question on satisfaction levels. The highest levels of dissatisfaction were linked to public leisure centres, where 67.67% rated them as very dissatisfied and a further 8.27% as dissatisfied. In addition, 11.65% of respondents reported that such facilities were not applicable to their area at all. Both sets of responses are likely due to recent facility closures.

Other answers did not see the same level of dissatisfaction, although Education site facilities saw 34.75% rating them as very dissatisfied and 7.72% dissatisfied, while a 22.01% indicated that these were not available nearby.

Local groups and activities delivered in independent settings also showed a notable degree of dissatisfaction, though at slightly lower levels. Around 22-21% of respondents rated them as very dissatisfied, while 12.50% and 13.69% respectively reported that these types of provision were unavailable locally.

By contrast, outdoor and community spaces such as parks, routes, and recreation or play areas fared somewhat better. For parks and routes, responses were fairly balanced, with a significant proportion of people selecting neutral, satisfied, or very satisfied, while dissatisfaction was present but less dominant. Local recreation and play areas presented a mixed picture, with 17.62% very dissatisfied and 21.07% reporting that such areas were not available nearby. Outdoor activities overall achieved the highest satisfaction levels, although this finding is likely influenced by seasonal context. The survey was conducted during summer, when warm weather and longer daylight hours naturally encourage outdoor engagement, while the lack of equivalent indoor alternatives may also have boosted responses.

Interpretation

The results point to a clear pattern of dissatisfaction with more formal, structured facilities, particularly leisure centres and education sites. These appear to be the weakest areas, not only because of the high proportion of negative ratings but also because many respondents reported that these facilities were not accessible to them at all. This suggests that availability, rather than quality alone, is a central factor shaping people's responses.

In comparison, outdoor and community-based options, including parks, play areas, and local routes, are viewed more positively. Although dissatisfaction remains evident, these facilities enjoy a more even balance of responses, ranging from neutral to satisfied. The strong showing of outdoor activities, however, needs to be interpreted cautiously, as the summer timing of the survey likely inflated these results. Local groups and independent activities sit somewhere in between, with dissatisfaction present but not as stark as in the case of leisure centres.

Potential opportunities

The findings carry several important implications. First, the high dissatisfaction linked to leisure centres and education facilities may not simply indicate poor quality services but is likely, given contextual evidence elsewhere in this survey and beyond, to be tied to recent closures and reduced provision. Addressing these gaps in access may therefore be as important as improving service standards.

Second, the recurring theme of facilities being “not available nearby” points to a geographical equity issue, where opportunities depend heavily on location. This raises questions about how resources are distributed and whether certain communities are being left behind.

Third, outdoor and community assets such as parks and play areas provide a relatively strong foundation of satisfaction but are vulnerable to seasonal variation. While these spaces are highly valued in summer, their appeal may decline in colder months, underscoring the importance of strengthening year-round options, especially for indoor provision.

Finally, when considering investment priorities, a dual focus seems most appropriate: restoring and expanding access to formal leisure and education facilities, while at the same time maintaining and diversifying outdoor and community spaces so that they continue to support engagement throughout the year.

Accessibility and integration of physical activity and movement spaces with other services in Dewsbury

A clear majority of respondents (74%) said they would be more likely to use spaces for physical activity, such as parks, play areas, transport hubs, or leisure/sports facilities, if other services like shops, healthcare, libraries, cafés, or childcare were located nearby. Only 15% felt it would make no difference, while 11% were unsure.

Cross tabulation showed that people with caring responsibilities were the most likely to say that access to nearby services would encourage them to use activity spaces (81.25%), compared to those without caring responsibilities (68.6%), who were more likely to say no (21.5%). Overall, the data suggests that caring responsibilities are strongly linked to valuing co-location of services with activity spaces.

When asked whether there are any places where opportunities for movement or physical activity are successfully combined with other services, 108 respondents from Dewsbury responded. A strong recurring theme was the importance of Dewsbury Sports Centre as a central hub for integrated activity and services, mentioned positively in over half of the responses, though often with frustration that it has now closed. Most

respondents pointed to a lack of accessible, multi-use spaces, and many noted having no awareness of any suitable locations currently available. Some respondents referred to examples from outside the area, such as Huddersfield, Castleford, Leeds, and even London, highlighting the gap in provision locally.

There were also references to alternative or underutilised community spaces, including churches, libraries, community centres, and parks, but these were often described as limited, inaccessible, or in decline due to underfunding, poor maintenance, or lack of publicity. In addition, a number of respondents raised concerns about personal safety, affordability, and the exclusion of women and marginalised groups from physical activity opportunities.

Key themes and direct quotes

Positive examples (local and regional)

- *“Dewsbury Library Walking Group on Friday at 11am”*
- *“Gym, running club”*
- *“Al Hikmah, Batley... Football”*
- *“Crows Nest Park, facilities for children”*
- *“Huddersfield Kirklees Active Leisure Centre, has a lovely cafe to use”*
- *“Town centre church halls, community centres, but not enough of these”*
- *“Classes by Umbrella Yoga”*
- *“Parks and fields can have more outdoor equipment or a walking track”*

Closure of Dewsbury sports centre (most mentioned theme)

- *“Dewsbury Sports Centre was the ideal hub... accessible for all”*
- *“Closure has had a detrimental effect on activity levels and the economy of the town”*
- *“You closed Dewsbury Sports Centre and forced people to go further afield or give up exercising”*
- *“I used to go there, now I have to travel to Batley which is a 30 minute journey”*
- *“It brought a cohesive membership of locals together, it should be reopened”*
- *“We need our Kirklees Active Leisure centre back. It’s necessary and much needed”*

Frustrations and impact

- *“All good spaces seem to be shut, people have stopped exercising”*
- *“We’re moving to another county. Dewsbury is a sinking ship”*
- *“The town centre is messed up with building works, library might be at risk”*
- *“Facilities are nowhere near first class, you prioritise Huddersfield over everywhere else”*
- *“My daughter had to stop karate, and I had to stop taking her swimming due to the closure”*

Limited or underused community assets

- *“Community centres offer occasional activities but are underused, funding is difficult”*
- *“Hanging Heaton Church Hall has some classes, but I don’t know when”*
- *“Fields and parks could be used more if maintained properly”*

Ideas for improvements

- *“Re-open Dewsbury Sports Centre, especially for badminton and swimming”*
- *“More affordable spaces to compete with private gyms”*
- *“Swimming lessons for adults, especially affordable ones”*
- *“Look after existing parks and footpaths better”*
- *“Facilities need to be welcoming for women and older adults”*

No awareness or limited options

The feedback showed people felt that facilities were not available locally, with closures such as Dewsbury Sports Centre leaving Kirklees with fewer options and residents unaware of alternatives.

Interpretation

The responses from Dewsbury present a clear sense of loss relating to closed facilities and rising frustration among residents. While there is strong support for the concept of integrated physical activity and service spaces, the closure of Dewsbury Sports Centre is cited repeatedly as a significant loss, both practically and emotionally, for the community. It was perceived not just as a gym or pool, but as a social and health hub that served all demographics. The feedback points to many feeling disconnected, or

unable to be active, particularly those reliant on public transport or with specific needs (e.g. women, older people, people with disabilities).

This contrasts sharply with the high desire expressed for co-located services, again indicating a potential mismatch between what communities want and what is currently available.

Potential opportunities

- To meet community needs and expectations in Dewsbury, there is a clear call for reopening or rebuilding Dewsbury Sports Centre as a modern, accessible, multi-purpose wellbeing hub. Such a facility should integrate health services, fitness facilities, cafés, childcare, and social spaces to maximise utility and inclusiveness. Further research and a co-production approach who help to establish clearly the needs and requirements of the population.
- The maintenance and infrastructure of parks, footpaths, and public spaces should be improved to better support everyday movement.
- Existing community centres, libraries, and church halls should be promoted and funded to deliver low-cost physical and social activities, ensuring opportunities are available across the community.
- Efforts must also prioritise safety, affordability, and inclusivity, with particular attention to the needs of women, families, and older adults.

Qualitative feedback on physical activity support

Is there anything else you would like to tell us about what would help you or your family to move more / be more active in Dewsbury?

When invited to share any other thoughts on what would help them or their family to move more and be more active in Kirklees, 201 respondents provided additional feedback. A dominant theme was the closure of Dewsbury Sports Centre and swimming pool, which many described as a major loss for the town and the removal of the only accessible, affordable, and inclusive space for physical activity in the area.

Respondents also emphasised the need for improved maintenance of public spaces, greater access to affordable activities, and more inclusive provision for older people, women, and those with disabilities. Across many comments, there was a tone of frustration and anger, with a strong sense that Dewsbury is being left behind.

Key themes and direct quotes

1. Reopening Dewsbury sports centre and pool

The closure of the Sports Centre and pool dominated responses. Residents repeatedly called for its reopening, or a clear plan for a new, modern facility. Many described its closure as a barrier to activity for themselves and their families.

“I used to go every week with my kids. Since the closure, we’ve done nothing, we can’t afford to travel elsewhere.”

“Dewsbury Leisure Centre was the only place I could get to with my disability. It feels like no one thought about us when they closed it.”

“It’s outrageous that a town the size of Dewsbury has no swimming pool. This is a basic public service.”

“It should be refurbished or rebuilt. We need a proper centre, swimming, gym, classes, sports... for all ages.”

“I now have to travel to Spennings or Huddersfield. I don’t drive and it’s too far and expensive by bus.”

2. Affordable access and financial barriers

High costs - for travel, entry fees, or equipment - were mentioned as a major barrier. Some highlighted rising costs of living, and how free or low-cost options are essential to get people moving.

“Everything is too expensive. The gym, swimming, classes... even the bus to get there.”

“The council keeps closing the affordable places and leaving only private options, that’s not realistic.”

“We need more free or cheap sessions for families and kids, not everyone can afford memberships.”

“Transport is a huge issue. It’s hard enough to afford the activity, let alone the journey.”

“Make it fairer, discounts for people on benefits, carers, people with health conditions.”

3. Maintenance and safety of parks and public spaces

Residents expressed concern about poorly maintained or unsafe green spaces. They asked for better lighting, cleaner environments, repaired pavements and support to tackle fly-tipping and antisocial behaviour.

"I want to walk but the paths are disgusting. Overgrown, uneven, dog mess everywhere."

"Crow Nest Park is great but sometimes it feels unsafe, especially in the evenings."

"It's hard to enjoy nature when you're dodging rubbish and broken glass."

"I fell walking near the precinct, the paving is cracked and it's just not safe for older people."

"The cycle routes are disjointed and not safe. If you want people to be active, they need to feel secure."

"My mum won't go out walking anymore, she's afraid she'll trip or something will happen."

4. Inclusive provision for women, older people, and people with disabilities

There were repeated calls for accessible, culturally sensitive, and age-appropriate provision. Many noted that current offers do not reflect the needs of the local population.

"There's nowhere local offering female-only swimming and I don't feel comfortable in mixed sessions."

"There needs to be provision for people with mobility issues or those who are older and need extra support."

"We need spaces where older adults can exercise with proper supervision, not just gyms for the young."

"I'm disabled and can't get to other centres. Dewsbury was the only place with proper access."

"Activity needs to be inclusive. Think about women, ethnic minorities, older people, not just one size fits all."

5. Better variety and scheduling of activities

Residents wanted a greater range of activities at times that worked for people with jobs, families and health needs.

"Offer more classes after work or at weekends. Not everyone is free in the day."

"We need walking groups, dance classes, gentle exercise, things that aren't just hardcore gym workouts."

"Bring back things like the old walking for health groups, they worked."

"Toddler-friendly sessions, mother-and-baby fitness, yoga for beginners, there's so much that could be offered."

“People want activities they can do without feeling judged or left behind.”

6. Community and social opportunities

Some emphasised the importance of being active as part of a group or social network. People wanted opportunities to connect, support each other and feel motivated.

“When I used to go to the centre, I saw friends and we encouraged each other. Now I stay home.”

“If there were local groups for walking or exercise, I'd feel more confident to join in.”

“It's not just about fitness. It's about community, belonging, and mental health too.”

“People are isolated. Activity should be fun, social, and something to look forward to.”

“Why not use schools and community centres more? They're already in our neighbourhoods.”

Interpretation

The responses from Dewsbury residents highlight intense dissatisfaction with the closure of the town's core leisure facility and a strong desire for it to be reopened or replaced. Financial barriers, poor transport links and a lack of inclusive provision further compound challenges for many residents. The tone across responses suggests a growing frustration and feeling of abandonment, particularly when comparing Dewsbury to other towns like Huddersfield.

Potential opportunities

- Reopening or replacing Dewsbury Sports Centre and swimming pool is a clear priority for local residents, with strong evidence that its absence is limiting physical activity and harming community wellbeing.
- Affordable, culturally inclusive and accessible provision is urgently needed. Improving the safety and maintenance of outdoor spaces, investing in group-based and age-appropriate activity programmes, and supporting travel to activities could help residents re-engage with physical activity.

There is also a need for clearer communication about existing services and new investment in social and community-led options to restore trust and enthusiasm in the town.

Similarities and differences in survey findings for Batley and Dewsbury

The survey findings for Batley and Dewsbury show that while there are many similarities in how residents are active, there are also important differences that reflect the specific contexts of each town.

Patterns of activity

Across both areas, everyday activity in informal settings is more prevalent than over structured exercise in formal facilities. Home, local streets, parks, and gardens are consistently the most common activity locations.

In Batley, 52% of respondents reported being active at home compared with 57.2% in Dewsbury, while 48.8% in Batley and 53.7% in Dewsbury were active in their local streets or neighbourhoods.

- Parks and green spaces were used by 37.4% of Batley respondents and 39.7% of Dewsbury respondents, showing a high level of similarity. Gardens and allotments were slightly more popular in Dewsbury (37.9%) than in Batley (33.3%).
- Active travel - walking or cycling as a means of transport - was notably higher in Dewsbury at 21.8%, compared with 13.8% in Batley, indicating a stronger culture of integrating movement into travel in Dewsbury.
- In contrast, leisure centre, gym, or swimming pool use was virtually identical, with 20.3% in Batley and 20.4% in Dewsbury, where both areas reported the loss of local facilities as a major concern.

When residents are active

The timing of physical activity is similar in both towns, with weekday mornings being the most active time. However, Dewsbury's morning participation is particularly strong, with 78.6% reporting morning activity on weekdays, alongside a strong showing for weekend afternoons.

Batley also records morning as the most active time on weekdays and weekends but has a more even distribution into evening slots during the week.

The main types of activities undertaken relate predominantly to walking and household or daily tasks. These findings suggest that embedding around daily life and using morning-first scheduling for community programmes would be effective in both towns, with Dewsbury perhaps benefiting from an additional emphasis on afternoon and weekend sessions.

Motivations and benefits of activity

Perceptions of benefits of physical activity are broadly aligned across the two towns, with physical and mental health being the top motivators in both. In Batley, 91.4% cited physical health and 86.2% mental health as reasons to be active. In Dewsbury, these figures were slightly higher at 96.3% and 88.6% respectively.

Being outdoors, having fun, and managing weight also ranked highly in both areas, though Dewsbury respondents more frequently mentioned social connection (55.7%) compared with Batley's "spending time with others" at 46.6%. Weight management was also a stronger motivator in Dewsbury (67.8%) than in Batley (62.9%).

These patterns suggest that while health benefits are a universally strong message, Dewsbury residents may respond particularly well to programmes emphasising social interaction and weight management, whereas Batley audiences are equally motivated by enjoyment and outdoor experiences.

Enablers of physical activity

The top enablers of physical activity show a high degree of consistency between the towns. In both, access to parks, green spaces and safe walking routes is the leading factor - 52.7% in Batley and 57.2% in Dewsbury.

Affordability is important in both, with 40.9% in Batley and 34.1% in Dewsbury citing free or low-cost opportunities as helping to support being active.

Safety is a stronger theme in Batley (47.3%) than in Dewsbury (38.6%), reflecting perhaps a greater or more urgent perceived need for environmental improvements in Batley.

Dewsbury's list of top enablers also includes having friends or family to be active with (34.1%), highlighting a stronger role for social support (as stated earlier). Local leisure facilities feature for both, but are more prominent in Dewsbury's top five (38.3%) compared with Batley (30.9%).

Barriers to participation

Barriers to being active differ more sharply between the two areas. In Batley, the most common barrier is the lack of local facilities (52.2%), followed by high membership costs (36.5%), inconvenient timings (31.3%), unsafe spaces (30.4%) and the cost of individual sessions (29.6%). Other notable issues include lack of information about what is available (28.7%) and poor lighting (23.5%).

In Dewsbury, the absence of local facilities was even more pronounced, with 70.7% of respondents identifying this as the biggest barrier. Other frequently cited obstacles

included unsafe spaces (31.5%), membership or club subscriptions being too expensive (23.4%), the cost of individual sessions (21.6%) and transport or parking costs (15.4%). Environmental and informational barriers also featured, such as bad weather and lack of knowledge about what is available (both 17.6%), poor lighting (14.7%) and inconvenient timings (12.5%). Social and personal challenges, including having no one to go with (12.8%), not feeling welcome (10.6%) and health or disability issues (14.7%), were also raised, though at lower levels.

While cost, safety and accessibility are shared concerns across both towns, the closure of Dewsbury Sports Centre has had a particularly significant impact. Beyond reducing opportunities to swim, use the gym and join group activities, it has disrupted established routines, increased travel costs, reduced inclusivity and weakened the social connections that physical activity often provides. This concentrated sense of loss has left residents repeatedly calling for the reopening or replacement of the facility.

Potential opportunities for each town

In practical terms, Batley would benefit from a broad-based response that addresses facility availability, cost, safety, scheduling and awareness of opportunities.

Improvements to local lighting, clear signposting of activities and maintaining high-quality green routes would be beneficial.

Dewsbury's priorities are more focused and urgent: replacing or reopening the Sports Centre, providing low-cost and inclusive options (including women-only and older adult activities), improving outdoor safety and maintenance and strengthening social and buddy-based programmes. Given Dewsbury's higher active travel rates, there is also scope to expand walking and cycling routes as a key part of its physical activity infrastructure.

Summary of similarities and differences

Batley and Dewsbury share a strong reliance on everyday movement in informal spaces and a preference for morning activity, underpinned by similar motivations around health and enjoyment. Both benefit from access to green spaces and affordable options.

However, Dewsbury stands out for its higher active travel participation, stronger social motivation and the acute barrier posed by the loss of its main leisure facility. Batley's challenges are more evenly spread across cost, safety and information gaps, whereas Dewsbury's are concentrated around facility access and the knock-on effects of the leisure centre closure. These differences underline the need for tailored approaches that address shared priorities while responding to the unique circumstances of each community.

Survey findings across Kirklees

Across Kirklees, a total of 998 residents responded to the survey. Residents consistently emphasised that while physical activity is valued for both health and social wellbeing, participation is shaped less by individual choice and more by structural barriers. Cost, transport, and safety concerns limit access for many, particularly those on low incomes or with caring responsibilities. Cultural background also plays an important role, with strong calls for women-only sessions, trusted venues, and activities that respect religious commitments. Social connection emerges as a vital motivator, with people seeking opportunities to be active with family, friends, and within community hubs. Taken together, the findings underline that affordable, inclusive, and culturally sensitive opportunities, embedded in safe and accessible local spaces, are essential to enabling more residents to move well and thrive.

Structure

The findings are presented under the following themes, each of which highlights a different aspect of how residents experience and engage with physical activity and movement:

- Summary of respondent engagement, demographic profile and population context
- Types, frequency and settings of physical activity and movement
- Patterns of physical activity/movement and inactivity
- Motivators and enablers of movement
- Barriers to participation in physical activity and movement
- Environmental factors influencing physical activity: Access, safety, and satisfaction
- Cultural, social and community influences on activity
- Awareness and communication preferences
- Changes in activity over the last year and reasons
- Accessibility and integration of physical activity and movement spaces with other services
- Qualitative feedback on physical activity and movement support
- Community insights

Demographic profile of Kirklees respondents

Survey respondents came from across Kirklees, with the largest share from Dewsbury (36.8%) and Batley (15.8%), together comprising over half the sample (52%). Notable contributions also came from Mirfield (14%) and Huddersfield (11.3%), while smaller percentages came from other parts of the borough. 4.1% lived outside Kirklees but remained connected through work or family. Overall, 73% of responses were from the north of the borough, indicating a successful targeted approach of these areas. This limited geographic spread may affect generalisability to the entire borough's diverse urban and rural profile.

In terms of age, the largest respondent groups were those aged 45-54 and 55-64, with strong representation also from older groups (65-74 and 75+). Younger adults (18-24) were underrepresented except within certain ethnic subgroups.

In terms of ethnicity, of those who selected to respond, 68.8% identified as White British, 11.5% as Indian, and 6.1% as Pakistani, with smaller numbers in other categories. [According to the 2021 Census](#), the ethnic breakdown for Kirklees was 70.5% White British, 5.2% Indian, and 12.6% Pakistani. While the survey's ethnic mix broadly aligns with the borough-wide distribution, Indian respondents appear somewhat over-represented, whereas Pakistani respondents are under-represented. It should be noted that with a large proportion of respondents skipping this question entirely, the actual response profile may be quite different.

Regarding language, English was the predominant home language, but bilingualism was high among South Asian respondents: 62% of Indian-origin respondents spoke Gujarati (alongside 96% English) and 22% Urdu; among Pakistani-origin respondents, 48% used Urdu and 43% Punjabi (alongside 86% English).

The survey results showed that 34% of respondents reported having a disability or long term health condition. Among those identifying as disabled, the most common condition was one that limited physical activity (48%), followed by long-standing psychological or mental health conditions (19%) and long-term illnesses such as cancer or HIV (11%). Smaller proportions reported deafness or severe hearing impairment (7%), blindness or severe visual impairment (5%), and learning difficulties (4%). A further 24% specified other conditions not listed, while 7% preferred not to say.

Approximately 18% of respondents could be classified as living in low income households (5% under £10,000 per year, 13% under £20,000). This is likely below the level of low income households in Kirklees, with indicative supporting data showing 23% of residents are economically inactive ([ONS, 2024](#)) and 30% of children living in families with absolute low income ([Kirklees, 2024](#)). It should be noted that 32% of respondents to this question selected 'Prefer not to say'.

Overall, the survey responses reflect Kirklees's landscape well, but the inherent sampling biases should be noted in relation to the interpretation of findings and associated recommendations. For further details, see the Technical Report.

Physical activity patterns by age group across Kirklees

Summary of responses

Across all age groups, the number of physically active days in the past week varied, with the highest single category overall being 7 days of activity, followed closely by 4-6 days of activity. However, a notable proportion in some age groups reported 0-2 days of physical activity.

Key statistics

- Most active group: Those aged 75 and over had the highest proportion doing physical activity 7 days a week (38%), followed closely by the 65-74 group (35%).
- Young adult activity: In the 18-24 group, 28% reported 7 active days, but 24% reported only 6 days, and none reported 0 days.
- Low activity levels: The 35-44 group had the highest proportion of respondents with 0 days of activity (17%), followed by 45-54 (13%).
- Moderate activity patterns: The 55-64 group showed a relatively even spread across 3-6 days of activity, suggesting a balance between regular and occasional exercise.
- Minimal inactivity in older groups: Only small proportions of those aged 65+ reported 0 days of activity (6-9%).

Interpretation

The data reveals an interesting trend: while younger and middle-aged adults show a more mixed distribution of activity levels, older respondents, particularly those aged 65 and above, report high proportions of daily activity. This may reflect lifestyle factors such as retirement allowing more time for walking, gardening, or light exercise, or potentially health-motivated routines in older age.

Implications

- Targeted health promotion: Midlife adults may benefit from workplace-based, family friendly or time-efficient physical activity initiatives to address inactivity.
- Sustaining older adult activity: The high daily activity among older respondents suggests that local services should continue to support age-friendly spaces and community exercise programmes to maintain these habits.

- Preventative health planning: Encouraging regular activity in younger adults could help establish long-term habits that reduce inactivity in middle age.
- Data nuance: Some reported 7 days of activity may represent light movement rather than vigorous exercise, so programme design should consider intensity as well as frequency.

Across Kirklees - On average, how much time per week (in minutes) do you typically spend moving or being physically active (for example, walking, doing household chores, exercising, or being active at work)

Data interpretation note: These were free-text comments, so in some cases respondents entered a number (e.g., “5”) without specifying whether it referred to hours, minutes, or another unit. Interpretation should take this ambiguity into account. In addition, it should be noted that despite the use of examples, activity can mean different things to different people. Responses may therefore be subjective, shaped by individual perceptions of what constitutes physical activity and movement.

Summary of responses

In total 717 people answered the question about weekly physical activity. Responses varied widely: some gave clear figures in minutes or hours, others described daily routines, and a few used narrative explanations or step counts. A small number of extreme outliers were also present, such as reports of more than 20,000 minutes per week, which appeared to be misinterpretations.

Median and Middle Range

- **Median:** 240 minutes per week (≈4 hours)
- **Middle 50% range (interquartile):** 120 to 495 minutes per week (≈2-8 hours)

This indicates that while some participants recorded very high levels of activity, the majority reported a more modest level between 2-8 hours per week.

Representative quotes

- *“Walk to work five times a week, a 50 minute walk each time. I work 9 hours a day, mostly on my feet all day. Cleaning the house once a week takes about an hour.”*
- *“It would average 7 hours a day, 7 days a week.”*
- *“Since Dewsbury Sports Centre closed I have done virtually no physical exercise. The closure has a significant impact on my mental health.”*

Interpretation

The data showed that most respondents reported a weekly activity level in the low-to-moderate range, centred around 4 hours per week. Narrative responses demonstrated that some participants struggled with the survey format, offering lifestyle descriptions rather than numerical estimates. This highlighted both the variation in how people conceptualised “activity” and the limitations of the survey wording.

Implications

The closure of facilities such as the Dewsbury Sports Centre was repeatedly mentioned as a barrier, with some participants linking this to deteriorating health and wellbeing. The findings suggest that local infrastructure and access to exercise opportunities directly influenced activity levels, particularly among those with limited mobility or resources. At a policy level, the data underscored the need for accessible, affordable community facilities to support consistent physical activity.

Across Kirklees - On a typical day, how much time do you spend sitting or being still (not including sleeping)?

Summary of responses, aligned to age profile

A total of 787 respondents answered the question on daily sitting or still time, with 230 skipping it. The most common reported duration was 3-4 hours (28.21%), followed by 5-6 hours (22%), 7-8 hours (15%), and 9 hours or more (17%). A smaller proportion reported 1-2 hours (11%) and very few spent less than 1 hour per day sitting.

When viewed alongside the age profile from earlier data, the results suggest that sedentary time is spread across all age groups, but older adults - who had high levels of physical activity - may also be spending significant time sitting, possibly due to more leisure or rest time.

Key statistics

- Lowest sedentary group: Only 0.76% reported sitting for less than 30 minutes per day, suggesting that almost all respondents have substantial sedentary periods.
- Short sitting times: 1-2 hours of sitting was most common in younger adults (18-24) and some 25-34 respondents, aligning with higher daily activity patterns seen in the earlier age-activity data.
- Moderate sitting times: 3-6 hours per day was common across middle-aged groups (35-64), which may reflect work-based sitting combined with moderate physical activity.

- High sedentary time: 9+ hours per day was reported by 16.65% overall, more common among older adults (65+) and some working-age individuals in sedentary occupations.
- Potential overlap: Some respondents reporting high sitting time also reported high physical activity earlier, indicating that sitting time alone is not always a reliable marker of inactivity.

