

brightsparks

Technical Report: Physical Activity and Movement in North Kirklees

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

September 2025

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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.

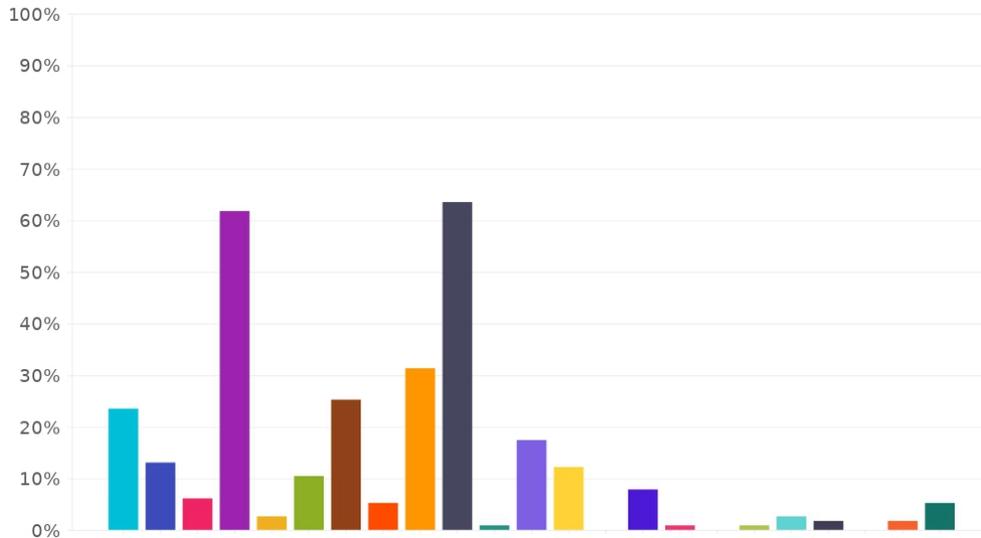
Potential opportunities

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.

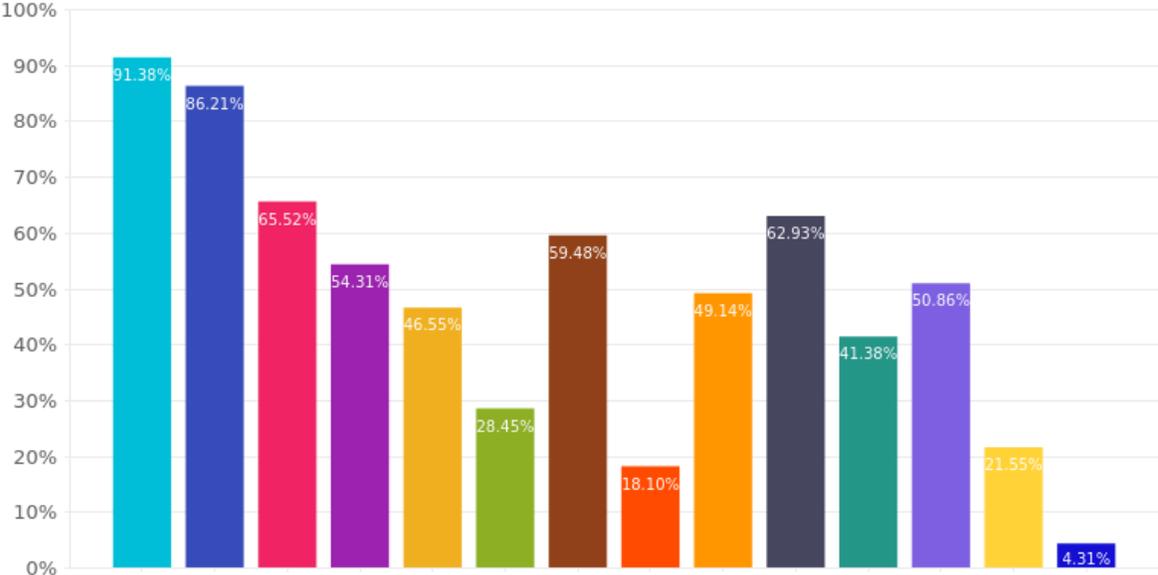
Potential opportunities

- 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.

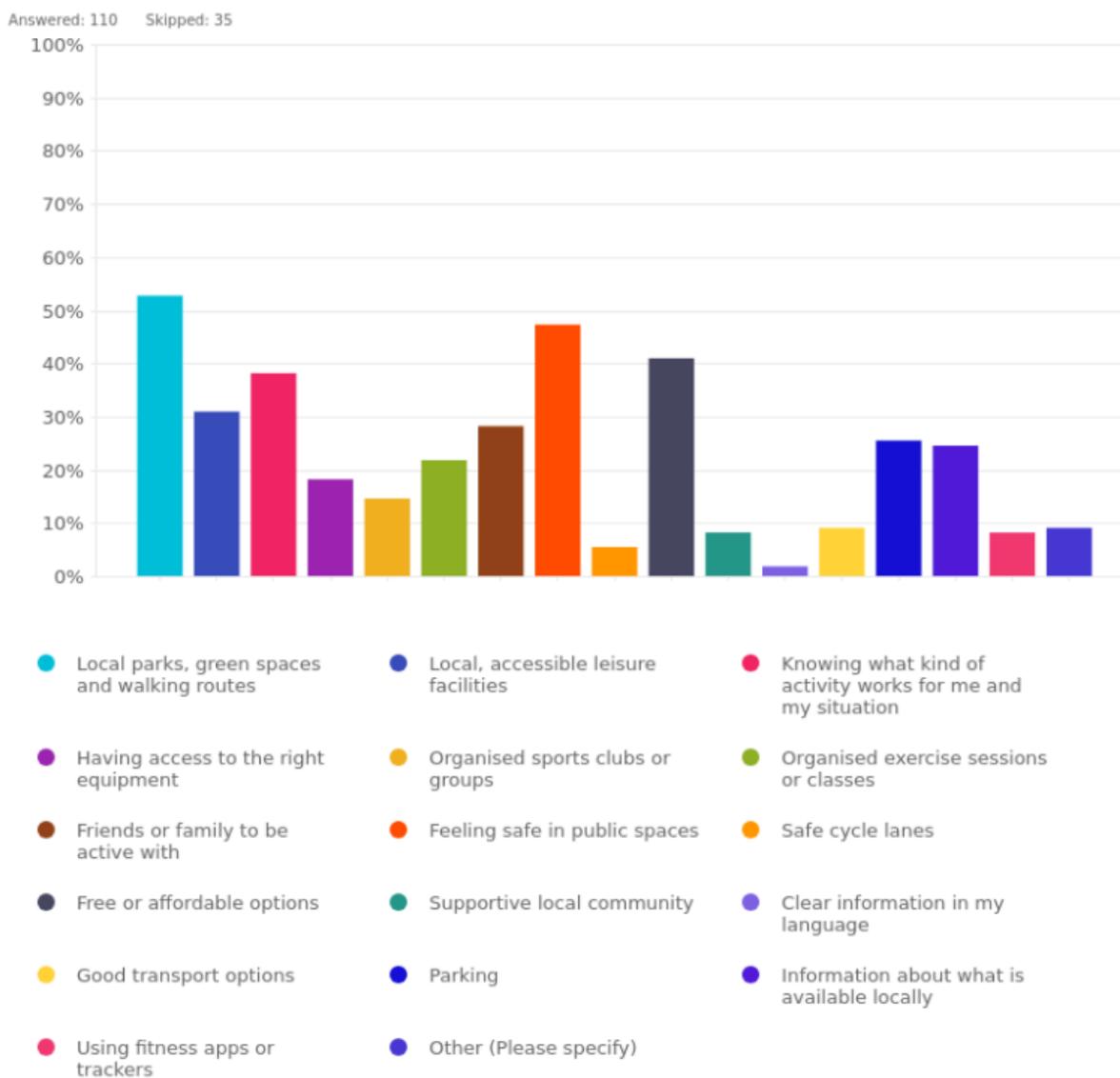
Interpretation

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:

