



Bodies of Christ: health, sport and whole-person ministry

**Jacqueline R Cameron, MD, MSc, MDiv,
MA**

with Mark Balcar, BA (Hons), MA

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Foreword

You would be hard pressed to read a newspaper or watch the news without a piece about the crisis in the nation's health and wellbeing. Whether it is obesity, inactivity, stress, diabetes, body image or mental health, we are a society with a growing range of health and wellbeing challenges. These impact our individual lives, those of our families and our communities. What is true of society is often true of the church and issues around clergy wellbeing are now being recognised as critical to the future of the church.

It is therefore timely that we explore what the church in London says about physical activity, health and wellbeing. Of late, it has said little. While we are good at focusing on the spiritual benefits of Jesus' life and ministry we rarely stop to think about the deep and broad implications of Jesus' physicality and how that affected his earthly life and ministry. There is an urgent need to consider how our *own* individual experience of physicality shapes our identity, spiritual life and ministries.

This report begins to ask these questions in the broader context of the Christian tradition. It assesses how there is no part of Christian theology, worship or mission that does not embrace the fullness of human living – physical, relational, intellectual, and spiritual. Scripture, sacraments, theology and history all tell us about the relationship between the divine and the physical or created world.

But what is the Church in London's role in exploring the practical implications of the theology considered in this report?

Under our ambitious Capital Vision 2020 strategy the diocese aims to create new ways to be Christ-centred and outward looking. Physical activity, health and wellbeing could play a critical a role in doing both.

As highlighted in this report, there is a great need in our society for preventative solutions to the increasingly alarming health and wellbeing trends. Policy makers continue to wrestle with the best solutions to local needs. We have much to offer them.

I believe this is an important opportunity for the Diocese: an opportunity for us to start a journey to rediscover the theology our physicality in Christ, to work in partnership with public bodies, and to be a part of the solution to build healthy, cohesive and compassionate communities through sport and physical activity.

I encourage you to read this report and consider its thinking, to ask yourselves how our parishes, our chaplaincies, our schools, and our deaneries could embrace its



ideas and improve the health and wellbeing of our congregations and local communities. For as this report argues, this is where the need is, where the suffering is and where the hope is.

Rt. Revd. Adrian Newman, Bishop of Stepney

Introduction

The Capital Vision 2020 strategy invites people of the Diocese of London to share a vision of a Church for London that is Christ-centred and outward looking. It seeks its members to become more confident in speaking and living the Gospel of Jesus Christ, more compassionate in serving communities with the love of God the Father and more creative in reaching new people and places in the power of the Spirit. One of the ten priorities of Capital Vision is that the Diocese engages more closely with sport.

Sport has long been a part of this country's national identity - from inventing many popular sports to hosting global events, from passionately supporting our teams and athletes to being a member of our community sport clubs. Our churches, supported by the Muscular Christianity movement that originated in England in the mid-19th century, also played an important role in establishing our sporting heritage and passion. While 'sports ministry' has continued to play a role – albeit it a significantly lesser role - in church missional life, the church of late has had little to say on physical activity, health and wellbeing. This report aims to begin to readdress that balance. By exploring why and how the diocese could embrace both a public health-type approach and also sport-focused approaches it seeks to instill a passion and appreciation for physical health as a central concern of Christian mission at personal, parish and local community and at a diocesan level.

From the outset we have been aware that many people assume that 'sport' requires particular skills or interests that they simply do not have. Others assume that sport is just for the young, especially young men. Still others believe that Christian faith and physical wellbeing have little to do with one another. We recognised however, that care of the body is an integral part of Christian faith - even if the Church has not always proclaimed or practised this throughout its history. We wanted to recapture the theology of physical activity, health and wellbeing.