Interpretation

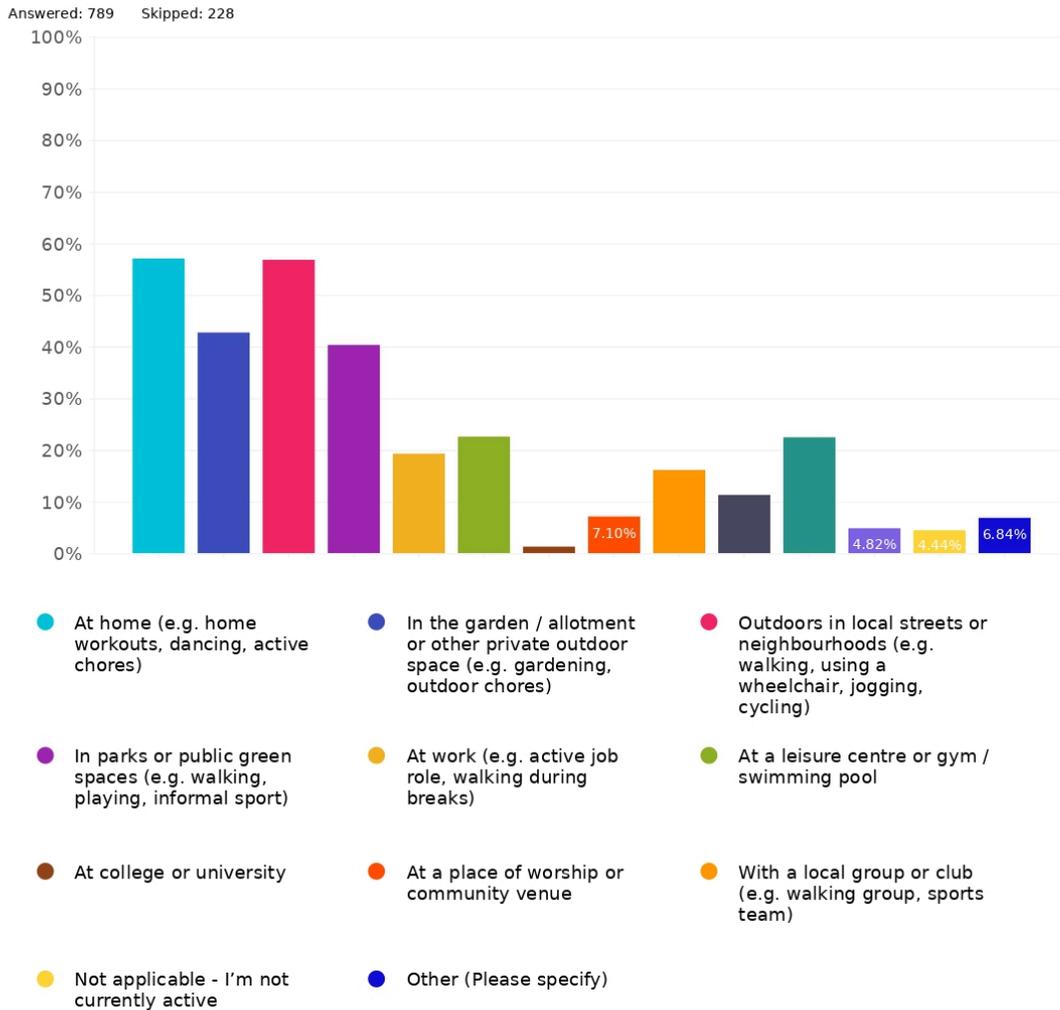
The distribution shows that while most respondents are not sitting for extreme durations, a substantial portion, around one in three, sit for more than 7 hours daily. This aligns with national trends, where occupational sitting and leisure screen time are major contributors to sedentary behaviour ([Public Health England, 2022](#)).

The age profile adds nuance: younger adults tend to have shorter sitting times and higher activity levels, while middle-aged respondents often balance moderate sitting with moderate activity. Older adults show a split - many report high daily activity but also extended periods of sitting, possibly reflecting structured exercise alongside longer rest periods.

Implications

- Workplace interventions: For middle-aged and working-age adults, reducing prolonged sitting at work (e.g., standing desks, active breaks) could improve health outcomes.
- Dual-focus for older adults: Programmes for older people should encourage light movement throughout the day, even when high-intensity activity is maintained, to limit long sedentary spells.
- Public messaging: Health promotion should address both increasing activity and reducing sitting time, as they are independent risk factors for chronic disease.
- Monitoring risk groups: Those in the 9+ hours category may be at elevated risk of cardiovascular and metabolic issues, even if meeting activity guidelines.

Across Kirklees - Where do you spend time being physically active or moving?



Summary of responses

A total of 789 respondents answered this question. The most common locations for physical activity were:

- At home (57%)
- Outdoors in local streets or neighbourhoods (56%)
- In the garden or allotment (42%)
- In parks or public green spaces (40%)

Lower participation was seen in more structured or organised settings, such as private gyms (11.28%), with a local group or club (16%), and at work (19%). Only 1.27%

reported being active at college or university, reflecting the small proportion of younger adults in the sample.

Key statistics

- **Home-based activity** was the most common, cutting across all age and ethnic groups. This aligns with older adults (65+) and those with high activity days in earlier data, who may prefer accessible and familiar spaces for exercise.
- **Outdoor neighbourhood activity** was also high, suggesting walking remains a key form of movement across the population.
- **Parks and public green spaces** were used by around two in five respondents, but some “Other” comments highlighted concerns over safety and accessibility, particularly in areas with speeding traffic or anti-social behaviour.
- **Ethnicity link:** South Asian groups (especially Asian: Indian and Asian: Pakistani) previously showed strong representation in middle-aged categories (35-54) with moderate-high activity levels; their cultural and family commitments may contribute to higher home- and garden-based activity rather than structured fitness spaces.
- **Age link:** Younger adults (18-34) in earlier activity data were more represented in gym, group, or club activities, while older adults relied more on walking, gardening, and home routines.
- **Transport-based activity** (22%) suggests that active travel is relatively common, though perhaps underdeveloped as a wider public health strategy.

“Other”

The following themes are ranked in order of prominence, based on frequency and emphasis in the responses.

1. Shopping as physical activity

Shopping (often weekly or at supermarkets) was one of the most common forms of activity.

- *“Shopping once a week”*
- *“Supermarket shopping”*
- *“Shopping in supermarket or walking into GP”*
- *“Household chores and shopping”*

2. Walking & everyday travel

Walking featured heavily, whether linked to family routines, dog walking, or general errands.

- *“Walking to and from school with my son”*
- *“School run”*
- *“Walking dog”*
- *“Sometimes wood until you start to feel unsafe with some of the people that roam around these places not safe dog walking nowadays why not have park wardens walking around”*

3. Loss of local facilities

Several highlighted that closures (particularly of Dewsbury Sports Centre) had reduced their activity.

- *“Used to use Dewsbury Sports Centre but my activity has reduced since its closure”*
- *“Hardly do anything now Dewsbury Baths is closed”*
- *“I used to go swimming at the sports centre but haven’t been able to since it closed”*

4. Outdoor and nature-based activity

Natural and open spaces remain important for activity, though safety was a concern for some.

- *“Country walks”*
- *“On the moors”*
- *“Woodland and footpath walking”*
- *“On public footpath network”*
- *“Local fields, not on the streets, are not safe or pleasant due to speeding cars. Not parks as again don’t feel safe”*
- *“Calder and Hebble Navigation.”*

5. Community & group activities

Community-led and social activities play a key role, particularly for older or socially connected respondents.

- *“RVS chair exercises”*
- *“Dance classes in a studio run by a local charity”*
- *“Well-Being groups”*
- *“Luncheon club”*
- *“Community groups”*

- *“Volunteering”*

6. Sports and recreational activities

A smaller group noted specific sports and leisure pursuits.

- *“At a local sports Club (cricket)”*
- *“Yoga club”*
- *“Dance studio”*
- *“Playing golf”*
- *“Kayaking”*
- *“Park run”*
- *“Local privately owned football complex”*

7. Domestic & care activities

Household and caring responsibilities were often described as the main way people stay active.

- *“I do housework and play with my grandson”*
- *“Looking after outdoor animals at home address: goats and birds of prey”*

8. Health & specialist settings

Some mentioned activity tied to health and wellbeing services.

- *“Hydrotherapy pool”*
- *“Hospital”*
- *“Outlookers”* (visual impairment support group)

9. Events and social activities

Festivals and clubs were mentioned occasionally as active spaces.

- *“Festivals”*
- *“Clubs”*
- *“Town”*

Interpretation

The dominance of home and local outdoor environments as activity spaces reflects both accessibility and preference for informal exercise. For older adults, who in earlier data reported both high daily activity and higher sitting times, these spaces may be key to maintaining independence and mobility. Middle-aged respondents, who showed more

variation in activity days, might benefit from more diverse opportunities that fit around work schedules.

Cultural preferences and local infrastructure appear to shape choices. The reliance on home and garden activity in some ethnic groups could indicate both cultural norms around family-based exercise and limited access to culturally appropriate public facilities. Safety concerns raised in the “Other” comments suggest that some potential spaces (e.g., parks, streets) are underused despite their availability, reducing opportunities for spontaneous activity.

Potential opportunities

- **Infrastructure and safety:** Improving perceived and actual safety in public green spaces could encourage more outdoor activity, especially among women and older adults.
- **Cultural tailoring:** For ethnically diverse communities, culturally sensitive programming in parks, leisure centres, and group settings could help broaden participation beyond the home.
- **Active travel promotion:** Moderate uptake of walking / cycling instead of driving presents an opportunity for transport and public health sectors to collaborate.
- **Support for informal activity:** Since home and garden activities are central to many, public health messaging should recognise and encourage these as valid forms of exercise, while promoting variety for better health outcomes.

Across Kirklees - What types of physical activity or movement do you usually do in a typical week?

This question recognised that being active can mean different things to different people. Activity could include structured exercise like going to the gym or playing sport, but also everyday activities such as walking, gardening, household chores, or playing with children. Respondents could select multiple options.

Summary of responses

A total of 748 respondents answered this question. The most frequently reported activity types were:

- Walking (65.64%)
- Household chores or active tasks (62%)
- Gardening or allotment work (37%)
- Going to the gym or fitness classes (25%)

- Running or jogging (15.64%) and swimming (15%) were the next most common structured activities.

Less common activities included team sports (8.95%), cycling (10%), and dancing (8%), with very low representation for niche activities like martial arts, climbing, or ice skating. It is worth noting that there is no permanent ice rink in Kirklees, which could be the reason for reduced engagement in this activity.

Key statistics

- **Walking as a universal activity:** Consistent with earlier results on *where* people are active, walking dominates as the most common movement form, cutting across all ages and ethnicities.
- **Home-based activity:** Household chores and gardening together make up a large proportion, particularly among older age groups (65+), who also reported high daily activity in the age-movement data.
- **Structured exercise:** Gym and fitness classes were most popular among younger adults (18-34) and some middle-aged groups, aligning with earlier findings that younger respondents were more likely to use gyms or organised clubs.
- **Ethnicity link:** In earlier data, Asian: Indian and Asian: Pakistani respondents often reported home and garden as key activity spaces, which is reflected here in the high prevalence of household and gardening activities rather than gym or team sport participation.
- **Low-intensity vs. high-intensity patterns:** A significant number of respondents in “Other” notes indicated that their activity may not meet moderate-intensity thresholds, echoing possible over-reporting of “activity” in frequency-based questions.

Interpretation

The dominance of walking and household/gardening tasks suggests that informal, lifestyle-based activities are the primary way residents maintain movement. This pattern is especially pronounced among older adults, who often pair these with fewer high-intensity exercise types. For middle-aged respondents, moderate levels of structured activity appear, but occupational and domestic responsibilities may limit time for organised sport or gym use.

Ethnicity patterns seen earlier, where South Asian groups leaned towards home-based and local outdoor activity are consistent here, with limited representation in sports, cycling, or active leisure facilities. Comments about the closure of Dewsbury Sports

Centre highlight the role of local infrastructure in enabling certain activities, particularly swimming.

Potential opportunities

- **Infrastructure support:** The closure of leisure facilities may disproportionately affect structured activity participation, especially for swimming. Local provision could help maintain variety in activity types.
- **Cultural and accessibility tailoring:** Programmes aimed at increasing participation in structured or group exercise should consider cultural preferences, gender norms, and accessibility issues for different ethnic groups.
- **Intensity awareness:** Public health messaging should help residents understand the difference between light and moderate-to-vigorous activity, ensuring that household and walking activities are complemented with higher-intensity options where possible.
- **Age-specific strategies:** For older adults, support for safe walking routes, accessible gardening spaces, and low-impact classes could reinforce existing habits. For younger adults, accessible gym and sport opportunities could help maintain lifelong activity.

Across Kirklees - When are you more likely to be physically active or move more? (Respondents could tick all that apply.)

Summary of responses

Mornings are the most consistent time for physical activity for Kirklees residents, with participation peaking at 62.9% on weekdays and 68.1% at weekends. On weekdays, activity drops in the afternoon (41.7%) but recovers slightly in the evening (44%), while at weekends it stays higher into the afternoon (53.8%) before falling sharply in the evening (19.9%). Overall inactivity is low, just 4.0% on weekdays and 6.6% at weekends, showing that most people find opportunities to stay active, though timing varies by day and context.

Key statistics

Weekdays:

- Weekday mornings: 62.9% active - the peak activity period
- Weekday afternoons: 41.7% active - activity drops off after the morning
- Weekday evenings: 44% active - a slight recovery compared with the afternoon dip

- Not usually active on weekdays: 4.0% - very few remain inactive overall

Weekends:

- Weekend mornings: 68.1% active - the strongest activity period overall
- Weekend afternoons: 53.8% active - activity remains relatively high into the afternoon
- Weekend evenings: 19.9% active - a sharp drop compared with daytime activity
- Not usually active on weekends: 6.6% - a small minority remain inactive overall

Interpretation

These patterns suggest that mornings are the most consistent time for physical activity, with weekends showing particularly strong engagement. The weekday afternoon dip may reflect work or other commitments limiting available time, while the modest evening recovery indicates some people make space for activity after these responsibilities. At weekends, activity sustains longer into the afternoon, but the sharp evening decline points to a shift in priorities toward rest or social activities, or a lack of opportunities.

Overall, the low proportion of respondents who reported being inactive highlights that most people are finding opportunities to be active, though the timing of this activity varies by day and context.

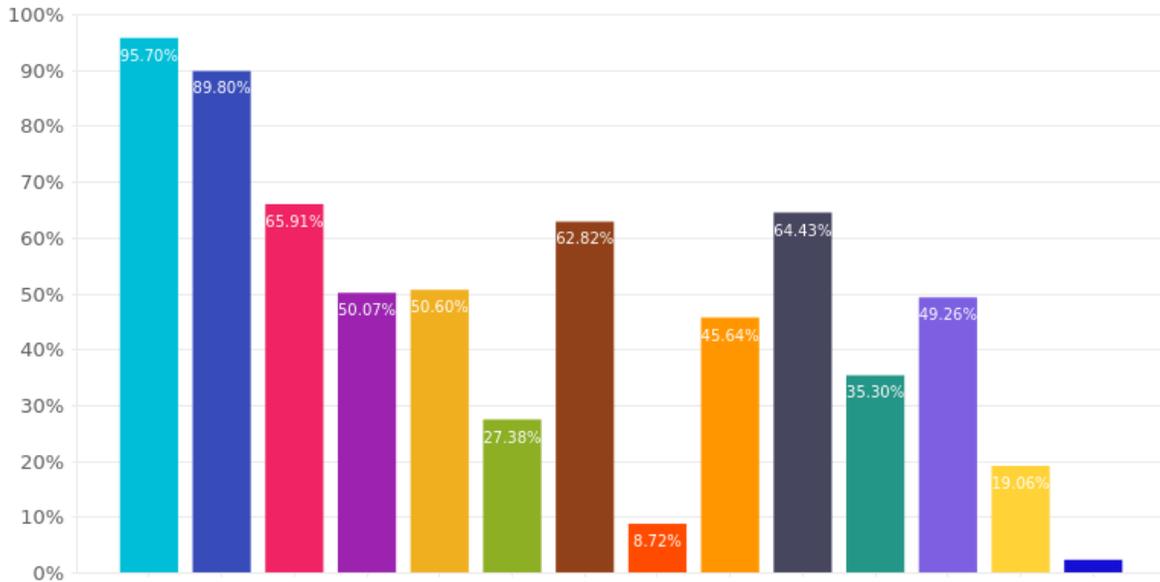
Potential opportunities

- Programme scheduling: Keep and expand early-morning weekend activity options to reinforce weekday routines.
- Targeting less active groups: Offer time-efficient, flexible weekday options for those who currently only engage at weekends.
- Evening engagement: Explore social or family-oriented weekend evening activities to boost participation.
- Cultural and demographic tailoring: Align activity timing with the needs of South Asian communities and older adults, as earlier age-ethnicity data showed different peak activity periods.

Across Kirklees - What do you feel are the benefits of physical activity and movement? Respondents could select multiple answers.

What do you feel are the benefits of physical activity and movement?
 (✓ Tick all that apply)

Answered: 745 Skipped: 272



- Physical health
- Mental health
- Fun / enjoyment
- Confidence / self-esteem
- Spending time with others
- Family bonding
- Being outdoors
- Cultural / faith connection
- Managing health conditions
- Weight management
- Staying independent
- Getting stronger
- Learning new skills
- Other (Please specify)

Summary of responses

A total of 745 respondents identified perceived benefits of physical activity and movement.

The most frequently cited benefits were:

- Physical health (96%)
- Mental health (90%)
- Fun / enjoyment (66%)
- Weight management (64%)
- Being outdoors (63%)

Social and personal development benefits were also recognised, with Confidence / self-esteem (50%), Spending time with others (50.60%), and Getting stronger (49%) all noted by roughly half of respondents.

Key statistics

- Top health benefits: Physical health (96%) and mental health (90%) dominate, indicating strong awareness of activity's role in overall wellbeing.
- Enjoyment factor: Two-thirds (66%) view activity as a source of fun and enjoyment.
- Outdoor connection: 63% value being outdoors as part of their activity routine.
- Social aspects: Around half report benefits in spending time with others (50.60%) and improved confidence/self-esteem (50%).
- Condition management: 45.64% identify activity as important for managing health conditions, while 35.30% highlight maintaining independence.
- Lower recognition: Learning new skills (19%) and cultural/faith connection (8.72%) were the least selected.

“Other”

Respondents also provided personal reflections on activity benefits, which give richer context to the statistics:

- *"Weight management"*
- *"Meeting with more people"*
- *"Spending time outside in nature"*
- *"Meeting people whilst out of the house"*
- *"Saves lives and prevents one from poor health. Swimming early in the morning before work is a positive start to the rest of the day."*
- *"Chatting with friends while walking"*
- *"Maintaining physical status"*
- *"Achievement when growing crops"*
- *"Meditating/creative thinking while exercising"*
- *"Work requirements"*
- *"Prevent poor health in older age. Prevention from other illness"*
- *"Sense of community and support"*
- *"Social skills"*

- *"Legs need physical activity. Lack of movement = lack of use"*
- *"Due to economic impacts workload is very high and limiting"*

These comments highlight both personal motivations and environmental barriers, highlighting the need for a multifaceted approach to activity promotion.

Interpretation

The findings suggest that Kirklees residents recognise both the physical and mental health benefits of movement, with strong emphasis on health protection and enjoyment. The high value placed on outdoor activity aligns with earlier data showing significant use of home, gardens, and local outdoor spaces for activity.

Social and confidence-related benefits are recognised by half of respondents, indicating opportunities to promote group-based activities that combine physical and social engagement. However, the lower mention of cultural or faith connections could indicate a gap in culturally tailored activity opportunities, particularly for ethnic minority groups identified in earlier ethnicity-activity data.

Potential opportunities

- **Health messaging:** Public campaigns can confidently build on existing awareness of health benefits, reinforcing both physical and mental wellbeing outcomes.
- **Social activity promotion:** Programmes that emphasise fun, enjoyment, and social interaction may attract and retain respondents, particularly those less motivated by health alone.
- **Outdoor environment investment:** The strong association between activity and being outdoors supports continued investment in safe, accessible outdoor spaces.
- **Cultural programming:** Opportunities exist to integrate cultural and faith-based elements into physical activity initiatives to better engage underrepresented groups.

Across Kirklees - What are the most important factors that currently help you to move or be physically active?

Summary of responses

A total of 725 respondents identified factors that help them be active, with 292 skipping the question.

The most frequently selected factors were:

- Local parks, green spaces and walking routes (58.3%)
- Feeling safe in public spaces (41.2%)
- Free or affordable options (37.9%)
- Local, accessible leisure facilities (36.69%)
- Knowing what kind of activity works for me and my situation (33.66%)

Social elements such as Friends or family to be active with (31.03%) and Organised exercise sessions or classes (24.41%) were also commonly cited.

Key statistics

- Environment matters: Access to local parks, green spaces, and walking routes is the single most important factor (58.34%), highlighting the role of outdoor infrastructure.
- Safety as a key enabler: 41.24% selected “feeling safe in public spaces,” underlining the link between perceptions of safety and willingness to be active.
- Affordability: 37.93% value free or low-cost options, showing that cost is a significant barrier for some,
- Facilities & knowledge: Over a third selected “local, accessible leisure facilities” (36.69%), and a similar proportion value “knowing what kind of activity works” (33.66%), suggesting that both infrastructure and personal understanding influence participation.
- Lower importance areas: “Clear information in my language” (1.38%), “Supportive local community” (8.83%), and “Safe cycle lanes” (7.45%) were least selected overall.

Other (direct quotes)

Respondents provided a range of additional enablers and contextual points, including barriers that highlight areas for intervention:

- *"Would be access to a local sports centre if Dewsbury Sports Centre was reopened"*
- *"Communication is poor regarding availability of information on activities available in Dewsbury. Having the autonomy to be active."*
- *"Well-lit and paved streets so I can run safely in the dark winter months"*
- *"Bad transport access - I sometimes have no other option but to walk, despite it feeling less safe, as public transport has failed me, makes me walk quicker"*
- *"Access to countryside and public rights of way"*

- *"Walking groups but restricted due to overgrown pavements"*
- *"Doesn't feel safe in public spaces"*
- *"We don't have many facilities. Dewsbury Sports Centre has been shut down"*
- *"A lot of these would be important and help me if I could afford them"*
- *"From home, able to walk along traffic-free paths"*
- *"Swimming but not any more Batley closed"*
- *"Chair exercises"*
- *"Having access to a gym or pool"*

These responses reinforce earlier themes, particularly the importance of local facility access, safety and public infrastructure, while also noting personal motivators such as routine, equipment and supportive environments.

Interpretation

Kirklees residents' ability to stay active is strongly tied to the availability, accessibility, and safety of local spaces and facilities. The prominence of affordability suggests that cost-sensitive options should be a priority in programme design.

Social connection is also a driver, with a third of respondents citing the importance of friends or family for motivation, though structured groups and clubs rank lower, which aligns with earlier findings that home-based and informal outdoor activity are more common than organised sport.

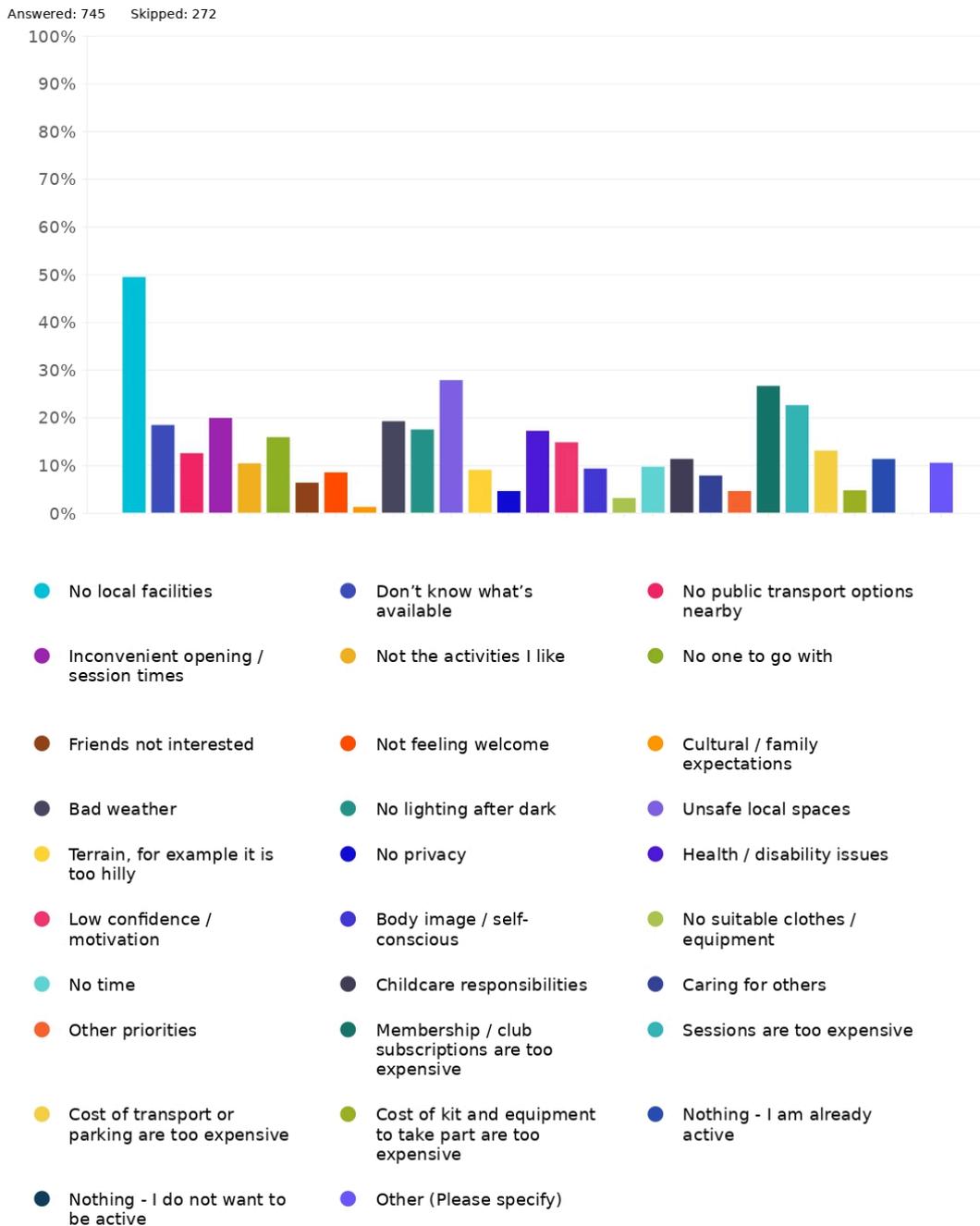
The low ranking for "Clear information in my language" could reflect the predominantly English-speaking respondent base, but given earlier ethnicity data showing diverse communities, this may also signal underrepresentation of non-English-speaking residents in the survey sample.

Potential opportunities

- **Invest in public spaces:** Maintain and improve parks, walking routes, and green spaces to meet the needs of the largest proportion of residents.
- **Enhance safety:** Address safety concerns to encourage wider and more frequent use of public spaces, particularly for women, older adults, and families.
- **Ensure affordability:** Keep activity options low-cost or free to remove financial barriers, especially for households on lower incomes.
- **Facility access:** Support efforts to maintain leisure centres as accessible community resources, as closures (such as in Dewsbury Sports Centre) may influence residents' opportunities to be active.

- **Inclusive communication:** While not widely reported as a current need, ensuring clear, accessible, and multilingual information could help engage underrepresented communities.

Across Kirklees - Factors affecting ability or motivation to move more or be more active



Summary of responses

A total of 765 respondents identified barriers to being active, with 272 skipping the question.

The most common barriers were:

- No local facilities (49.48%)
- Unsuitable local spaces (27.39%)
- Membership / class subscriptions too expensive (26.54%)
- Bad weather (18.69%)
- Inconvenient opening/session times (18.07%)

Other notable barriers included no public transport options nearby (12.48%), health/disability issues (11.38%), low confidence/motivation (14.77%), and childcare responsibilities (11.38%).

