

Swimming

taking the plunge
for a fitter lifestyle





Getting more people swimming more often

The Amateur Swimming Association (ASA) is the national governing body for swimming, diving, water polo, synchronised swimming, open water and masters swimming. Formed in 1869, it is the oldest national swimming body in the world and was responsible for forming the world governing body, FINA. The ASA has a central role in promoting swimming as a healthy lifestyle choice.



Introduction

The population's health and wellbeing are the focus for many organisations, but swimming holds a unique position. Not only can it sustain good health in the already active and encourage fitness in the less active but it can also improve the quality of life for those with more serious health problems.

The key aim of '*Swimming – taking the plunge for a fitter lifestyle*', is to get more people swimming more often – by transforming the way swimming is delivered. This includes creating a clear framework for the health agenda and implementing strong leadership in swimming pools and outdoor swimming environments. At the ASA we believe success lies in exciting the population about swimming rather than relying on legislation for a healthier society.

Swimming has the capacity to bring communities together and bring about considerable economic benefits to the healthcare system, but to achieve this there needs to be more coherence between all agencies. To this end, we will back community initiatives which reward local residents for swimming as well as support PCTs and their successors, GP commissioners and other partners involved with public health.

Prevention against poor health is of critical importance and the ASA will demonstrate how it can contribute by providing the incentive to change lifestyle through swimming and closing the 'knowing-doing gap'.

Our future interventions will be based on three steps:

- **Intention:** set out health and lifestyle behaviours
- **Action:** manage long-term change
- **Maintenance:** bring about behaviour change through a choice of core activities, measure this change and prepare for motivational change



Water aerobics has been shown to increase aerobic capacity by 24%, endurance by 24%, and exercise tolerance by 26%. *Blair*



The context

Swimming as part of society

Legislation first recognised the provision of pools as fundamental to improving the health of the population as far back as 1846. This was reinforced in 1936 by the Public Health Act and a Ministry of Health Memorandum and again in the 1976 Local Government (Miscellaneous Provisions) Act.

In recent years it has become increasingly obvious that swimming has a further role to play in building stronger communities and improving wellbeing across all groups within the community. The local swimming pool is often at the heart of the community, where friendships are made, where people build self-esteem through their personal achievements and where career and personal pathways often begin. Swimming assists with mental and physical wellbeing across all socio-economic groups and provides people with health inequalities with the chance to participate with those in good health – offering improved health to all members of the community.

Our message ‘swimming is good for you’ applies not just to physical health, but to mental and social health. In fact, for the World Health Organisation wellbeing is not merely about the absence or reduction of disease or dealing with infirmity but is a state of physical, mental and social wellbeing.

The case needs to be made to encourage people to swim all year round. In England the weather is a factor in participation and many people need persuading that there is a reason to take a dip when the weather is at its worst.

Meeting the Government’s health agenda

*‘Be Active, Be Healthy. A plan for getting the nation moving’*¹ identifies that regular activity of moderate intensity can lead to major benefits both in health and wellbeing. Coronary heart disease, obesity, hypertension, depression and anxiety can all be reduced – along with cost reductions to the NHS. It is important to note at this stage that these outcomes are impossible without changing public behaviour.



There are over 5,000 pools throughout England, offering the opportunity to go swimming to millions of people from every kind of background.

The Strategy specifically recognised the relevance of swimming to the health agenda and set out a framework for the delivery of swimming, emphasising that it should be driven by a number of government departments. The Government budgeted £140 million for the Free Swimming programme, directed at young people of 16 years and younger and adults aged 60 years and older. The scheme would make a major contribution to the Government’s target of 2 million more active adults by the 2012 Olympics. The Government also supported a learn-to-swim package aiming to recruit 100,000 more swimmers. In order to achieve this, the Government funded a network of County Swimming Coordinators who promoted swimming in local areas.

The precursor to ‘Be Active...’ was the Government paper *‘Let’s Get Moving’*², which presented new commissioning opportunities for primary care trusts (PCTs). In order to avoid the necessary anticipated management of chronic disease, *‘Let’s Get Moving’* promoted a programme designed to steadily move inactive adults, between the ages of 16 and 74 years, towards greater activity. The pathway was aimed at practice nurses and GPs using a process of recruiting, screening, intervening, active participation and review. Despite recent changes, the ASA plans to continue to draw inspiration from this paper and offer activities to doctors to help people start and sustain a more active lifestyle.

The Coalition Government, formed in 2010, announced a new White Paper on health reforms in which the 152 PCTs and 10 Strategic Health Authorities (SHAs) will come to an end and be replaced by an independent National Health Service Board. In the past, PCTs planned, commissioned and funded healthcare provision at a local level. The future health service will involve GPs providing the commissioning role with the public health function carried out by local authorities.

*‘Healthy Weight, Healthy Lives: a Cross Government Strategy’*³ sets out a vision in which Britain would become the first major nation to reverse the rising tide of obesity in its population. It stressed that without clear action, almost 9 out of 10 adults and two thirds

of children would be obese by 2050, the cost of this being some £50 billion to society. The Government’s Free Swimming programme therefore took one of the first steps towards positive action to address this.

Swimming has the added advantage of being offered in almost all areas in the country. *‘Delivering Health and Wellbeing in the Community’*⁴ considered a new performance framework delivered with national targets but with local flexibility. With its emphasis on local communities, swimming is well placed to support the intervention and active participation area for all age groups in areas in which local authorities and healthcare trusts are seeking to work.

Swimming’s capacity to offer those with disabilities an opportunity to participate is well known. Well-controlled swimming pools remain a relatively safe and conducive environment for those keen to participate in physical activities. The ASA’s approach to people with disabilities is to encourage as many people as possible to participate with able-bodied swimmers particularly where the pool environment is appropriate. Where this is not possible, we still seek to encourage participation in groups where people with specific disabilities can receive the extra care and attention they require.

Swimming has the power to help many different groups of people. For example, *‘Valuing People Now: from progress to transformation’*⁵ sets out approaches for those people with learning disabilities between 2008 and 2011. It focuses on personalisation through person planning, what people do during the day and better health through equal access to good quality healthcare.

Despite the greater spend on the National Health Service, there is evidence that health inequalities and life expectancy between different socio-economic groups is widening and the active encouragement of swimming in these areas could help to redress the balance.

Other health strategies

Whilst the Department of Health forms the strategic lead for plans on physical activity, Sport England lays out its approach in support of this in *‘Healthier communities: improving health and reducing health inequalities through sport’*⁶. It underlines the need for a strong community sports system in order to deliver the Government’s objectives for health, with Sport England commissioning national governing bodies to deliver within their own sport.

One of the objectives is to sustain participation through better quality sporting experiences. A good example of this work was the ASA's *Everyday Swim* programme, which ran between 2006 and 2010. The ASA was commissioned by Sport England to run pilot schemes in each of the Government regions, which would become exemplars of good practice in pool programming and customer care. Further examples run by the ASA were Swim for Health in Hull and East Riding funded by the Department of Health and *Swim for Health* in South Tyneside funded by the Northern Rock Foundation.

The National Institute for Clinical Excellence (NICE) *public health guidance 8*, entitled 'Creating and promoting built or natural environments that encourage and support physical activity' placed a strong emphasis on developing facilities that are designed to create wider participation. One recommendation was that when planning new facilities, local communities should be involved and the impact of facilities on physical activities should be assessed prior to implementation. In the case of swimming, the ASA is keen to see the development of environments that entice new users and meet the high, unmet demand that currently exists for swimming.

NICE has developed eight guidelines for good practice in behaviour change intervention (BCI). These are:

- Planning should take into account barriers that prevent people from making positive changes
- Social context should be taken into account
- There is a need for education and training for those responsible for BCI planning, implementation and evaluation
- Individual-level interventions should apply psychological concepts to optimise motivation and support behaviour change
- Investment in community-level interventions must be based on relationship building
- Population interventions must be based on good information from and understanding of communities
- All interventions should be subject to rigorous evaluation and monitoring
- Evaluation should include cost effectiveness

'*Fair Society, Healthy Lives, Strategic Review of Health Inequalities in England post-2010*'⁷, an independent report commissioned by the Department of Health, recommends that healthcare spending be prioritised on pre- and post-natal care or early years to give every child the best start in life. It was felt that disadvantaged children should be enrolled in high-quality pre-school programmes, which would promote mental health and proportionate universalism was recommended as a way forward. Effectively this meant that actions should be taken which are proportionate to the level of social disadvantage. Recent research has shown that swimming can play a part in contributing towards dexterity and the ASA feels swimming can contribute to a sense of wellbeing among young children who enjoy the water.

The EU Physical Activity Guidelines⁸ consider that promoting physical activity requires a cross-sector approach, which embraces sport, health, education, transport, environment, the working environment and services for senior citizens. The challenge for the ASA is to reduce barriers across these sectors so that swimming is accessible for our targeted areas of the community.