As well as a strong theological argument for our engagement, our own research demonstrated that many churches already provide physical activity or the facilities in which physical activity occurred, often led by third party groups or individuals. It highlighted this activity was higher amongst women and girls and there was also above average engagement by older people who are high-priority target groups to get more active. Further research suggested we needed to address a range of issues including:

- The critical issue of clergy health and wellbeing.
- The male team sport dominated approach by sport ministry organisations.
- The growing need in our communities for local physical activity, health and



wellbeing provision being driven by central government.

- The limited physical activity provision in our church schools.

In order to assess the evidence, collate thinking and consider the issues and implications we commissioned this report around a number of objectives:

- To explore the theological, societal and wider public policy context of physical activity health and wellbeing.
- To begin to scope how the diocese could further engage with physical activity, health and wellbeing including looking at best practice and developing potential partnerships with academics, Christian organisations, third sector organisations and others.
- To reflect how the diocese could seek to integrate a physical activity, health and wellbeing component into the sports priority of Capital Vision.

In commissioning this report we also wanted to explore a unique opportunity to be at the forefront of designing new and desperately needed ways to promote life-giving habits of mind, body and spirit. By offering opportunities for different types of physical activity as well as organised sport, the diocese can reach even more people, and the potential for creative outreach is almost limitless. By prioritising both sport and physical activity, the diocese also sends a powerful message that care of the body is an integral part of Christian living.

Mark Balcar – Sports and Physical Activity Priority Lead, Capital Vision 2020

Executive Summary

- Healing and hospitality have always been central to the Church's mission. Sports ministry is a more recent focus. Physical inactivity and social isolation are increasing suffering and shortening the lives of millions. By claiming our identity as followers of Jesus the healer and broadening the focus on sport to include physical activity, health and well-being, the Church will be much better equipped to minister to today's population and to fulfill the Gospel vision of abundant life for all.
- This report asserts that the sports priority of the Capital Vision 2020 strategy of the Diocese of London, to engage more closely in sport should also include physical activity, health and wellbeing.
- It considers why the Diocese of London should now engage in this agenda and recommends simple ways the Diocese do this to ensure it is more creative in reaching new people and places in the power of the Spirit as it seeks to be Christ-centred and outward looking

Theological Considerations

- While the church is good at focusing on the spiritual benefits of Jesus' life and ministry it does not often consider the deep and broad implications of Jesus' physicality and how this affected his earthly life and ministry.
- This has significant implications alongside an individual's *own* experience of physicality shaping their identity, spiritual life and ministries.
- Christians, the Diocese and the church should care about all aspects of health and well-being. God made humans physical, social and spiritual beings, and each of these aspects of life help people to encounter, love and serve God and one another.
- The report examines the broader context of the Christian tradition, suggesting that Christian theology, worship and mission should embrace the fullness of human living—physical, relational, intellectual, and spiritual – and that scripture, sacraments, theology and history all tell of an ongoing interplay between the divine and the physical or created world.

Societal Considerations

- The report explores the wider societal context where policy makers are seeking new solutions to address growing inactivity, obesity and mental health issues.
- It highlights the scale of the challenge where the estimated direct cost of physical inactivity to the NHS is £1.06 billion, through five key conditions: coronary heart disease, stroke, diabetes, colorectal cancer and breast cancer.
- It considers the significant increase in obesity where today nearly a third of children aged two to 15 are overweight or obese and where body image dissatisfaction has become a significant societal issue which often leads to poor self-confidence, depression and anxiety.
- It points to research linking physical inactivity, poor diet, social isolation and socioeconomic disparities being strong contributors to a wider range of suffering, social inequalities, deprivation and poverty.