Key statistics

- Facility access is critical: Nearly half (49.48%) cited lack of local facilities as a key barrier - the single highest factor - echoing repeated concerns about leisure centre closures in other survey questions.
- Environment-related issues: Over a quarter (27.39%) reported unsuitable local spaces, and 18.69% cited bad weather as a barrier.
- Financial constraints: 26.54% highlighted membership or class costs as too expensive, 12.62% mentioned transport or parking costs, and 4.07% cited cost of equipment.
- Transport gaps: 12.48% lack nearby public transport options, potentially limiting access to facilities even when they exist.
- Social and personal barriers: 15.84% said they had no one to go with, 14.77% reported low confidence/motivation, and 4.59% mentioned privacy concerns.

Interpretation

For Kirklees residents, the ability to be active is heavily dependent on local availability, affordability, and accessibility of facilities and spaces. The absence of leisure centres - particularly Dewsbury Sports Centre - appears to have a cascading effect, reducing access to structured exercise, swimming, and social activity.

Environmental issues such as unsafe or unsuitable public spaces, poor maintenance, and seasonal weather conditions limit outdoor activity, particularly for walking and cycling. Financial pressures - from membership fees to transport costs - add further barriers, especially for lower-income households.

Social factors, including lack of companionship for activities and low self-confidence, also play a role, especially for those less inclined to join structured sessions alone.

Potential opportunities

- **Reinvestment in facilities:** Restoring or replacing closed sports centres could have a direct, positive impact on activity levels.
- **Improve public space quality:** Address maintenance, lighting, and safety in outdoor areas to encourage walking, cycling, and informal recreation.
- **Affordable access schemes:** Subsidised memberships, pay-as-you-go options, and reduced transport costs could remove major financial barriers.
- **Transport improvements:** Better public transport links to leisure facilities could expand access, particularly in more rural parts of Kirklees.
- **Social engagement strategies:** Group-based programmes, buddy schemes, and community events could help address motivation and confidence issues.

Other (direct quotes)

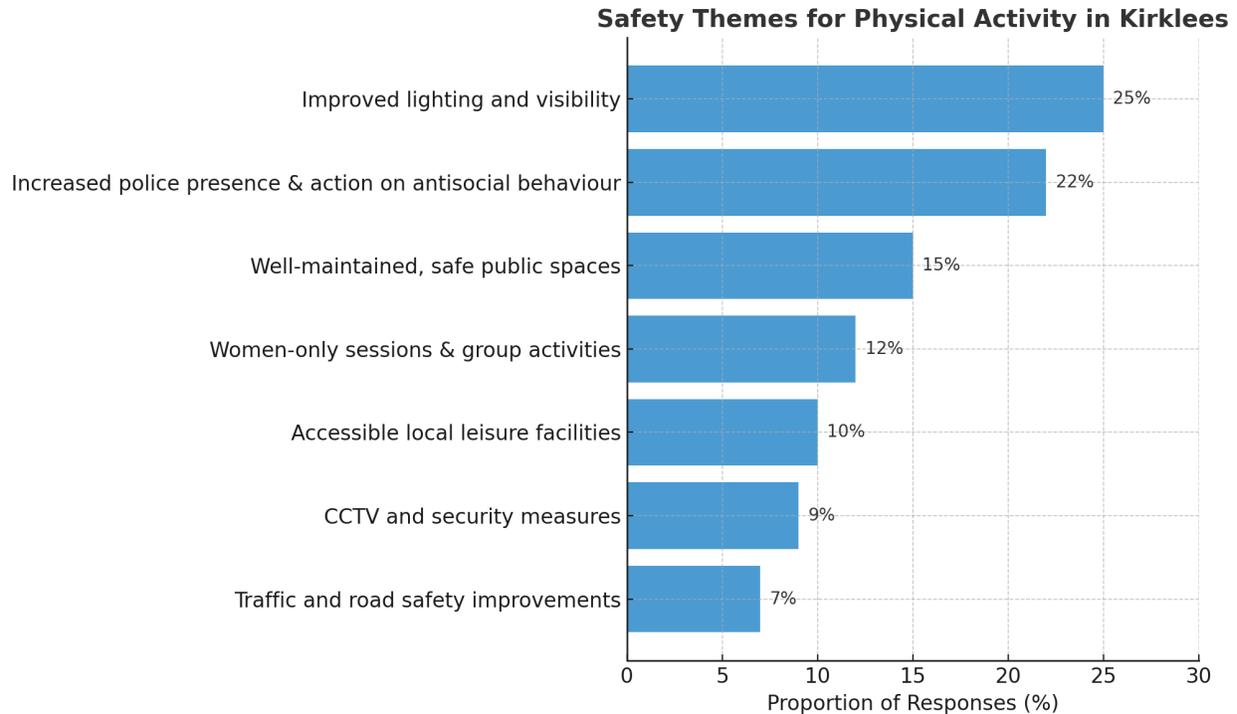
Many respondents expanded on their barriers, adding important context. Themes include leisure centre closures, safety, transport, and accessibility:

- *"Lack of local sports centre"*
- *"Swimming pool closures have restricted my opportunities"*
- *"Unsafe walking and cycling routes"*
- *"Badly lit and paved streets so I can't walk after dark"*
- *"Cost of gym and swimming pool too high"*
- *"No public transport to the nearest facility"*
- *"Facilities for people with disabilities not accessible"*
- *"Unsafe pavements due to overgrown grass and dog mess"*
- *"Cost of parking at leisure centres puts me off"*
- *"Not enough safe cycle lanes"*
- *"Need more outdoor spaces for children and families"*

These statements reinforce the statistical findings, showing that for many residents the barriers are a combination of physical infrastructure limitations, cost, and safety concerns.

Across Kirklees - What might make you feel more safe when moving or being active?

This question was posed only to those who had identified safety as a concern in the preceding question. Of the total survey respondents, 128 provided a response while 889 skipped it, suggesting that safety may not be a predominant concern for the majority. The diagram below, together with supporting quotes, illustrates the key issues raised by those for whom safety is important.



Key themes and quotes

1. Improved lighting and visibility

Improved street and park lighting was the most repeated request, with residents linking visibility directly to feeling safe during evenings and winter months.

Illustrative quotes:

- *"Better lighting on streets. Better upkeep of the greenway."*
- *"More lighting on walking routes in the local area, more police presence in rural areas."*
- *"Well lit streets and well-paved, safe pavements."*
- *"Better lighting at night. Women-friendly spaces."*
- *"Lighting, CCTV."*
- *"Lights in parks at night. Always need to be aware of people around you."*

- *"Better lit areas, people not parking on pavement making me walk on the road."*

2. Police presence and action on anti-social behaviour

Respondents repeatedly called for more visible policing, regular patrols, and stronger action against crime, anti-social behaviour, and intimidation.

Illustrative quotes:

- *"More police presence on the streets and less anti-social behaviour."*
- *"Police presence to clear antisocial behaviour."*
- *"Having police patrolling regularly to move all the drunks, druggies and thieves."*
- *"Deal with anti-social behaviour such as drunk and drugged up people on the streets and people carrying knives."*
- *"Parks unsafe due to gangs meeting there. Unsociable behaviour."*
- *"More police patrols."*
- *"Park patrols."*
- *"More police funding to remove antisocial and criminal behaviour."*

3. Well-maintained, safe and public spaces

Many linked safety to the physical condition and management of spaces, including parks, pavements, and public routes.

Illustrative quotes:

- *"Smoother roads and pavements with no loose or patchy surfaces, litter or detritus."*
- *"Walkways being maintained e.g., paths through Wilton Park Woods. Park rangers employed, better lighting."*
- *"Clear footpaths, not overgrown, well lit."*
- *"Improved road safety, more tarmac greenways, better road surfaces."*
- *"Uneven footpaths. Unmaintained parks."*
- *"Safe local area."*
- *"A nice safe clean town, park keepers, local police."*

4. Women-only sessions and group activities

Women's safety was a strong theme, with calls for women-only spaces, sessions, and the security of exercising in groups.

Illustrative quotes:

- *"Women-only activities."*
- *"Having a safe area of women and no men."*
- *"Women-led activities that are advertised well."*
- *"Ladies only groups for people with health conditions/disabilities."*
- *"Being in a group."*
- *"A group to walk with."*
- *"Feel safer when out with others, especially on dark nights."*

5. Accessible local facilities

Proximity to facilities was tied to safety, short journeys reduce exposure to unsafe streets, and leisure centres provide secure, supervised spaces.

Illustrative quotes:

- *"Easy accessible sports centre and pool in Dewsbury."*
- *"Opening up the local leisure centre."*
- *"Having a sports centre to attend."*
- *"Reopening Dewsbury Sports Centre."*
- *"Facilities nearer within my home town of Dewsbury and park rangers."*
- *"Having access to an affordable leisure facility nearer to home."*

6. CCTV and security measures

CCTV, security staff, and visible wardens were seen as deterrents and reassurance for safe activity.

Illustrative quotes:

- *"Good lighting, CCTV."*
- *"More CCTV cameras in the area and the local authorities should regularly patrol."*
- *"Security cameras and police visibility."*
- *"Having more security at local parks (may deter tragic events like the recent murder at Crow Nest)."*
- *"Lighting and safe spaces with qualified staff on site."*

7. Traffic and road safety improvements

Concerns included drivers blocking pavements, lack of safe cycle lanes and poor road conditions.

Illustrative quotes:

- *"Decent network of safe cycling lanes separated by actual barriers from the cars like they have in Europe."*
- *"Less cars being parked on pavements."*
- *"Action to stop cars parking where they block pavements."*
- *"Improved road safety, slower drivers, better road surfaces."*
- *"Cycle path and walking lit route in park."*
- *"Clear pavements so I don't have to walk in roads."*

Across Kirklees - Changes in activity levels and reasons for change

Activity change overview

Out of 740 respondents, just over a quarter (27.4%) reported that their activity levels had stayed the same over the past year. However, more people experienced a decline than an increase. A total of 43.4% reported becoming less active (24.3% by a lot, 19% by a little), while 28.2% reported becoming more active (9.6% by a lot, 18.6% by a little). Only 1% were unsure. Overall, this reflects a net decline in activity, with decreases outweighing increases by roughly 15 percentage points.

Increases in activity

Of those reporting an increase in activity, these positive changes were often intentional and tied to lifestyle choices or life transitions. Many cited starting structured training programmes, joining clubs, or increasing walking after getting a dog. Retirement was also a common factor, allowing people more time to prioritise activity. Some increases were health-related, with recovery and rehabilitation programmes providing opportunities to build activity back into daily life. Overall, these increases tended to reflect proactive decisions or new opportunities that encouraged participation.

Decreases in activity

Unlike increases, decreases in activity were typically linked to external and limiting circumstances. Health issues such as illness, injury, or disability were common, as were the impacts of facility closures - with repeated references to the loss of Dewsbury Sports Centre. Financial pressures also played a role, with activity and travel costs making participation harder. Other limiting factors included unsafe or poorly lit outdoor

environments, seasonal changes such as weather and daylight hours and competing responsibilities such as work and caring duties. Together, these barriers highlight how structural and environmental constraints have a stronger influence on decreases than personal choice.

Reasons for change

Among the 527 people who provided reasons, health-related issues were the most common driver of change, accounting for 40.99% of responses. These worked in both directions, reducing activity in cases of illness or injury while enabling increases through rehabilitation or recovery. Access to facilities or outdoor spaces was cited by 29.41%, reinforcing concerns about local closures and broader safety issues. Cost pressures were mentioned by 17.66% in relation to both activity and travel, aligning with earlier findings where nearly 38% of respondents valued free or affordable options. Motivation and confidence influenced 20.49%, reflecting similar themes in earlier barrier data. Time availability (17.66%) and caring or work responsibilities (12.50%) also constrained activity, particularly among midlife adults, while weather and seasonal conditions (8.92%) were tied to safety concerns such as poor lighting and unsafe routes during darker months.

Illustrative quotes

- *"Closure of Dewsbury Sports Centre after using it for 27 years."*
- *"Bought a dog."*
- *"I am getting fitter and enjoying it so much I keep trying to squeeze more in."*
- *"No swimming pool in my locality."*
- *"Increase due to high cholesterol and anxiety; decrease due to anxiety and money."*
- *"Lost local swimming pool."*
- *"Walking instead of driving due to fuel prices."*

Interpretation

The findings suggest that structural issues such as facility closures, affordability, and environmental safety are as influential as personal health and motivation in shaping activity levels. Where increases occurred, they tended to be the result of intentional choices or life-stage changes, often framed as positive and enabling. By contrast, decreases were far more likely to reflect barriers outside of people's control, including lack of access, financial strain, and environmental constraints. These patterns mirror earlier findings on barriers and safety concerns, reinforcing the conclusion that the same underlying issues are driving both real and perceived changes in activity.

Potential opportunities

- Reinvest in facilities: replacing lost leisure centres to restore access and safe spaces.
- Targeted health pathways: adapted activity for those with illness, injury, or disability.
- Affordability strategies: reduced-price memberships and subsidised travel.
- Confidence and motivation programmes: buddy schemes, group activity, culturally tailored sessions.
- Seasonal resilience: ensure indoor, well-lit, and accessible spaces are available in winter months.

Across Kirklees - Cultural, social and community influences on activity

Respondents were asked to indicate how much they agreed (from *strongly disagree* to *strongly agree*) with a series of statements exploring social influences on physical activity, selecting one response option for each statement.

The statements included:

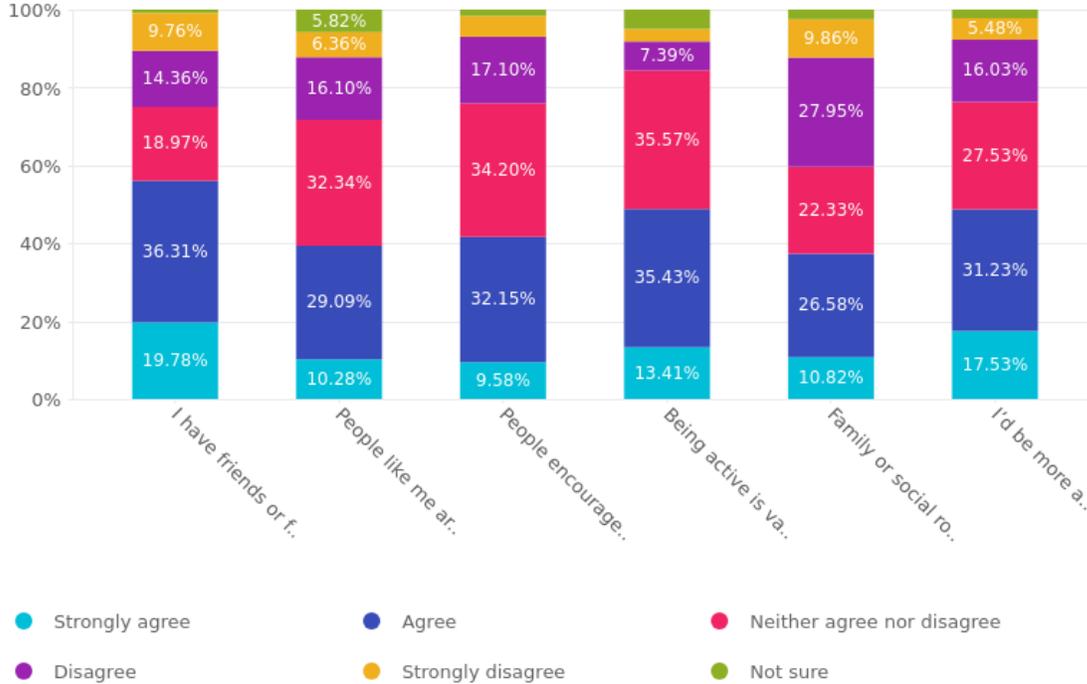
- I have friends or family I can be active with.
- People like me are regularly active.
- People encourage me to be active.
- Being active is valued in my culture.
- Family or social roles limit my time to be active.
- I'd be more active with someone to go with.

The responses give insight into the social and cultural dynamics shaping opportunities for activity, highlighting both enablers (support networks, role modelling) and barriers (time, caregiving, cultural expectations).

How much do you agree with these statements about moving / being active and the people around you?
 (✓ Tick one per row)

Please indicate your level of agreement with the following statements:
 (Select one option per statement)

Answered: 746 Skipped: 271



Row	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not sure	Response count
I have friends or family I can be active with	19.78% (146)	36.31% (268)	18.97% (140)	14.36% (106)	9.76% (72)	0.81% (6)	738
People like me are regularly active	10.28% (76)	29.09% (215)	32.34% (239)	16.10% (119)	6.36% (47)	5.82% (43)	739
People encourage me to be active	9.58% (70)	32.15% (235)	34.20% (250)	17.10% (125)	5.34% (39)	1.64% (12)	731
Being active is valued in my culture	13.41% (98)	35.43% (259)	35.57% (260)	7.39% (54)	3.28% (24)	4.92% (36)	731
Family or social roles limit my time to be active	10.82% (79)	26.58% (194)	22.33% (163)	27.95% (204)	9.86% (72)	2.47% (18)	730
I'd be more active with someone to go with	17.53% (128)	31.23% (228)	27.53% (201)	16.03% (117)	5.48% (40)	2.19% (16)	730

Social and cultural influences on activity

Earlier data showed that 31.01% of respondents identified having friends or family to be active with as an important factor that currently helps people to be active. This directly aligns with the likert scale question on levels of agreement, with a range of statements relating to barriers and motivations, where 48.76% said they'd be more active if they

had someone to go with. This reinforces that companionship is both an enabler and a motivator, and that structured buddy schemes or group activities could have a tangible impact.

Perceptions of peer activity and motivation

Based on the Likert scale question above, only 39.37% agreed or strongly agreed that “people like me are regularly active.” Low peer activity perception is likely linked to the 20.48% in the earlier question about reasons for activity changes, who cited motivation or confidence, and the 14.77% in the question on factors affecting ability or motivation, who identified low confidence/motivation as a barrier. Greater visibility of role models - particularly those from the same age, ethnic, or social background - could help shift these perceptions.

Cultural value and community engagement

Nearly half of the Likert scale respondents (48.84%) agreed that being active is valued in their culture. In the question on important factors that help people to be active, 8.83% highlighted a supportive local community as an important factor, and in the question on perceived benefits of physical activity, 27.38% cited family bonding as a benefit of being active. These connections suggest that cultural framing and family-centred programming could encourage engagement, especially in communities with strong social networks.

Time and social role pressures

Findings from the Likert scale question revealed a split on whether family or social roles limit time to be active - 37.4% agreed/strongly agreed, and 37.81% disagreed/strongly disagreed. This mirrors the question on factors affecting ability or motivation, where 11.38% identified childcare responsibilities as a barrier, and the question on reasons for changes in activity, where 12.50% cited work or caring responsibilities. Flexible scheduling, home-based options, and integrating activity into daily routines could help mitigate these pressures.

Interpretation

Social connection plays a crucial role in activity levels. Many respondents already rely on friends or family to be active, and nearly half said they would do more if they had someone to go with. This shows companionship is both a current enabler and a potential driver of increased participation. At the same time, fewer than 40 percent felt “people like me are regularly active,” pointing to low peer visibility and confidence barriers. Cultural and family values also shape activity, with many linking it to bonding and community support. However, time pressures from work, childcare, and caring responsibilities remain significant, creating uneven opportunities across groups.

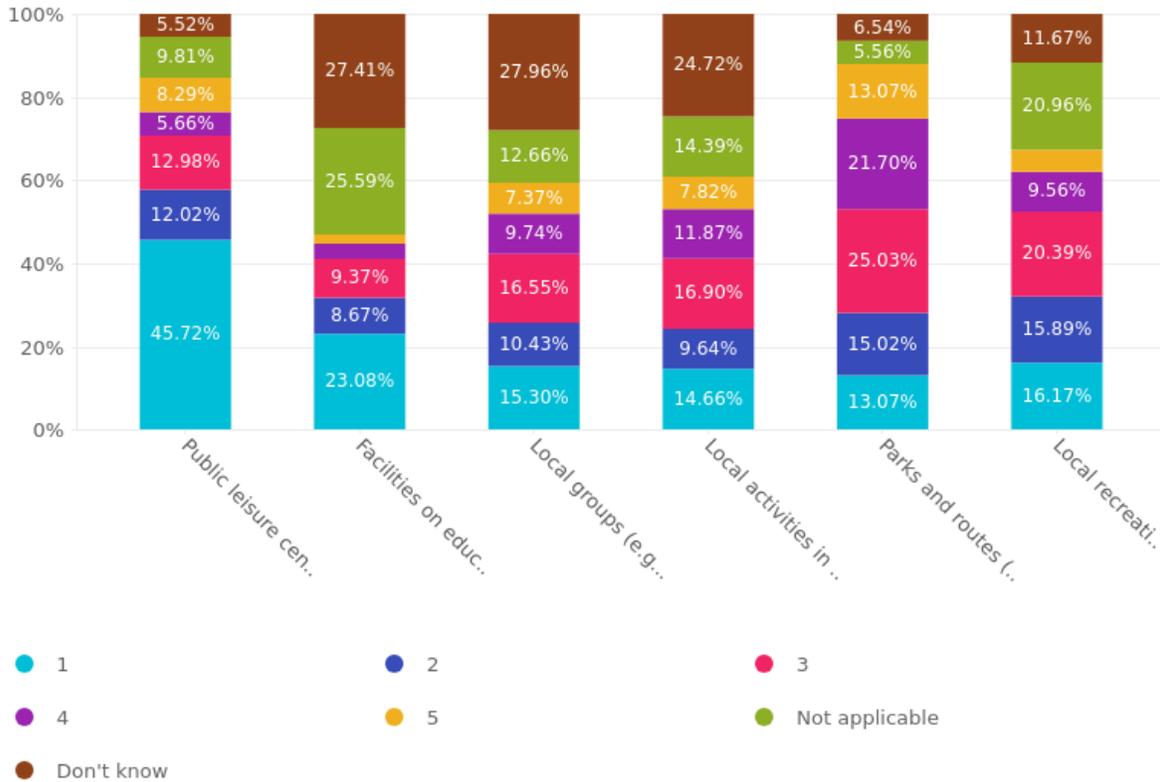
Potential opportunities

- **Promote buddy schemes group activities, and family-based programmes:** Build on existing social and cultural motivations, make participation feel natural and supported.
- **Increase the visibility of relatable role models:** reshape perceptions of who is active and reduce confidence barriers by showing that people like them take part.
- **Tailor activities to cultural values and community identity:** strengthen engagement and ownership, especially in areas where strong social networks already exist.
- **Provide flexible, affordable, and local options:** addresses time and role pressures by making it easier for people to integrate activities into daily routines.

Across Kirklees - Satisfaction with local opportunities for movement and physical activity

(Please tick one box per row: 1 = Very dissatisfied, 5 = Very satisfied, N/A = Not available near me)

Answered: 729 Skipped: 288



Row	1	2	3	4	5	Not applicable	Don't know	Response count
Public leisure centres (e.g. Kirklees Active Leisure gyms, swimming pools, sports halls)	45.72% (331)	12.02% (87)	12.98% (94)	5.66% (41)	8.29% (60)	9.81% (71)	5.52% (40)	724
Facilities on education sites (e.g. school or college sports halls)	23.08% (165)	8.67% (62)	9.37% (67)	3.64% (26)	2.24% (16)	25.59% (183)	27.41% (196)	715
Local groups (e.g. walking groups, sports clubs)	15.30% (110)	10.43% (75)	16.55% (119)	9.74% (70)	7.37% (53)	12.66% (91)	27.96% (201)	719
Local activities in independent settings (e.g. private gyms, community clubs)	14.66% (105)	9.64% (69)	16.90% (121)	11.87% (85)	7.82% (56)	14.39% (103)	24.72% (177)	716
Parks and routes (e.g. greenways, nature paths)	13.07% (94)	15.02% (108)	25.03% (180)	21.70% (156)	13.07% (94)	5.56% (40)	6.54% (47)	719
Local recreation / play areas (e.g. playgrounds, skate parks)	16.17% (115)	15.89% (113)	20.39% (145)	9.56% (68)	5.34% (38)	20.96% (149)	11.67% (83)	711

Summary of responses

Satisfaction levels varied significantly across the six categories of opportunities for movement and physical activity. Public leisure centres recorded the highest proportion of dissatisfaction, with 45.72% rating them as “very dissatisfied” and only 8.29% “very satisfied.” Facilities on education sites also had low satisfaction, with just 2.24% “very satisfied” and nearly one in four respondents marking them “not applicable.”

Local groups and local activities in independent settings saw more balanced distributions, but still showed notable dissatisfaction levels (15.30% and 14.66% “very dissatisfied” respectively). Parks and routes were better received, with 21.70% rating them as “satisfied” and 13.07% “very satisfied.” Local recreation/play areas also performed relatively better, with a combined 30.26% satisfied or very satisfied.

Across all categories, “don’t know” responses were highest for local groups (27.96%) and facilities on education sites (27.41%).

Interpretation

The strong dissatisfaction with public leisure centres suggests significant concerns with availability, accessibility, quality or affordability. The high “not applicable” figures for facilities on education sites and certain independent settings indicate that these opportunities are either not well-publicised, restricted or genuinely absent in many respondents’ local areas. The high “don’t know” rates for local groups and education facilities may point to poor visibility or lack of awareness of available options. Parks, routes, and play areas appear to be better known and used but still face barriers for around one in seven residents who are dissatisfied. When Batley and Dewsbury respondents were excluded using a filter, the results remained the same, showing the findings are applicable across wider Kirklees.

Potential opportunities

- Addressing the dissatisfaction with public leisure centres should be a priority, potentially through investment in facilities, extended opening hours and improved affordability.
- Increasing awareness and accessibility of lesser-known opportunities, such as school-based sports facilities and local activity groups, could help shift “don’t know” responses into active participation.
- Parks, routes and play areas are relatively well-received but ongoing maintenance, safety, and accessibility improvements will help sustain and build satisfaction.

- A targeted communications strategy to promote underused resources, combined with facility improvements in high-dissatisfaction categories, could increase engagement across all activity types.

Across Kirklees - Communication and information about opportunities for physical activity

Summary of responses

The most common source of information about opportunities for physical activity is social media, cited by 64.81% (455) of respondents. Word of mouth is the second most frequent source, mentioned by 50.14% (352), followed by friends and family at 32.48% (228).

Posters and flyers were used by 20.23% (142) of respondents, while less than 12% reported using community newsletters (10.83%), council websites (11.54%), or GP/health services (7.55%). Online sources outside of social media - such as other websites (7.12%) and apps (5.98%) - were used by a relatively small minority.

In the "Other" category (7.83%, 55 respondents), answers ranged from specific clubs, WhatsApp groups, and local libraries to statements indicating a lack of available information or awareness of opportunities.

Interpretation

The data suggests a clear reliance on informal and digital channels, with social media and personal networks (word of mouth, friends, and family) dominating how people hear about activities. Traditional advertising methods like posters and newsletters still reach some people but have limited penetration compared to online and interpersonal methods. The "Other" responses reveal two important patterns:

1. Niche and hyper-local communication channels (WhatsApp groups, specific clubs, community magazines) remain relevant for certain audiences.
2. Information gaps exist, with several respondents explicitly stating they “don’t hear about anything” or “nowhere” being a source, suggesting possible exclusion or lack of effective communication in parts of the community. This theme of response was more prevalent in residents aged 75 and over, and / or who had a disability or health condition.

This indicates both strong existing networks and potential blind spots, especially for individuals not engaged with digital platforms.

Potential opportunities

- To increase awareness of physical activity opportunities, strategies should focus on determining which channels would be most effective for targeting future health related messaging/campaigns towards specific demographic groups. Social media and word-of-mouth should remain core channels but a targeted effort to reach non-digital audiences is essential - especially older residents, those not on social media, or people outside established community networks. Building partnerships with local groups, health services and clubs could help bridge gaps.
- Improving visibility through consistent, centralised and accessible information sources (e.g. a regularly updated community activity hub) could address the “I don’t hear about anything” responses, ensuring no group is left out.