1 in 3 children say swimming is their favourite family activity. *YouGov*

The current position

The ASA and what we have to offer

Ever since our formation in 1869 the ASA has been dedicated to communicating the many benefits of swimming to the public. Our Vision⁹ is to ensure that swimming is accessible to all, regardless of age, gender, creed, ethnic origin, economic position, disability or level of ability. Our Vision states: '*The Government believes that a good sports policy is also a good health policy helping to prolong a fit and active lifestyle, a good education policy providing young people with the motivation to stay with their schooling and a good anti-crime policy giving young people a sense of purpose and pride. Sporting success also inspires the nation to celebrate achievement in tangible terms – improved morale and higher productivity for example*'.

The ASA's policy objectives

In order to contribute towards the health agenda, the ASA has a number of key policy objectives:

- Increase the overall number of participants in the aquatics
- Make regular, quality swimming experiences available to all including the most disadvantaged
- Contribute to the notion of giving children the best start in life by making adult-and-child classes more widely accessible
- Contribute towards ensuring a healthy standard of living for all by encouraging operators to offer pool pricing flexibilities that will mean everyone can take part
- Promote swimming pools as places which present people with the opportunities to meet their personal health agenda and which represent healthy and sustainable places for communities

Some of our achievements to date

- Responsibility for the £140m Government Free Swimming initiative for people 60 years and over and 16 years and under
- Over 170,000 registered club members each year
- Nearly 12,000 volunteers that help with the organisation of the sport
- Over 300 members of staff with a team of people specifically tasked to increase the number of participants at local level
- Between 130,000 and 150,000 young people take part in the School Swimming Improvement Programme, an intervention organised by the ASA for school pupils who have not achieved the Key Stage 2 standard
- Over 40,000 swimming teachers have been trained by the ASA
- More than 45,000 people took part in Kellogg's' Swim Active projects
- Over 500 swimming clubs are now accredited with Swim 21, the ASA's development and quality assurance programme
- Third-placed country in swimming at the last Olympics – two gold, two silver and one bronze medal at the Beijing Olympics and 41 medals in the Paralympics' events
- Responsibility for overseeing a big increase in 50 metre pools, the vast majority for community use. There are now 27 pools with a further five under construction and seven at planning stage

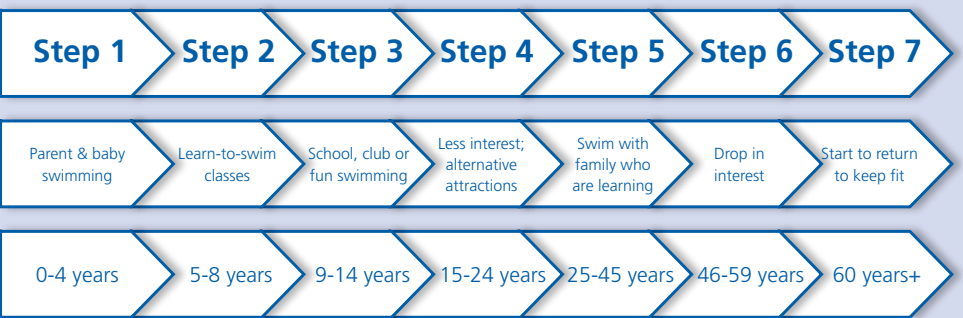
Although we are the governing body of the sport, the ASA also plays a part in shaping the strategic direction of much wider activity and increasing and maintaining the popularity of swimming:

- More than 11 million people swim each year
- 3.1 million adults over the age of 16 years (7.57% of adults) take part in at least one swimming session of at least moderate intensity of 30 minutes each week (*Active People, Sport England, 2010*)
- 42.9% of young people between the ages of 5 and 10 years and 27.8% between 11 and 15 years state that they have taken part in swimming, diving or lifesaving in the previous year (*Department for Culture, Media and Sport, Taking part Survey, 2008-9*). This is a much greater number than any other sport. In comparison, 2.1 million adults take part in football and 1.8 million in cycling, which are the next largest participatory sports
- 736,500 people of 55 years and over (5.08% of all this age group) swim each week (*Active People, Sport England, 2010*)
- 1 in 3 children say swimming is their favourite family activity (*YouGov Survey for British Gas, 2010*)
- 13.7% of women said they would like to swim more often (*Active People, Sport England, 2010*)
- Participation is well spread across all age groups with larger participation in swimming in the London, South and North West Government regions with considerably lower numbers swimming in the North East

Exercising in older age is just as effective at preventing serious illnesses like cardiovascular disease and diabetes as exercising in middle age. Exercise programmes like swimming are also very effective in reducing the number of falls in older people.

The pathway to participation

Although we want to encourage as many people to swim as often as possible throughout their lifetime, there is an identifiable swimming behavioural lifecycle:



Our objective is to make this swimmer journey seamless. Within this pathway, we are focusing on steps 5 and 6. The drop in interest at step 6 is down to parents who have swum themselves while their children are learning to swim but finding alternative exercise as their children grow older.

Active People 2 identified that latent demand for people between the ages of 35 and 44 years was as high as 23%. The 16 and 19 group is also an important age range with a demand of 5%.



A closer look at swimming

Physical health benefits

Swimming is one of the most accessible forms of exercise and can provide a comprehensive workout for a wide range of people. Sports scientist, Charlie Dunmore quotes the following physical health benefits:

- The buoyancy of water means people of all body weights can take part and because up to 90% of body weight is supported by water (up to neck depth), participants can use its natural properties to gain an all-over workout. The buoyancy relieves or virtually eliminates stress on weight-bearing joints during exercise so is ideal for all age groups and those recovering from injury
- Water-based exercise enables a maximum range of motion and provides multi-directional 'full body' resistance that is 12 to 14 times greater than air. Equipment such as dumb-bells and webbed gloves can be used to further increase the resistance for training specific muscle groups
- The hydrostatic effects of water cause a shift of blood volume from the periphery of the body to the thorax (Arborelius, Balldin, Lilja, & Lundgren),¹⁰ which increases the central venous pressure, stroke volume and cardiac output and leads to a decrease in heart rate. At chest level, the combined influence of water temperature and hydrostatic pressure at a given VO2 heart rate has been shown to be up to 20 beats per minute lower in water than on land (Mougios & Deligiannis)¹¹
- Hydrostatic pressure exerted on the body aids blood circulation, helps prevent blood pooling and improves blood return from the extremities which means kidneys will work more efficiently during exercise
- Because water is approximately 800 times denser than air, pool-based exercise allows for high levels of energy expenditure with relatively little strain on the body (Di Prampero, 1986)¹²

There is also a growing body of evidence which suggests that diseases and conditions which are the primary cause of loss of function and independence in later life are preventable and physical activity can play an important part in this. Preventative effects arising from regular physical activity in older age are at least as strong as those found in middle age for all-cause

mortality, cardiovascular disease and Type-2 diabetes. Exercise programmes, particularly strength training, have been shown to be highly effective in reducing the subsequent incidence of falls in older people.

Osteoarthritis

The Government's Chief Medical Officer in '*At least five a week*'¹³ identified that a lifetime involvement in swimming is unlikely to increase risk of exposure to osteoarthritis in the same way as impact sports. In fact those who do suffer from this condition will find that swimming can help to reduce pain, stiffness and disability and increase general mobility.

Obesity

'*At least five a week*' reported that swimming can help '*overweight people who find walking too demanding or who have joint problems*'. Although the ASA would not recommend swimming as a mechanism to reduce weight in itself, regular swimming means that one can eat more without gaining too much weight and therefore, contributes towards weight management.



Energy expenditure in swimming

Medical evidence suggests that it is best to carry little weight and take part in regular exercise. However, if this cannot be attained, then it is better to carry a little too much weight and take part in regular exercise rather than to carry little weight and not take part in any exercise. There are many different factors which can influence energy expenditure when swimming – height, age, gender, swimming environment (whether the water has a current), the type and efficiency of stroke and whether you stop, how long for and whether you rest with your feet on the bottom.