A New Approach

- The report states that the church and the Diocese are uniquely equipped to become a significant force for promoting physical, emotional and spiritual health and healing whilst fulfilling the churches traditional enthusiasm and action to tackle social justice and inequalities.
- To enhance this approach the report suggests the leaders and people of the Diocese need to develop a livelier appreciation and respect for the mystery and complexity of the body.
- It should also engage more robustly with theology, particularly with doctrines of creation, incarnation and salvation to expand the churches capacity and scope for pastoral care and creative ministry.
- It suggests a deepening appreciation of how central physical health and well-being is to Christian identity and practice will also better equip the Diocese to realise the vision, engage in the mission and accomplish the aims of the sport and physical activity priority.
- It argues that by understanding the significance of sport and physical activity within a member's personal life of faith and life of their church community, members will be better placed in offering this in or through the church.
- It asserts that this will also create further opportunities for churchgoers to better reach out to their neighbours through physical activity, sport and play



and also share the hope in Christ that the church brings in ways that are courteous, respectful and fun.

New Opportunities

- The report highlights a Sport England-funded study in February 2015 that found that approximately 40,000 people attended church or school-affiliated sport or physical activity-focused sessions in an average week.
- This study also concluded there was significant spare capacity at both church and school facilities to expand a wide variety of activities. There was also considerable enthusiasm to develop parish and school-based approaches despite the current barriers.
- The report asserts that by exploring new opportunities to offer physical activity and sport in open, inclusive, creative, fun, and flexible ways, parishes and church schools can help to change people's lives and build stronger communities through improved health and social connection, both important components of a just and healthy society.
- By opening up their facilities, the London Diocese would help to enhance parish and church schools' place at the heart of their communities.
- The report outlines a number of the sport- and health-related activities already taking place all around the Diocese, as well as some of the other organisations that advocate and support this approach.

Recommendations

- In order to embed this thinking and approach through all of the Diocese's work with clergy, congregations, children and youth, schools, and the broader community, the Diocese needs to raise awareness and knowledge about physical health and well-being.
- Furthermore, it should create a framework for engagement and work in partnership with parachurch, government and secular organisations to help focus more on physical activity health, and wellbeing in a broad range of contexts.
- The report makes five recommendations to help achieve this:
 1. Create a new part-time paid role within the Diocese of London for a health and wellness consultant.



2. Create a resource centre for the Diocese of London that considers Clergy Wellness, Congregational/Community Health and Wellness Outreach Development.
3. Undertake an ongoing diocesan-wide public theology project which should include exploring the key issues around: science and health; disease theology, scripture, and liturgy; ethics; prayer and action.
4. Create a framework to inspire, support and develop parish-based health ministries.
5. Create a framework to inspire, support and develop schools' PE and sport, health and wellbeing provision both within and outside school hours.



I. Befriending the body

The Body of Christ...
The Body of Christ...
The Body of Christ...

Most of us hear these words every week. Most churchgoers have at least heard of the doctrine of incarnation. We're pretty good at focusing on the spiritual benefits of Jesus' life and ministry. But how often do we really stop and think about the deep and broad implications of Jesus' physicality and how that affected his earthly life and ministry? How often do we really stop and think about our *own* experience of physicality and how that shapes our identity, our spiritual life and our ministries?

To what extent might feelings of guilt about how we care for or fail to care for our bodies, or shame about deep drives or habits, or a real or perceived lack of some aspect of physical ability diminish our joy and cloud our creative vision for ministry?

To what extent might cultivating a sense of awe and gratitude for our bodies, or embracing a deeper appreciation of the interplay between the physical and the spiritual broaden our vision and spark creativity in mission?

Some—both within and outside of the Church—think that Christianity is all about the soul and that the only significance of Jesus' saving life and work was to provide spiritual benefits—benefits that are largely perceived to take place in the life to come.

This body neglect stands alongside a still-damaging history, during which Christian individuals and groups have practiced overt bodily abuse and have considered that abuse a necessary part of faithful Christian living. At times, this abuse and neglect has been focused on attempts to control or extinguish sexual desire, but it was often rooted in a general distrust and distaste for all things physical, due to a mistaken belief that the physical was somehow opposed to the spiritual. At best, this has left us with an impoverished appreciation of the body, but often lingers in the form of deep suspicion and secret shame with regard to our own bodies today.