Across Kirklees - Accessibility and integration of physical activity and movement spaces with other services

Summary of responses

A clear majority of respondents (61.8%) indicated that having other services such as shops, healthcare, libraries, cafés, or childcare located at or near places that encourage physical activity would make them more likely to use those activity spaces. Around one in five respondents (18.4%) said it would not make a difference, while a similar proportion (19.8%) were unsure.

When broken down by caring responsibilities, 69.6% of respondents with caring duties said co-location would encourage them to use activity spaces, indicating that the convenience of being able to save time through achieving multiple tasks in one location is attractive.

Out of 272 respondents asked about existing examples, the most frequent reference was Dewsbury Sports Centre, praised for being central, accessible by public transport, and integrated with nearby shops, cafés, and the library. Since its closure, however, many felt there is now no equivalent facility in the area. Other positive examples included Greenhead Park, Oakwell Hall, Crow Nest Park (via Parkrun), Leeds Urban Bike Park, Xscape Castleford, and Huddersfield Leisure Centre. Still, these were often cited as expensive, outside the immediate area, or difficult to access. A significant proportion of people responded “No” or “Not aware,” directly linking this to the closures of local leisure centres in Dewsbury and Batley, alongside frustrations about poorly maintained parks, high private gym costs, and weak transport links.

Key direct quotes

- *“The existing Dewsbury Sports Centre remains the ideal hub... accessible for all whether by car or public transport.”*
- *“Since Dewsbury Sports Centre closed Sept 23 I have only visited Dewsbury 3 times... now 2 stones heavier since closure.”*
- *“Leeds Urban Bike Park, a game changer... encourages children and adults to cycle as part of daily life.”*
- *“Huddersfield Kirklees Active Leisure Centre. It has a lovely café... gyms in London and Leeds have café, shopping space & beauty rooms as well as gym.”*
- *“Crow Nest Park is used for the local parkrun... a real opportunity to showcase the area.”*
- *“No wonder younger generations are out committing crimes instead of utilising what we once had.”*

Interpretation

The results suggest that co-locating services with physical activity spaces has real potential to increase participation, especially by leveraging convenience and the ability to combine errands, socialising, and exercise.

The “yes” group reflects the appeal of multi-purpose trips and integrated services. The “not sure” group appears open but uncertain about how much it would influence their behaviour, suggesting the need for clearer communication about benefits. The “no” group is likely made up of people who already use activity spaces regularly, or for whom barriers such as cost, facilities, or programmes matter more than location.

For those with caring responsibilities, co-location offers an especially valuable solution to logistical and time pressures, while those without caring duties appear less affected by such arrangements.

The specific examples provided highlight a deeper issue: integrated, centrally located facilities like Dewsbury Sports Centre played a pivotal role in supporting participation and community wellbeing. Its closure has left a significant gap, with some residents linking this to reduced activity levels, weight gain, and even perceived rises in anti-social behaviour. Parks, community halls, and leisure centres do provide alternatives, but barriers (real or perceived) such as affordability, poor maintenance, lack of amenities (toilets, cafés, safe routes), and inadequate promotion reduce their effectiveness.

We should however be cautious not to overinterpret the findings for this question, as it is clear that some respondents were referring simply to having a café within a leisure centre or park, or to a leisure facility located near town centres and shops. This is

distinct from the concept of co-locating council or health services within the same building as a physical activity offer.

Potential opportunities

- Integrating essential and leisure services such as cafés, childcare, and libraries with activity spaces can significantly boost participation, particularly among carers and families who face time pressures.
- Restoring central, multi-use hubs like Dewsbury Sports Centre could drive both physical activity and town-centre footfall, supporting local businesses and strengthening community cohesion.
- Transport connectivity is as crucial as the facilities themselves. Without affordable, reliable access routes, even well-designed centres risk exclusion of low-income or less mobile residents.
- Maintenance and amenities such as toilets, cafés, and sheltered seating are necessary to transform parks and public spaces into genuine activity hubs.
- Inclusive programming such as affordable sessions, women-only classes, disability-friendly activities, and family options can widen participation and reduce inequalities.
- Targeted communication should be used to convert the “not sure” group by showcasing convenience and benefits of co-location.
- For the “no” group, alternative strategies such as affordability measures, improved facilities, or tailored programming may be required.
- Promotion and awareness campaigns are essential, ensuring residents know what is available locally and reducing the “not aware” response rate.

Across Kirklees - Qualitative feedback on physical activity support

Is there anything else you would like to tell us about what would help you or your family to move more / be more active in Kirklees?

Summary of responses

A total of 483 people responded to this open-ended question, while 534 skipped it. The following themes were identified in the responses. They are ranked according to how frequently and strongly they appeared across the dataset, with quotes provided to illustrate each theme.

1. Loss of local facilities

By far the most common theme was the closure of Dewsbury Sports Centre and other local facilities, which respondents felt had severely reduced opportunities to be active.

- *“Since the closure of Dewsbury Sport Centre we’ve used those kind of facilities less”*
- *“The closure of the sports centre removed ability to swim locally”*
- *“Re-opening Dewsbury Sports Centre... closing it has had a massive impact on my ability to meet up with friends for classes or to go to gym”*
- *“It was an inclusive place, a place where people of all backgrounds came together and exercised alongside each other”*
- *“The current sports and leisure offer following the closure of DSC has decimated the health and leisure opportunities for all demographics”*

2. Cost and affordability

The high cost of memberships, classes, swimming sessions and even parking was a strong barrier, especially for families and those on low incomes.

- *“Parking charges are extortionate and double the cost of paid for activities”*
- *“Gym membership above £30 per month is not affordable. Classes above £5 are not affordable, particularly if you are looking at a family of 4”*
- *“The price of physical activity is a barrier to me attending”*
- *“Swimming is far too expensive £8.10 then parking on top is ridiculous”*

3. Transport and accessibility

Difficulties with travel, public transport and distance to facilities were another prominent theme, with many people linking this directly to reduced activity.

- *“Even a half hour swimming lesson takes up two hours of the day all things into consideration”*
- *“It is 2 buses to travel from Mirfield to Spen Valley Leisure Centre which is too expensive and time consuming”*
- *“I currently have a 90 minutes round trip by car to access my nearest leisure centre”*
- *“Bus routes are shocking. It currently takes me an hour to get home from Dewsbury up to Thornhill Edge”*

4. Safety concerns

Concerns about road safety, antisocial behaviour, poor lighting and unsafe public spaces discouraged people from walking, cycling and using outdoor areas.

- *“I don’t feel that it’s safe enough for me and my family to use bicycle on the roads as they are now”*
- *“Dewsbury is now a very dangerous place to be in, even in daylight hours”*
- *“Make Crow Nest Park more secure. Stop vandalism. Clean up pond”*
- *“There’s too many weirdos, dodgy folk and idiot drivers about, so I spent all my time looking over my shoulder”*

5. Community and wellbeing

The social and community role of facilities was also strongly emphasised, with many describing them as hubs for wellbeing and inclusion.

- *“My grandfather, my children and everybody in between, were members at Dewsbury Sports Centre... nothing comes close to the community bond”*
- *“It was an inclusive place, a place where people of all backgrounds came together and exercised alongside each other”*
- *“Closing it has had a massive impact on my ability to meet up with friends for classes or to go to gym”*
- *“The loss of Dewsbury Sports Centre has affected many people of all ages in relation to their ability, accessibility and affordability in relation to physical activity”*

Interpretation

The responses highlight a combination of structural and social barriers to being active in Kirklees. The most significant is the loss of local facilities, especially Dewsbury Sports Centre, which many respondents saw as an affordable, inclusive hub for health and community connection. Its closure has highlighted challenges around cost, transport, and accessibility, leaving some feeling they have fewer options to stay active.

Affordability remains a critical barrier, particularly for families and low-income groups, with activity often seen as unaffordable once fees and parking are included. Transport challenges further limit access, with long travel times and poor public transport discouraging use of facilities. Beyond formal provision, safety concerns, from antisocial behaviour to poor lighting, deter people from using parks, streets, and public spaces. The data also emphasise that opportunities for activity are valued not just for fitness, but for community, social connection, and wellbeing.

Potential opportunities

These findings suggest a need to restore or replace lost community facilities, ensuring they are local, affordable, and inclusive. Pricing structures and parking charges need to be addressed so activity is accessible to families and those on low incomes. Alongside this, improving transport links and exploring community-based or outreach models could help reach those unable to travel long distances.

Tackling safety concerns in public spaces will also be key, requiring collaboration across health, planning, and community safety partners. Finally, strategies should recognise that activity provision supports not only physical health but also social inclusion and community cohesion - a dimension that should be central to future planning.

Focus group key findings

Introduction

This section presents the key findings and themes from the focus group element of the research. It begins with an overview of who participated in the discussions, how the sessions were facilitated, and the broader context in which the groups took place. The findings explore a range of factors that shape physical activity and movement within the community, including both the challenges that act as barriers and the motivations that encourage participation. Together, these insights provide a more detailed understanding of the behaviours, attitudes and structural factors that influence engagement with physical activity across the community.

Overview of locations and segments

To ensure the research was inclusive and accessible, focus groups were conducted across key localities in Batley and Dewsbury, with additional sessions held online to accommodate those unable to attend in person. A variety of dates, times and formats were offered to reflect the diverse needs, preferences and schedules of respondents. Practical considerations, such as venue availability, physical accessibility and familiarity, also shaped the selection of in-person locations to ensure comfortable and equitable participation. People from Batley attended the Dewsbury focus groups and vice versa.

Locations were chosen based on convenience and availability, meaning the themes are not specific to one area but reflect perspectives from both areas as a whole. While there was a clear focus on engaging Batley and Dewsbury residents, no one was excluded from participation. A limitation of the focus groups was that participation was voluntary and not incentivised, meaning the self-selecting sample may not have fully represented the wider community.

The table on the next page summarises the full range of focus groups delivered, listed in the order in which they took place.

Focus group summary table:

Group	Location	Segment / Demographic Focus	No of attendees	Key themes raised
1	Dewsbury, Dewsbury Library	General residents aged 30-65	7	<ul style="list-style-type: none"> ● Accessibility ● Motivation ● Trust ● Safety
2	Online	General residents	1	<ul style="list-style-type: none"> ● Accessibility and infrastructure ● Motivation ● Support and sustainability ● Community
3	Batley, Al-Hikmah Centre		1	<ul style="list-style-type: none"> ● Mental health and physical health ● Social aspects, community and distrust ● Accessibility, infrastructure and environmental conditions ● Self confidence
4	Batley, Al-Hikmah Centre		0	AM and PM sessions cancelled due to lack of sign ups
5	Batley, Al-Hikmah	Older people aged 70-85	2	<ul style="list-style-type: none"> ● Accessibility ● Impact of chronic health

Group	Location	Segment / Demographic Focus	No of attendees	Key themes raised
	Centre			<p>conditions on confidence to move</p> <ul style="list-style-type: none"> • Social isolation
6	Batley, Al-Hikmah Centre	<p>Older people</p> <p>10 Asian men, 2 White British men, 2 White British women</p>	14	<ul style="list-style-type: none"> • Social connection • Lack of facilities • Routine activity
7	Dewsbury, <u>Outlookers</u> 3 Strand café, Long Causeway	<p>Visually impaired group</p> <p>6 White British women, 1 Asian woman, 3 White British men</p>	10	<ul style="list-style-type: none"> • Accessibility • Confidence • Safety in outdoor spaces
8	Online		3	<ul style="list-style-type: none"> • Accessibility and Infrastructure • Social impacts of facility closure • Safety and cleanliness • Local pride
9	Dewsbury, Sensory World Play Centre	<p>Service users</p> <p>10 women aged 45-65 White British</p> <p>2 men White British</p>	12	<ul style="list-style-type: none"> • Accessibility • Affordability • Value of informal activities • Importance of carer needs

Group	Location	Segment / Demographic Focus	No of attendees	Key themes raised
10	Dewsbury, Masjid Noor and Education Centre	8 men, 1 one woman, South Asian aged 25-65	9	<ul style="list-style-type: none"> ● Confidence ● Cultural considerations ● Access to facilities
Total			59	

Key Themes

Introduction

The purpose of the focus groups was to capture the lived experiences of local residents across a range of demographics, complementing the survey findings by providing deeper qualitative insight into the barriers and enablers of physical activity in the area. As with the survey, sharing demographic information was optional, though most participants identified as being from Batley, Dewsbury or the surrounding areas.

Through thematic analysis, eight key themes emerged:

- Loss of facilities
- Safety
- Accessibility and inclusion
- Wellbeing
- Social connection
- Cultural relevance
- Affordability
- Communication

The themes clearly emerged from the data, with the loss of local facilities consistently identified as the most prominent issue. Overall, the focus group findings closely mirrored the barriers highlighted in the survey but added richness and depth through lived experiences and personal narratives that reveal how these challenges are felt day to day across Batley, Dewsbury and the wider Kirklees area. Across the focus groups walking, cycling and swimming were highlighted as key activities that people engage in, with a strong emphasis on the importance of social connection.

The following section presents a selection of participant voices illustrating each theme, highlighting the structural, social and cultural factors that continue to shape opportunities for physical activity across diverse communities in Kirklees.

Loss of local facilities

Participants described how the closure of leisure facilities - Batley Baths and Dewsbury Sports Centre - and decline of outdoor spaces had limited opportunities for affordable, safe and accessible activity and had reduced the range of options available for different age groups. This concern was raised repeatedly across diverse demographic groups, indicating that the availability and quality of local facilities was regarded as fundamental to enabling participation in physical activity and supporting wider community wellbeing. All groups spoke about the closure of local sports centres and leisure facilities, particularly Batley Baths and Dewsbury Sports Centre. These closures were seen not only as removing access to exercise but also as eroding community pride and connection.

- *“That pool was right round the corner, now I have to take two buses just to swim.”*
- *“It was more than a gym, it was a community centre.”*
- *“There’s 60,000 people in Dewsbury and no swimming pool. It’s outrageous.”*
- *“They have shut the sports centre... There’s nothing locally that we can go to.”*
- *“My kids grew up swimming there... now there’s nothing like it.”*
- *“You have to go all the way to Spen (to swim)... Bus to bus, to train to bus and back again, it is just too much.”*

Residents linked the closures to health impacts, isolation, and a sense of neglect compared with Huddersfield. For some, travel distance and cost made accessing alternatives impossible.

Safety and perceived risk

Personal safety emerged as one of the strongest cross-cutting barriers. Residents described how the state of the local environment, poor lighting, litter, antisocial behaviour, and neglected infrastructure made them feel unsafe even in spaces that should encourage activity. These concerns were particularly acute among women, carers, older adults, and disabled residents.

- *“We can’t go to the park. The place is full of litter and rats. It’s just not safe.”*
- *“Particularly as a woman, you will feel safer running with a group, especially in winter or during dark evenings when it’s getting dark at 5pm. Personally, I would not go running alone after dark, and there are certainly places I would not run, whether it’s dark or light.”*

- *“There used to be a sense of pride in the towns [Batley and Dewsbury]. It’s sad really.”*

Participants linked these concerns with real risks: crime rates in Batley and Dewsbury are statistically higher than national averages (Dewsbury and Batley, from Crime Rate (2025)), while consultations show that residents in Batley East and Dewsbury Moor often avoid parks, underpasses, and walking routes due to fear of crime, poor lighting, and visible neglect (Kirklees Council, 2021a). Yet the literature makes clear that perceptions matter as much as data: evidence shows that people may avoid statistically safe areas if they appear unsafe or neglected (Lorenc et al., 2013).

Accessibility and inclusion

Accessibility challenges were widely reported across the focus groups, particularly among residents with disabilities, long-term conditions, or mobility limitations. Participants described how uneven pavements, inaccessible leisure centres, and poorly designed facilities created constant obstacles that limited their ability to take part. These barriers were not only physical but also emotional, as repeated exclusion led to frustration, a loss of confidence, and in some cases the decision to stop engaging in activity altogether. For many, the absence of accessible environments reinforced feelings of being overlooked, highlighting the need for inclusive design and provision that actively enables participation rather than restricts it.

- *“Not so easy when you’re visually impaired... that’s not always easily available.”*
- *“They decided to do mood lighting there [Batley Sports and Tennis Centre] . I fell off the bike.” [visually impaired participant]*
- *“I’d love a circular walking group with no steps - something my scooter could manage.” [participant with COPD]*
- *“Hearing loss makes group stuff harder. I sometimes miss what’s being said.”*
- *“Anybody with sight issues can go in a pool, if you’re on the side, you are swimming and you know where you are”.*

This aligns with wider evidence that accessible, inclusive design is crucial for enabling movement across the life course (World Health Organization, 2018). Participants emphasised that trusted environments (e.g., local day centres, faith venues) and tailored support (e.g., women-only sessions, adapted spaces) could make activity more realistic.

Desire to improve wellbeing

Many residents expressed a strong desire to be active, recognising movement as important for both physical and mental health. Activity was often described as a coping strategy for long-term conditions, stress, and low mood, as well as a way to maintain

independence and resilience. This highlights a clear motivation to be active, even when structural barriers make participation difficult.

- *“The minute I walk out the door I feel better. Just that moment of different air and the light.”*
- *“Even when I had back problems, I tried to focus on what I could do, like chair exercises.”*
- *“I have a lung condition called sarcoidosis... if I go out and pace myself... I do feel the benefits.”*

This aligns with evidence that physical activity is protective for mental wellbeing and non-communicable disease management ([WHO, 2018](#)).

Social connection and trust

Focus group discussions revealed that residents placed strong value on the social aspects of physical activity, often describing companionship and interaction as more motivating than the exercise itself. For many, opportunities to connect with others were seen as vital in reducing isolation, building friendships, and fostering a sense of belonging. The idea of exercising alongside others, whether through informal peer support, structured group activities, or having a “buddy” or mentor, was consistently highlighted as a way to encourage participation and sustain engagement. This emphasis on social connection underscores the role of physical activity not just in promoting health, but also in strengthening community ties and emotional wellbeing.

- *“Buddy systems in communities would help each other, it’s not expensive.”*
- *“People used to come into town... have a cuppa and a chat... That doesn’t exist anymore.”*
- *“I think you know there’s a big thing now about buddies. It is a kind of an informal type arrangement to support people in whatever way, it is really having a buddy whether it’s giving up smoking or whatever. I think communities could really look at themselves as assets, so for example I could say to somebody who lives in the village where I live, “I’ll show you some walking routes if you want to go walking. I know two or three walking routes. Let me show you”.*

Cultural relevance and representation

A recurring theme across the focus groups was the importance of cultural relevance and authentic representation in the design and delivery of services. Participants emphasised that provision which reflects cultural needs is not only desirable but essential, particularly for women and minority communities who often encounter additional barriers to access. Participants expressed a strong need for services that feel accessible,

inclusive, and responsive to their realities, ensuring that people feel seen, valued, and able to engage meaningfully.

- *“We need more sessions where women feel comfortable. It’s not just about religion, it’s about confidence.”*
- *“There is a communication gap, combined with language and cultural barriers, it makes it difficult for many to find out about and participate in activities, leading to a sense of exclusion.”*

Cost and affordability

Across the focus groups, financial barriers emerged as a consistent concern affecting participation and access. Participants highlighted the cumulative impact of costs such as activity fees, travel expenses, and necessary equipment, which together can make engagement unaffordable for many. These challenges were particularly evident for individuals and families already facing economic hardship, for whom even modest fees can act as a significant deterrent. This theme reflects a strong call for greater affordability and support to reduce the impact of costs that may restrict involvement.

- *“I’m lucky I can afford the private gym with my senior discount - not everyone has that.”*
- *“We pay our taxes like everyone else, but we get nothing. It’s a human rights issue.”*

Communication and information gaps

Many residents in our community faced challenges in accessing information about local opportunities. While resources were available, they were often scattered across different channels, leaving many unsure where to look. This lack of clarity particularly affected those who were less familiar with navigating digital platforms. At the same time, reliance on online-only communications may inadvertently exclude some older residents and those with visual impairments, creating barriers to participation. These gaps highlighted the need for a range of more inclusive, accessible, and coordinated ways of sharing opportunities so that everyone, regardless of age or ability, could feel connected and informed.

- *“I don’t know where to look. There should be a simple list of what’s near me.”*
- *“Forget posters and leaflets... You have to be somewhere physically, like on the market day standing there.”*
- *“No one tells you what’s going on anymore. The local paper used to help with that.”*
- *“I don’t have Facebook. You have to rely on other people finding out.”*

Overarching themes and potential opportunities

Across both the survey and the focus groups, a consistent picture emerged: residents were motivated to be active, but faced persistent barriers that were structural, social, cultural, and financial. The survey highlighted key concerns around affordability, digital access to information, and the importance of social connection. The focus groups added depth by showing how these issues were experienced in daily life, particularly through challenges linked to safety, accessibility, loss of facilities, and cultural relevance.

Taken together, the findings demonstrated that while cost, social connection, and wellbeing were widely recognised drivers, additional factors such as perceptions of safety, the impact of facility closures, and the need for inclusive and culturally sensitive provision were critical to understanding inequalities in participation. The survey may have underplayed cultural considerations due to the over-representation of White British respondents, whereas the focus groups brought these perspectives to the forefront.

Framing through the COM-B model

- **Capability:** Residents often adapted their activity to their abilities and circumstances, but health conditions, lack of confidence, and limited awareness of available opportunities restricted engagement.
- **Opportunity:** Structural and environmental barriers, including affordability, facility closures, poor maintenance of public spaces, limited transport options, and safety concerns, reduced opportunities for activity. Social opportunity was also shaped by companionship, cultural relevance, and inclusion.
- **Motivation:** Despite challenges, residents expressed strong motivation to be active, with wellbeing, social connection, and enjoyment being key drivers. However, negative experiences such as unsafe environments and inaccessible facilities weakened motivation and reduced sustained participation.

Towards a systems response

Overall, the evidence points to the need for a holistic systems response that addresses the wider determinants of physical activity and movement. These insights align with the four pillars of the Global Action Plan on Physical Activity 2018-2030 (World Health Organization, 2018): Active Societies, Active Environments, Active People, and Active Systems. Combining GAPPA with the COM-B model (Michie et al., 2011) shows that building motivation alone is insufficient; effective strategies must also strengthen individual capability and ensure supportive, safe, and accessible opportunities across the life course.

Community Engagement insights

Introduction

Community conversations

The research team went to key locations in Batley and Dewsbury, town centres, libraries, and supermarkets, and events such as Dewsbury International Food Festival and Pride to canvas and encourage people to complete the survey. Through these conversations, they gained valuable qualitative insights that were fed into the wider findings. Notably, people appreciated that the team was present in the community, engaging directly and listening to their views. In total, the team spoke with around 50 people.

Community engagement activities

To ensure a broad mix of voices were included, the research team focused on reaching groups often underrepresented in community conversations. In particular, we sought opportunities to connect with older adults and with children, young people and families, recognising their perspectives are often overlooked.

It is worth noting that a potential limitation of this engagement was that it was not designed to be representative of the whole community. Instead, it provided insight into participants' lived experiences, which offer valuable perspectives but should not be interpreted as fully representative.

Across the research, two key activities captured views:

- Time spent with an older people's group in Earlsheaton in July, where 40 residents aged 60 and above took part.
- A community sports day held on a Saturday in August at Crow Nest Park, where 29 children, young people, and families were engaged.

Together, these activities provide a snapshot of how different generations experience community life and show how combining those perspectives creates a stronger, more representative picture of local needs and priorities.

Community engagement activity - The Thursday Club, Earlsheaton working men's club, Dewsbury (older adults)

Introduction

The Thursday Club meets weekly and provides an important social space for older residents in the community. The group enjoys high attendance, with over 40 women regularly taking part, most aged between 60 and 95. Each session includes bingo, games, activities and shared tea and cake in a welcoming environment.

Whilst older people were identified as an area of focus, it was important to note that the Thursday Club was predominantly attended by older women, which may mean that further work was needed to engage a wider demographic.

During the engagement session, informal conversations explored activity levels, barriers to staying active and the factors that encouraged movement.

Activity and movement

The main activity enjoyed by participants was walking, followed by household and garden tasks. Motivations were rooted in identity, routine and social purpose.

Participants described staying active through everyday tasks:

- *"I do my own cleaning and shopping, that was my workout."*
- *"Gardening keeps me moving, and I enjoy it. You don't realise how much bending and stretching you do."*

Walking, particularly when combined with social interaction, was also valued:

- *"If the weather was nice, I like to go for a walk, sometimes with a friend."*
- *"It was the talking as much as the walking that kept you going."*

These reflections reinforce the importance of accessible, routine, and sociable movement opportunities core to GAPP's Active People objective, which promotes community-based programmes and accessible movement opportunities for all ages ([WHO, 2018](#)). Research further highlights the value of everyday activity and social connection in later life ([Kilgour et al., 2024](#), [Milton et al., 2021](#)).

Barriers and challenges

Barriers included poor neighbourhood conditions, weather, and health limitations:

- *"The cracked pavements make me nervous. I've seen friends fall, and it puts me off."*
- *"Strong winds were the worst. You felt like you could be blown over."*
- *"I can't go as far or as fast as I used to."*

These correspond directly with established barriers to physical activity among older adults, including fear of falling, environmental risks, and declining physical health (Kilgour et al., 2024). GAPPA's Active Environments pillar advocates for safe and accessible built infrastructure to facilitate regular activity (WHO, 2018).

Enablers and motivators

Key enablers were companionship, accessibility and convenient, structured, activities:

- *“If you had a friend to go with, you’d go. On your own, you didn’t bother.”*
- *“We need more things within walking distance.”*
- *“Groups that mix exercise with social time would have kept people going.”*

These reflect the powerful role of social support and local accessibility in promoting sustained activity, consistent with findings that social interaction, perceived benefits, and community settings are major motivators for older adults (Kilgour et al., 2024). They align with GAPPA's focus on supportive social norms (Active Societies) and tailored programmes (Active People) (WHO, 2018).

Wider concerns

Older adults also raised concerns for younger generations:

- *“What about the kids? There is nowhere safe for them to go and play.”*
- *“My grandchildren need somewhere to be active, not just hanging around the streets.”*

This demonstrates the need for multi-generational public spaces that support physical activity across age groups, an important dimension of GAPPA's environmental objective (Sallis et al., 2016).

Summary analysis

Older residents showed strong resilience in adapting their activity levels to match their age and health, with a clear motivation to remain active. They highlighted the importance of safety, companionship, and accessible local facilities that are welcoming to all age groups. Their intergenerational perspective emphasised the need for spaces and opportunities that bring people together, recognising that these not only support physical activity but also strengthen mental wellbeing and community connection, in line with the GAPPA framework.