The tables below give an approximate guide to the energy expenditure of different strokes and sports:

| Guide to calorie expenditure when swimming for 30 minutes | | |
|---|------------------------------|------------------------|
| Stroke | Effort Level | Calories Burnt (Kcals) |
| Butterfly | General/moderate | 404.3 |
| Backstroke | General/moderate | 257.3 |
| Breaststroke | General/moderate | 367.5 |
| Freestyle | Slow/moderate/light | 257.3 |
| Freestyle | Fast/vigorous | 367.5 |
| Freestyle | Fast & (75 yards per minute) | 404.3 |
| Freestyle | Slow (50 yards per minute) | 294.0 |
| Sidestroke | Slow | 294.0 |
| Swimming | Lake/ocean - light | 220.5 |
| Leisure swimming | Light - no laps | 220.5 |
| Treading water | Fast | 367.5 |
| Treading water | Moderate | 147.0 |

Based on an individual weighing 70kg/11 stone

(Source: www.dietandfitnesstoday.com/calriesburned)

Even a gentle swim can burn over 200 Kcal in half an hour and a fast front crawl can burn as many calories as an 8mph run.

| Intensities and energy expenditure for physical activities | | | |
|--|-----------|-------------------------------|-------------------------------------|
| Activity | Intensity | Intensity (METS) ¹ | Calories Burnt (Kcals) ² |
| Running - 8mph | Vigorous | 13.5 | 405 |
| Running - 6mph | Vigorous | 10.0 | 300 |
| Tennis - singles | Vigorous | 8.0 | 240 |
| Swimming - slow crawl, 45.72m per minute | Vigorous | 8.0 | 240 |
| Cycling - 12-14mph | Vigorous | 8.0 | 240 |
| Aerobic dancing | Vigorous | 6.5 | 195 |
| Cycling - 10-12mph | Moderate | 6.0 | 180 |
| Tennis - doubles | Moderate | 5.0 | 150 |
| Badminton | Moderate | 4.5 | 135 |
| Golf - walking, pulling clubs | Moderate | 4.3 | 129 |
| Walking - 3mph | Moderate | 3.3 | 99 |
| Walking - strolling 2mph | Light | 2.5 | 75 |

¹ Metabolic equivalent, e.g. 1 MET = a person's metabolic rate (rate of energy expenditure when at rest)

² In Kcal equivalent for a person of 60kg doing the activity for 30 minutes.

(Table source: based on data from Ainsworth et al. 2000 and reproduced in the Chief Medical Officer's report: 'At least 5 a week: evidence on the impact of physical activity and its relationship to health')

Mental and social health benefits

At least five a week, underlines that swimming can assist with mental health. The report states that *'Physical activity helps people feel better through improvement in mood, reduced anxiety and enhanced self perceptions... Regular moderate intensity activity can improve psychological wellbeing... Rhythmic aerobic forms of exercise – such as swimming – appear to be most consistently effective'*.

There have been a number of other reports that are in agreement with *At least five a week*. In 'Mood alteration with swimming – swimmers really do 'feel better''¹⁵, Berger and Owen underlined the relationship between swimming as an aerobic activity and mood. Less tension, depression, anger, confusion and more vigour after swimming was reported by those involved with the study.

The Moving on up Report ¹⁴ followed up on an earlier report, *Up and Running (2005)*, and examined the outcomes of exercise referral cases as an exercise therapy for depression. It surveyed GPs in order to better understand their views. While doctors were more open to exercise referral than in 2005, only 4% commonly referred clients to a supervised programme of exercise.

The ASA believes that swimming can offer a sense of mental wellbeing, something which cannot be easily measured but is anecdotally mentioned by thousands of participants. Swimming clears the mind, encourages positivity in individuals and builds a sense of self worth that is not truly calculable. In short, it can make people feel better than they otherwise might. The ASA identifies these as being 'social health'. Swimming can:

- Soothe the mind and reduce anxiety
- Relax the body
- Support the body in a relative weightless environment
- Offer opportunities to socialise. Swimming pools are meeting points
- Reduce loneliness and introduce friends
- Contribute to creating a sense of place and promote swimming pools as places to go

Where possible, the ASA would like to see swimming become part of appropriate projects under the Social Enterprise Investment fund which provides funding for social enterprises which seek to support healthcare and social services.

Female swimmers have been shown to experience significantly less tension, depression and anger after exercising than before. *B&O*

The swimming experience – facilities, transport and programming

The ASA's biggest challenge is to make swimming part of the lives of everyone. The Government's *Free Swimming* scheme successfully kick-started this goal and to build on it we are seeking to improve the experience of all people using pools. This means having sufficient facilities (See '*From Policy to Pool*', the ASA's policy document on pools for more detailed information) offering everyone the chance to take part in their chosen aquatic activity within a reasonable travel distance of their home.

Facilities

Quite simply, we need to make it easier for people to become swimmers and to create a healthy environment in which they can swim. Well-designed facilities that encourage people to participate contribute to meeting local authority targets. In the future, swimming facilities will be built and operated by a range of organisations, either from the private, public or voluntary sectors. As local authorities come under pressure to meet budgets, we will embrace this diversification. While eight-lane, 25-metre and 50-metre community pools with a moveable floor and boom are desirable for better programming, the ASA would encourage the design of pools to be as engaging as possible with considerable natural light, spa effects and introductory water being offered. In terms of the bare minimum to be offered by every swimming pool, the ASA supports the 'healthy stadia' agenda. The European Healthy Stadia Network seeks to reduce the incidence of heart disease and strokes. It looks '*to offer an excellent stadia setting to support the delivery of public interventions*'. This means that within an indoor swimming facility, the following are essential:

- Clean changing rooms and toilets
- Healthy eating options available in cafes and vending areas
- Fresh and clean drinking water available to participants
- Staff trained to provide advice on technique and training programmes

A well-trained workforce, able to meet the demands of customers, is also essential and customer care should form part of the total offering. A strong customer care ethic will help to retain customers in pools and the ASA is keen to drive this culture change in swimming pools.

Pools should be situated at the centre of the community forming a hub with shopping facilities, schools and libraries so that pool users can combine their participation with other

Swimming is one of the only sports where the able bodied can take part alongside those with disabilities, as the water supports the body in a relative weightless and safe environment.

Swimming is offered in almost every area and every community in the country – with over 5,000 thousand pools throughout England. They offer a place to socialise, relax and exercise for millions of people from every kind of background.

tasks and swimming can be part of a daily routine. And a pool situated on the same site as a health centre or healthplex, as well as extended hospitals with pools, can lead to reduced costs for all. Even the swimming facilities at the Olympic Park are being designed to encourage high family usage in the years following the Games. The five London boroughs which will play host to the Olympics are working together to create this lasting Olympic legacy in order to combat physical inactivity and ill-health in the five boroughs.

In line with the *Inclusive Fitness Initiative (IFI)*, swimming facilities should be as inclusive as possible for those with disabilities and these members of the community should have equally satisfying experiences when participating. A hoist, flat-bed changing facilities and easier access for disability swimmers should all be part of the mix. All pools that include disabled facilities should have the IFI Mark accreditation and should take into account the contents of the Disability Discrimination Acts 1995 and 2005.

The ASA wants to encourage participation from minority groups and operators need to find ways to build this participation by making provision within their facilities to satisfy religious, cultural and gender needs.

As a final note on facilities, it is important to recognise that swimming is not solely an indoor sport. There is rapidly growing interest in swimming in lakes, rivers and outdoor pools. The ASA is anxious to see barriers to participation in clean inland water reduced and, where sufficient demand exists, for opportunities to meet this demand.

Transport

Integrated transport has a part to play and encourages green travel with participants travelling by foot and bus to the pool. The ASA prefers to see pools sited close to public transport with local agencies promoting linked travel/entrance ticket prices.

Due to reduced mobility, many older people who could be taking part in swimming find transport a barrier to participation. Low-cost transport should be provided for those who find cost a barrier, particularly in rural environments. Car parks at pools should provide spaces for buses, ramps and appropriate or separate entrances for disability swimmers.

Pool programming

Pool programming is another major factor in customer experience. Imaginative programming can free up space in a pool, encourage use of a pool during quieter daytime periods and encourage steady and consistent use of water time whilst offering something for everyone.

While there is plenty of opportunity to swim and get fit, there are currently insufficient programmes specifically targeted at groups of people with identified health inequalities. There will always be some people with similar health problems who find it valuable to swim together and the issues for these people can often be tackled more readily with a tailored programme. Conversely, other people can benefit from swimming as an individual.

The ASA wants to encourage disabled swimmers to swim, where possible, with able-bodied swimmers. This builds on the notion of swimming as a force for social inclusion. There will, of course, be others who may need assistance in entering and leaving the water and in floating and these participants may need specific help.

During the 3-year project 'Everyday Swim', the ASA developed considerable experience in pool programming. The project encouraged pools to use personal trainers and programmes as a way of enticing people to stay swimming. We would like to see wider use of this approach and features of a private gym adopted – with greater personal attention and the monitoring of progress becoming more widespread.

Swimming as a passport sport

Not only is swimming a life skill, it often acts as a passport sport to other sports, activities and occupations. Without a level of competency in swimming it is not possible to take part in certain activities, therefore swimming can help in the delivery of the Government's wider participatory agenda.

Within the ASA's portfolio, participation in diving, water polo, synchronised swimming, disability swimming, Masters swimming and open water swimming all need a level of

swimming proficiency. Beyond this there is lifesaving, Swimfit, aqua aerobics, aqua jogging, aqua box, pentathlons, triathlons, water skiing, sub aqua, scuba diving, sailing, surfing, long board surfing, boating, board sailing, canoeing, rowing, kayaking and white water rafting. In the workplace, swimming abilities are essential in a number of professions – the army, navy and air force, life guarding, merchant navy, coast guarding, ambulance and accident services, the police force and underwater and maritime research, to name but a few.