This is even more tragic as we consider the high prevalence of poor physical health, poor body image, and rampant body-related psychological and social suffering in the world at large.



As she considers this growing epidemic of body dissatisfaction, theologian Paula Gooder observes, “The question is what a Christian response to this might look like. It sometimes feels as though the Christian response is currently a ringing silence.”¹

She goes on to note,

“...a general silence on the body’s importance, coupled with such practices, can easily suggest that the body is something to be controlled not loved; ignored and overcome rather than cherished...It is not difficult to see how easy it would be to understand from teaching on abstinence and on sex, and a general silence otherwise, that Christians are to be embarrassed by or hostile to embodiment...”²

But Christian tradition has always looked back in memory, looked around in love and service, and looked to the future in hope. And there is no part of Christian theology, worship or mission that does not embrace the fullness of human living—physical, relational, intellectual, and spiritual. Scripture, sacraments, theology and history all tell of an ongoing dance/collision between the divine and the physical or created world.

And because we are physical beings, all of our perceptions of and interactions with those things that are outside of us *as well as* our own internal physical, intellectual and spiritual sensations, thoughts and experiences are *mediated* through the physical body.

This is one of the ways in which the Capital Vision 2020 focus on both the arts and on sport and physical well-being overlap.

A word is spoken. Eardrums and tiny bones vibrate; nerves spark and fire. A sound is perceived. Memories are stirred; new thoughts take form. Hormones, neurotransmitters and other body chemicals surge and flow and stop and start over again. Heartbeats speed up and slow down. Muscles twitch and relax. Joy, fear, grief or hope might be generated or curbed.

The very same word or words spoken as poetry or set to music might stir up an entirely different physical, emotional, and, of course, spiritual, experience. Images and colour and movement and sound and smell might intersect with previous experience and confirm or reshape it, or might shock us into an entirely new perception of God and the world.

¹ Gooder, P. (2016) *Body: Biblical spirituality for the whole person*. London: SPCK, p. 3

² Gooder, p. 5, 6.



All of this *physical* activity mediates and facilitates—and sometimes impedes—*spiritual* perceptions and beliefs and experiences as well. Sometimes these experiences help us to connect with other people or with God in a new way. And still, so much remains shrouded in mystery!

Physical activity and sport can have similar effects. The simple act of standing and stretching can significantly improve mood. Crossing a finish line or a goal line or simply overcoming self-doubt and trying something new and fun can give a sense of exhilaration and a boost in self-confidence. And if we do all of this in a welcoming environment, the relationships that take root can become an essential antidote to sometimes crippling loneliness and spiritual hopelessness.

Jesus walked and talked and preached and taught and fed and healed and befriended people—and he did all of this in order to invite them into a healed relationship with God.

For those of us who worship God the Creator, follow in the footsteps of Jesus the Healer and believe that the Spirit still blows new life into the world, all of this messy and mysterious physicality can open up a rich array of possibility for creative and compassionate ministry.

As we go forth, our language of faith will be characterized by different dialects and accents. Our methods of mission and evangelism and what we count as success will vary.

Some of us consciously identify ourselves as Evangelical or Anglo-Catholic or middle of the road while others resist such defining labels. Some of us will resonate more strongly with a primary focus on the Bible. Others will experience their strongest connection with God through worship and sacraments, and others through outreach and loving service.

Even though we're not technically supposed to, we all probably have our favourite member of the Trinity, and when we speak of our faith, some of us will naturally refer most commonly to God, others to Jesus and yet others to Spirit. No heresy here—just different patterns of faith and a reflection of how difficult it is to put words to our deepest spiritual beliefs, desires and experiences.