Community engagement activity - Crow Nest Park, Dewsbury (children, young people, and families)

Introduction

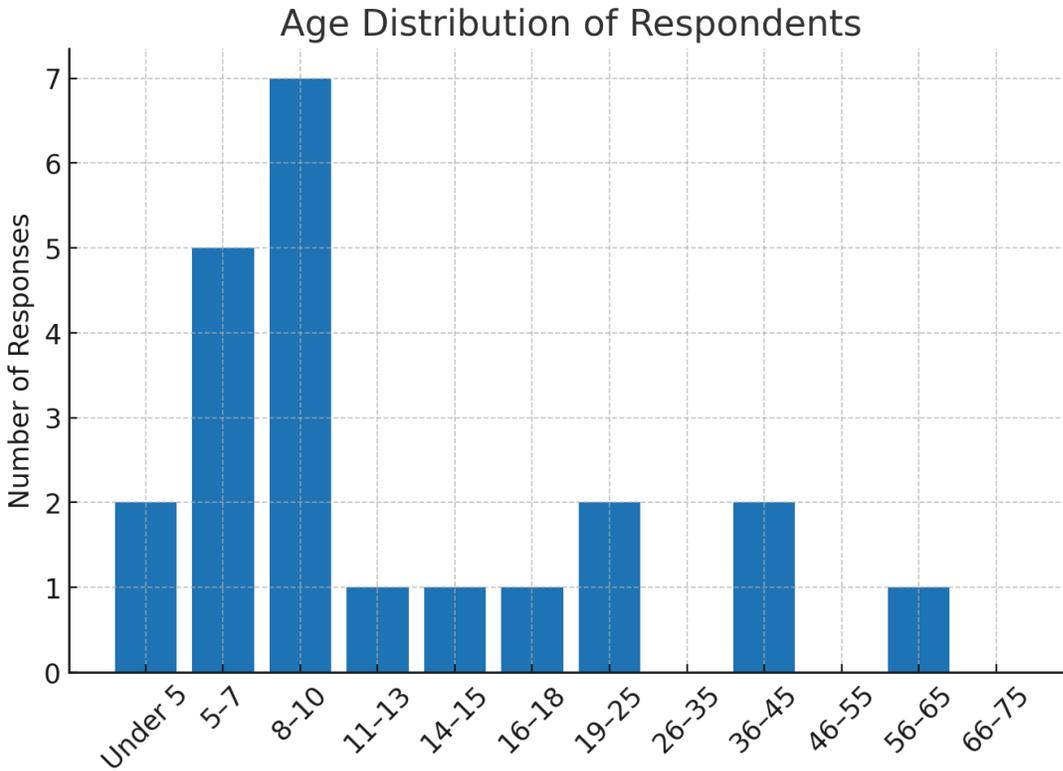
The research team engaged with 29 children, young people and families across a range of ages. To make the process age-appropriate and enjoyable, participants used a sticker activity in which children and young people placed dots next to key questions about what activities they do, how often they do them, what might help and where they are most active. Alongside this, young people, parents and carers took part in conversations, adding further depth and perspective. The event created a lively and relaxed atmosphere, encouraging participants to openly share their views on community spaces, physical activity, and family wellbeing.

It is worth noting that a potential limitation of this engagement was sampling bias. The sports day setting was more likely to attract individuals with a pre-existing interest in sport and physical activity. As a result, the data may not have been generalisable to the broader community. Future engagements could be designed to include a wider range of settings and methods to capture more diverse perspectives.

1. Age of respondents

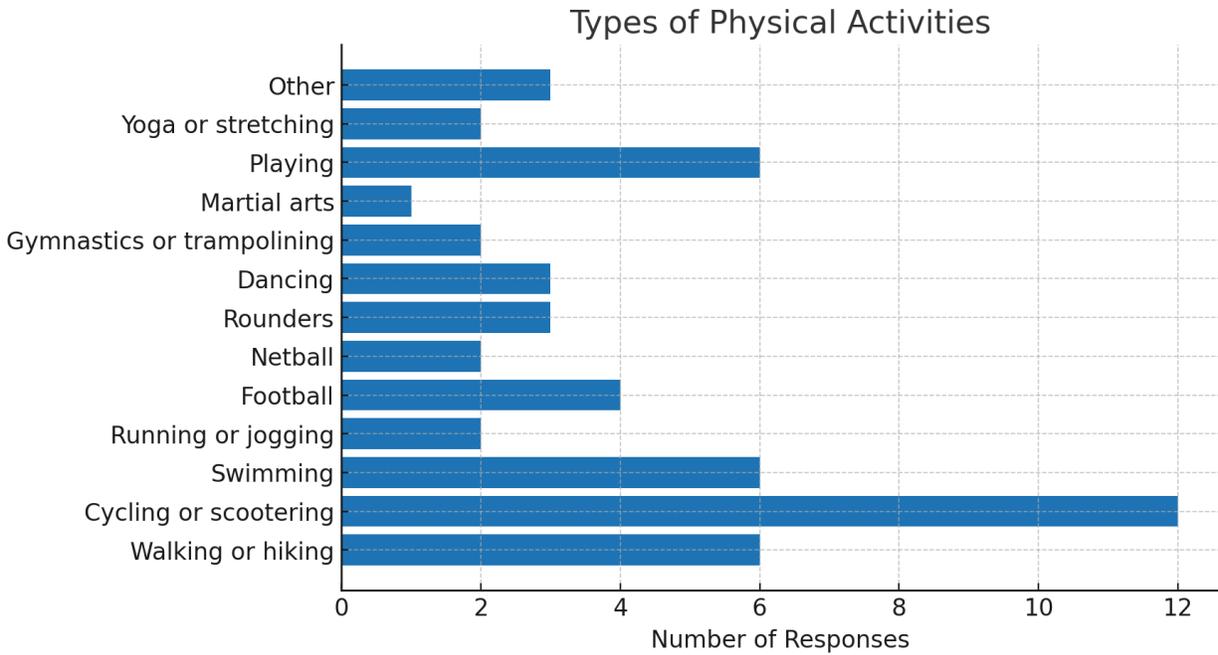
The majority of responses came from children aged 5-7 and 8-10, with some additional input from younger children (under 5), teenagers, and adults/parents. Engagement was therefore strongest among primary-school-aged children and their families. However, the age range data also reveals clear gaps in participation across other groups. While children under 10 are well represented, there is a drop in responses from early teens (11-18), suggesting the activity selected had greater traction with younger children.

These gaps highlight the importance of further tailored outreach in future research across the age ranges to ensure all age groups feel included and able to participate.



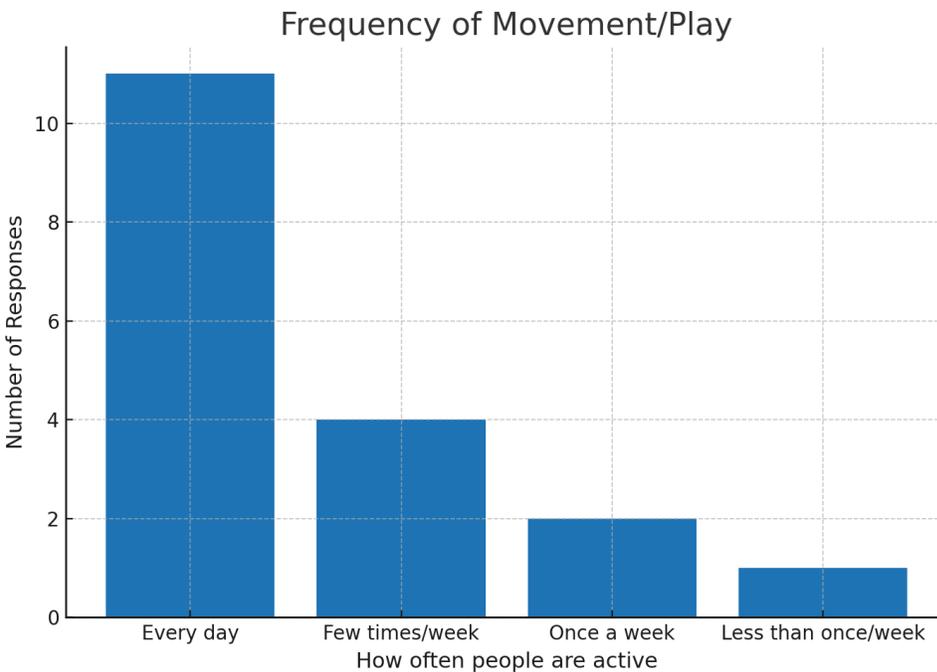
2. Activities enjoyed

Based on a small sample, cycling or scootering was highlighted as the most popular activity, followed by walking, swimming, playing, and football. These had tended to be informal, accessible and low-cost activities, with fewer mentions of structured sports such as martial arts or gymnastics. This aligned with findings that children and families often favour informal, outdoor, and playful movement over structured exercise ([Oliver et al., 2023](#)).



3. Frequency of activity

Most respondents reported being active every day. Others had indicated activity a few times a week, once a week or less often.



4. Motivations for physical activity

The main reasons given for being active had been fun, health, and spending time with friends or family. Other motivations included relaxation and learning new skills. These

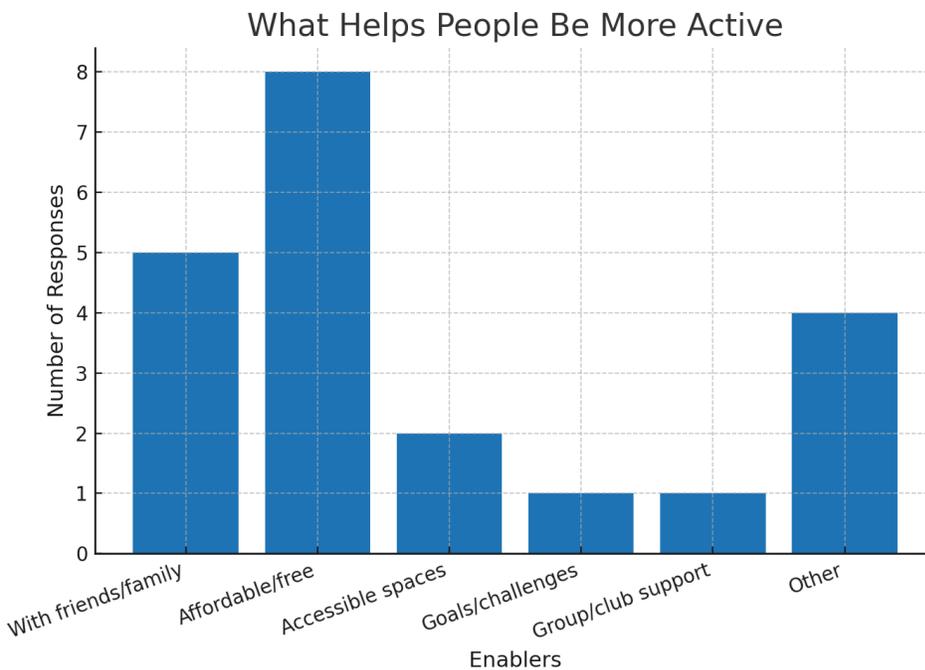
motivations are consistent with evidence showing that enjoyment and social connection are more powerful drivers than health messaging alone (WHO Commission on Social Connection 2025).

5. Barriers to participation

The “Other” category, where people could add their own comments, had the greatest number of reported barriers: caregiving responsibilities, lack of companionship, cost, accessibility issues, and limited facility hours. Weather or time constraints had been less frequently cited. Such personal and situational barriers are well documented in research on physical activity in diverse and deprived communities (Eyre et al., 2022).

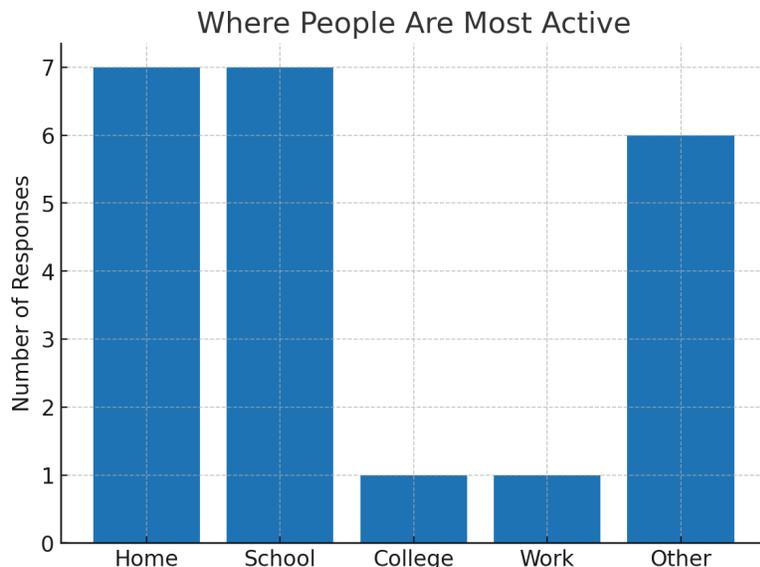
6. Enablers of activity

Respondents had emphasised affordable or free activities, opportunities to take part with friends or family, and accessible facilities as the most important enablers. Suggestions such as school clubs, improved park facilities (e.g. toilets), and language support were also mentioned. Public Health England’s recent NICE guideline on overweight and obesity management (2025) stressed that activities should be affordable, appropriate to children’s interests, and integrated into daily life. Similarly, the JU:MP initiative in Bradford reported significant increases in weekly activity through community-led, family-focused programmes.



7. Locations of activity

Most physical activity had taken place at home or school, with some also happening in parks, netball courts, and other local spaces (other column on the chart below). This confirmed wider evidence that embedding physical activity into daily environments is one of the most sustainable and effective approaches ([UK CMOs, 2019](#); [EPPI-Centre, n.d.](#)).



Through analysis, the following key themes were identified:

Safety and environment

Concerns were raised about the state of local parks:

- *“Batley Park is filthy and rotten. It has been vandalised.”*
- *“We want clean and usable spaces.”*
- *“The area feels unloved. There is no money in the area and no pride.”*

Gaming and activity

Screens dominate much of children’s free time, but they enjoy physical activity when outdoors:

- *“My sister watches the phone, I have to force her to go outside but, when she does, we have really fun times.”*
- *“Gaming is a massive distraction in our house.”*

Accessibility and facilities

Families called for free, local opportunities, such as pools, lidos, gyms, and fields:

- *“We want regular activities which are free.”*
- *“If the Museum and House was open at Crow Nest Park it would make it more inviting.”*

Holiday clubs were particularly valued:

- *“The school holiday clubs are amazing, I don’t know what I’d do without them.”*
- *“HAF provision [Holiday Activities and Food] is great. More things like this, open to everyone and free, would be great.”*

Young people’s perspectives

Safety fears, lack of teams, and closures of facilities shaped young people’s choices:

- *“I have social anxiety... I feel safer at home in my bedroom gaming.”*
- *“He used to do boxing but the academy closed... there’s not a football team near us.”*

Community spaces

Families emphasised the importance of safe, welcoming places:

- *“We want to go to places where we can make a day of it.”*
- *“The council needs to spend money on leisure and parks.”*

Barriers to engagement

- Cost of activities and clubs.
- Accessibility and transport issues.
- Caring responsibilities for parents and carers.
- Confidence and language barriers.

Motivations and enablers for movement and physical activity

Families highlighted health, fun, relaxation, and connection as key motivators. Enablers included:

- Low-cost activities.
- Opportunities with family and friends.
- Being active at home and school.

Summary analysis

Parents/carers expressed a strong willingness to be active but identified significant barriers linked to affordability, accessibility, and safety. Children made limited mention of leisure or other facilities, which may be because such decisions are typically made by

their parents. Community assets such as green spaces, leisure centres, and outdoor facilities were widely regarded as underused, with families calling for improved maintenance, the reopening of closed facilities, and the delivery of inclusive, low-cost programmes. These findings align with the Global Action Plan on Physical Activity's focus on reducing inequalities and creating supportive environments for movement across all ages ([WHO, 2018](#)).

Cost and accessibility constraints reflect challenges identified in GAPPA's Active People and Active Societies objectives, where equitable access to opportunities is central. Concerns around safety and underutilised community assets link directly to Active Environments, which emphasises the provision of safe, attractive, and well-maintained spaces for families to be active. Importantly, the expressed desire for structured activities and safe spaces for children and teenagers reflects GAPPA's call for interventions that support active play, recreation, and lifelong participation in movement.

Shared insights on community engagement across generations

Across the engagement activities, conversations and focus groups, there was a strong desire across generations to remain active, connected, and supported by their communities. These conversations also highlighted overlapping barriers. Older adults and families alike emphasised the importance of safety, companionship, and affordability in enabling participation. Participants valued informal, low cost activities that could be enjoyed with others, whether walking, gardening, or cycling, showing that social connection and fun are as critical as physical activity itself. Environmental concerns also emerged as a shared theme: poor infrastructure, unsafe or neglected parks, and a lack of well maintained, accessible facilities were identified as deterrents across age groups.

These commonalities suggest that investment in safe, inclusive, and community based opportunities could have cross generational benefits. Initiatives that combine movement with social interaction, ensure local accessibility, and provide low cost or free opportunities are likely to meet the needs of both older adults and families. By focusing on shared priorities such as safety, affordability, and opportunities for connection, communities can create environments where residents of all ages feel supported to live active, healthy, and socially connected lives.

END

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Appendix A - Survey



Kirklees Physical Activity and Movement Survey - Participant Information

What is this survey about?

Kirklees Council wants to hear from residents aged 18 plus about how you move, stay active, or what might be stopping you. Physical activity - which means any movement that uses energy, such as walking, cycling or gardening - can help improve your physical and mental health. It can also reduce loneliness, and bring communities together.

It's not just about sport or going to the gym - every bit of movement, every day, counts.

We know that many people in Kirklees face challenges when it comes to being active. That's why we are running a research project to better understand how people across Kirklees take part in physical activity. Whether it's a little or a lot, we want to know about your experiences, and the things that help or get in the way of moving more. Your answers will help us create a fair and effective plan to support healthier, more active lives for everyone in Kirklees.

Your voice matters - thank you for taking part.

Voluntary participation

Taking part in this survey is completely voluntary. You don't have to take part, and you can stop at any time without giving a reason. If there's more than one person in your household who is eligible, we encourage each person to fill in the survey on their own. We want as many people as possible to take part.

Confidentiality and data storage

Brightsparks Agency Ltd is carrying out this research in partnership with Kirklees Council.

All information you provide will be stored securely and handled in accordance with data protection laws. Your responses will remain entirely confidential. Survey responses will be anonymous and reviewed as a whole set. This helps ensure that no person can be identified from their answers. The data collected will only be used for this research and to inform local decision-making to support people to be active in Kirklees.

Data protection and privacy

Under the Data Protection Act 2018, Brightsparks Agency and Kirklees Council have a legal duty to protect any personal information we collect from you.

- View Brightsparks Agency's privacy notice on their website at the following address www.brightsparksagency.co.uk/terms.
- View Kirklees Council's privacy policy on their website at www.kirklees.gov.uk/beta/information-and-data/privacy-policy.aspx

What happens to my data?

- Your personal data and responses will be stored on secure, password-protected servers. At all times, we will manage your data in line with Brightsparks Agency's data protection policy and GDPR policy.
- Your data will be anonymised in any research findings documents that are produced by Brightsparks Agency. You will not be individually identifiable in any research reports.

How to complete this survey

Most of the questions are multiple choice and use tick boxes .

Please read each question carefully and tick the box that best matches your view. Some questions allow you to tick more than one option, while others ask for just one - make sure to check the instructions for each question.

You can skip any question you don't want to answer.

Some questions include an 'Other' option. If none of the listed answers apply to you, you can tick that box and write your own response in the space provided.

A few questions also give you the chance to write more information if you'd like to share more details.

When you've finished, please take a moment to review your responses and make sure you've answered all the questions you intended to.

It should take about 10 minutes to complete the survey. Please return your completed survey in the supplied pre-addressed, stamped envelope and post it before the survey closes on Sunday 20th July. If you misplace the envelope you can post the survey using our Freepost address:

FREEPOST

Brightsparks Agency

Bridge House

1A Ousegate

York

YO1 9QU

Your answers will be kept confidential and anonymous. The findings from this survey, in the form of a written report, will be published at www.kirklees.gov.uk/involve/entry.aspx?id=1206.

If it's more convenient, you can also complete the survey online by scanning the QR code below.



Thank you for taking the time to complete this survey.

Need help or more information?

If you have any questions, or need this survey in another format or language, please contact: research@brightsparksagency.com

Right to withdraw

Participants can withdraw while completing the survey. After submission, it is not possible to identify or remove individual responses, because no personally identifying data is collected.

Accessibility

This survey is available in alternative formats and languages upon request. If you require support to complete it or would like a version that better suits your needs, please contact us at research@brightsparksagency.com

Confirming your eligibility

If you are happy to take part in this survey, please confirm you are 18 or over:

I confirm that I am 18 years of age or older.

What will we be asking you?

- **Section 1: Your age** - A quick question about your age, to help us understand activity levels across different age groups.
- **Section 2: Your movement and physical activity** - Questions about how and where you move, what activities you do, and when you're most active.
- **Section 3: What helps or gets in the way** - Questions exploring what supports or prevents you from being active, and your motivations.
- **Section 4: Local information and support** - How aware and supported you feel to take part in physical activity and movement in your community/where you live.
- **Section 5: Final thoughts and focus group invitation** - An open space to share your thoughts more generally and let us know if you are interested in taking part in a focus group in the future.
- **Section 6: About you** - Optional questions to help us understand who is taking part. This section helps us ensure we hear from people across all parts of our community.

Section 1: What is your age?

Which of the following age groups do you belong to?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 or over
- Prefer not to say

Section 2: Your movement and physical activity

In the past 7 days, on how many days did you do *any* physical activity or movement?

(This could include activities such as walking, using a wheelchair, cycling, dancing, exercising, gardening, playing sports, or any other form of movement that raised your heart rate. In other words, any time you noticed your heart rate increase while being physically active or moving).

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

On average, how much time per week in minutes do you typically spend moving or being physically active (for example, walking, doing household chores, exercising, or being active at work)?

On a typical day, how much time do you spend sitting or being still (not including sleeping)?

(This includes time spent sitting at work, using a computer, watching TV, travelling by car or public transport, or relaxing at home.)

- Less than 30 minutes
- 30 minutes to 1 hour
- 1-2 hours
- 3-4 hours
- 5-6 hours
- 7-8 hours
- 9 hours or more
- Don't know / prefer not to say

Where do you spend time being physically active or moving?

(✓ Tick all that apply)

- At home (e.g. home workouts, dancing, active chores)
- In the garden / allotment or other private outdoor space (e.g. gardening, outdoor chores)
- Outdoors in local streets or neighbourhoods (e.g. walking, jogging, cycling, using a wheelchair)
- In parks or public green spaces (e.g. walking, playing, informal sport)
- At work (e.g. active job role, walking during breaks)

- At a leisure centre or gym / swimming pool
- At a school, college or university
- At a place of worship or community venue
- With a local group or club (e.g. walking group, sports team)
- At a private gym or fitness studio
- While travelling (e.g. walking or cycling instead of using a car)
- Playgrounds / play areas
- Not applicable - I'm not currently active (if you select this option please skip straight to page 9)
- Other (please specify below)

What types of physical activity or movement do you usually do in a typical week?

(We know that being active can mean different things to different people. It's not just about going to the gym or playing sports with a team. Being active might include walking, gardening, or playing with children.)

Please tick any of the ways you move or are physically active during a typical week:

- Going to the gym or fitness classes
- Swimming (indoor or open water)
- Playing sports (e.g. football, cricket, netball, tennis, hockey)
- Walking, using a wheelchair or manual scooter (for leisure or transport)
- Cycling or biking (for leisure or commuting)
- Running or jogging (alone or with others)
- Playing informally with children (e.g. in the park, at home)
- Dancing (e.g. at home, socially, in a class)
- Gardening or allotment work
- Household chores or active tasks (e.g. DIY, cleaning)

- Active play with friends (e.g. frisbee, basketball)
- Using outdoor spaces (e.g. greenways, parks, skateparks)
- Yoga, pilates, or meditation with movement
- Climbing, bouldering, or parkour
- Fitness classes (e.g. aerobics, Zumba, outdoor bootcamps)
- Archery
- Bowls
- Ice skating / ice hockey
- Martial arts (e.g. karate, taekwondo, judo)
- Water-based activities (e.g. diving, canoeing, paddle-boarding)
- Horse riding
- I'm not currently active - I do less than 30 minutes per week of movement / physical activity. **If you select this option, please skip straight to page 9.**
- Other (please specify below)

When are you more likely to be physically active or move more?

(✓ Tick all that apply)

Weekdays:

- Morning
- Afternoon
- Evening
- Not usually active on weekdays

Weekends:

- Morning
- Afternoon

- Evening
- Not usually active on weekends

Section 3: What helps or gets in the way

What do you feel are the benefits of physical activity and movement?

(✓ Tick all that apply)

- Physical health
- Mental health
- Fun / enjoyment
- Confidence / self esteem
- Spending time with others
- Family bonding
- Being outdoors
- Cultural / faith connection
- Managing health conditions
- Weight management
- Staying independent
- Getting stronger
- Learning new skills
- Other (please specify below)

What are the most important factors that currently help you to move or be physically active?

(✓ Please tick up to five options)

- Local parks, green spaces and walking routes
- Local, accessible leisure facilities
- Knowing what kind of activity works for me and my situation
- Having access to the right equipment
- Organised sports clubs or groups
- Organised exercise sessions or classes
- Friends or family to be active with
- Feeling safe in public spaces
- Safe cycle lanes
- Free or affordable options
- Supportive local community
- Using fitness apps or trackers
- Good transport options
- Being able to park nearby
- Information about what is available locally
- Clear information in my language
- Other (please specify below):

What factors affect your ability or motivation to move more or be more active?

(✓ Tick all that apply)

Access and information

- No local facilities
- Don't know what's available
- No public transport options nearby
- Inconvenient opening / session times
- Not the activities I like

Social

- No one to go with
- Friends not interested
- Not feeling welcome
- Cultural / family expectations

Environment

- Bad weather
- No lighting after dark
- Unsafe local spaces
- Terrain, for example it is too hilly
- No privacy

Personal

- Health / disability issues
- Low confidence / motivation
- Body image / self-conscious
- No suitable clothes / equipment

Time and care

- No time
- Childcare responsibilities
- Caring for others

- Other priorities

Cost

- Membership / club subscriptions are too expensive
- Sessions are too expensive
- Cost of transport or parking are too expensive
- Cost of kit and equipment to take part are too expensive
- Nothing - I am already active
- Nothing - I do not want to be active

If you selected “Unsafe local spaces” above, what might make you feel more safe when moving or being active?

Have you increased or decreased your physical activity or movement over the last year?

(Tick one option)

- Increased a lot
- Increased a little
- Stayed about the same
- Decreased a little
- Decreased a lot
- Not sure

If your activity has increased or decreased, what are the main reasons for the change?

(Tick all that apply)

- Health reasons (e.g. illness, injury, recovery)
- Mental wellbeing
- More / less free time
- Work or caring responsibilities
- Cost of activities or travel
- Less money to spend due to rising cost of living
- Access to facilities or outdoor spaces
- Motivation or confidence
- Social opportunities (e.g. exercising with others)
- Weather or seasonal changes
- Other (please specify):

How much do you agree with these statements about moving / being active and the people around you?

(✓ Tick one per row)

Please indicate your level of agreement with the following statements:

(Select one option per statement)

Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not sure
I have friends or family I can be active with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People like me are regularly active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People encourage me to be active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being active is valued in my culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or social roles limit my time to be active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'd be more active with someone to go with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Local information and support

How satisfied are you with the following opportunities for movement and physical activity in your area?

(Please tick one box per row: 1 = Very dissatisfied, 5 = Very satisfied, N/A = Not available near me)

Type of Provision	1	2	3	4	5	N/A	Don't know
Public leisure centres (e.g. Kirklees Active Leisure gyms, swimming pools, sports halls)	<input type="checkbox"/>						
Facilities on education sites (e.g. school or college sports halls)	<input type="checkbox"/>						
Local groups (e.g. walking groups, sports clubs)	<input type="checkbox"/>						
Local activities in independent settings (e.g. private gyms, community clubs)	<input type="checkbox"/>						
Parks and routes (e.g. greenways, nature paths)	<input type="checkbox"/>						
Local recreation/play areas (e.g. playgrounds, skate parks)	<input type="checkbox"/>						

Where do you usually hear about opportunities to move and be active in your area (e.g. classes, groups, facilities)?