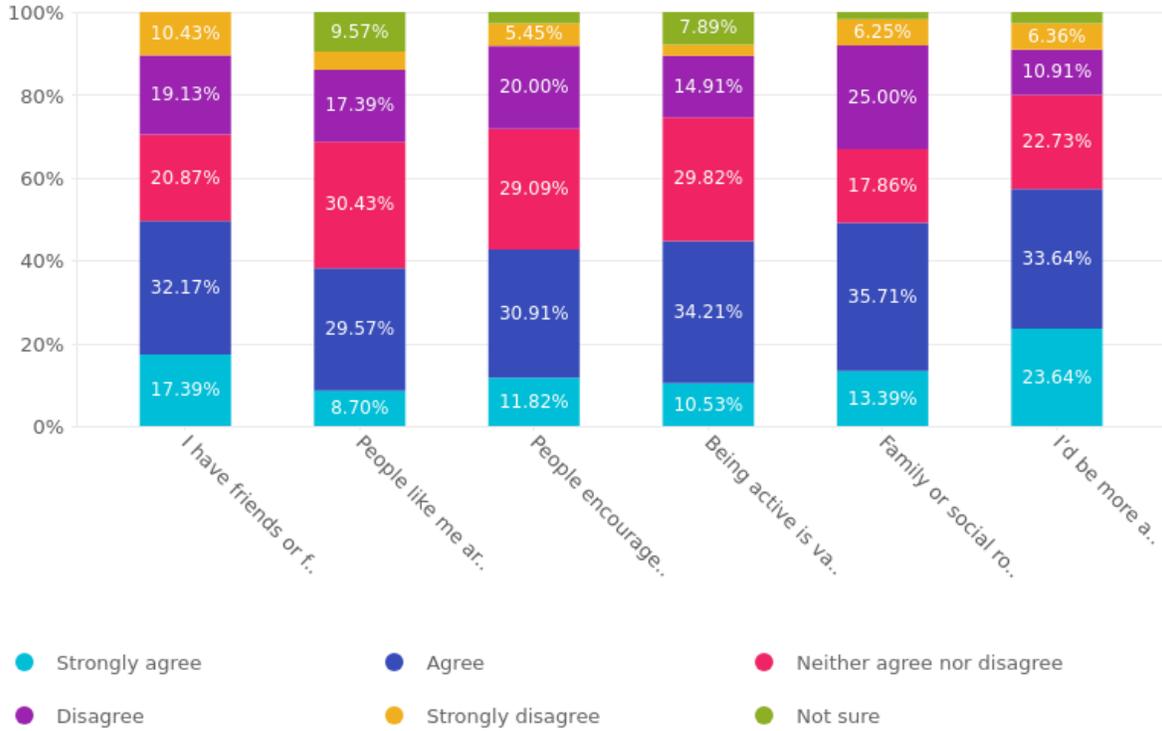
- I have friends or family I can be active with.
- People like me are regularly active.
- People encourage me to be active.
- Being active is valued in my culture.
- Family or social roles limit my time to be active.
- I'd be more active with someone to go with.

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.

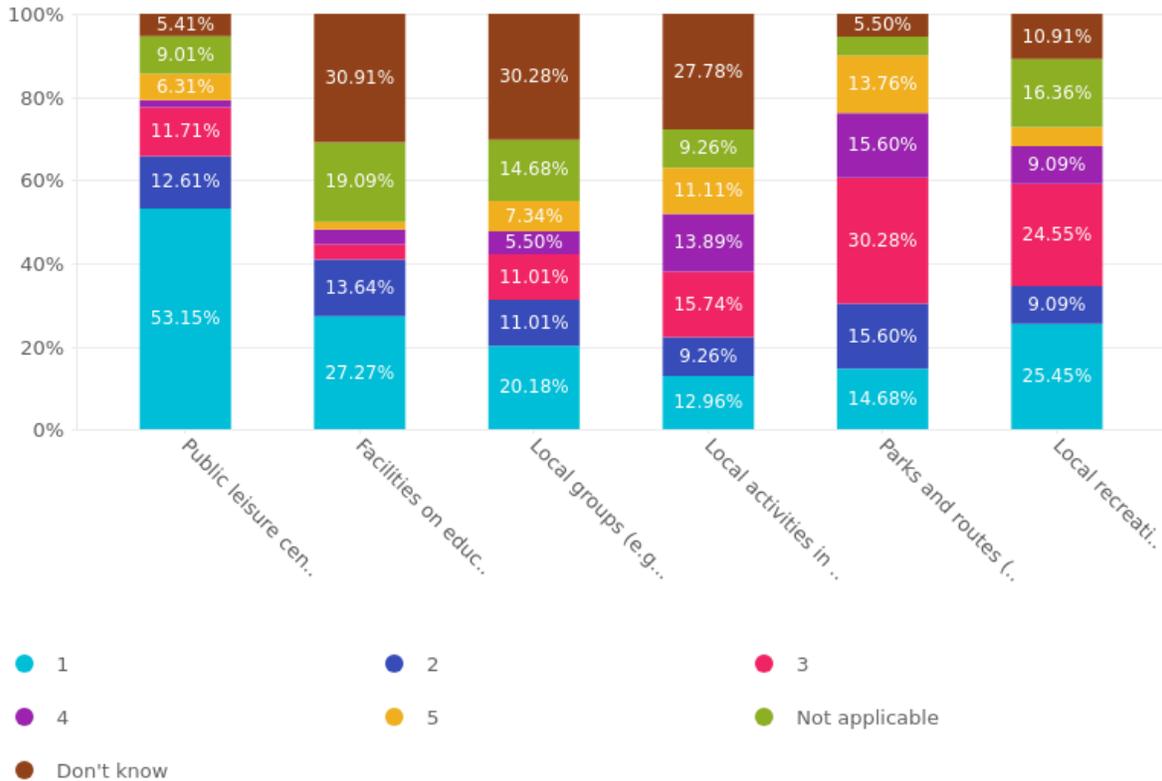
Potential opportunities

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.