But what is clear is that the world needs all of the followers of Jesus to engage in Jesus-style ministry that tends to the whole person—including the body. As one of



our post-communion prayers puts it, “we offer and present to you, O Lord, ourselves, our souls and our bodies, to be a reasonable, holy and living sacrifice...”³

Therefore, as we offer ourselves for this ministry, we, too, offer our physicality—our bodies—and it is a gift God welcomes. This report will focus on how we might engage in ministries that cultivate awe and gratitude for the human body and, like Jesus, challenge us to become more alert to the physical health needs and crises around us. Sometimes we will do this through the medium of sport and sometimes, through other activities, where we invite others to gather, to get active, to have fun, to build friendships and, together, to offer to God our souls and bodies.

II. Themes and guiding questions

As we consider an expanded role for sport, health and wellbeing in the life and ministry of the church, it might be worth attending to some particular biblical and theological themes, and carrying some ministry-focused questions with us as we proceed.

- 1. Identity and Response: who are we as children of God, as followers of Jesus and as people sent by the Spirit, and how does this inspire how we live and serve?*
- 2. The dance (collision?) of the divine and earthly/physical: how do we honour and celebrate our physical and spiritual lives and how they interact?*
- 3. Reading the needs around us: how do we cultivate compassionate attentiveness and creative response as we seek to follow in the footsteps of Jesus?*

III. Theological foundations

We Christians seek to dive more deeply into our relationship with God and also to give voice to that experience through a rich array of activities—and also through stillness and silence. In Scripture, we read the stories and poetry and history of the faithful who have gone before us. We hear their hopes and laments. We gain wisdom from their mistakes and are encouraged by their faithfulness. In liturgy, we pray and remember and encounter God again and again through words and music and senses and movement. In theology, we attempt to explore and to express the deep mysteries of God in ways that make sense in our own time and context. An appreciation of church history helps put some of the thoughts and experiences of

³ Common Worship, p. 294.



the faithful into an even broader context, and helps us see where we have come from and where we might be heading. And of course, in order to fully engage in all of these spiritual activities, we need a body!

A. Scripture: creation and beyond

The biblical record opens with stories of God-breathed creation. In these stories God takes a risk—a beautiful risk—in calling forth a mind-boggling array of living creatures, plants, planets, water, and air. There are stars and starfish, blazing sun and deepest midnight, amoebas and elephants, orbits and tides. Humans are gifted with the capacity for loving relationship with one another and with God.

It is all physical. And God called it good.

But there are snakes. For reasons we do not fully understand, the earth and its physical forces are also capable of profound destruction. Humans discover and rediscover their capacity for betrayal and shame. Yet, somehow, through the mercy of God, the creation is still good. And it still contains the seeds of redemption and healing.

In fact, the entire Bible is filled with very human stories of illness and healing, hunger and feasting, love and grief. Sometimes there is ecstatic joy in God's tangible presence and sometimes, the horror of divine silence. There are victories and defeats, births and deaths. Not all faithful questions are answered. All desires may be known, but not all are fulfilled. Trust and hope must coexist with questions and disappointment.

In Jesus, we find God's most humanly palpable presence. Like us, he entered the world through the pain and labour of a pregnant woman. During his earthly ministry, he healed and taught and fed. He was a friend and yet also a mystery to his friends. He laughed and ate and drank with the rich but seemed to spend the majority of his time with the poor and those on the fringes—or the outside—of society. Like the poor and marginalised, he suffered physical hunger and pain, exhaustion, betrayal, and a brutal death.

Yet somehow, "God raised him up, having freed him from death, because it was impossible for him to be held in its power" (Acts 2:24, NRSV) and somehow, his living and dying and being raised from death mysteriously binds our lives—in their entirety—to his.

The New Testament writers insist that Jesus' resurrection was not merely a spiritual phenomenon—Jesus' resurrected life included a physical body. But while Jesus'



post-resurrection body contained familiar features (including scars), there was something different about it as well. In many accounts of Jesus' post-resurrection appearances, his friends and followers did not recognise him at first. Visual recognition was not enough. Yet there was something deeply familiar about the way he spoke Mary's name in the garden, or how he prayed and broke bread with the two on the road to Emmaus. As always with Jesus, his physical human presence was still shot through with mystery and paradox. He was—and is—always more than we can ever perceive or imagine.