(✓ Tick all that apply)

- Social media
- Word of mouth
- Posters / flyers
- Friends and family
- Community newsletters
- GP or health service
- Council website

- Other websites
- Apps
- Other (please specify):

Would having access to other services (such as shops, healthcare, libraries, cafés, or childcare) located at or near places that encourage physical activity and movement (like parks, play areas, public transport hubs, or leisure/sports facilities) make you more likely to use those activity spaces?

- Yes
- No
- Not sure

Are there any places that you are aware of where you feel opportunities for movement or physical activity and other services are successfully combined?

Section 5: Final thoughts

Is there anything else you would like to tell us about what would help you or your family to move more/be more active in Kirklees?

Would you like to take part in one of a number of small focus groups we are running to discuss more about how you move, stay active, or what might be stopping you. The focus groups will take place in June and July in your local area. Sessions are also available online.

Please note: If you choose to provide your contact details to take part in a focus group, this personal information will be collected and stored securely in accordance with UK GDPR and Data Protection Act 2018. Your contact details will be held separately from your survey responses and will not be used to identify you or link you to your answers. Participation in the focus group is entirely voluntary. If we receive a large number of responses, we may not be able to invite all respondents. Participants will be selected at random, based on location and any specific audience requirements for each group (e.g. residents over 65).

- I would like to take part in a focus group (please provide details):

Name: _____ Email _____ Phone: _____

If at any point before the focus groups, you no longer wish to take part, please email research@brightsparksagency.com and we will remove your contact details.

Thank you for taking the time to complete this survey. Your feedback is incredibly valuable. We now have a few final questions about you. These are optional, and your answers will remain anonymous and confidential. We ask them only to help us understand whether we're hearing from a wide range of different communities, by monitoring who is taking part in the survey.

Section 6: About You

The next few questions are completely optional - you don't have to answer anything you're not comfortable with. We're asking because it helps us understand who's taking part and how different people can experience movement and physical activity. This means we can make sure our work is fair, inclusive, and meets people's needs. Your answers are confidential and will only be used to help us improve our services and ensure we're supporting everyone in the best way we can.

What is your ethnic group?

(Tick one)

- Asian / Asian British: Indian
- Asian / Asian British: Pakistani
- Asian / Asian British: Bangladeshi
- Asian / Asian British: Chinese
- Asian / Asian British: Kashmiri
- Asian / Asian British: Any other Asian background
- Black / African / Caribbean / Black British: African
- Black / African / Caribbean / Black British: Caribbean
- Black / African / Caribbean / Black British: Any other Black / African / Caribbean background
- Mixed / multiple ethnic groups: White and Black Caribbean
- Mixed / multiple ethnic groups: White and Black African
- Mixed / multiple ethnic groups: White and Asian
- Mixed / multiple ethnic groups: Any other Mixed / multiple ethnic background
- White: English / Welsh / Scottish / Northern Irish / British
- White: Irish
- White: Gypsy or Irish traveller Gypsy / Roma
- White: Other
- Another ethnic group: Includes any other ethnic background, for example, Arab (please specify) _____
- Prefer not to say

What language(s) do you mainly speak at home?

(Tick all that apply)

- English
- Urdu
- Punjabi
- Bengali
- Gujarati
- Arabic
- Polish
- Romanian
- Slovak
- Somali
- Kurdish
- Farsi (Persian)
- Pashto
- Turkish
- Chinese (e.g. Mandarin, Cantonese)
- Other (please specify): _____
- Prefer not to say

What is your religion?

- Buddhist
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Hindu
- Jewish
- Muslim
- Sikh
- No religion

- Any other religion (please specify) _____
- Prefer not to say

Which of the following best describes your sexual orientation?

- Bisexual
- Gay or Lesbian
- Heterosexual or Straight
- Pansexual
- Prefer not to say
- Other sexual orientation

How do you currently describe your gender?

(Please select all that apply)

- Male
- Female
- Non-binary / Intersex
- Not specified
- Prefer not to say

Is your gender identity the same sex as you were registered at birth?

(Please select one)

- Yes
- No
- Prefer not to say

Do you consider yourself to have a disability or long-term health condition?

- Yes
- No
- Prefer not to say

(If ticked yes above) Which of the following best reflects your disability and/or long-term health condition?

(Please tick all that apply to you)

- Deafness or severe hearing impairment
- Blindness or severe visual impairment
- A condition that substantially limits physical activity such as walking, climbing stairs, lifting or carrying
- A learning difficulty
- A long-standing psychological or mental health condition
- Other (including any long-standing illness such as cancer or HIV)
- Prefer not to say

Do you have any caring responsibilities for a child / children and / or another adult / s?

- Yes
- No
- Prefer not to say

If yes above, please select all that apply:

(If you share care responsibilities equally then please answer as the primary carer)

- Primary carer of a child or children (under 18 years)
- Primary carer of a child or children who is disabled or has a health condition or illness, or temporary care needs (under 18 years)
- Primary carer or assistant for a disabled adult or adults (18 years and over)
- Primary carer or assistant for an older person or people (65 years and over)
- Secondary carer (another person carries out main caring role)
- Prefer not to say.

Please tell us the total annual income of your household (before tax and deductions but including benefits/allowances)

- Under £10,000
- £10,001 - £20,000
- £20,001 - £30,000
- £30,001 - £40,000
- £40,001 - £50,000
- £50,001 - £60,000
- £60,001 - £70,000
- Above £70,000
- Prefer not to say

Are you currently?

(✓ Tick all that apply)

- Working full-time (30 hrs or more per week)
- Working part-time (under 30 hrs per week)
- On an apprenticeship or a training scheme
- Self-employed or freelance
- Working paid / unpaid for your own or family's business
- Temporarily laid off
- Unemployed and available for work
- On parental leave (maternity or paternity leave)
- In full-time education at school, college or university
- Long-term sick or disabled
- Serving in the military
- Wholly retired from work
- Looking after the home
- Doing something else
- Prefer not to say

Are you a former member of the armed forces?

- Yes
- No
- Prefer not to say

Where do you live?

We are asking where you live to help us make sure we are hearing from people across different parts of Kirklees. This helps us identify any differences in access, barriers, or support in specific areas. Your response is completely confidential and cannot be used to identify you.

Batley

- Batley - Centre
- Batley - Purlwell, Mount Pleasant
- Batley - Wilton
- Batley Carr
- Birstall
- Carlinghow and White Lee
- Hanging Heaton
- Healey
- Soothill
- Staincliffe
- Upper Batley
- White Lee

Bradford

- Birkenshaw
- Drub
- East Bierley

- Gomersal
- Hartshead Moor
- Hartshead Moorside
- Hunsworth
- Marsh
- Moorbottom
- Moorside
- Oakenshaw
- Rawfolds
- Scholes
- Wyke

Cleckheaton

- Cleckheaton
- Drub
- Gomersal
- Hartshead Moor
- Hartshead Moorside
- Hunsworth
- Marsh
- Moorbottom
- Moorside
- Oakenshaw
- Rawfolds
- Scholes
- Wyke

Colne Valley

- Bolster Moor
- Cowlersley

- Golcar
- Linthwaite
- Marsden
- Milnsbridge
- Nettleton Hill
- Outlane
- Scammonden
- Scapegoat Hill
- Slaithwaite
- Wellhouse

Denby Dale

- Birds Edge
- Clayton West
- Crow Edge
- Denby Dale
- Emley
- Emley Moor
- Flockton
- High Flatts
- Lower Cumberworth
- Scissett
- Skelmanthorpe
- Upper Cumberworth
- Upper Denby

Dewsbury

- Batley Carr
- Brierfield
- Chickenley

- Crackenedge
- Dewsbury - Bywell Road
- Dewsbury Moor
- Dewsbury Town Centre
- Earlsheaton
- Eightlands
- Eightlands, Springfield, The Flatts
- Grange Moor
- Hanging Heaton
- Ravensthorpe
- Savile Town
- Scout Hill
- Shaw Cross
- Staincliffe
- Thornhill
- Thornhill Edge
- Thornhill Lees
- Westborough, Boothroyd
- Westtown
- Whitley
- Woodkirk

Heckmondwike / Liversedge

- Hartshead
- Heckmondwike
- Hightown
- Littleton
- Liversedge - Headlands
- Millbridge
- Norristhorpe

- Roberttown

Holmfirth

- Brockholes
- Cartworth Moor
- Dunford
- Hade Edge, Cartworth
- Helme
- Hepworth, Jackson Bridge
- Holmbridge
- Holme
- Holmfirth
- Honley
- Jackson Bridge
- Meltham, Helme
- Netherthong
- New Mill
- Scholes, Totties
- Thongsbridge
- Upperthong
- Wooldale

Huddersfield

- Almondbury
- Armitage Bridge
- Aspley
- Beaumont Park
- Berry Brow
- Birchencliffe
- Birkby

- Brackenhall
- Bradley
- Bradley Mills
- Colne Bridge
- Cowcliffe
- Cowlersley
- Crosland Hill
- Crosland Moor
- Dalton
- Deighton
- Edgerton
- Emley
- Farnley Tyas
- Fartown
- Fenay Bridge
- Ferndale, Brackenhall
- Fixby
- Gledholt
- Hall Bower
- Highfields, Greenhead
- Houses Hill
- Huddersfield Town Centre
- Kirkheaton
- Lascelles Hall
- Lepton
- Lindley
- Lindley Moor
- Lockwood
- Longroyd Bridge
- Longwood

- Lower Denby
- Lowerhouses
- Marsh
- Milnsbridge
- Moldgreen
- Mount
- Netherton
- Newsome
- Oakes
- Outlane
- Paddock
- Primrose Hill
- Quarmby
- Rawthorpe
- Salendine Nook
- Sheepridge
- South Crosland
- Springwood
- Taylor Hill
- Thornton Lodge
- Upper Heaton
- Waterloo

Kirkburton

- Farnley Tyas
- Flockton
- Grange Moor
- Highburton
- Kirkburton
- Kirkheaton

- Lepton
- Shelley
- Shepley
- Stocksmoor
- Thurstonland

Mirfield

- Lower Hopton
- Mirfield
- Upper Hopton

Wakefield

- Flockton
- Grange Moor

- **I live outside the listed areas**

Thank you for taking part in this survey.

Your feedback is important and will help Kirklees Council understand how to better support people to be more physically active.

You'll be able to see a summary of the feedback and what we've learned at <https://www.kirklees.gov.uk/involve/entry.aspx?id=1206>

Appendix B

Focus group script:

Exploring physical activity and movement in Kirklees

- **Purpose:** To further understand the lived experience of residents in relation to physical activity and movement - their motivations, barriers and challenges.
- **Session length:** Approximately 90 minutes
- **Number of sessions:** Minimum 10 sessions starting w/c 23rd June
- **Audience:** Mix of active and less active people from a representative range of key demographics
- **Venues:** Accessible with good transport links to support in Dewsbury, Batley, and 2 online sessions.

Facilitators:

- Research Facilitator
- Lead Specialist (Research)
- Administration and research support assistant

Welcome and introduction (10 minutes)

- **Facilitator Welcome**

“Hello everyone, and thank you so much for being here today. We are Katie and Christine from Brightsparks Agency and we are working in partnership with Kirklees Council to undertake this research. This focus group session is open to adults who live in the Kirklees area and we are grateful for your time to discuss this important subject. We want to gather a range of perspectives that are representative of the community, so you have been invited to attend and share your views.”

“We want to hear from you about physical activity and movement, in all its forms. What you feel are the barriers, challenges and what motivates you. The session will be up to an hour and half and we will discuss with you some questions around movement and physical activity.”

“This is a supportive and relaxed space - there are no right or wrong answers. We’re here to listen to your experiences around physical activity and movement, whatever they may be.”

- **Housekeeping**

- Refreshments / dietary considerations available / name badges
- Toilets and access points explained, health and safety requirements outlined
- Session language / translation support (mention if interpreters, translated materials, or other supports are available)
- Reminder that people can speak as much or as little as they like. Ground rules are to listen and to respect other people's viewpoints.
- You can take breaks at any time
- The session is being noted (and audio recorded with your consent) - findings will be anonymised in the report.

- **Purpose**

"Your input can help shape future programmes, services, and opportunities to support movement and wellbeing in the community. A report will be shared openly - we'll tell you when and where you can find it after the session."

- **Consent**

"Thank you for completing the consent form. Just a reminder that you only need to share what you are comfortable with. Please feel free to pass on any question or topic."

Warm-Up discussion (10 minutes)

- **Quick round**

"Please tell us your name, where you live and one movement you enjoy - this could be anything, from walking to gardening to dancing in your kitchen."

Main questions and guided discussion (60 minutes)

Question 1: Current levels of activity

Prompt:

"What is your current level of physical activity and movement like typically? You can include any kind of movement - walking to the shop, playing with grandchildren, exercise, or anything else. Where do you usually do these activities and how often?"

Supportive cues:

- "It's fine if you don't do much activity at the moment - that's useful for us to know too."

Question 2: How being active makes you feel

Prompt:

"How do you feel when you are moving or active? How does that compare to how you feel when you're not moving?"

Supportive cues:

- "We're interested in all types of feelings - physical, emotional, social."

Question 3: Barriers

Prompt:

"What are the main things that make it hard for you to be more physically active or move regularly?"

Supportive cues:

- "This could include time, money, health, confidence, transport, isolation, stigma, caring responsibilities, facilities - anything that makes it difficult."

Question 4: Motivation challenges

Prompt:

"What makes it hard to stay motivated to be active or move more often?"

Supportive cues:

- "Sometimes it can feel hard to get started or keep going - we'd like to understand what that's like for you, and the reasons behind this."

Question 5: What helps

Prompt:

"What types of activities or places make you feel more motivated or encouraged to move?"

Supportive cues:

- "Are there places where you feel more comfortable being active? People who help? Activities that are more enjoyable for you? Are there any cultural considerations?"

Question 6: Changes and support needed

Prompt:

"What kinds of changes, services, or support would make it easier for you to move more or stay active?"

Supportive cues:

- "This could be about facilities, information, people, encouragement, opportunities, or anything else."

Session close (10 minutes)

- **Summary**
"Thank you so much for everything you've shared. It's incredibly valuable."
- **Next steps**
"We'll write up a report from all these discussions. You will be able to see a copy of the report when it is available on the Kirklees Involve website."
- **Reminder**
"Everything will be anonymised. You've only shared what you wanted to today - you are in control of your contribution."
- **Final invitation**
"Is there anything else you'd like to add or think we haven't covered?"
- **Thank you and closing**
"We really appreciate your time and thoughts. If you have not done so already please consider completing the survey [share QR code for survey link or provide paper copies]."

Appendix C

Community engagement consent form

Project: Physical Activity and Movement Community Engagement - Kirklees

Organised by: Brightsparks Agency, working in partnership with Kirklees Council

What this is about

We want to hear from children, young people, and families in Kirklees about how you get active and move around. We'll be asking about:

- What types of physical activity you and your family do
- How often you move or play
- What gets in the way (barriers) of being more active
- What might help or motivate you to be physically active or move more

Your thoughts will help us understand what matters most to you and how we can support better opportunities in your community.

What will happen in the session

The session will last about 1.5 hours and will include fun and friendly activities such as:

- Voting walls - use stickers to show your opinions
- Post-it note activities - write or draw your ideas
- Group discussion - where you can chat and share your experiences

We'll also be:

- Audio recording the session (only if you agree)
- Taking notes so we remember what's said
- Making sure everyone feels safe and comfortable to speak up (or not - that's okay too!)

You can take part as much or as little as you like. You can also leave at any time without needing to give a reason.

How we'll use what you share

- Your contributions and ideas may be included in the final reports but your name will never be used.
- We may include anonymous quotes (things people say, without saying who said them).
- All recordings and notes will be stored safely and only seen or heard by our team.
- We follow all GDPR and data protection laws.

Age and ethnicity (optional)

We'll ask for:

- **Your age** - to help us understand who took part
- **Your ethnicity** - to make sure our groups reflect a wide mix of people in Kirklees

You don't have to answer these if you'd rather not.

Your privacy

Brightsparks Agency and Kirklees Council are committed to keeping your personal information safe and private.

You can read our privacy policies online:

- Brightsparks: www.brightsparksagency.co.uk/terms
HYPERLINK "https://www.brightsparksagency.co.uk/terms"
- Kirklees Council: www.kirklees.gov.uk/privacy

What you say in the group is recorded as anonymous. We also ask everyone taking part to respect each other's privacy and not share what others say outside the group.

Giving your consent

Please tick the boxes below to show what you agree to:

- I understand what the community engagement session is about and that I can stop at any time.
- I'm happy for my (and / or my child's) voice to be audio recorded.
- I'm happy for things I (and / or my child) say to be used as anonymous quotes.

Your details

- **Name:** _____ (required)
- **Signature:** _____ (required)
- **Age:** _____ (optional)
- **Ethnicity:** _____ (optional)
- **Email:** _____ (required)
- **Phone:** _____ (required)
- **Area you live in:** _____ (required)
- **Date:** _____

If you're signing on behalf of a child or someone else

By signing below, you confirm that:

- You've read or explained this form to the person taking part
- You understand it's their choice to take part
- You are the parent or registered carer for this individual and are able to provide consent on their behalf
- You give permission for them to join the community engagement session and have their contributions used as described

- **Your name:** _____
- **Child / participant's name:** _____
- **Child's age:** _____
- **Your relationship to them:** _____
- **Date:** _____
- **Your Signature:** _____

Any questions? If you have any questions or want to know more, please contact us:
Research@brightsparksagency.com

Appendix D Poster/Flyer



What stops you from being more active?

Does your health or finances make it difficult to exercise? Maybe you'd like to feel safer strolling the streets or you're missing a mate to play with. You might even be struggling to find a place to do the thing you most enjoy.

Let us know what makes it harder to be as active as you'd like by taking our survey.

The online survey should take no longer than 10 minutes of your time to complete. Share your thoughts now by scanning the QR code on the right



Paper copies are also available from Batley and Dewsbury Libraries.



How can we help you be more active?

Does your health or finances make it difficult to exercise?

Maybe you'd like to feel safer strolling the streets or you're missing a mate to play with. You might even be struggling to find a place to do the thing you most enjoy.

Let us know what makes it harder to be as active as you'd like by taking our survey.

The online survey should take no longer than 10 minutes of your time to complete. Share your thoughts now by scanning the QR code below.



Paper copies are also available from
Batley and Dewsbury Libraries.



Appendix E

Indicative List of Collaborating System Partners

As part of the research process, a wide range of system partners were contacted and engaged. The following list provides an overview which, while not exhaustive, highlights the broad spectrum of organisations involved. In addition to these organisations, several Kirklees Council departments, including Play, Learning and Early Support, Democracy Service (Active Citizens and Place Team), and the Kirklees Wellness Service also helped to promote the research across communities and to partner groups and organisations. We would like to extend our thanks to all partners and respondents for their invaluable support and contributions to this project.

- Al Hashim Academy
- Andy's Man's Club
- Batley Community Centre
- Batley Library
- Community Plus
- Dewsbury and District Art Club
- Dewsbury Arcade
- Dewsbury Community Outreach
- Dewsbury Library
- Dewsbury Minster
- Dewsbury Moor Children's Centre

- Downs and Special Friends
- East Bierley Community Sports
- East Bierley Preservation Society
- Earlsheaton Working Men's Club (The Thursday Club)
- Friends of Batley Library
- Gomersal Public Hall
- Greenwood Centre
- Groovy Grannies
- Howland Centre
- Indian Muslim Welfare Society
- Islam Dewsbury
- Kick off Dewsbury
- Lower Hopton Care Cottages
- Madina Masjid
- Masjid e Umar
- Medea Masjid
- Milen Care

- Mirfield Choral Society
- Mirfield Community Centre
- Mirfield Methodist Church
- Pakistan & Kashmir Welfare Association (PKWA)
- Ponderosa Zoo
- Ready Steady Active
- Revensthorpe Community Centre
- Salvation Army
- Sensory World
- Soothill Community Centre and Mosque
- Sparks Skills
- Thornhill Lees Community Centre

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Report title:

Inclusion and Diversity Strategy 2024-2027 – 12-month update

Meeting	Cabinet
Date	21 October 2025
Cabinet Member (if applicable)	Cllr Amanda Pinnock
Key Decision Eligible for Call In	No No – report to note
<p>Purpose of Report To receive a 12-month update on the Inclusion and Diversity Strategy 2024-2027 for the period September 2024 – September 2025.</p>	
<p>Recommendations 1. For Cabinet to note the 12-month update on the Inclusion and Diversity Strategy 2024-2027.</p> <p>Reasons for Recommendations</p> <ul style="list-style-type: none"> • In September 2024, Cabinet approved our Inclusion & Diversity Strategy 2024-27 (Appendix 2). It sets out our activity under three themes: <ul style="list-style-type: none"> ○ Compliance – Our legal requirements and compliance with the Public Sector Equality Duty ○ Ambition – How we achieve our own organisational ambitions as an employer and key local anchor ○ Partnership -- How we can enable inclusion across the district • This document provides an update on progress, highlighting the delivery against the themes of the strategy. 	
<p>Resource Implication: Implementation of the strategy has been taken forward within existing budgets and draws upon the established capacity across the organisation.</p>	
Date signed off by <u>Executive Director</u> & name	Rachel Spencer-Henshall 8/10/25
Is it also signed off by the Service Director for Finance?	James Anderson (Head of Finance & Accountancy) 8/10/25
Is it also signed off by the Service Director for Legal Governance and Commissioning (Monitoring Officer)?	Samantha Lawton 13/10/25

Electoral wards affected: All

Ward councillors consulted: Not applicable

Public or private: Public

Has GDPR been considered? Yes. There is no personal data in this update.

1. Executive Summary

This report provides a 12-month update on the Kirklees Inclusion and Diversity Strategy 2024–27, covering progress from September 2024 to September 2025. The strategy is structured around three pillars: Compliance (meeting legal requirements and the Public Sector Equality Duty), Ambition (advancing the council’s goals as an employer and anchor institution), and Partnership (enabling inclusion across the district).

Key achievements over the past year include:

- Strengthened community engagement through partnerships such as the Tackling Poverty Partnership and regular meetings with faith leaders, as well as events marking Interfaith Week, Holocaust Memorial Day, and Islamophobia Awareness Month.
- Enhanced accessibility and inclusion, with new Access Guides, Changing Places Toilets, and digital accessibility campaigns, alongside national recognition for the REAL Employment service supporting adults with learning disabilities and autism.
- Progress in inclusive education, including the construction of new specialist school facilities, expansion of SEND provision, and successful Project SEARCH internships for young people with learning disabilities and autism.
- Ongoing work to foster a diverse and engaged workforce, with initiatives like the “Our Council” culture refresh, employee networks, and targeted apprenticeships for care leavers.

These actions reflect the council’s commitment to embedding inclusion in all services, supporting diverse communities, and ensuring equitable outcomes for all residents. The report highlights the council’s ongoing efforts to deliver on its strategic priorities and maintain momentum in building a fairer, more inclusive Kirklees.

2. Information required to take a decision

Cabinet is invited to consider this update in relation to the Inclusion and Diversity Strategy 2024-27 and note progress towards achievement of its ambitions.

3. Implications for the Council

This report provides an update on performance against the 2024-27 Inclusion and Diversity Strategy. This will enable Cabinet to effectively monitor performance towards achieving our ambitions.

3.1 Council Plan

The Inclusion and Diversity Strategy 2024–2027 is closely aligned with the Council Plan, serving as a key driver for delivering the council’s priorities around fairness, opportunity, and access to our services. The strategy’s three pillars—Compliance, Ambition, and Partnership—support the Council Plan by embedding inclusion into service delivery, workforce development, and community engagement across the council. Progress against the strategy demonstrates how the council is advancing its broader objectives, ensuring that inclusion is not a standalone initiative but a fundamental part of achieving the ambitions set out in the Council Plan. This alignment enables the council to monitor and report on how inclusion and diversity are being integrated into core priorities and outcomes for residents.

3.2 **Financial Implications**

There are no financial implications from this report, as it reports on existing activity resourced from existing capacity.

3.3 **Legal Implications**

The Inclusion & Diversity Strategy sets out how we are fulfilling our obligations under the Public Sector Equality Duty to set inclusion objectives. This report contributes to fulfilling our requirement to report on these objectives.

The Council must comply with the Public Sector Equality Duty under Section 149 Equality Act 2010. The Council when exercising its functions must have due regard to the need to: eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Aside from this, there are no legal implications from this report.

3.4 **Climate Change and Air Quality**

There are no implications for climate change and air quality within this report.

3.5 **Risk, Integrated Impact Assessment (IIA) or Human Resources**

There are no additional risks associated with this report.

Integrated Impact Assessment (IIA)

No Integrated Impact Assessment is required for this progress update.

Human Resources

The Inclusion & Diversity Strategy complements the delivery of our People Strategy and includes a set of activity around supporting a diverse and engaged workforce. However, there are no human resources implications associated with this report.

4 **Consultation**

No consultation is required; this report is for information only.

5 **Engagement**

No engagement is required; this report is for information only.

6 **Options**

6.1 **Options Considered**

It is recommended that this report is noted.

6.2 **Reasons for recommended Option**

This report is for information only.

- 7 Next steps and timelines**
Future updates on progress under the Inclusion and Diversity Strategy 2024-2027 will be provided to Cabinet as required..
- 8 Contact officer**
Stephen Bonnell, Head of Policy, Partnerships, and Corporate Planning
Telephone: 01484 221000
Email: Stephen.Bonnell@kirklees.gov.uk
- 9 Background Papers and History of Decisions**
Inclusion and Diversity Strategy 2024-27 – approved at Cabinet 10 September 2024:
[Decision - Inclusion and Diversity Strategy 2024-2027 | Kirklees Council](#)
- 10 Appendices**
Appendix 1: Inclusion and Diversity Strategy 2024-27: progress update (October 2025)
Appendix 2: Inclusion and Diversity Strategy 2024-27
- 11 Service Director responsible**
Rachel Spencer-Henshall, Deputy Chief Executive & Executive Director of Public Health and Corporate Resources.

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Inclusion and Diversity Strategy 2024-27

Progress Report (October 2025)



Achieving our ambitions

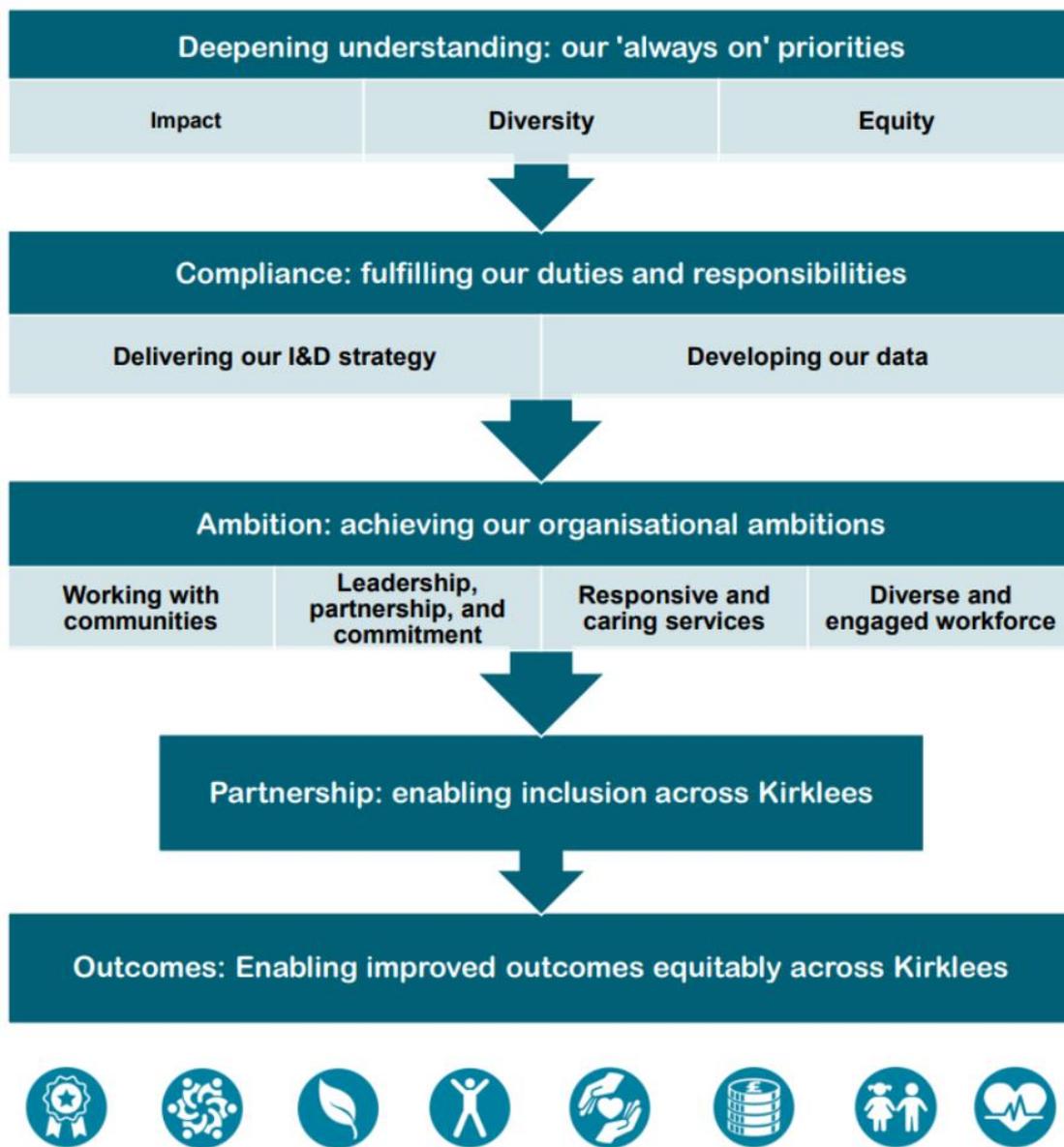


Introduction

In September 2024, Cabinet approved our Inclusion and Diversity Strategy 2024-27 (Appendix 2).