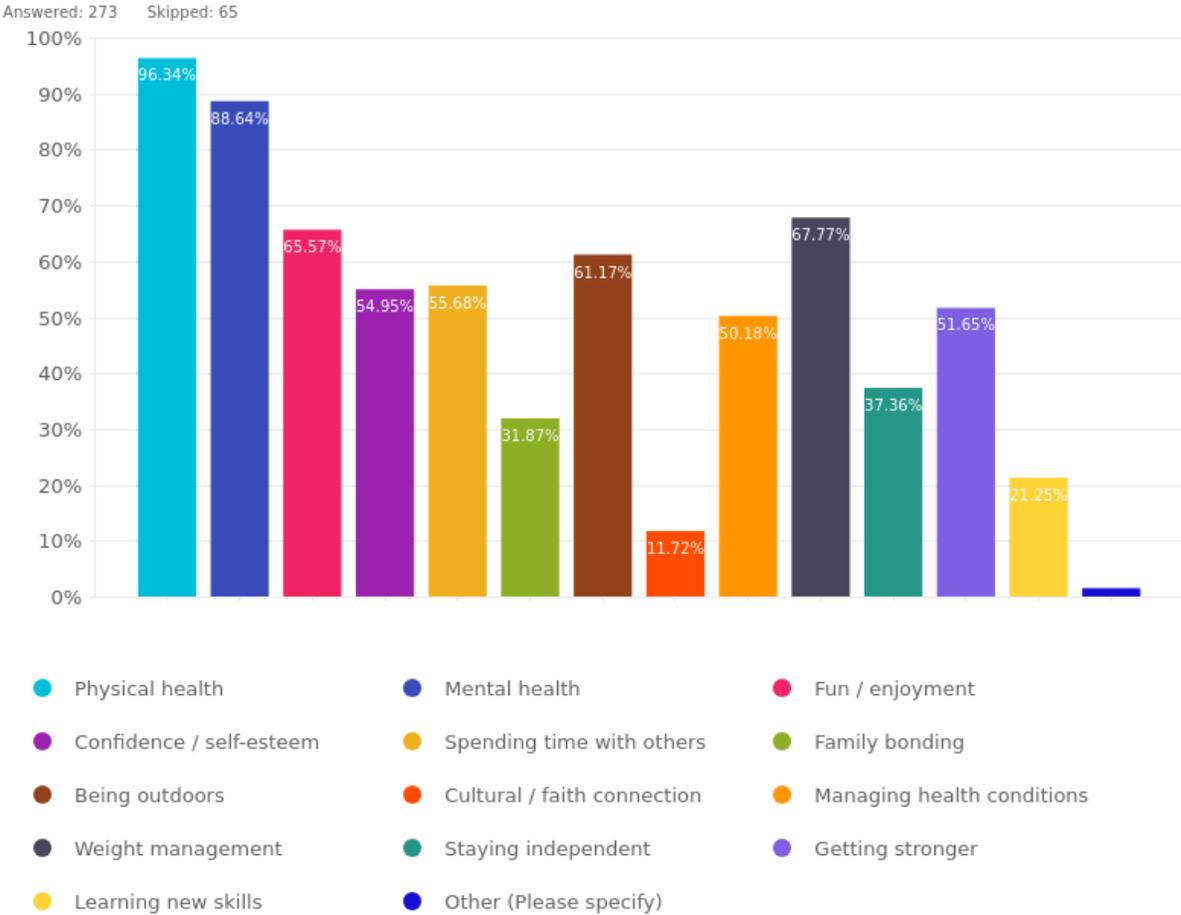
Evenings are less popular, which may relate to the availability of opportunities, or reflect competing commitments or reduced motivation at the end of the day. Evenings are still important for groups who value social or team-based activities. The small group

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.

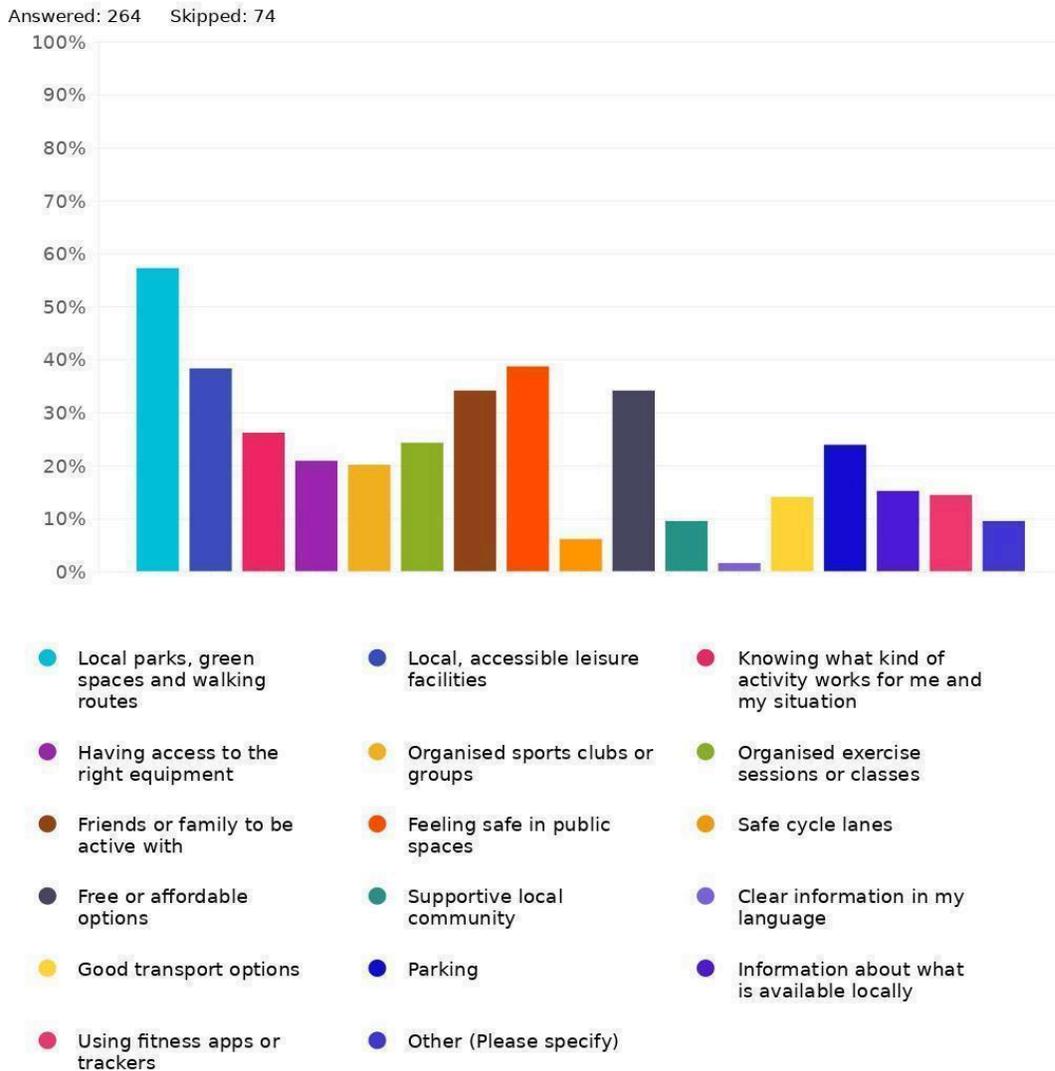
However, the prominence of weight management, fun, and outdoor engagement indicates that residents see exercise as a way to achieve balance, happiness, and quality of life. Social aspects, such as interaction, confidence, and family bonding, underline activity's role in strengthening personal relationships 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

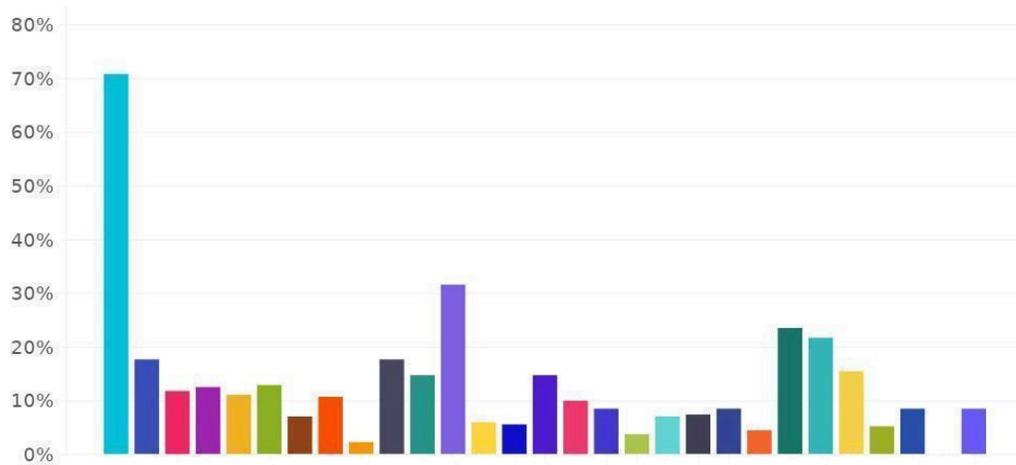
- To support residents effectively, investment in safe, accessible, and affordable spaces is essential, particularly addressing the loss of Dewsbury Sports Centre, which has had a profound impact on community activity levels. Efforts should

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.