Cost of physical inactivity

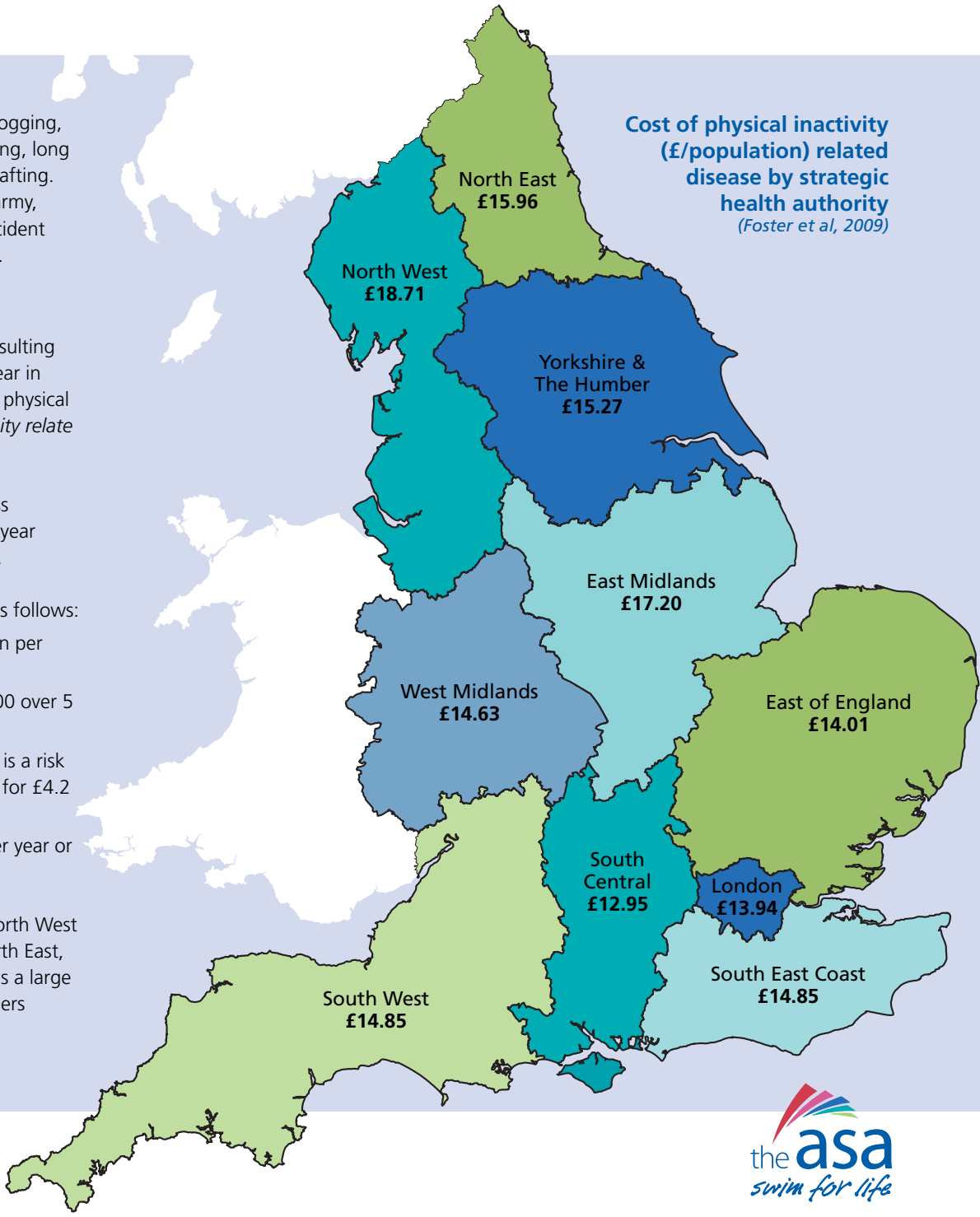
The cost of hospital care and drugs continues to rise. The average healthcare cost resulting from physical inactivity for each primary care trust was identified as £5 million per year in 2009 (*Be Active, Be Healthy: A plan for getting the nation moving*) with the cost of physical inactivity to the NHS in 2002 being £1.6 billion (*The burden of overweight and obesity relate ill health in the UK, Obesity reviews, 8 (5), S. Allender and M. Rayner, 2007*).

There are wider concerns for the economy as a whole. The economic cost of sickness absence among those people of working age is thought to be over £100 billion per year (*Working for a healthier tomorrow, Dame Carol Black’s Review, London, TSO, 2008*).

The British Heart Foundation additionally summarises the cost of physical inactivity as follows:

- Chronic heart disease is estimated to cost the UK economy just over £9 billion per year
- For each individual who has a stroke in the UK, the cost to the NHS is £15,000 over 5 years. Including informal healthcare costs, this rises to £29,000
- In 2007, the total annual cost to the NHS of diseases for which elevated BMI is a risk factor is estimated at £17.4 billion. Of this, obesity and overweight accounts for £4.2 billion
- 10% of the NHS budget is spent on diabetes, i.e. approximately £9 billion per year or £1 million per hour

The table oppoaite indicates that the costs of physical inactivity are highest in the North West and East Midlands Strategic Health Authority regions. With the exception of the North East, in areas where the costs of physical inactivity are considerable, swimming already has a large number of participants and has targets set by Sport England to increase these numbers



| Number of people participating in swimming by region (over the age of 16 years) | | | |
|---|---------|------------------------|--|
| Region | Number | Participation rate (%) | Cost of physical inactivity (£/population) |
| East | 346,800 | 7.41 | 14.01 |
| East Midlands | 295,700 | 8.04 | 17.20 |
| London | 423,100 | 6.82 | 13.94 |
| North East | 161,200 | 7.62 | 15.96 |
| North West | 473,900 | 8.40 | 18.71 |
| South East | 533,900 | 7.81 | 14.85 |
| South West | 365,700 | 8.42 | 14.85 |
| West Midlands | 312,000 | 7.10 | 14.63 |
| Yorkshire and the Humber | 346,500 | 8.05 | 15.27 |

(Source: Active People 4 April 2009 - April 2010)

The economic value of swimming

A study carried out for the Amateur Swimming Association by well-known health economist, Dr Richard Fordham, Deputy Associate Dean, Faculty of Health, University of East Anglia concluded that moderate regular swimming of around a half an hour per week over a year can reduce coronary heart disease, stroke and Type-2 diabetes by about 500 cases in 100,000 people. In turn, this would lead to a saving of around £1.8m. This equates to a reduction of around £1.1bn annually in terms of treatment costs to the NHS or £3.6m per PCT.

If swimmers do up to two hours’ swimming a month about 70 Quality Adjusted Life Years per 100,000 people are likely to be gained. (A QALY is an expression of a year of near perfect health and can occur in one individual or be accumulated by several individuals who gain small amounts each).

Using the typical annual running and maintenance costs of public pools and the QALY gain shown above, the cost per QALY can be expected to be in the region of £12,000. This is good value for money compared to, for example, some prescription drugs or other public health interventions for which the Government is willing to pay.

When this situation is considered either from the value of the quality of life perspective (assuming each QALY is worth up to £30,000) or the savings made due to reduced healthcare costs, a financial return on investment (ROI) of around 1.5:1 or slightly more appears to be a typical rate of return by providing facilities for regular swimmers.

In July 2010, the ASA commissioned a study, ‘*An estimate of the economic value and cost-effectiveness of swimming in the community*’ by Dr Richard Fordham, which considered the Quality of Life Adjusted Years (QALY) associated with swimming.

The study found the following:

- The model showed that the cost per QALY derived by members of the public from regular swimming in public pools is around £12,000. This compares very favourably with other healthcare interventions at the current time and is well within the normal range for many other public health programmes
- While the savings and ROI from reduced and avoided chronic diseases such as coronary heart disease, stroke and Type-2 diabetes only have been considered, about £2m in healthcare costs across 500 patients are saved annually in a population of 100,000. This would equate to an overall UK saving of around £1bn and a ROI on public swimming pools of around £1.5 for every £1 spent (range 0.8 - 2.8:1)
- In terms of health service savings, swimming is likely to reduce the number of cases of coronary heart disease, stroke or Type-2 diabetes by about 535 in 100,000 people, leading to a saving of around £1.8m. This would equate to a saving of £1.098bn annually to the UK health system
- If a ‘value of statistical life’ is used to estimate the financial benefits of swimming, then at £1,000,000 per life saved (a conservative estimate often used in UK transport planning) the savings in premature deaths (<75 years) due to these three conditions alone would be around £5bn (assuming 13% of them had been swimming regularly in the past year)

The ASA considers that swimming can also help to create a healthier workforce, reduce high levels of absenteeism from work by helping to make employees fitter and can increase independence among older people whilst improving the quality of their lives. Between 1970 and 2005, 10,518 women and 35,185 people in the USA between the ages of 20 and 88 years took part in a study by Chase, Sui and Blair . The conclusion was that swimming was seen to have health benefits similar to those seen in running and was generally more beneficial to health than walking or a sedentary lifestyle.

What needs to happen?