In the Epistles, the Apostle Paul proclaims an indissoluble link between Jesus' life and death and bodily resurrection, and our faith that God will raise *us* as well, and theologian Paula Gooder sees this as a powerful argument for developing a more positive view of and for taking better care of our own bodies *now*—in this life.

Paul, of course, is a central and still controversial figure in Christian thought and life. Many Christians believe that he had a low view of the body and that his writings strongly extolled the value of the spiritual life over—and sometimes at the expense of—the physical.

Though a thorough exploration of Paul's thought is beyond the scope of this paper, Paula Gooder has made a strong argument for a very different reading of Paul in her book *Body: Biblical Spirituality for the Whole Person*.

Looking closely at Romans and 1 Corinthians, she builds a careful and persuasive case for Paul holding a very high view of the body. In fact, if we follow her lead and find ourselves persuaded about the centrality of the body in faithful Christian living, we would find our identity, worship and ministry profoundly transformed, and would be far better equipped to love and serve the world in God's name.

In Romans 12:1-2, Paul writes:

“I urge you therefore, brothers and sisters, through the mercies of God, to present your bodies as a sacrifice, living, holy and well-pleasing to God, which is your reasonable worship, and not to be moulded to this age, but to be transfigured by the renewal of the mind, that you may ascertain what is the will of God—the good and well-pleasing and perfect.” (Gooder's own translation) ⁴

She argues that in Romans 1-11, Paul “laid out the full detail of what he perceives to be the ‘mercies of God’ (and) in chapters 12-16, he invited the Romans to respond to those mercies. His summary of how the Romans should respond...involved two

⁴ Gooder, p. 104.



actions: that they should present their bodies (v.1) and should be transformed or transfigured by the renewal of the mind (v.2).”⁵

The living bodies that they—and we—are called to present are considered holy and well-pleasing to God—just as they are! We are also called to transformation and transfiguration—an ongoing process—but that does not in any way diminish the fact that the offering of our bodies—in their entirety—is pleasing to God right now.

“When we present our bodies to God we give not just our physical bodies but our entire being: the body itself and what we do with it. This is not all. For Paul bodies have an additional resonance beyond this as well. Our bodies shape our identity but are also the basis of the way in which we relate in the world to the people around us.”⁶

She goes on to argue that 1 Corinthians is largely constituted by a “fugue on the body” in which Paul “moves fluidly between different references to bodies—individual bodies and the corporate body of Christ; individual relationships and community relationships; Christ’s body at the Last Supper and his body the Church. Backwards and forwards, in and out, Paul weaves until you can feel a little dizzy by the movement.”⁷

And further, “Far from being irrelevant, bodies stand at the very heart of what Paul wanted to say in 1 Corinthians about life in Christ. My body, our bodies, the body of Christ are the key to identity, relationship and wholeness. If we ignore them we lose something immensely precious.”⁸

If we wish to dismiss or diminish the importance of the body in Christian living, we will have to blame someone other than Paul! But we won’t find much support from the rest of the New Testament either—all Christian visions of the life to come—of resurrected people and of the new heaven and the new earth—are filled with embodied beings.

B. Worship and sacraments; theology and doctrine

We have already recognized the profound importance/necessity of both Jesus’ divinity and of his earthly, physical life and ministry, and have also caught a glimpse of how important our own physicality is in light of this.

⁵ Gooder, p. 104.

⁶ Gooder, p. 106.

⁷ Gooder, p. 107.

⁸ Gooder, p. 108.