Dewsbury - What factors affect your ability or motivation to move more or be more active? Respondents could select multiple options



- No local facilities
- Don't know what's available
- No public transport options nearby
- Inconvenient opening / session times
- Not the activities I like
- No one to go with
- Friends not interested
- Not feeling welcome
- Cultural / family expectations
- Bad weather
- No lighting after dark
- Unsafe local spaces
- Terrain, for example it is too hilly
- No privacy
- Health / disability issues
- Low confidence / motivation
- Body image / self-conscious
- No suitable clothes / equipment
- No time
- Childcare responsibilities
- Caring for others
- Other priorities
- 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
- Other (Please specify)

Summary of responses

273 respondents responded to this question, identifying a variety of barriers impacting their physical activity. The most commonly reported factor was no local facilities (70.7%), followed by unsafe local spaces (31.5%) and membership or club subscriptions being too expensive (23.4%). Cost-related barriers were prominent, with

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:

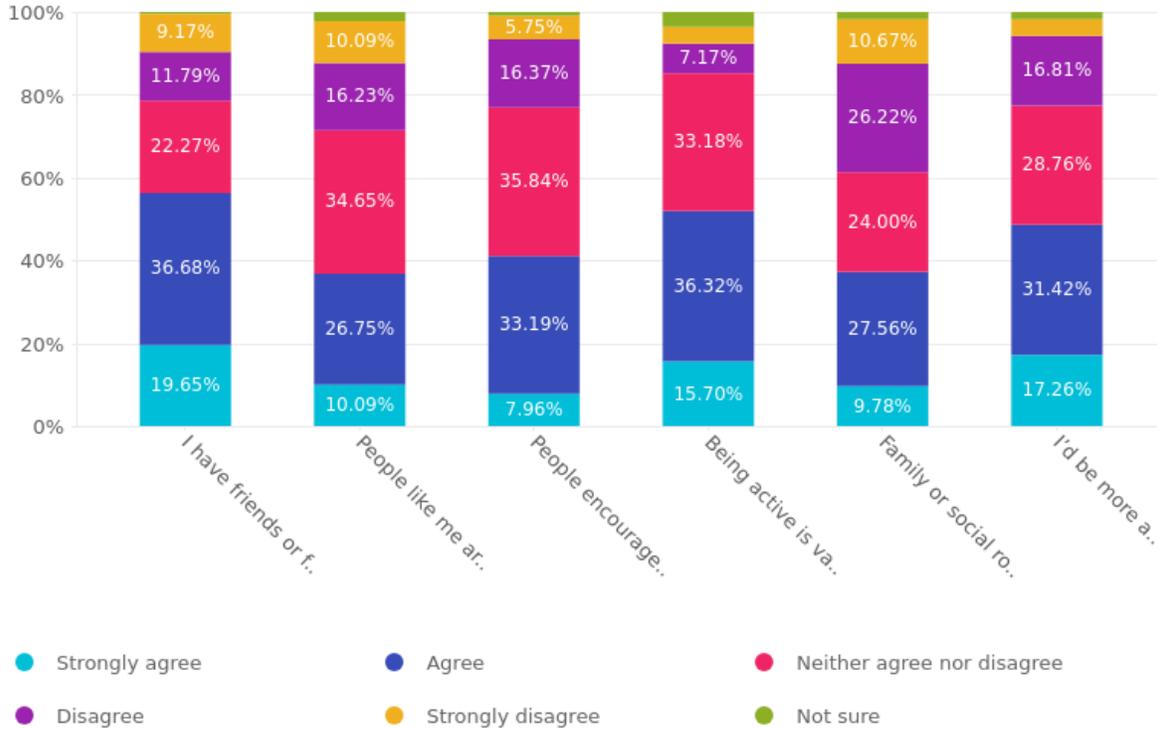
- I have friends or family I can be active with.
- People like me are regularly active.
- People encourage me to be active.
- Being active is valued in my culture.
- Family or social roles limit my time to be active.
- I'd be more active with someone to go with.

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

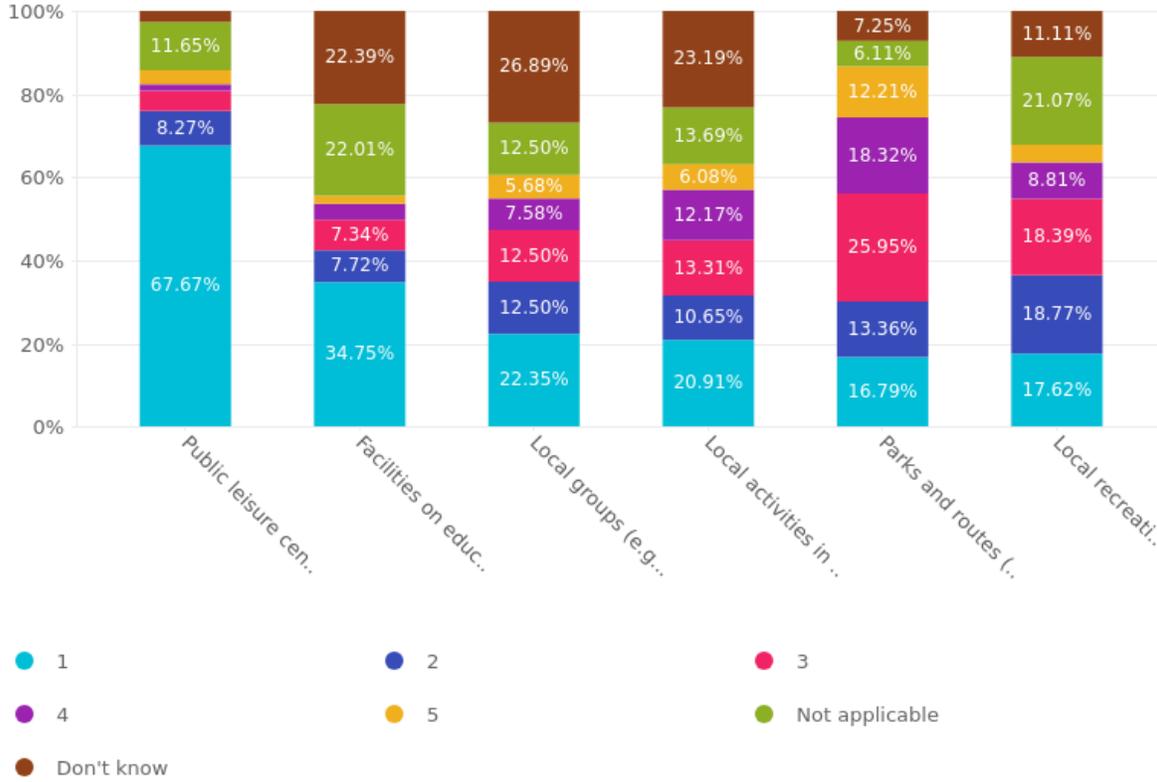
These findings suggest that efforts to increase activity should build on existing social networks and cultural values by creating opportunities for buddy schemes, group activities, and family-based programmes. Increasing the visibility of relatable role models can help shift perceptions of who is active, 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 Spenningshall 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