Increasing participation

Our agenda aims to ‘ensure everyone has the opportunity to enjoy swimming or water based activities for health and fun throughout their lifetime’ (*The ASA Strategy 2009-13*). With this agenda we are supporting the overall strategic ‘grow’ outcome set out by Sport England. Sport England is aiming to get one million more adults taking part in sport by the year 2012-13. Swimming is one of six sports that comprise 60% of Sport England’s overall target and with a target of 270,000 more people swimming once a week has by far the largest target increase to meet.

Given that resources are not infinite, to achieve this objective, we need to be strategic in the groups targeted. While working with the population as a whole, we will specifically aim to increase participation in the following groups:

Target 1: Jackie & Alison - 30-45 mums with children at home. These women may have put their careers on hold and will be busy managing the house and looking after children. Life is very active with juggling the house, a job if they work and children.

Target 2: Tim & Helena - 25-35 sporty professionals. They commute, work long hours and lead busy lives outside work. They are very health conscious and spend a lot of time engaging in team sports or dryside activities at the leisure centre.

Target 3: Brenda & Elaine - 45-59 older working women. Their children have left home and they are very settled in the routine of life. They may be less active than Jackie and Alison and like the idea of swimming but need much more encouragement to go.

Improving health

Increasing participation is concerned with improving the fitness levels and wellbeing of everyone and particularly those groups outlined above. Improving health through swimming has a slightly different focus. Often there can be a difference between being healthy and being fit but swimming can address both. Coronary heart disease, diabetes, depression and obesity are just four of the more than 20 chronic diseases and conditions in which physical activity positively contributes to prevention. Swimming has a key role to play and the Government has already recognised this in its funding of swimming programmes. Sedentary behaviour is a lifestyle choice that people make and the ASA needs to work to encourage the alternative choice through the programmes it offers. Almost uniquely among physical activities, swimming has the power to prevent and to cure. In common with a few sports, it has the ability to help the able bodied and those with disabilities and has the flexibility to offer involvement at any age.

Given the cost of the Government’s Free Swimming programme, which was directed at those who are 16 and under and 60 years and older, indications are that it would be likely to cost over £1 billion to run a similar annual programme directed at the whole of the population. In view of the likely level of this cost, the ASA needs to target specific groups whilst continuing to encourage everyone to swim.

The target groups for improving health are:

- Target 4: Jackie & Alison - 30-45 mums with children at home (particularly children between 6 months and 3 years). Researchers from Norway and Britain have found that children who had taken baby swimming classes did better on tests involving gripping, reaching and balance, compared to children who had not (Child: Care, Health and Development, May 2010)
- Target 5: Healthy ageing. The ASA will target the over 60s to encourage participation – which if undertaken regularly can help to decrease the need for long-term healthcare. Swimming can contribute feelings of wellbeing and to improved functional abilities in later years



- Target 6: Disability swimming. The ASA recognises that swimming has a positive contribution to make on a variety of people with disabilities. This includes people who want to take part in competitions, those who have slight disabilities and can benefit from taking part with the able-bodied community and those with severe disabilities where swimming can provide one of the few outlets to relax, participate and enjoy a sense of achievement. These groups also extend to other family members and carers of those with disabilities. Personal budgets for these two groups will give them greater purchasing power
- Target 7: Those people who are obese and/or suffer from Type-2 diabetes. The exercise swimming provides can mean that an individual can eat and avoid gaining too much weight. The exact amount of calories expended when swimming is harder to quantify than some other exercises because swimmers often float or stop. However, overall swimming remains a major contributor to maintaining a steady weight by burning calories
- Target 8: Those people who suffer from mental health conditions such as anxiety and depression. One in five people suffer from some type of mental illness or condition during their lifetime.
- Target 9: People suffering from cardio-vascular conditions such as hypertension and cardiovascular disease and are therefore deemed to be at risk. Heart disease is a serious challenge to all governments and the non-impact nature of swimming means that exercise can be undertaken by many people who are unable to exercise in other sports, particularly those who suffer from heart disease. Swimming can help to improve the circulation as well as the condition of the lungs and heart
- Target 10: People with long-term health conditions. For this group, swimming can help to alleviate pain and suffering and slight improvements to general wellbeing can be reflected in a reduced overall need of palliative care

The average healthcare cost resulting from inactivity for each primary care trust was identified as being £5 million per year. The cost of physical inactivity to the NHS is over £1 billion a year.



The table below provides a guide to the range of aquatic activities available to people with a range of common conditions:

| Guide to potential aquatic activities | |
|---------------------------------------|---|
| Condition | Suggested activity |
| Mental health | Swimming - freestyle, breaststroke, backstroke Aqua aerobics Aqua jogging and aqua circuits |
| Obesity | Swimming - freestyle and breaststroke Aqua aerobics Lifesaving Building towards Masters swimming Open water swimming |
| Osteoarthritis | Easy swimming - freestyle, breaststroke, backstroke Shallow water aquarobics Open water swimming |
| Coronary heart disease | Swimming - freestyle, breaststroke, backstroke Aqua aerobics Aqua jogging and aqua circuits |
| Diabetes | Swimming - all strokes Aqua aerobics Aqua jogging and aqua circuits Aquabox Lifesaving Open water saving Masters swimming |
| Stress | Swimming - all strokes Aqua aerobics Aqua jogging and aqua circuits Aquabox Open water swimming Diving and synchronised swimming Sub aqua |

Safety and public health

There are further issues with regard to public health in swimming pools that need attention. The ASA recognises that clean pools and water are essential, these rigorous standards are covered generally in Managing Health and Safety in Swimming Pools.

The ASA feels that:

- It is the responsibility of pool operators to carry out regular and appropriate risk assessments on their pools and to have clearly stated safety policies that are available to all
- Pool operators should act in line with the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999
- The supervision and cleanliness of swimmer user areas such as showers, toilets, floors, changing rooms and hairdryers is essential
- The safety of disability swimmers should be considered on an individual basis so that there is sufficient swimmer support and supervision and, where necessary, extra physical support provided
- Pools should carry out a COSHH assessment and follow the Control of Hazardous Substances Act 2002 so that pool users are protected from health risks due to hazardous substances
- Pool ventilation should provide sufficient fresh or purified air for pool users
- With regard to water quality – disinfectants, water treatment, filtration and circulation of water are of paramount importance. Risks should be assessed, policy statements produced and these policies strictly adhered to

We are encouraging lifeguards to carry out other roles in addition to life guarding. While working within healthy and safety guidelines, they will have a part to play in supporting health initiatives within pools.

How people can benefit

The ASA wants to convert people into long-term swimmers. In addition to our target groups, swimming can help others with health inequalities. Swimming is particularly good at:

- Reducing the risk of osteoarthritis by helping to retain normal muscle strength and joint structure

- Aiding arthritis sufferers. The relative weightless environment and support from the water helps to overcome painful movement in those joints that are affected by the condition as well as toning up the supporting muscles without the discomfort of other exercises
- Reducing stress. It is estimated that one in six people suffer from some sort of stress in the workplace and the change of environment which swimming provides can reduce the stress that people suffer. Every season in the year impacts on swimming differently and the season and weather can determine where swimming will be undertaken and under what conditions.
- Meeting local conditions. In some areas, there is a propensity towards a particular health condition driven by local circumstances. Different forms of swimming can be tailored to meet these needs and the ASA sees this as part of a commitment to driving social health. Typical examples might include programmes to meet the needs of those who are post-natally obese or towards health inequalities among minority communities

The support from the water for arthritis sufferers allows gentle movements in affected joints as well as toning up the supporting muscles. Swimming can also reduce the risk of arthritis by helping to retain normal muscle strength and joint structure.



Turning plans into reality

In *‘What needs to happen’*, we identified target groups in two main areas – those where we feel we could more easily impact on participation and those where we feel swimming could help improve on health inequalities. We also identified how swimming can help to benefit others. This table shows the roles we believe each stakeholder should adopt to turn our plans into reality.

| Stakeholder Roles | | | | |
|--------------------|---|---|--|--|
| Partner | Increase participation | Health and wellbeing | Value for money in healthcare | Hard-to-reach groups |
| ASA | Target 270,000 more regular swimmers | Assist pools in designing targeted programmes | Make the case for swimming being good value compared with that provided through more traditional health routes | Engage nationally to identify and meet networks of minority groups |
| NHS | Inform. enable, influence and enforce | Advocacy role to create initial pathways for participation | Seek alternative approaches to reduce overall costs | Work with partnerships to identify how to reach groups at strategic level |
| PCT | World-class commissioning role to encourage participation | Work with partners on local area agreements for health | Use WC commissioning to seek best deliverer at a reasonable value | Work with partners to identify operational pathways for working with hard-to-reach groups at local level |
| Local authorities | Promotion task and making facilities available | Drive health approaches through local authority strategies | Reduce barriers to participation such as transport costs and reduce social support costs | Engage and empower communities |
| Pool operators | Making programmes available for segments | Ensure regular lane swimming, offer school, parent and baby and disability swimming | Utilise clubs and volunteers to deliver in some areas | Programme hard-to-reach groups at socially sensitive times and situations |
| Pool users/clients | Making choices about participation | Find out from a friend how to start, what to do and when | Swim regularly to reduce overall healthcare costs | Make contact with fellow group members to identify participation requirements |



How to increase participation

The ASA's approach to participation is to encourage a mix of short-term approaches to lead people to the water and longer-term projects to build retention. For instance, we plan to introduce swimming to Active Ageing Day run by the Active Ageing Coalition. And we plan to engage more adults more widely through the ASA's SwimFit programme which utilises the website, www.swimfit.com

The findings and conclusions from the Everyday Swim programme (*Everyday Swim and Good Practice centres final report SIRC, September 2010*) have allowed us to establish a blueprint for increasing participation based on the three broad components:

- Culture change. A whole authority or pool provider approach to bring about high standards of customer care and retention and to challenge the programme constructively.
- Structured sessions. These are key to attracting and retaining new customers. They add value to the swimming experience by providing the activities customers want. They also provide a pathway for new swimmers.
- Marketing. Advertising beyond the four walls of the pool and finding different types of communication to deliver key messages and information.