Our role and responsibilities in relation to inclusion and diversity have three elements:

- **Compliance** – Our legal requirements and compliance with the Public Sector Equality Duty
- **Ambition** – How we achieve our own organisational ambitions as an employer and key local anchor
- **Partnership** — How we can enable inclusion across the district



The progress update in this report covers activity in the first year of the strategy, from September 2024 until September 2025.

This progress report cannot cover the wealth of activity which takes place across our services and programmes; with inclusion as one of our core values, we expect this to feed into everything we do and how we serve our communities. Achievements reported upon in this report relate to the four themes of our three-year priority objectives outlined in the Inclusion and Diversity Strategy. These are:

1. Understanding and working with our communities
2. Leadership, partnership, and organisational commitment
3. Responsive services and customer care
4. Diverse and engaged workforce

Understanding and working with our communities

Over 150 people from the public, private, and community sectors in Kirklees are part of the Tackling Poverty Partnership, which convenes regularly to address inequalities and poverty. Recent discussions have focused on food poverty, digital exclusion, and age-friendly societies.

Quarterly meetings with faith leaders, regular Interfaith Forums, and regular local place meetings are helping to inform council services about the diverse and unique strengths and challenges of faith sector organisations across Kirklees. In November we celebrated the work of these organisations in our communities through Interfaith Week. The week included a range of community events that promote understanding, respect, and friendship across different faiths and beliefs. Activities include a Friendship Walk in Huddersfield, Remembrance services in Huddersfield and Dewsbury, a Roses for Peace event, and a Nurturing Respect and Tolerance open meeting. Schools were also involved through online interfaith learning and visits to local places of worship. The week encouraged dialogue, reflection, and inclusive participation from all communities.

In October we supported National Hate Crime Awareness Week with a series of community engagement events across the district. Staff from the Safer Kirklees team hosted information stalls at local markets and bus stations to raise awareness about hate crimes, how to report them, and the support available to victims and witnesses. The initiative aimed to foster unity, encourage reporting, and ensure residents feel safe and supported.

In November, we marked Islamophobia Awareness Month 2024 with the theme *Seeds of Change*, encouraging small actions that can lead to meaningful progress in tackling Islamophobia. Activities included poetry events in Batley and Dewsbury, awareness training on antisemitism and Islamophobia, themed book displays in libraries, and community engagement through the Community Plus team. Resources were available online, and support for reporting hate crimes was promoted through local events and partnerships with Safer Kirklees and West Yorkshire Police.

In January, we commemorated Holocaust Memorial Day 2025, marking 80 years since the liberation of Auschwitz-Birkenau and 30 years since the genocide in Bosnia. The council supported local charity 6 Million+ in creating temporary art installations and providing educational resources through libraries. Town halls were lit in remembrance, and events included an evening of reflection at Holocaust Centre

North and an interactive exhibition, *Through Our Eyes*, showcasing stories of young refugees and survivors who settled in northern England. The initiative aimed to promote remembrance, education, and community reflection.

In December, we launched a series of Access Guides in partnership with AccessAble to improve accessibility across the district. These guides provide detailed information on access arrangements, welfare facilities, and parking for parks, civic buildings, leisure centres, and travel routes, helping people plan visits and maintain independence. The initiative also includes the development of Design Principles to inform future infrastructure projects. Additionally, the council has installed Changing Places Toilets at several key locations to support dignity and inclusion. This work reflects a broader commitment to creating inclusive, accessible communities for all residents.

Also in December, Kirklees Council's REAL Employment service received prestigious accreditation from the British Association of Supported Employment (BASE), recognising its commitment to helping adults with learning disabilities and autism find meaningful work. The service follows the Supported Employment Quality Framework (SEQF), offering personalised support to match individuals' skills and interests with suitable job opportunities. With over 30 years of experience, the team provides one-to-one assistance to promote financial independence and inclusion.

We have been working throughout the year on enhancing our offer for care-experienced people, including broadening our commitments to support work experience and ringfenced apprenticeships for care leavers.

Changes have been approved to our Integrated Impact Assessment process to improve compliance and quality. These will be updated in the Autumn and learning sessions will take place to support officers incorporating their community understanding into decision-making.

Leadership, partnership and organisational commitment

We have created additional self-assessment material for the Inclusive Communities Framework (ICF) and produced a summary version of the ICF to help organisations use it across all their teams. This will be shared across council services through the Autumn.

On preventing homelessness and rough sleeping, we have enhanced our partnership working and strengthened our early intervention resources. This has included working closely with private sector landlords, supported housing providers and housing associations to increase the number of suitable homes available for those in acute housing need, developing a tenancy rescue pilot, and expanding options for leasing accommodation.

Construction has begun on a new purpose-built special school in Deighton, Huddersfield, which will become the new home of Joseph Norton Academy. The move from its current site in Scissett is driven by the need for modern facilities and increased capacity to support children and young people with Social, Emotional and Mental Health (SEMH) needs. Designed with input from pupils and families, the new school will expand capacity from 63 to 132 places, introduce Key Stage 1 and 5 provision, and offer improved transport access. This development is part of Kirklees Council's broader commitment to enhancing SEND services and inclusive education across the district.

In May, young people aged 18–25 with learning disabilities and/or autism in Kirklees were offered a valuable opportunity to gain work experience through Project SEARCH internships at Dewsbury District Hospital. This nationally recognised, year-long programme combines real-world placements across hospital departments with tailored classroom learning to build confidence, independence, and employability skills. Interns receive support from job coaches, tutors, and mentors, and roles are matched to their interests and abilities.

Responsive services and customer care

Our Customer and Access Board continues to champion a customer-focused culture, with a particular emphasis on accessibility. Recent campaigns have highlighted the importance of colour contrast, Easy Read guidance, and screen reader compatibility, ensuring our services are accessible to all. A recent review of our Integrated Impact Assessments reflected the focus on customers and improving their experience of interacting with the council. Work on strengthening a customer-focused culture will continue as part of the Customer and Access Board. This will include considerations about the diversity of our customers and the different ways they interact with us.

To mark National Inclusion Week, we spotlighted colour contrast as a key aspect of digital accessibility. Poor contrast can make content difficult to read for people with visual impairments, Colour Vision Deficiency, older adults, and users of assistive technology. The campaign provided guidance on improving readability in documents and web content, including using Microsoft's Accessibility Checker and online contrast tools. Accessibility begins with how information is presented, and improving colour contrast is a simple yet impactful step toward inclusivity.

Plans have been approved for a new purpose-built Woodley School and College in Almondbury, designed to support autistic pupils aged 5 to 19. The school will relocate from its current multi-building site at Dog Kennel Bank to a modern facility on Fernside Avenue, expanding capacity to around 180 places. This move aims to provide a more inclusive and tailored learning environment, enabling more local children to access specialist education. The development is part of Kirklees Council's broader strategy to enhance SEND provision, including rebuilding Joseph Norton Academy and increasing SEND places across the district.

We have run a series of campaigns to promote digital accessibility, highlighting simple yet impactful changes that make online content more inclusive.

We have run a monthly Accessibility Awareness Campaign, which spotlights different aspects of accessibility to encourage inclusive communication across businesses, charities, and public services. In June we launched new Easy Read guidance to help anyone working in Kirklees improve accessibility for people with learning disabilities, cognitive impairments, or low literacy levels. The guidance provides practical tips for creating clear, understandable content using plain language, simple layouts, and supportive images. The Easy Read focus aims to ensure everyone in the community can access essential information and services. In July, the focus was on screen readers, encouraging the use of clear headings, plain English, meaningful links, and effective alt text to support users with visual impairments. In September, the spotlight shifted to colour contrast, emphasizing how poor contrast can hinder readability for many users, including older adults and those with Colour Vision Deficiency. These initiatives are part of a broader effort to raise awareness and improve accessibility across all council communications.

In June, Kirklees Council's Early Years SEND team has been honoured with an invitation to the House of Lords in recognition of their outstanding work supporting children under five with special educational needs and disabilities. In partnership with national charity Dingley's Promise, the team has helped 36 local childcare settings achieve the Promise Mark of Achievement, reflecting strong inclusive practices. The initiative includes expert training for professionals and aims to create inclusive environments, giving families more choice and support. This recognition places Kirklees among the top areas nationally for inclusive childcare and aligns with the council's broader SEND transformation plans, including major investments in specialist school facilities and inclusive education.

In the summer, Cabinet agreed to fund a suitable environment for 18 new places for children with complex communication and interaction needs. This will be at New Mill Infants School and New Mill Junior School and provide the right conditions for an 'Additionally Resourced Provision' (ARP) – an environment giving specialist support. A final decision on creating the ARP at New Mill will be made by the national Department for Education.

Diverse and engaged workforce

In April, we launched Our Council, a culture refresh initiative with a set of seven principles designed to help teams with discussions on how we can build on our organisational strengths. As part of this, we recommitted to our values of kindness, inclusion, and pride through one of the principles.

We have been celebrating our workforce and embedding learning opportunities through events such as National Inclusion Week. A Kirklees Digital Accessibility Group hosts regular meetings of council services and partners working to improve skills and awareness of online accessibility across both the council workforce and within the community, sharing resources, advice and guidance both on the staff intranet and on the Kirklees Together website.

We have developed a Principles and Guidance document for employee networks, helping them to link annual plans to organisational objectives and ensure our staff groups can thrive.

We recently concluded Our Conversation, a refreshed and improved approach to our workforce survey. We aimed to increase participation rates on previous surveys, collect meaningful feedback, and set a baseline to shape the next stages of Our Council. This was a significant success, with participation rates at over 39% compared to 24% with our last survey in 2023. Over 1,600 responses came from frontline colleagues, making up 53% of total responses. Initial results from the survey have shown us that themes around job satisfaction, values and culture, and wellbeing are some of the most positively rated themes of this year's survey. Employees also told us that they wanted improved recognition and benefits, improved development opportunities, and to feel more informed at work.

We're now building on Our Conversation through employee voice focus groups, which will help us understand the survey results through the eyes of our workforce. This will include looking at diverse employee experience and how we can ensure staff of all demographics thrive. The results of Our Conversation and the voice groups will then inform a clear action plan, demonstrating clearly that Our Council listens and responds to its workforce.

We have rolled out ringfenced apprenticeships for care leavers and our guaranteed interview pledge.

In June, we celebrated the graduation of young people with learning disabilities or autism from the DFN Project SEARCH programme at Kirklees College's Huddersfield Centre. This year-long internship, delivered in partnership with Kirklees Council, Kirklees College, and REAL Employment, offered hands-on experience with local employers including the NHS, Oxfam, and Cedar Court Hotel. Graduates developed valuable life and employment skills, with many progressing into jobs or volunteering roles. Council leaders, college staff, and families attended the event, commending the interns' determination and growth. For those still seeking employment, ongoing support is provided by our REAL Employment service.

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Kirklees Council

Inclusion and Diversity

Strategy 2024-27



Achieving our ambitions



Table of Contents

Our vision for inclusion and diversity	1
Our Council Plan – priorities and values	2
Health and Wellbeing Strategy inclusion model	2
Working with our partners	3
Our vision.....	4
Our shared outcomes.....	4
Partnership working through our key strategies.....	4
Within the Kirklees Council ‘Council Plan’	5
The Kirklees context	6
Our demographics – key facts	6
Disability.....	6
Religion.....	6
Race and ethnicity.....	7
Social isolation and loneliness	7
Fuel poverty	7
Index of deprivation	8
Deprivation by Lower Super Output Area.....	8
Employment and wages	9
Post-graduation average earnings (UK).....	9
Key inequalities and challenges	10
Loneliness.....	11
Care-experienced people	11
Disabled people.....	12
The Council’s Role and Responsibilities	13
Our ‘always on’ priorities	14
Understanding impact.....	14
Understanding diversity	14
Understanding equity.....	14
Compliance: The Public Sector Equality Duty	14
General duty.....	14
Specific duties	15
How the Council complies with its legal duties	15
Ambition: Achieving our organisational ambitions	15
Our 2024-27 priority objectives	15
Understanding and working with our communities.....	15
Leadership, partnership, and organisational commitment	16
Responsive services and customer care.....	16
Diverse and engaged workforce	16
Partnership: enabling inclusion across Kirklees	17
Delivery	18

Our vision for inclusion and diversity

We want to be an organisation with a culture of inclusion and diversity, where our people and those we work with have equal access to opportunities and resources and feel valued for who they are. This is our vision. Embracing and celebrating the diversity of our workforce and the communities we serve helps us to create a more cohesive, innovative, sustainable, and effective organisation that delivers better outcomes for everyone. A positive and supportive work environment where staff feel valued and respected helps us to attract and retain the best talent and means all staff are better able to contribute to their full potential. Being an organisation that not only values inclusion and diversity but puts those values into action, helps us respond more effectively to the changing needs of communities in Kirklees. That's why we know that inclusion and diversity are not only the right things to focus on, but also the smart things to focus on.



We have made a lot of progress in recent years. We redesigned how we evaluate the impact of our policies and services on inclusion and diversity. We developed (and continue to expand) a suite of inclusion learning opportunities equipping staff to become more culturally competent and confident. We refined what we understand by equity through supporting the further development of our employee networks.

However, we know there is a lot more to do. There are deep and unacceptable inequalities, disadvantage, and discrimination that affect the lives and opportunities of people in our country every day. We have seen many of these become starker recently, including through the global pandemic, ongoing cost-of-living pressures, wars and aggression across the world, and the recent racist violent riots that attempted to create division in our society. These events have reminded all of us of the inequalities that some of us unfortunately know too well.

In this difficult context, we recognise that we have a lot of work to do to ensure that our organisation is truly inclusive and diverse, and that we are not complacent or satisfied with the status quo. We recognise that we need to listen to and learn from the voices and experiences of our diverse communities and employees, and to challenge and change the systems and structures that create and maintain inequality. We also recognise that we have a responsibility and an opportunity to influence and collaborate with other organisations and sectors, such as health, education, and business, to promote and advance inclusion and diversity through our work across Kirklees and the region. If we fail to do this, we risk losing the trust, respect, and talent in our communities and workforce, and we miss the opportunity to create a more inclusive, innovative, and effective organisation that delivers better outcomes for everyone.

This Inclusion & Diversity Strategy is an important milestone in our journey to become a more inclusive organisation. It builds on and renews our commitment to our recent achievements and it seeks to make significant progress as we aim to meet the current and future needs of our diverse communities and employees. The strategy outlines key areas of activity that show our organisational values of kindness, inclusion, and pride in action, which will lead to better outcomes. It is based on engagement with a range of stakeholders, including staff networks and community groups, and the action planning behind the strategy will be regularly refreshed so it remains relevant to the changing contexts and experiences of those we work with and serve.

This strategy is a recommitment to create a more inclusive and diverse organisation, where our people and those we work with have equal access to opportunities and resources and feel valued for who they are. It is a recommitment to enable more inclusive communities, caring about what communities care about and building trust and belonging. Through the path set out here, we can achieve these ambitions and deliver better outcomes for everyone.

Cllr Amanda Pinnock, Portfolio Holder for Education & Communities

Our Council Plan – priorities and values

Our Council Plan sets the overarching strategic direction for the services and activities relating to the business of the council. It summarises the council's role alongside partners in delivering our vision and shared outcomes and sets out how the council is prioritising our activity in the current context with the resources available. It helps us to prioritise, plan, understand our performance, and communicate with staff, partners, and residents.: Kindness, Inclusion, and Pride.

As set out in the Council Plan, inclusion means:

- We provide equal access to opportunities and resources for all people.
- We achieve inclusion by removing barriers, discrimination and prejudice.
- We value and promote a culture of inclusion and diversity.

This Inclusion and Diversity Strategy sets out the specific areas we are focussing on to deepen our commitment to this value across all our work.

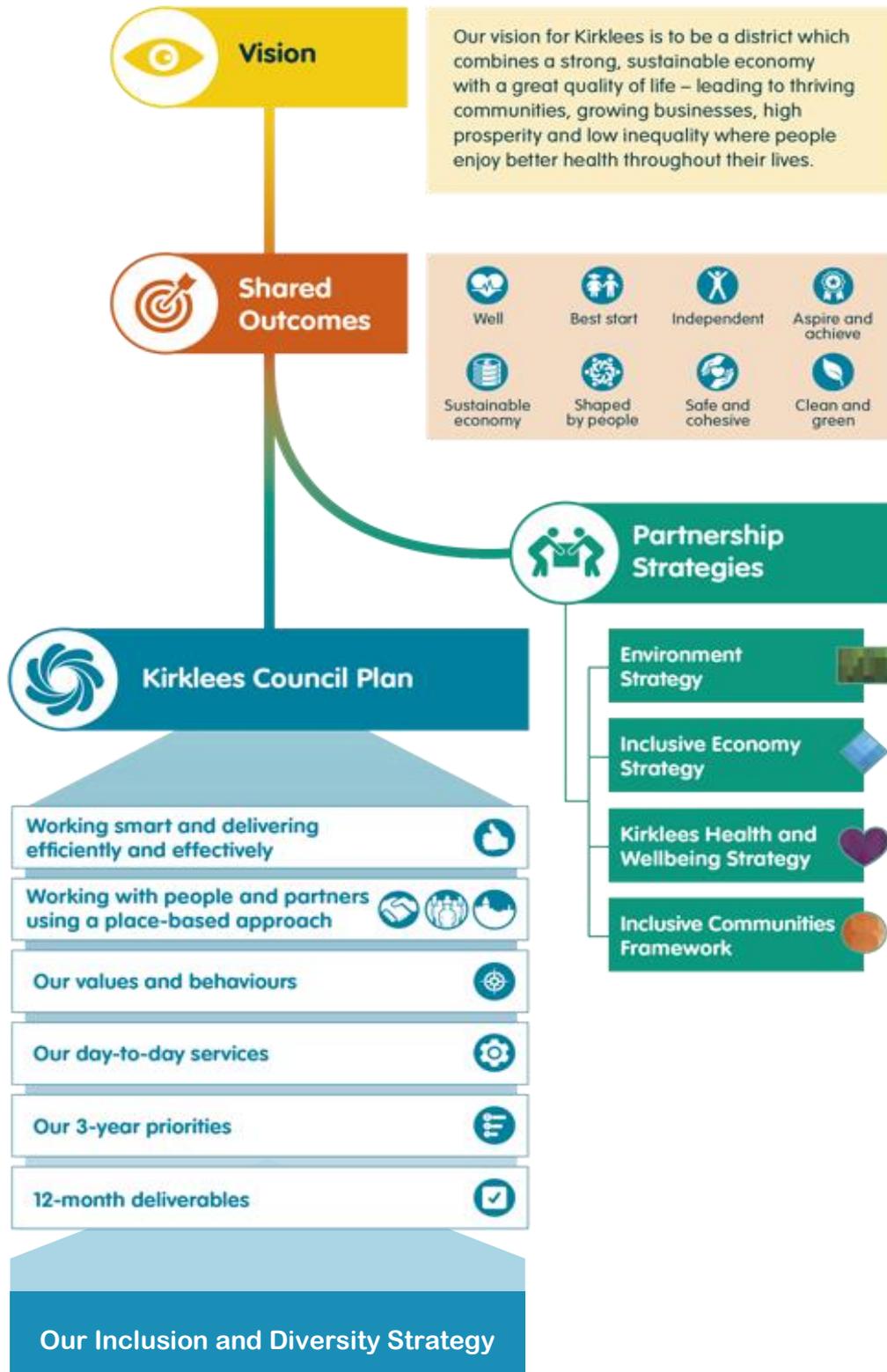
To support us in understanding inclusion, we continue to follow the model set out in the Kirklees Health and Wellbeing Strategy, which emphasises the importance of removing barriers, so everyone has the opportunity to be included and feels valued and involved.

Health and Wellbeing Strategy inclusion model



- **Reality** – One gets more than is needed while the other gets less than is needed. Thus, a huge disparity is created.
- **Equality** – The assumption is that everyone benefits from the same support. This is considered to be equal treatment.
- **Equity** – Everyone gets the support they need, which produces equity.
- **Justice** – All three can see the game without support or accommodations because the cause(s) of the inequity was addressed. The systemic barrier has been removed.
- **Inclusion** – Everyone is INCLUDED in the game. No one is left on the outside. The barriers have been removed, everyone feels valued and involved.

Working with our partners



Our vision

Our vision for Kirklees is to be a district which combines a strong, sustainable economy with a great quality of life – leading to thriving communities, growing businesses, high prosperity and low inequality where people enjoy better health throughout their lives.

Our shared outcomes

We remain committed to the shared outcomes we have agreed with our partners. These outcomes describe the impact we want our shared plans and actions to have. They help the council and local partnerships focus on the impact we want to have for people and communities in Kirklees.

Under each outcome we set out our shared day-to-day focus, a description agreed with partners of what we need to focus on to have deliver positive outcomes.

Our shared outcomes are:

- **Shaped by people** – we make our places what they are
- **Best start** – children have the best start in life
- **Well** – people in Kirklees are as well as possible for as long as possible
- **Independent** – people in Kirklees live independently and have control over their lives
- **Aspire and achieve** – people in Kirklees have aspiration to achieve their ambitions through education, training, employment and lifelong learning
- **Sustainable economy** – Kirklees has sustainable economic growth, and provide good employment for and with communities and businesses
- **Safe and cohesive** – people in Kirklees live in cohesive communities, feel safe and are protected from harm
- **Clean and green** – people in Kirklees experience a high quality, clean, sustainable and green environment
- **Efficient and effective** – Kirklees Council works smart and delivers efficiently and effectively.

Partnership working through our key strategies

Our four key partnership strategies are developed and delivered with partners, across the district. In supporting our shared outcomes and vision for Kirklees, they complement each other and our Council Plan. These strategies explain where we are at in Kirklees – what our opportunities and challenges are, what we most need to do to improve, and the role each of us has to make this happen together.

Like our outcomes, success in one strategy depends on the others. For example, a sustainable environment supports a healthy and well population, which in turn supports a stronger workforce and a more inclusive economy. Likewise, inclusive communities support improvements in wellbeing and the environment in local communities.

Our four partnership strategies are:

Kirklees Health and Wellbeing Strategy: The Kirklees Health and Wellbeing Strategy (KHWS) sets out our priorities for improving health and wellbeing and what we will do as partners to achieve those improvements. Through the strategy, partners are prioritising good mental wellbeing, connected care and support, and healthy places.

Inclusive Communities Framework: The Inclusive Communities Framework (ICF) is a partnership commitment to work better with communities on local issues. Through the ICF, partners are committing to take action showing our belief that communities have solutions to problems, promoting a shared sense of belonging in communities, and caring about what communities care about.

Inclusive Economy Strategy (in development): The Inclusive Economy Strategy will outline how the Council and key partners across the district are working to build a more inclusive and sustainable economy.

Environment Strategy (in development): The 'Environment Strategy; Everyday, Life' will set out our borough's commitment and ambitious vision for greater action on environmental issues, whilst also addressing the ecological and climate emergencies.

You can find out more about these strategies and more at: <https://www.kirklees.gov.uk/beta/policies-and-strategies/index.aspx>

Within the Kirklees Council 'Council Plan'

Our Council Plan sets out:

- The direction for how we work smart and deliver efficiently and effectively
- How we work with people and partners using a place-based approach (people, partners, place)
- Our values and behaviours as an organisation
- Our day-to-day services
- Our 3-year priorities
- Our 12-month deliverables.

This inclusion and diversity strategy is directed by our Council Plan.

You can find out more about our Council Plan at <https://www.kirklees.gov.uk/beta/delivering-services/council-plan.aspx>

The Kirklees context

Our demographics – key facts

Disability

According to the ONS Census 2011, 48,702 aged 16 to 74 have a limiting long-term illness in Kirklees. Of these 11,242 (23 per cent) are in employment, 1,373 (2.8 per cent) unemployed, 14,946 (30.7 per cent) permanently sick, 14,410 (29.6 per cent) retired, 1,257 (2.6 per cent) students, and 5,474 (11.2 per cent) otherwise economically inactive.

Amount that day-to-day activities are limited	Kirklees, Number	Kirklees, %	England and Wales, %
A lot	33,162	7.7	7.5
A little	42,428	9.8	10.0
Not limited – not disabled under the Equality Act	357,625	82.6	82.5
Total all usual residents	433,216	100	100

Source: ONS Census 2021

Religion

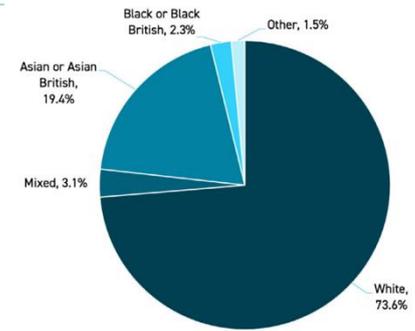
Religious category	Kirklees, Number	Kirklees, %	England and Wales, %
No Religion	150,599	34.8	37.2
Christian	170,577	39.4	46.2
Buddhist	996	0.2	0.5
Hindu	1,723	0.4	1.7
Jewish	187	0.0	0.5
Muslim	80,046	18.5	6.5
Sikh	3,476	0.8	0.9
Other religion	1,633	0.4	0.6
Not answered	23,949	5.5	6.0
Total all usual residents	433,216	100	100

Source: ONS Census 2021

Race and ethnicity

Demographic split in Kirklees:

- White 73.6%
- Asian or Asian British 19.4%
- Mixed 3.1%
- Black or Black British 2.3%
- Other 1.5%



Source: ONS Census 2021

Social isolation and loneliness

Social isolation and loneliness significantly increase the risk for premature mortality. Those living in areas of high deprivation and Black, Asian, and Minority Ethnic (BAME) groups are at higher risk of experiencing frequent feelings of loneliness:

- Of the 20% most deprived people in Kirklees, 31% of them experience frequent feelings of loneliness
- Of the 20% least deprived people in Kirklees, 11% of them experience frequent feelings of loneliness
- Of the BAME group in Kirklees, 34% experience frequent feelings of loneliness
- Of the White British group in Kirklees, 19% experience frequent feelings of loneliness.