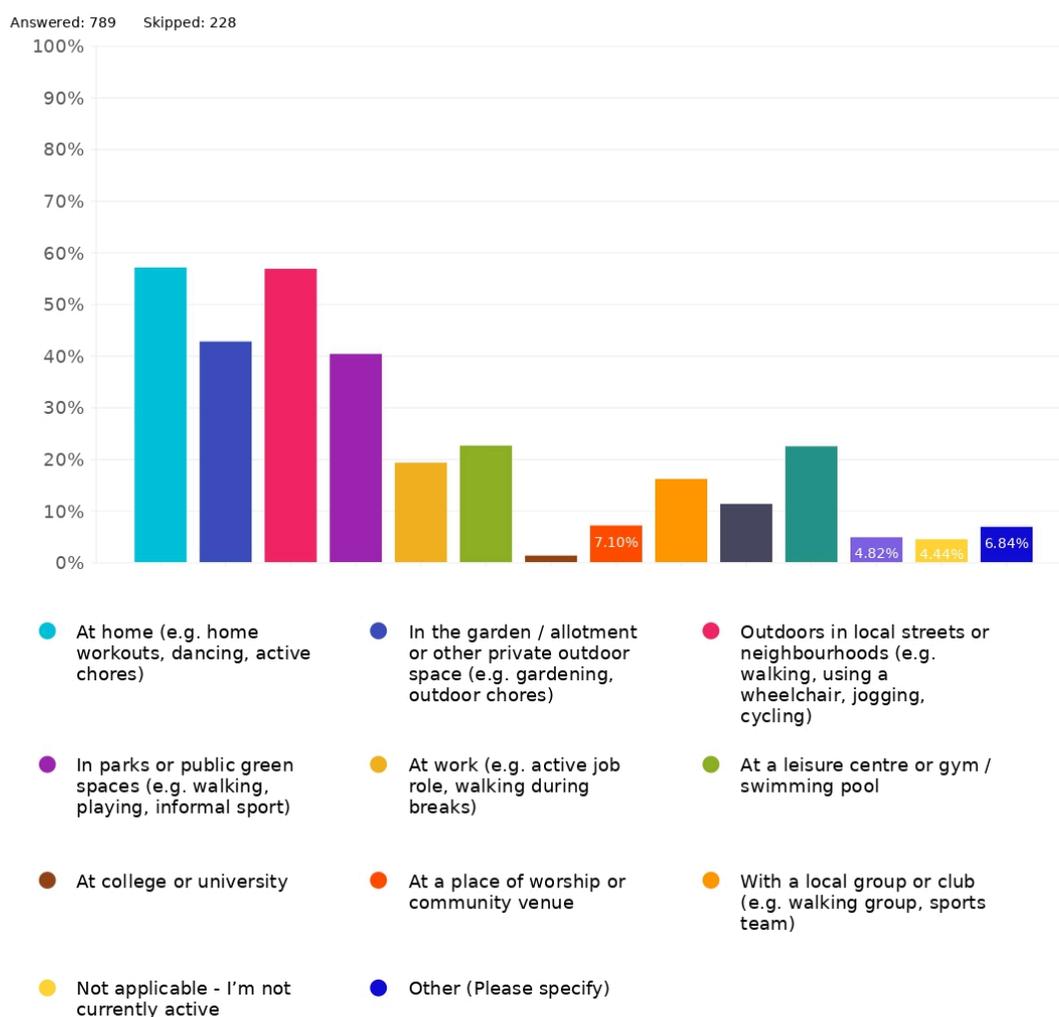
The distribution shows that while most respondents are not sitting for extreme durations, a substantial portion, around one in three, sit for more than 7 hours daily. This aligns with national trends, where occupational sitting and leisure screen time are major contributors to sedentary behaviour ([Public 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.

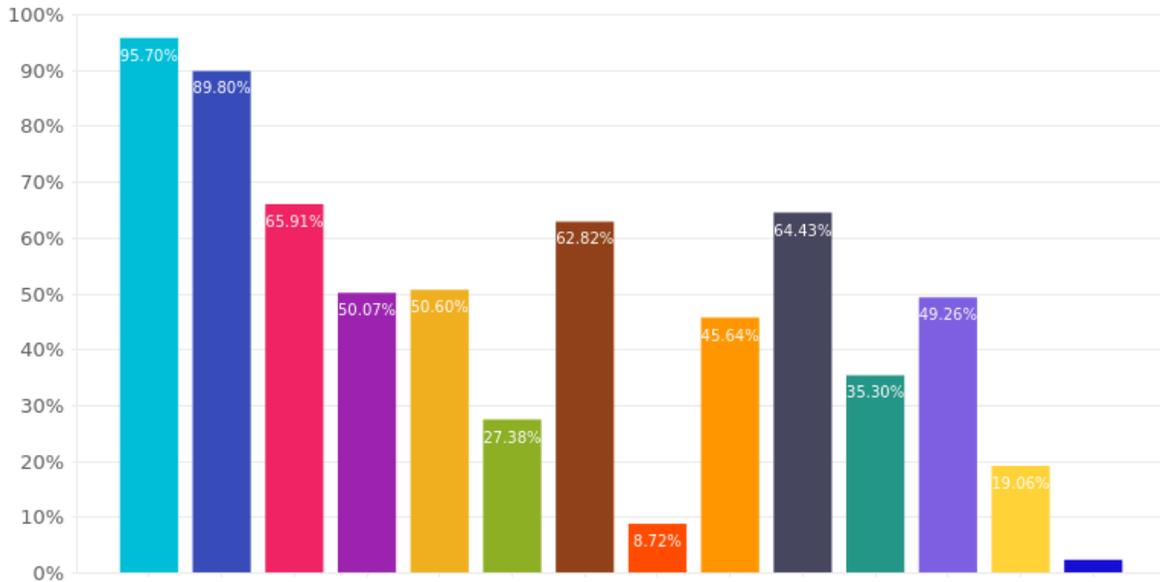
Potential opportunities

- 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.