The report concluded that success will be reached by doing 100 things 1% better rather than one thing 100% better.

Free Swimming

As a progression from *Free Swimming*, the ASA would like to see the scheme expanded to other age groups. However, given the likely financial limitations over the next five years, we would encourage a more targeted approach for free swimming lessons and a continued focus on changing pool operational cultures to help increase participation.

Swimming in natural environments

Encouraging participation should not be limited to Government involvement, nor should it be limited to indoor swimming. Research into women's swimming has shown that they often prefer to swim in natural environments and this would help to meet our target groups 1 to 3. The ASA would like to see a number of outcomes achieved in order to facilitate its expansion:

- Barriers reduced to the use of inland waters for swimming
- The management of health and safety in this environment, an increase in the number of micro clubs taking part in outdoor swimming and that these clubs be informed of safety procedures and safe places to swim
- Outdoor swimming should be combined with a number of other outdoor sports and activities. An example of this is that of the *Enjoying Water Strategy* for the South West which aims to get people swimming and taking part in water sports outdoors and, by way of extension, the idea of the '*Blue Gym*', which has been developed by the Peninsular Medical School, supported by the Environment Agency, Natural England and the Department of Health
- Beach life guarding continue to be funded by local authorities and other agencies in order that sea swimming can continue as well as other allied sea-based sports
- Groups such as the *Outdoor Swimming Society* should be encouraged to grow
- A stronger emphasis on group and social activities and outdoor pools
- Themed swims or campaigns linked and specific to outdoor pools and lidos in order to encourage regular and consistent participation

Middle-aged and elderly men who begin moderate to vigorous activities such as swimming, jogging, or brisk walking have a 25% lower overall death rate than sedentary individuals and up to a 40% lower risk of coronary artery disease. *Blair*

Nutrition

Swimming can become an indirect advocate for better nutritional habits by combining nutrition information with information provided about fitness through swimming. Swimming pools have an active role to play in encouraging positive nutritional habits by always providing and promoting healthy eating and drinking options. Vending and mobile sales points should provide similar healthy options. Drinking water fountains should be

available and there should be an opportunity to top up water bottles. We therefore embrace the aspirations set out in the 'healthy stadia' project (See '*Swimming and Facilities*').

Feeling good

Exercise in water, whether it is aqua aerobics, aqua jogging, water circuits or swimming makes you feel good. We need to communicate this more strongly to both our participatory and health target groups. Often people develop strong emotional bonds with pools, particularly if they spend a considerable amount of time in them.

We will share the benefits to everyone through the ASA Communications Department and the main conduits for driving our health programmes, the ASA Regional Offices.

The role of the NHS and PCTs

Medic-to-pool pathway

Long term, the ASA would like to see PCTs, their successors and GP commissioners include swimming in their operational plans among the Local Area Agreement content on health outcomes. We see these as forming part of Tier 3 of vital signs at local level, which identifies local priorities and how they will be addressed. GPs now have the power to influence involvement in exercise, particularly in swimming, and the funding to buy care for patients in their area.

The ASA recommends that practice meetings consider how individual patient populations can be targeted and how those identified could benefit from swimming. Practice managers, with the guidance of doctors, would identify goals for patients. The patient would be required to develop new skills and techniques to reach these goals. The role of the ASA in connection with this process would be to ensure that the patient continues to work towards these goals by encouraging and motivating.

The ASA will seek to provide information on best practice to directors of public health, doctors, practice managers and those responsible for commissioning out-of-hours services. This dissemination of information will take place through a national conference at the end of 2011 and a series of regional seminars to be staged in 2012 which set out 'an agenda for involvement' in which the specific benefits of swimming are illustrated and which establish a pathway from medic to pool. This pathway will describe how contact can be maintained via three-monthly reviews.





Drowning is the third most common cause of accidental death in children, and 1 in 5 children leaves school unable to swim

Doctors often do not recommend swimming as a way of improving wellbeing to their patients and the ASA needs to build a stronger relationship with the medical profession. Linking to the 2012 Olympics, the ASA plans to distribute an information guide to all health centres and surgeries listing the key benefits of swimming to the medical profession as well as a web link to Active Places, which will enable them to identify local swimming pools. This information guide will set out the principle economic benefits of swimming.

We would also like to encourage those working in healthcare to become involved in a swimming programme themselves, specifically created by the ASA for health professionals. This would be designed to be used in any pool and so that it can be carried out at any time of the day. With this experience, we anticipate that some health professionals will become practising advocates for swimming.

Pharmacy-to-pool pathway

We will also seek a direct link between local chemists and the pool because they are often the first port of call for those who are seeking health advice. Pharmacists are well aware of the Government's agenda of promoting healthy lifestyles and they meet more members of the public, both healthy and otherwise, than any other organisation in the health sector. Approximately 6 million adults in England visit a pharmacy each day (*NHS Diabetes and Pharmacy Services in England Report, 2006*).

The pharmacist's task is often to act as advisor to members of the public as much as to administer prescriptions. They are, therefore, in a good position to encourage those with health problems to take up swimming. This important link is often not made because pharmacists are predominantly concerned with curing not prevention. The proposed information guide for doctors will also be distributed to pharmacists.

The ASA has the task of informing all chemists. One way of achieving this is by working with the Royal Pharmaceutical Society to apprise chemists of the benefits of swimming over other forms of exercise. The ASA want to work closely with branches of the Society by providing



presentations at their meetings. We would like to work in close association with the major chemists retailing groups by similarly presenting during their staff training programmes. There is also the opportunity to work with the National Pharmaceutical Association, which represents the contractors, employees or pharmacy companies and has an important information role.

Health centre-to-pool pathway

Swimming can help to deliver health interventions at a community level via practice nurses who have an increasing role in the management of specific conditions such as asthma and diabetes. Practice nurses often test patients for various conditions and we should encourage them to recommend swimming as an option over land based exercise as a form of *exercise on referral*.

All three of the channels above have a contribution to make in encouraging healthy ageing, thereby assisting with the ASA's target groups 3 and 5.

The role of local authorities

Local authorities provide the bulk of pool facilities and programmes for swimming and are therefore of paramount importance in delivering health through swimming. The ASA would like to see:

- A local health strategy that includes swimming
- A local authority aquatic strategy that makes provision for health pathways to and in pools. The ASA is targeting the completion of 155 local aquatic strategies by 2012 and currently has a template: *'Developing a Local Aquatic Strategy'*
- At least two health referral classes in each pool
- A minimum of one member of staff at each pool with an aquatic advisor's certificate. The aquatic advisors will work in local communities to encourage people to improve their health and wellbeing
- More pool staff trained to offer 'entry point' advice to those wishing to participate with improved health and wellbeing in mind
- Active health departments in local authorities recommending swimming

The Department of Communities and Local Government Strategies recognises that local authorities have an obligation to involve their residents. Residents should therefore be



actively encouraged to create healthy pathways in swimming participation through pool user and swimmer forums.

School swimming

The ASA's policy is to encourage all local authorities and local education authorities to continue regular, weekly swimming lessons to schools during term time. We also work closely with the Department for Education and school sport partnerships to deliver the School Swimming Improvement Programme, which, among other aspects, provides intensive, booster swimming lessons to pupils who are unable to meet the key stage 2 standard. This programme encourages young people to be safe in or near water. It therefore plays an important role in preparing the way for lifelong participation and the benefits that regular swimming provides.

By 2011, the ASA will provide a new policy document for schools in which it will set out its detailed approaches towards the encouragement of swimming in schools.

In addition, we will continue to promote the use of 'pop up' or temporary pools which can be used in a variety of areas in schools and village halls. These are particularly useful in primary schools located in areas of deprivation in which many of the pupils would not otherwise have the opportunity to swim. They should be used to teach pupils and encourage them to take up swimming on a more permanent basis in fixed pools.

The role of pool operators

The main role of pool operators is to identify and break down existing barriers to swimming for everyone, especially our key target groups.