Of all adults in Kirklees, 19.7% feel lonely (2019/20).

Fuel poverty

18.1% of households in Kirklees are in fuel poverty according to the latest data.¹ This compares to 13% as the national average.²



¹ Department for Energy Security and Net Zero, Accredited Official Statistics – Sub-regional fuel poverty 2024 (2022 data), URL: <https://www.gov.uk/government/statistics/sub-regional-fuel-poverty-data-2024-2022-data> (accessed August 2024).

² Department for Energy Security and Net Zero, Fuel poverty trends 2024, <https://www.gov.uk/government/statistics/fuel-poverty-trends-2024> (accessed August 2024)

Index of deprivation

Index of deprivation 2019 Deprivation in England is measured at Lower Super Output Area using a variety of indicators grouped under seven domains (income, employment, health, education and skills, housing and access to services, crime, and living environment).

In Kirklees 12.2% of the population live within LSOAs which rank within the worst 10% in England; this is higher than the average for England where 9.9% of the population are within the worst 10% LSOAs.

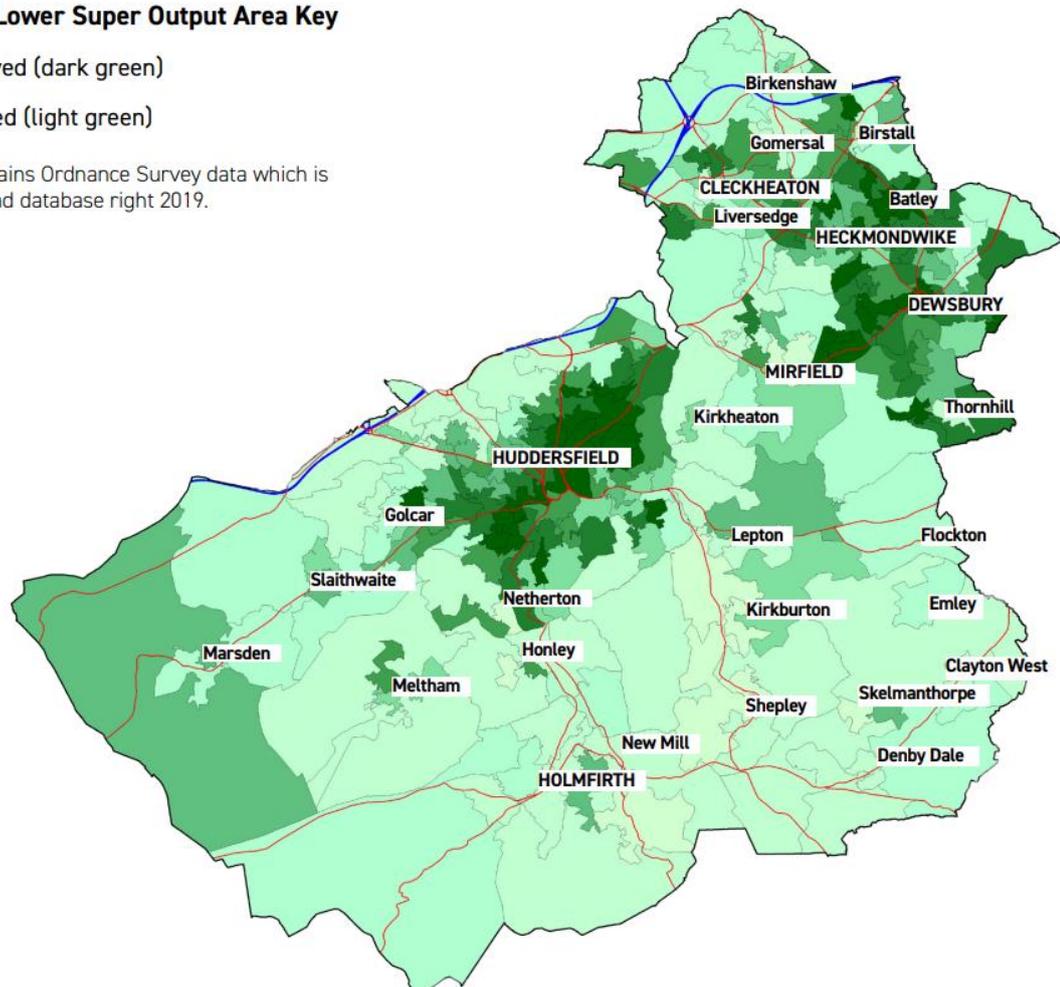
There are pockets of relative deprivation across all parts of Kirklees, with particularly large concentrations in urban areas.

Deprivation by Lower Super Output Area

Deprivation by Lower Super Output Area Key

- Worse deprived (dark green)
- Least deprived (light green)

Note: The map contains Ordnance Survey data which is Crown Copyright and database right 2019.



Employment and wages

The median gender pay gap in Kirklees (19.7%³) is higher than nationally (14.3%⁴). Nationally, the gap is small or negative for people in their 20s and 30s in the same employment type (full- or part-time) but 11.5% across all employment types because women are more likely to have lower-paid part-time roles. The gap widens considerably for full-time employees aged 40 or over.⁵ This is mostly explained by parenthood, with men's average pay levels mostly unaffected but women's average earnings falling sharply with little growth after.⁶ Caring responsibilities can also play a role. The mean gender pay gap in Kirklees Council (8.7%)⁷ is more than double the local government average (3.5%).⁸

Nationally, the disability pay gap, the gap between median pay for disabled employees and non-disabled employees, was 13.8% in 2021, widening since 2014 when disabled employees earned 11.7% less.⁹

BAME groups are underrepresented in local government senior officer positions nationally.¹⁰

For higher education graduates, average earnings across ethnicities differ considerably, as below.¹¹

Post-graduation average earnings (UK)

Ethnicity	+1 year after graduation (£)	+3 years after graduation (£)	+5 years after graduation (£)	+10 years after graduation (£)
All (incl. ethnicities not listed below)	21,600	25,100	28,200	32,200
Indian	23,800	27,800	31,500	35,300
Pakistani	20,100	23,100	24,900	25,600
Black African	22,300	24,500	27,400	30,000
Caribbean	19,800	23,400	26,400	29,300
White	21,600	24,900	28,200	32,200

³ Kirklees Council Gender Pay Gap Report 2022, <https://www.kirklees.gov.uk/beta/information-and-data/pdf/open-data/gender-pay-gap-report-2022.pdf> (accessed August 2024)

⁴ ONS (2023), Gender pay gap in the UK: 2023 (using 2022 figures), <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/genderpaygapintheuk/2023> (accessed August 2024)

⁵ Francis-Devine, Brigid (2024), 'The gender pay gap' (House of Commons Library) <https://researchbriefings.files.parliament.uk/documents/SN07068/SN07068.pdf> (accessed August 2024). See also ONS (2023), 'Gender pay gap in the UK: 2023', <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/genderpaygapintheuk/2023>

⁶ Andrew, et al (2021), 'Women and men at work', (Institute for Fiscal Studies), <https://ifs.org.uk/publications/women-and-men-work> (accessed August 2024)

⁷ Kirklees Council (2023), 'Gender Pay Gap Report 2023' <https://www.kirklees.gov.uk/beta/information-and-data/pdf/open-data/gender-pay-gap-report-2023.pdf> (accessed August 2024)

⁸ Local Government Association (2024), 'The gender pay gap in local government 2023/24' <https://www.local.gov.uk/publications/gender-pay-gap-local-government-202324> (accessed August 2024)

⁹ ONS (2022), Disability pay gaps in the UK: 2021, <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/disabilitypaygapsintheuk/2021>

¹⁰ Local Government Association (2023), Local government workforce summary data - November 2023, <https://www.local.gov.uk/local-government-workforce-summary-data-november-2023> (accessed August 2024)

¹¹ UK Government (2024), 'Work and study after higher education', <https://www.ethnicity-facts-figures.service.gov.uk/education-skills-and-training/after-education/destinations-and-earnings-of-graduates-after-higher-education/latest/#by-ethnicity-average-earnings> (accessed August 2024)

Key inequalities and challenges

There are number of key inequalities and challenges affecting communities and individuals in Kirklees. Some are local issues, but equally a local impact can be felt as a result of national and even global factors.

We have used a combination of data analysis and community engagement in order to establish what we believe are some of the relevant factors which inform the direction of this strategy. The statistics paint a picture of some of the inequalities faced within our communities, but the stories from individuals help us really understand what life is like in Kirklees at the moment.

In this strategy, we have identified four factors that exacerbate and deepen inequalities across all protected characteristic groups. Activity is required across all inequalities, but these are factors on which we will have a particular focus for this strategy:

- Poverty and the cost of living
- Loneliness and social isolation
- Being care-experienced
- Having a disability

People in Kirklees have told us that the double impact of the Covid pandemic and the subsequent cost-of-living crisis has hit them financially and socially. Taking the lead from the most recent Director of Public Health report [12] it is clear that, while many more people are experiencing financial hardship, the cost-of-living crisis is having the most significant impact on people who were already living in persistent poverty, as deprivation levels go deeper.

The poverty rate for working-age unpaid carers in 2022 was 28%, compared to 20% for those without caring responsibilities; and was 31% for disabled people, compared to about 19% for those who are not disabled [13].

Members of the community we spoke to told us that poverty is an overriding factor affecting their wellbeing and happiness. It impacts on their physical health, secure housing, and their mental or emotional health.

The 2022 Director of Public Health Report, “Poverty Matters”, had a clear focus on understanding the impact of the cost-of-living crisis,

The threshold at which people experience destitution, where they are unable to meet their barest physical needs to stay warm, dry, clean, and fed, has increased significantly (rising from £70 per week (single person) in 2019 to £95 per week in 2022 (most recent figures, released in Feb 2023)

Where people’s characteristics intersect, the impact of poverty can be felt even more deeply. For example, the proportion of working age disabled people living in poverty is 27%, compared to 19% for working age people who have not declared a disability. Other factors such as the employment rate of disabled people (53% as opposed to 82% of non-disabled people) and the disability employment gap

¹² [Director of public health annual report 2022/23: Poverty Matters | Kirklees Council :](https://www.kirklees.gov.uk/beta/director-of-public-health-annual-report/index.aspx) <https://www.kirklees.gov.uk/beta/director-of-public-health-annual-report/index.aspx> (accessed June 2024)

¹³ [Valued: Breaking the link between paid and unpaid care, poverty and inequalities across Britain \(openrepository.com\) :](https://oxfamilibrary.openrepository.com/bitstream/handle/10546/621592/bp-valued-paid-and-unpaid-care-poverty-inequalities-160424-en.pdf) <https://oxfamilibrary.openrepository.com/bitstream/handle/10546/621592/bp-valued-paid-and-unpaid-care-poverty-inequalities-160424-en.pdf> (accessed June 2024)

(which typically sees disabled people paid 29% less than their non-disabled counterparts) mean that poverty is felt more acutely by disabled people than those who are not [14].

Similarly, as the cost-of-living crisis has hit our communities, it has become clear that it is not affecting us all equally. For example, the Citizens' Advice Bureau (CAB) reports that, of the number of people they're assisting with food bank referrals each month, more than twice as many people of Black / African / Caribbean / Black British ethnicity were helped than White people. There are similar figures for access to crisis support, people facing homelessness issues, and private renters helped with 'no fault' eviction support. The average monthly surplus for the CAB's debt clients ranges from -£19 for White clients to -£92 for Asian / Asian British clients [15].

Loneliness

One of the significant impacts of the Covid pandemic was the rise in people experiencing loneliness and a lack of social connectedness. Successive lockdowns and shielding by members of our communities affected their ability to interact and socialise with others. The current cost-of-living crisis further limits some people's abilities to connect with others.

Loneliness is a public health priority that affects people from all walks of life and at various life stages. Taking action to combat loneliness, and putting in place interventions to support people to build connections can reduce the need for health and care services in the future, and have a significant impact on improving sense of belonging within our communities.

Loneliness is a complex and multi-faceted issue, and it is clear that its impact is not evenly distributed across society, instead being more prevalent and persistent among marginalised and disadvantaged groups. Nationally, data tells us that 10-13% of older people feel lonely often or always, with protected and other characteristics becoming risk factors, such as low income, poor health and disability, living in isolated rural or deprived local communities [16]. Local data found that, of respondents to the Current Living in Kirklees (CLiK) survey in 2021, 6% of people feel lonely often or always, here however with a higher prevalence for younger people, transgender people, people of mixed ethnicity and those in the most deprived communities [17]. People in Kirklees told us that isolation was a particular problem for younger people and young families, again exacerbated by pressures from the cost-of-living crisis.

The crossover between loneliness and inclusion is clear. Discrimination, stigma, prejudice and a lack of representation can meet structural exclusion from policies and environments that can create barriers, such as a lack of access to public transport or digital exclusion.

The impact of loneliness can also be felt at work. We will explore the impact of this on our workforce, especially in light of research which indicates that 10% of workers often or always experience loneliness, with the figures being higher for disabled staff, senior managers, or colleagues from ethnic minority backgrounds [18].

Care-experienced people

¹⁴ [Disability facts and figures | Disability charity Scope UK](https://www.scope.org.uk/media/disability-facts-figures) : <https://www.scope.org.uk/media/disability-facts-figures> (accessed June 2024)

¹⁵ [CA cost-of-living data dashboard | Flourish](https://public.flourish.studio/story/1634399/) : <https://public.flourish.studio/story/1634399/> (accessed July 2024)

¹⁶ [Combating loneliness: a guide for local authorities](https://www.local.gov.uk/sites/default/files/documents/combating-loneliness-guid-24e_march_2018.pdf) : https://www.local.gov.uk/sites/default/files/documents/combating-loneliness-guid-24e_march_2018.pdf (accessed June 2024)

¹⁷ Kirklees Council, 'Current Living in Kirklees 2021: Summary of Key Findings' <https://www.kirklees.gov.uk/involve/publisheddoc.aspx?ref=cikoju7p&e=1021> (accessed June 2024)

¹⁸ [Loneliness at work report | research | British Red Cross](https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/loneliness-at-work) : <https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/loneliness-at-work> (accessed June 2024)

Care-experienced people can face significant barriers, stigma and disadvantage that impact them throughout their lives. They disproportionately experience homelessness, loneliness, unemployment, poverty, and a range of other disadvantages [19].

Disabled people

Disabled people in Kirklees have told us that the services they access do not always place their needs first, and often use a 'deficit mode' focussing on what their impairments limit in everyday life. They want any barriers they face to be understood, mitigated, and removed where possible, and would like a focus on offering disabled people independence, choice and control.

The CLiK survey results showed that disabled people were more likely to experience discrimination, had lower self-rated mental health, were more likely to feel lonely, less likely to use local green spaces, and were struggling financially [20].

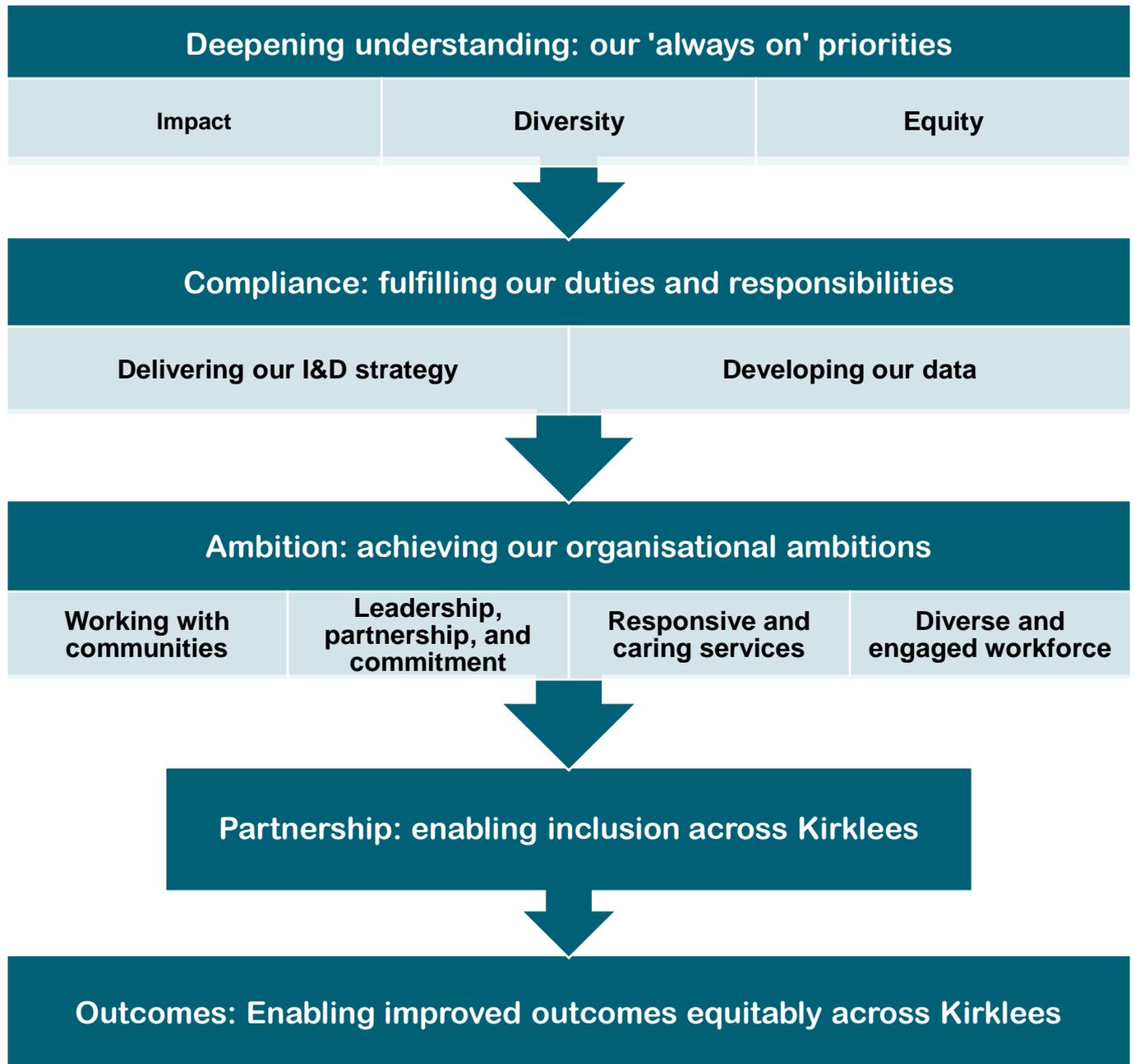
¹⁹ The Care Leavers' Association [The Needs of Adult Care Leavers – The Care Leavers Association](#)

²⁰ [publisheddoc.aspx \(kirklees.gov.uk\)](#)

The Council's Role and Responsibilities

Our role and responsibilities in relation to inclusion and diversity have three elements:

- **Compliance** – Our legal requirements and compliance with the Public Sector Equality Duty
- **Ambition** – How we achieve our own organisational ambitions as an employer and key local anchor
- **Partnership** – How we can enable inclusion across the district



Our 'always on' priorities

All of our objectives depend on continuing to deepen our shared understanding of inclusion and diversity. Our three 'always on' priorities describe what is required and what we will do to do this.

Understanding impact

- We will strive to be more data driven in our approach to developing and delivering services, and to inform our decision making.
- We will support the widespread use of Integrated Impact Assessments (IIAs) to look for positive impact, and to mitigate negative impact.
- We will have a robust quality assurance process to constantly drive the quality of our impact assessments.
- We will use the data from our IIAs to:
 - take an evidence-based approach to understand the cumulative impact of our decisions
 - positively influence intended outcomes

Understanding diversity

- Promote cultural confidence and competence, by incorporating inclusion into professional development, continuous learning, and self-evaluation for individuals, teams, and for the Council as a whole with the support of our inclusion learning resources.
- Building diversity into customer-facing and service-user centred operations.

Understanding equity

- Building empathy with people who face disadvantage.
- Develop a shared understanding of how we can work together to support people who are underrepresented in our workforce or face barriers or discrimination within society.
- Accept that people need to be treated differently for us to be meaningfully inclusive.

Compliance: The Public Sector Equality Duty

General duty

The Equality Act 2010 sets out three aims that public authorities, including the Council, must deliver in carrying out our activities:

- Eliminate unlawful discrimination.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster or encourage good relations between people who share a protected characteristic and those who do not.

The Act also stipulates that we must do this by:

- Removing or reducing disadvantages suffered by people because of a protected characteristic.
- Meeting the needs of people with protected characteristics.

- Encouraging people with protected characteristics to participate in public life and other activities.

The protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

The aim of the Act is to protect people from disadvantage and harm as a result of having a particular protected characteristic. Every single person has a protected characteristic, so we are all protected through the Act.

Specific duties

Public authorities also have specific duties under the Equality Act to help them comply with the public sector equality duty.

Public authorities with 250 employees or more must do the following:

- Publish information on general duty compliance at least once a year to show how they have complied with the equality duty in respect of both people affected by their policies and practices and their employees.
- Prepare and publish equality objectives at least every four years.
- Publish gender pay gap data by 31 March each year.

How the Council complies with its legal duties

Our Inclusion and Diversity Strategy sets out our equality objectives as required by the duty, and various forms of reporting show how we are complying with the requirement to publish compliance information.

The information is provided on our website. You can find out more about how we are delivering on our ambitions around inclusion and diversity here: <https://www.kirklees.gov.uk/beta/delivering-services/inclusion-and-diversity-strategy.aspx>

The Council annually publishes [workforce profile data](#) and produces a [gender pay gap report](#). It is also anticipated that both disability and ethnicity pay gap reports will be published in future. An annual report is produced detailing how the organisation has performed against its equality objectives, which is scrutinised by councillors and published online.

Ambition: Achieving our organisational ambitions

Our 2024-27 priority objectives

Our objectives go beyond compliance and are based on our ambitions. We set them out against four themes from the Local Government Association's Equality Framework.

Understanding and working with our communities

- Embedding our commitment to the Inclusive Communities Framework.
- Higher quality integrated impact assessments more broadly used.
- Working closely with ward councillors as local place-leaders, enable place-based responses to the unique challenges and opportunities in each place, such as conversations between faiths and supporting leadership programmes for underrepresented groups.
- Understanding poverty and mitigating the inequitable impact of cost-of-living pressures.

- An inclusive approach to loneliness.
- Enhanced support for care-experienced people.

Leadership, partnership, and organisational commitment

- Embedding our commitment to inclusion through Our Council Plan and key partnership strategies.
- Use the social model of disability to promote inclusion for people with disabilities.
- Organisational improvement and transformation of our day-to-day work.
- Developing champions and a community of practice.
- The development and use of data and intelligence, benchmarking, and looking for best practice to inform planning and decision making
- Responding to regional and national opportunities and challenges that affect our objectives, including legislation and funding

Responsive services and customer care

- Embedding our commitment to inclusion through our Access to Services Strategy.
- Developing our data about our residents and customers.
- Promoting inclusive customer access to services.

Diverse and engaged workforce

- Embedding our commitment to inclusion through the People Strategy.
- Promoting inclusion through workforce planning, including pathways for underrepresented groups that enable better representation in our leadership positions
- Enhancing our workforce data, with a focus on race and disability.
- Being an inclusive employer of choice.
- Supporting Employee Networks to play a bigger role in promoting inclusion and supporting the organisation's priorities.
- Continuing to develop our excellent learning and organisational development offer to promote inclusion.

Partnership: enabling inclusion across Kirklees

The Council has an important role enabling inclusion more broadly in Kirklees, supporting partnership working with other organisations. To summarise, our role is:

- Being a responsible anchor organisation, recognising our impact as a large, locally-rooted employer and spender and how that affects partners
- Being a co-ordinator and facilitator, supporting partners' efforts where they align with our own and leading through partnerships
- Delivering for partners through our services and programmes, from business support and community capacity building through to planning and investment
- Representing and advocating for the district through regional and national connections, where this will support better outcomes locally

All of these create opportunities to promote inclusion and diversity in Kirklees.

In carrying out these responsibilities, the Council is committed to its role working with other partners to deliver our shared vision for Kirklees: for it to be a district that combines a strong, sustainable economy with a great quality of life – leading to thriving communities, growing businesses, high prosperity and low inequality where people enjoy better health throughout their lives.

We achieve our vision by delivering improvements in our shared outcomes. Our shared outcomes are long-term commitments agreed with partners and which frame our planning in the short to medium term. They help the council and local partnerships focus on the impact we want to have for people and communities in Kirklees, collectively prioritise and plan, and monitor the impact of regional, national, and even international events. More information on these outcomes is available in Our Council Plan: www.kirklees.gov.uk/councilplan.

At the heart of our partnership working is our set of strategic partnership strategies, consisting of the Kirklees Health and Wellbeing Strategy, Inclusive Economy Strategy, and the Environment Strategy, and supported by the Inclusive Communities Framework, which provides an approach to working with communities, supporting activity in all areas to contribute to more inclusive communities and a sense of belonging. Interdependences have been mapped across all these strategies. These make it clear that inclusion is a 'golden thread' that runs through all of them. The following shows ways in which our inclusion and diversity commitments support our partnership ambitions:

Inclusive Economic Strategy	<ul style="list-style-type: none">• Our role as an inclusive employer of choice, creating quality jobs for members of our diverse communities
Health & Wellbeing Strategy	<ul style="list-style-type: none">• An inclusive approach to social connectedness leads to improved health outcomes and sense of belonging
Environment Strategy	<ul style="list-style-type: none">• Supporting fairness, inclusion, diversity and accessibility in areas such as access to greenspace and mitigating the impact of climate change on disadvantaged communities
Inclusive Communities Framework	<ul style="list-style-type: none">• By enabling place-based responses to the unique challenges and opportunities in each place, we can connect better with underrepresented communities

Delivery

The Inclusion & Diversity Strategy is the connecting thread that links and supports other key strategic commitments that guide the council's work to deliver our vision for inclusion and diversity. These include the Council Plan, the Access to Services Strategy, the Inclusive Communities Framework, and the People Strategy. It also aligns with the wider work of the Health & Wellbeing and Communities Boards. The strategy does not duplicate the objectives and actions of these other commitments and partnerships, but rather enhances and complements them.

We will monitor the progress of this strategy through an I&D strategy action plan, which provides an overview of:

- Key activities, milestones, challenges, and opportunities for each theme and across all four themes
- The agreed success criteria and indicators for each theme
- Our regular staff survey and other staff engagement activity, to assess the staff perception and experience of inclusion and diversity in the workplace
- A variety of qualitative engagement tools and activities, especially through various teams' work with ward councillors, use of the Inclusive Communities Framework, and other forms of engagement. This will enable us to engage with and record the feedback and insights of different stakeholders

This will help us assess our ability to deliver on our ambitions and support progress.

A steering group of lead council officers for each of the four priority themes will advise, coordinate, and drive progress on the overall objectives of the strategy and identify and facilitate any cross-cutting issues or synergies with other relevant work. They will report regularly to the relevant boards and senior management groups as well as to the relevant portfolio holders. This currently includes the I&D strategy steering group, the Public Health & Corporate Resources Senior Leadership Team, and the Inclusion & Diversity Hub, where all council directorates and employee networks are represented and engaged.

Some of the indicators we use reflect the wider social and economic factors that affect inclusion and diversity, and for these we share responsibility and influence with our partners, such as the police, health, and education sectors. Other indicators are more directly linked to our own performance and actions as an organisation, and we will use those to monitor and improve our own practices and policies, ensuring that they are adequately resourced and prioritised.

We will review and update the action plan periodically based on progress made and monitoring information, to ensure it aligns with the experiences, ambitions, and challenges of residents, employees, and communities in Kirklees. We will also share and celebrate the achievements and successes of the Inclusion & Diversity Strategy and the action plan through the council website, which will also fulfil our legal requirement to report on progress made.

ACHIEVING INCLUSION

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