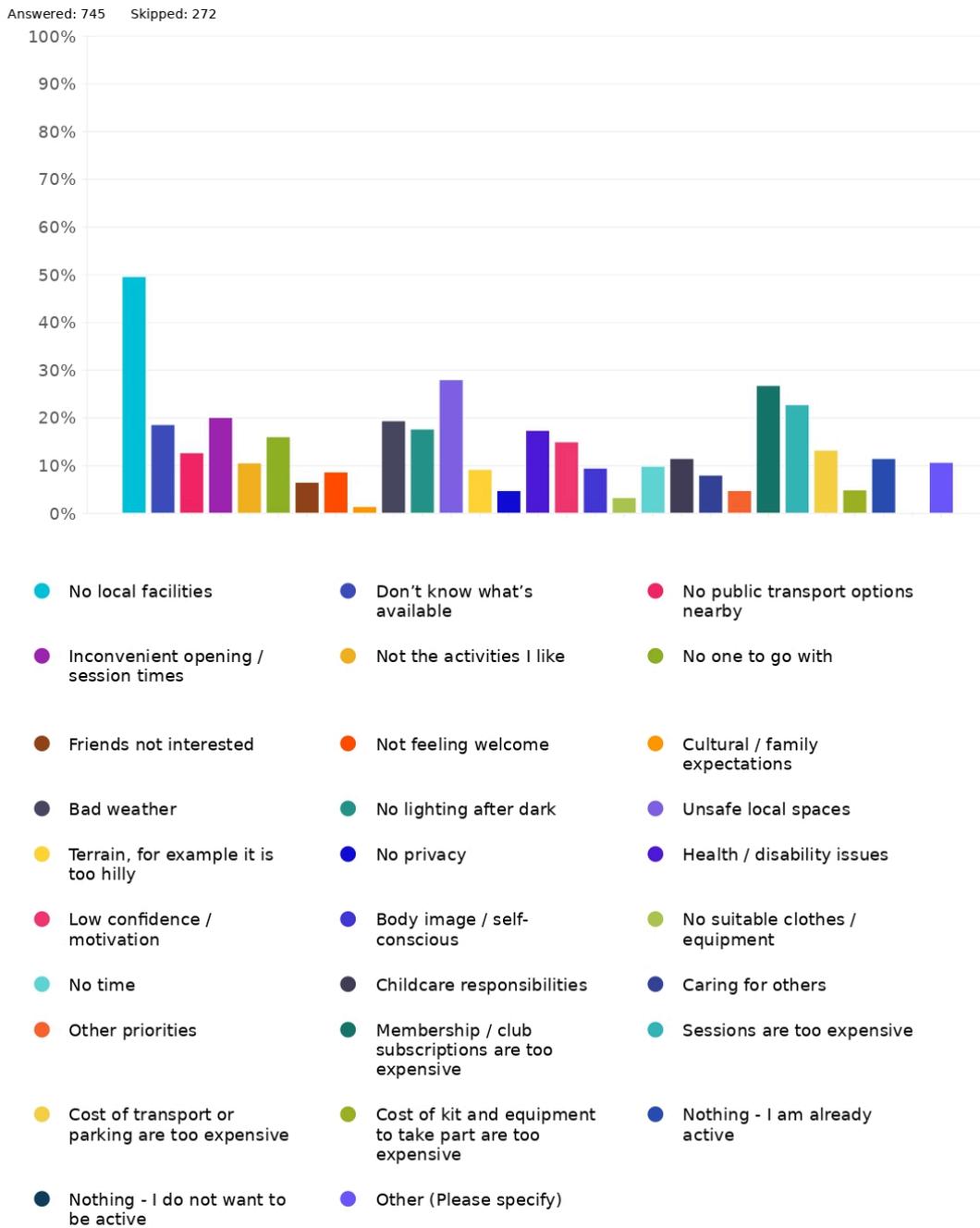
The low ranking for “Clear information in my language” could reflect the predominantly English-speaking respondent base, but given earlier ethnicity data showing diverse communities, this may also signal underrepresentation of non-English-speaking residents in the survey sample.

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)

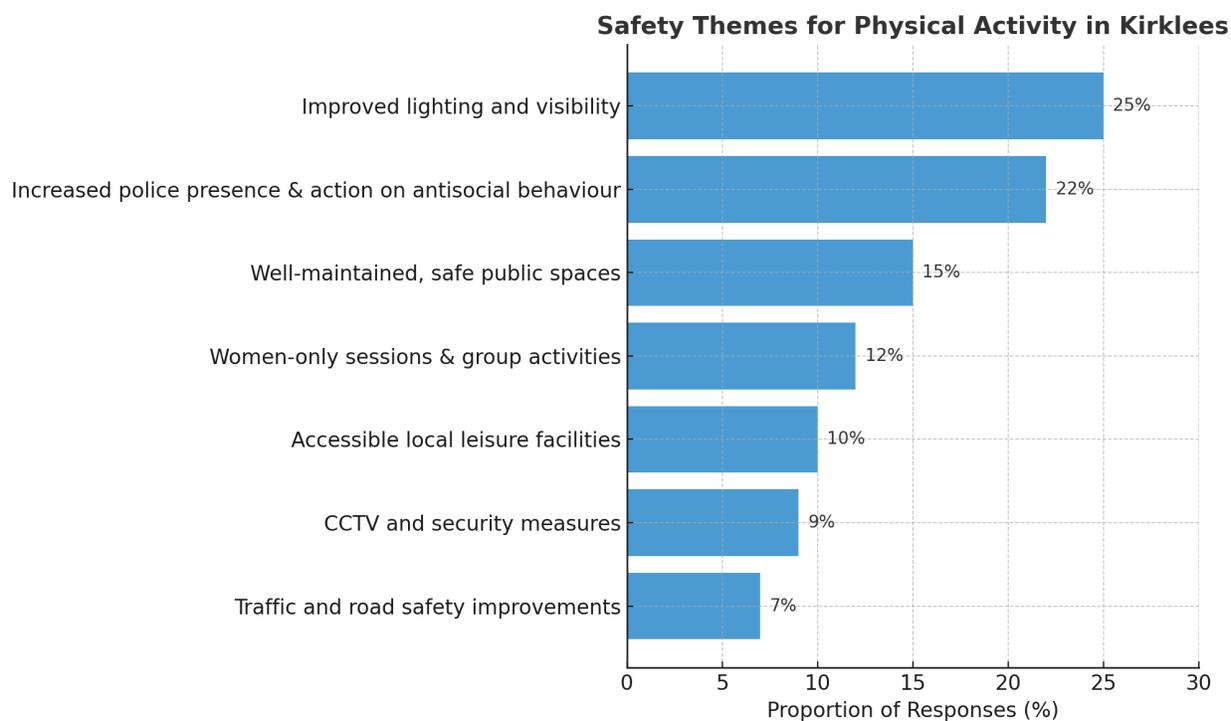
Many respondents expanded on their barriers, adding important context. Themes include leisure centre closures, safety, transport, and accessibility:

- *"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:

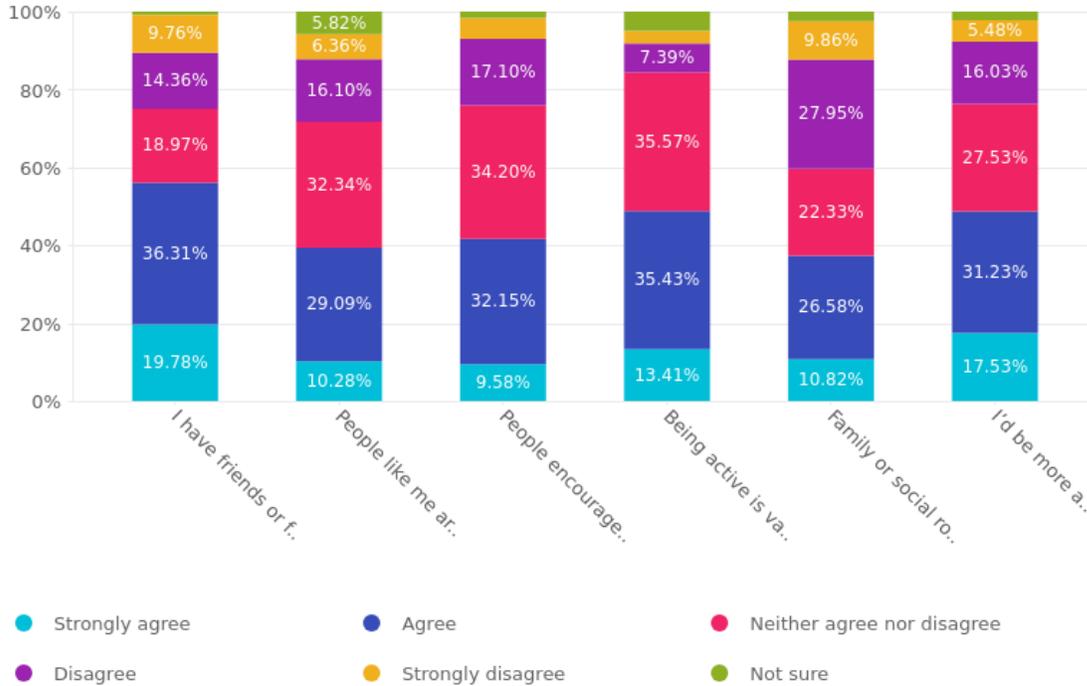
- I have friends or family I can be active with.
- People like me are regularly active.
- People encourage me to be active.
- Being active is valued in my culture.
- Family or social roles limit my time to be active.
- I'd be more active with someone to go with.