Travel

The ASA will encourage pool operators to seek both active and integrated travel for their customers. Particular emphasis should be placed on:

- Architects and planners of new pools to place pools close to well-lit access roads with pathways so that people can walk to a pool
- Public transport links close to the pool to give access to people who find it difficult to walk
- Adequate parking, good lighting and access for those people with disabilities and the provision of transport for disability swimmers

- Travel offers such as linked bus fares and pool admittance costs to drive greater participation
- Green transport – by providing adequate and safe bike parks within the precincts of pools

Price

The cost of admittance can sometimes be a barrier and local authorities and pool operators should give consideration to how they can make entry prices more attractive. Some work on this was successfully carried out on price variations in the London Borough of Islington as part of the *Everyday Swim* project and the ASA encourages operators to consider fully the impact of a range of prices in their pools. Other research work carried out in 2006 (*Primary School Attainment Targets, HNI*) indicated that young people who lived the closest to swimming pools often did not use them while people that lived further away and from strong socio-economic backgrounds often did use the same pools. Part of the reason was the cost of swimming. Often the people with the greatest health inequalities find the cost of swimming prohibitive.

The ASA would therefore encourage pool operators to:

- Use short-term price promotions to tempt target groups to the fold
- Use variable pricing to encourage specifically targeted groups to swim during hours when attendances are lower
- Offer free swimming days as an occasional opportunity
- Offer discounted costs to those who self-certificate themselves in order to join a health related group and who visit a pool as part of a patient referral
- Promote through buddy schemes such as ‘bring a friend and get your swim at half price’

The programmes

Swim4Life

Change4Life is a Department of Health campaign directed towards tackling obesity. The ASA is working to promote the sub-brand, *Swim4Life*. A promotion toolkit will be provided to local authorities that can help promote the scheme that will often have different target groups.

A minimum of two lanes should be set aside at key points in the day, for example, early in the mornings, at lunchtimes and immediately after work – high-traffic periods for adult fitness swimmers. We would like to see organisations such as Rotary, Women’s Institutes, Age Concern, Weight Watchers and RNIB contacted directly by pools in order to encourage participation.

Social membership

Swimming clubs play a big role in promoting social cohesion in local communities. Broadly, swimming clubs focus on young people, however they have a much wider part to play among those who feel lonely and isolated and are therefore more susceptible to illness.

Wild swimming, outdoor swimming and Blue Gyms

The ASA wants to encourage wider and greater lifelong participation by utilising new channels for swimming. A typical example of this is the Outdoor Swimming Society and Blue Gyms which encourage ‘wild swimming’ and water sports in natural environments such as lakes and rivers throughout the country. It seeks to capture the joys of swimming under an open sky. We see this type of participation as part of a new drive towards smaller groups of people swimming.

As one of the most accessible forms of exercise in terms of age, weight and physical ability, swimming and water-based activities can provide a wide range of workouts for a wide range of people. *Dunmore*

Open water races

Open water races have become increasingly popular over the last few years. They have become mass participation events which attract a wide range of people who take part in short distances, for the pleasure of participation. Typical examples of these are the British Gas Great Swim Series which attracts thousands of swimmers to a range of races in open water in different parts of the country.



The ASA wants to encourage the introduction of more races of this nature and a structured calendar. There is also the potential for a licensing system for organisers in order to guarantee that health and safety regulations are met and that the veracity of organisation is sufficient.

Swimathon

The national fundraising event, National Swimathon, raises more than £2 million a year and continues to be a cornerstone of participation for indoor swimmers and pool operators. Many people who take part are newcomers to this kind of event and practice extensively beforehand. This is a trend we wish to see continued as part of our approach to encouraging lifelong participation.

British Gas Swimfit

The ASA will continue to promote the British Gas Swimfit programme. Swimfit is an ASA programme designed to encourage fitness amongst a wide range of people. The participants choose their motivation for swimming from among the following options – *Health, Shape Up & Tone, Fitness and Competitive*.

Individuals can set their own goals and can track their progress by logging all the swimming they do on www.swimfit.com. There is also an ‘ask the coach’ function where all enquiries on training, equipment to use or session plans can be personally answered.

Swimming for disabled people

Disabled people quite often wish to swim with their non-disabled peers in integrated sessions, so the ASA promotes inclusive swimming opportunities from learn-to-swim to club environments. The ASA also recognises that some disabled people prefer or need separate provision and actively looks to support this. As with non-disabled swimmers, there are two strands to delivering swimming for the disabled – one strand for those who wish to take their swimming to a competitive level and one for those who simply wish to learn or improve their swimming as a leisure activity.

‘Playground to Podium’ is a national framework for the identification of young disabled swimmers who have the potential to progress through the pathways and onto the podium, has been adapted by the ASA to meet disability swimming’s needs.





There is no proven link between swimming in pools and asthma. In fact, in the case of many asthma sufferers, the warm, humid atmospheres in swimming pools can make breathing a little more comfortable.

Clubs are expected to take into account the Disability Discrimination Act 2005, ensure that they have an equity policy, cater for individual needs and have suitably trained teachers and coaches. The ASA is already working in partnership with the English Federation of Disability Sport (EFDS) and is looking at the feasibility of introducing the *Inclusive Fitness Initiative* into swimming pools which would assist disabled people in having a quality experience when they go swimming.

Swimming and mental health

Swimming, along with other activities, still has a great amount of work to do in convincing GPs that it has a part to play in mental health. The ASA plans to run a pilot scheme and report back on the findings to the medical profession.

Swimming and asthma

For many years, people that suffer from asthma have been encouraged to swim but recent studies have drawn attention to the fact that pool disinfectants can irritate asthma sufferers.

The ASA supports the position of the Committee on the Medical Effects of Air Pollutants, Health Protection Agency. The Committee feels that there is no reason why asthma sufferers cannot swim regularly and underlines that there is no proven link between swimming in pools and asthma. Based upon current knowledge, swimming is unlikely to make asthma worse or cause asthma. In fact, in the case of many asthma sufferers, the warm, humid atmospheres in swimming pools can make breathing a little more comfortable.

Recent research in Finland concluded that 'While some studies identify the swimming environment as a trigger for allergy and asthmatic symptoms, even more studies suggest

swimming to be suitable for people with allergies and asthma'. A number of swimming clubs and groups specifically for young asthmatics can be found around the country.

Masters Swimming

There are over 5,000 Masters swimmers registered with the ASA and more than 400 clubs that cater for Masters swimmers. Masters swimming offers competitive swimming to people over the age of 25 years in structured 5-year-band age groups through to 99 years. In 2007, in order to meet the growing needs of the discipline, the ASA published 'A *Strategy for Masters Swimming*'.

The ASA has sought to widen the franchise so that less serious swimmers can compete and use Masters swimming as a framework for daily participation in lengths swimming. The ASA would like to see some of the larger Masters events taking the form of a festival to encourage the participation of swimmers whose primary purpose is fitness and pleasure.

Swimming and the workplace

There are two areas within the workplace where swimming has much to offer:

Reducing job absences and the cost of insuring against lost work hours

There is an opportunity to create lunchtime (or flexi time) swimming modules for those at work. We therefore want to encourage pool operators to work directly with large local employers situated within 10 minutes walking time of their pool to create swimming opportunities for groups of employees. This will mean working closely with human resource departments, company doctors and those departments with a direct interest in reducing job absences due to sickness.

A workplace module of this nature would help to reduce a company's insurance premium and the ASA would like to support this initiative through its own staff who would work directly with companies and pool operators to bring these plans to fruition at a local level. In addition, we plan to work with health insurers to add a swimming programme to their services.

Programmes of this nature would have important benefits for employees in terms of stress relief and muscular-skeletal conditions. The ASA's task will be to emphasise the connection between these conditions and swimming.

Occupational health

Our task is to encourage occupational health teams to be even more effective by adding swimming to the services they offer or to help them to utilise swimming to a greater extent. To meet this need, we plan to develop a special programme and to work with pool operators to obtain local discounts for companies and participants in this programme.

Active ageing

By 2033, a quarter of society will be over the age of 65. This will mean an increase in the number of elderly people requiring health and social care services. Partnerships for Older People Projects (POPPs), launched in 2005, sought to develop and evaluate services for older people that would delay or prevent the need for greater and more intensive levels of healthcare.

As a physical activity that older people can take part in, swimming can be integrated in this move towards personalised care for older people and families. The ASA will encourage all local authorities to make provision for this group either through pool time in less busy periods or by making appropriate alternative water space available to them within their local authority area. The challenges for the ASA will be to improve the quality of the experience in the pool and to keep people motivated through innovative approaches to aquatic exercises.