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.

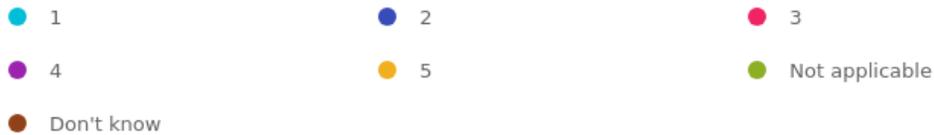
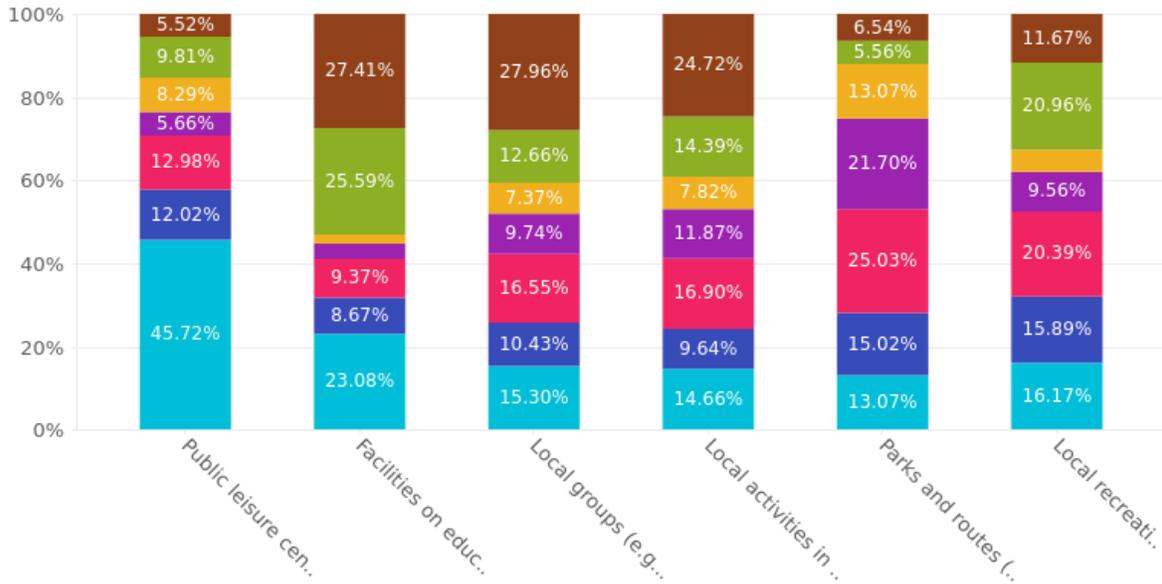
Potential opportunities

- **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

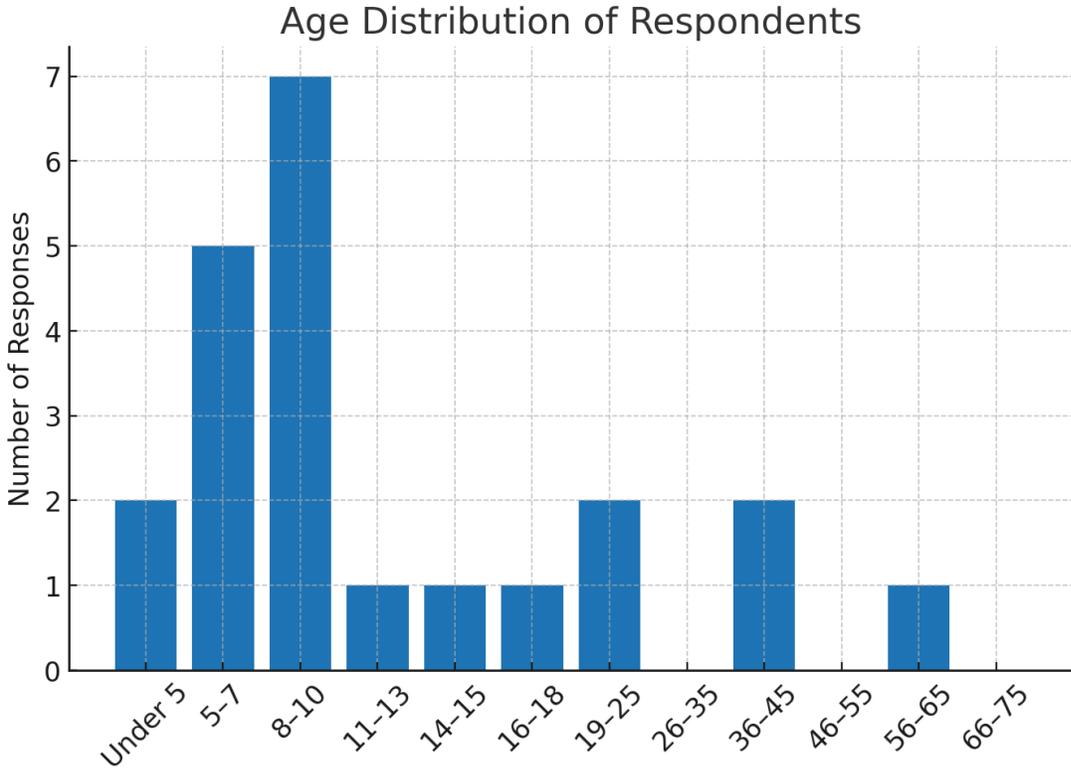
The research team engaged with 29 children, young people and families across a range of ages. To make the process age-appropriate and enjoyable, participants used a sticker activity in which children and young people placed dots next to key questions about what activities they do, how often they do them, 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

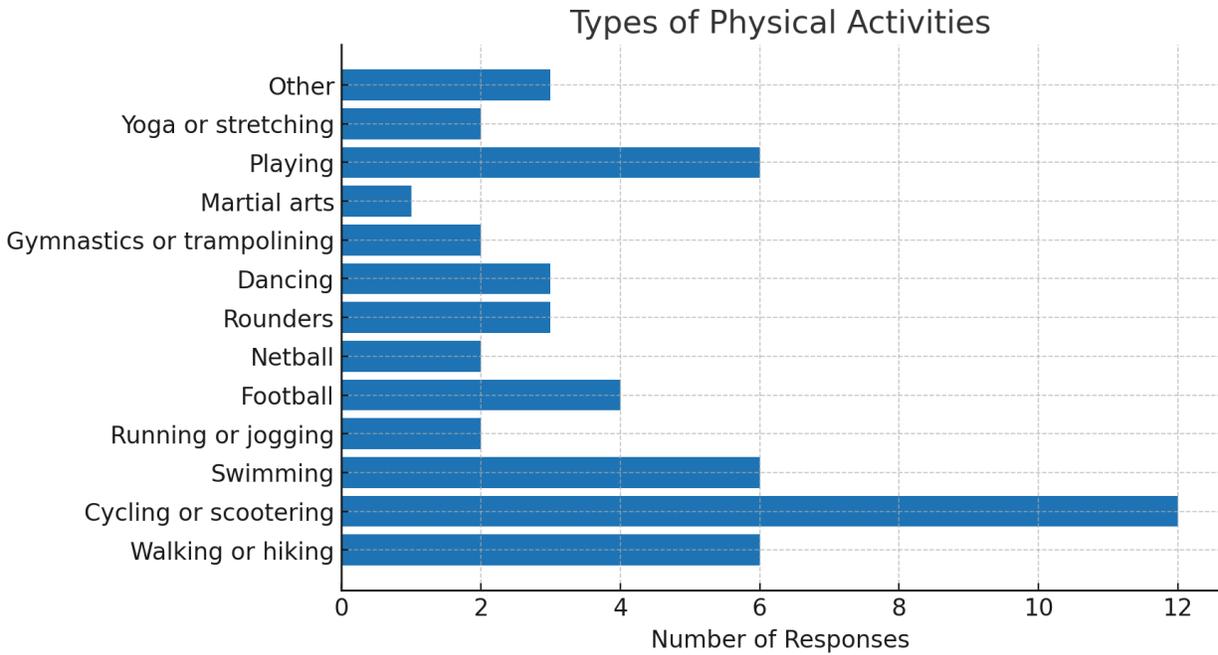
The majority of responses came from children aged 5-7 and 8-10, with some additional input from younger children (under 5), teenagers, and adults/parents. Engagement was therefore strongest among primary-school-aged children and their families. However, the age range data also reveals clear gaps in participation 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.



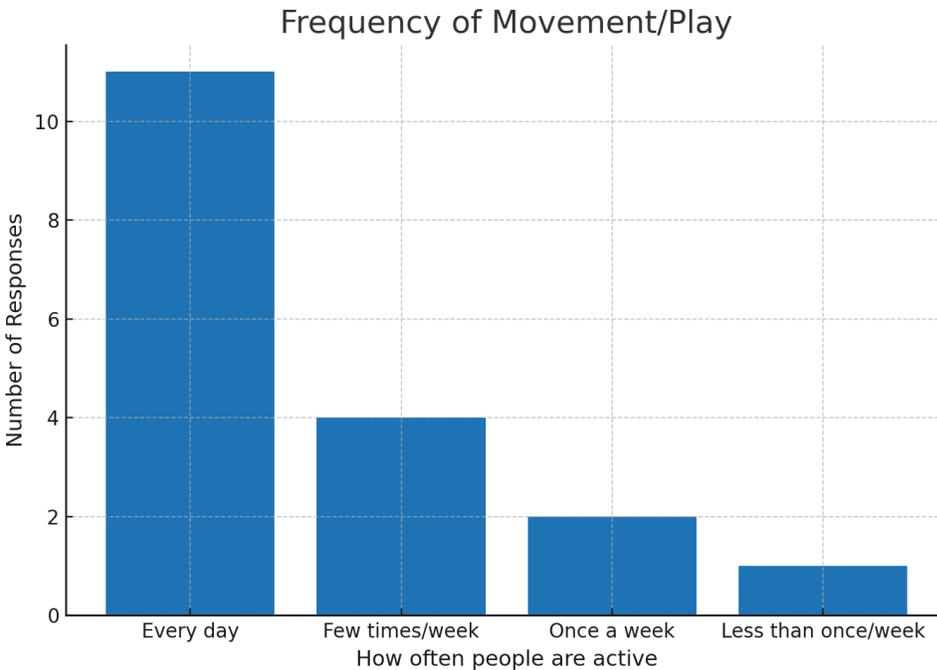
2. Activities enjoyed

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

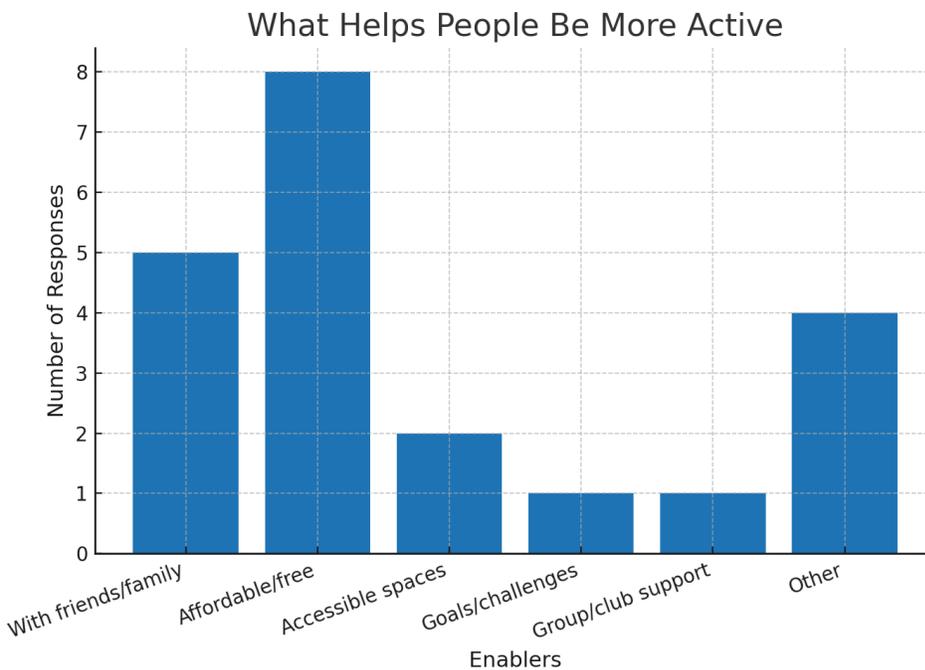
motivations are consistent with evidence showing that enjoyment and social connection are more powerful drivers than health messaging alone (WHO Commission on Social Connection 2025).

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).

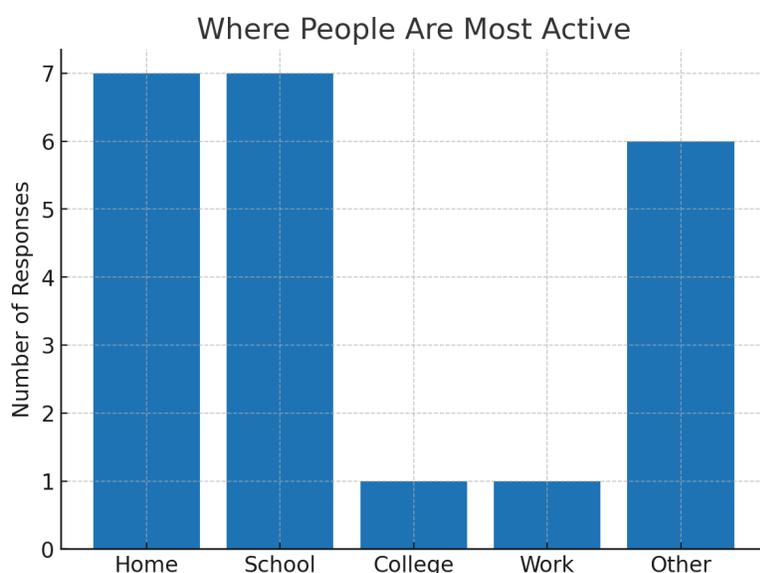
6. Enablers of activity

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
- Briestfield
- 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