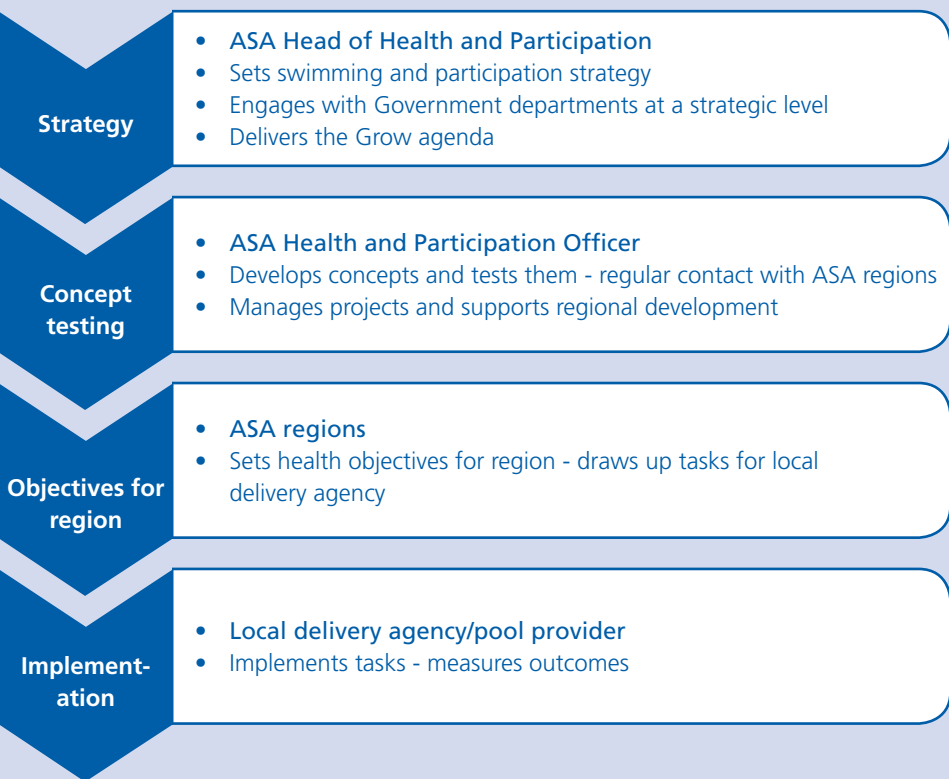
Swimming pools offer a place to socialise, relax and exercise for millions of people from every kind of background. They can reduce loneliness and introduce friends by acting as a meeting point in the local community.



Delivery of programmes

The ASA-to-pool operator programme delivery mechanism

Although our programmes will be delivered through the ASA regional offices, each programme will need to be driven within an individual pool, so we would like to move, over the next five years, to a situation where each local authority has its own aquatic advisor. This would require a substantial training programme initially undertaken in conjunction with Skills Active with a view to having 500 people in place. This would help to develop a stronger focus on health-related programmes such as swimming with a personal trainer. The delivery would be as follows:

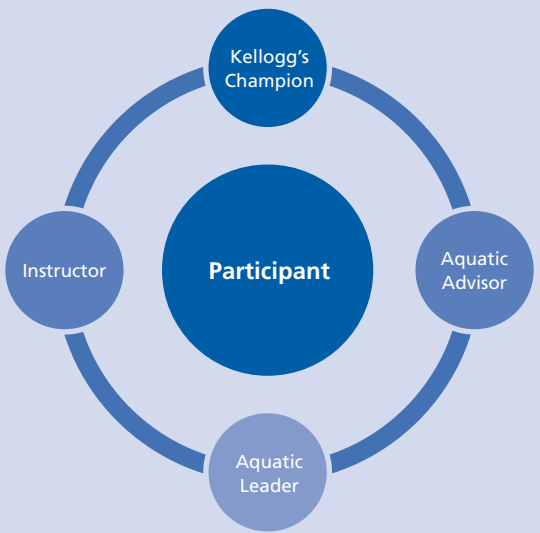


Delivery at local level

At a local level, the first point of contact for a typical new participant would be via a Kellogg's Champion. This is a nominated volunteer or activity officer from a relevant community group. The Champions would act as motivators and accompany a group of potential participants to attend a swimming session. They would continue to act as a liaison between the pool and the group.

The second key role would be that of the aquatic advisor. Primarily this would be someone working in a pool or leisure centre such as a swim teacher, receptionist or aquatic advisor whose task it would be to explain the benefits to the customer as well as to provide advice and guidance on the type of aquatic exercise appropriate to that individual and encourage them, where relevant, to try new sessions. Both the advisor and the Kellogg's Champion would undertake ASA continuing professional development.

An aquatic leader would provide poolside guidance and motivation. They would ensure a safe swimming environment and, in order to meet the needs of the participant, would timetable themselves to be available during a structured session. The final role would be that of the instructor, trained under the Institute of Swimming programmes, who would run activities such as aqua fit or aqua jog.



Core outcomes

The ASA seeks to achieve seven main outcomes by 2012:

- To run one QALY based programme in each of the ASA regions
- To organise one major piece of behaviour change research in order to establish that swimming can change life style and subsequent benefits
- The widespread introduction of the use of the delivery model at local level which utilises Kellogg's champions, aquatic advisors, aquatic leaders and instructors
- To run at least one work-based swimming programme in each local authority area
- To embed a national culture among GPs which sees them recommend swimming as a considered option for all those needing to take more exercise
- Full digitalisation of our processes to include aspects such as a monthly podcast and a monthly swimming and health newsletter
- The establishment of a fully integrated work place programme which uses swimming as a way of benefiting the general health of employees and reduces work absence in over 50 companies

| Targets in this Strategy | |
|---|---|
| Participatory swimmers: | |
| Outcomes | How |
| 270,000 more people swimming a least once a week comprised of: Target 1 - Jackie & Alison: mums aged 30-45 with children at home | Through Kellogg's Champions and Life Style Advisors (see 'Delivering at local level') |
| Target 2 - Tim & Helena: sporty professionals aged 26-35 | Through Kellogg's Champions and Life Style Advisors (see 'Delivering at local level') |
| Target 3: Brenda & Elaine: older working women aged 46-59 | Through Kellogg's Champions and Life Style Advisors (see 'Delivering at local level') |

| Targets in this Strategy | |
|---|--|
| Swimming for health: | |
| Outcomes | How |
| Target 1 - Jackie & Alison: mums aged 30-45 with children at home | ASA regional offices working with pool operators in their regions to ensure classes are in place |
| Target 4 - healthy ageing | Through Kellogg's Champions (as before) |
| Target 5 - disability swimming | Through the continued efforts of ASA-registered disabled swimming clubs to continue to build its network of participants |
| Target 6 - swimming for those with high levels of obesity | ASA regional offices working with ASA Health and Participation Officer to create network of 'swimming-orientated' GP surgeries |
| Target 7 - swimming for those with mental health conditions | ASA regional offices working with ASA Health and Participation Officer to create network of 'swimming-orientated' GP surgeries |
| Target 8 - swimming for those with cardio vascular disease | ASA regional offices working with ASA Health and Participation Officer to create network of 'swimming-orientated' GP surgeries |
| Target 9 - swimming with long-term health conditions | ASA regional offices working with ASA Health and Participation Officer to create network of 'swimming-orientated' GP surgeries |

| Targets in this Strategy | |
|---|---|
| Other swimming groups (supported but not specifically targetted): | |
| Outcomes | How |
| School swimming | The five ASA School Swimming Advisors will continue to work with School Sport partnership |
| Adult lane swimmers | ASA regional officers working with pool operators in their region to ensure that programmed pool space is available |
| Workplace swimmers | ASA regional officers working with pool operators in their region to ensure that programmed pool space is available |
| Open water races | ASA Health and Participation Officers to continue to encourage the introduction of new races around the country by working with promoters and LAs |
| Masters participation | ASA Masters Committee to encourage all swimming clubs to introduce a Masters section |
| Swimming in natural environments | ASA support for safe environments and increased opportunity to swim in inland water |
| Pathways: | |
| Outcomes | How |
| Pharmacists | ASA Health and Participation on learn to work with pharmacy bodies to disseminate knowledge about pathways |
| Health centres/doctors surgeries | ASA Health and Participation on learn to work with pharmacy bodies to disseminate knowledge about pathways |
| Local authorities/health trainers | ASA regional officers to identify and work with local health trainers |

| Summary of targets based on what the ASA needs to achieve | | |
|---|---|---|
| Areas of the ASA Strategy impacting on health and participation | | |
| Outcomes | How | target by 2015 |
| Swimmers: | | |
| 600,000 more people swimming at least once a month | Culture change including lessons for target groups | 600,000 more people swimming once a month |
| 270,000 more people swimming once a week | ASA-accredited aquatic strategies | 209 local aquatic strategies |
| Pools: | | |
| To encourage the Government and others in authority, to recognise the value of swimming and to provide a sufficient number of well-designed and managed swimming facilities | Increase the flexibility and amount of water ospace and the access to existing and appropriate pools by working with the Government, local authorities and others | 33- 50 metre pools; 92- 25 metre, 8 lane pools; and 6- 25 metre, 6 lane pools |
| Workforce: | | |
| To develop and deploy a skilled workforce that meets the needs of participants, clubs and employers | Through the delivery of UKCF | To achieve a managed rating against the UKCF scorecard by 2013 |
| | Deliver an accessible and appropriate volunteer training programme | To train 4,329 volunteers by 2013 |



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