We celebrate the events of his incarnate life and saving work through symbolic action in worship and sacraments. We use ordinary things: water, bread, wine, oil. We engage in actions that are both ordinary and extraordinary: we wash, we feed, we drink, we try to live lives of fidelity and love. We give thanks. We confess our sin—our failure to live as faithful followers of Jesus. And then we step forward, both to receive God’s presence and to again offer our lives back to God, and to commit ourselves again to loving service in the world that God continues to love and sustain. In the words of Thomas Aquinas, *faith, our outward sense befriending makes our inward vision clear.*

We struggle to put words to our experiences through theology and the development of doctrine. As we speak of creation, incarnation, salvation, resurrection and eschatology, the life of the mind and the harnessing of the intellect also transport us to that living yet still-mysterious bridge between the physical and the spiritual, just as we do when we baptize, marry, anoint, or celebrate the Eucharist.

C. Church History

Christianity was born in a time when the spiritual elite from many religious traditions viewed the body with deep suspicion or even overt hatred.

Much of Christian history is tarnished with ongoing body ambivalence yet also contains notes of physical celebration and joy, and both extremes continue to shape Christian theology and practice.

As we look back, we encounter many who viewed the body as a soul-prison; we see a long parade of at least one God-bearer, a host of virgins, self-flagellators, self-mutilators, feasters, fasters, artists, musicians, dancers, and...dangerous women.⁹

From Cromwell-scarred churches to Anglo-catholic exuberance, we see further evidence of beautiful risk—of the awesome power of the senses to draw us closer to God and, at other times, to generate destructive fear and division.

Christians still struggle with disagreement—particularly around issues of sexuality—and most of those outside of the church are deeply aware of our ambivalence. It’s likely that they see more body-distrust in our current faith life than we in fact possess. But for many, this continues to be a formidable barrier.

⁹ For a fascinating historical overview of Christian body ambivalence in general and wariness of women in particular, see Peter Brown, (1988 and 2008; Columbia University Press). *The Body and Society: Men, Women and Sexual Renunciation in Early Christianity.*



There is good news too. We can take heart from our long history of offering healing and refuge—from monasteries to hospitals to modern-day shelters, dinner tables, food banks, and clinics. In John 10, Jesus says, “I have come that they might have life—and have it to the fullest.” Our task now is to expand our vision of health and fullness of life, and to explore how physical activity, sport, play, and spiritual friendship might enliven our ministry and spread God’s healing love as widely as possible.

IV. Reading the health needs around us: current context, health statistics and some body basics to help guide reflection and response

In the centuries that have elapsed since Christianity’s foundation, health care in the UK has largely become the responsibility of the state. But in reality, both traditional Christian outreach and state-sponsored health efforts have focused primarily on the management of illness and mitigation of suffering, rather than focusing on human thriving and the prevention of suffering and ill health.

Many health and government leaders seem to agree that prevention is the only way to avert—or at least slow—the growing disaster of epidemic diabetes, cancer, obesity, heart disease, depression, and other ills that are sapping life, productivity, and joy from millions of people throughout this country and the wider world.

Physical inactivity, poor diet, social isolation and socioeconomic disparities are strong contributors to this suffering but also provide practical targets for preventive efforts. As followers of Jesus the Healer, we are uniquely equipped to become a significant force for promoting physical, emotional, and spiritual health and healing.

Since this paper focuses on physical activity, well-being and sport, a few definitions are in order:

Physical activity is defined as any bodily movement produced by skeletal muscles that requires energy expenditure. Physical activity includes exercise as well as other activities which involve bodily movement and are done as part of playing, working, active transportation, house chores and recreational activities.¹⁰

¹⁰ WHO Global strategy on diet, physical activity and health, <http://www.who.int/dietphysicalactivity/pa/en/>.

Exercise is defined as a subcategory of physical activity that is planned, structured, repetitive, and purposeful in the sense that the improvement or maintenance of one or more components of physical fitness is the objective. ¹¹

Sport: “An activity involving physical exertion and skill in which an individual or team competes against another or others for entertainment”. ¹² This OED definition is obviously quite limited. Sport has had a huge and varied influence on human life and culture in general, and a very complicated relationship with Christianity in particular. In order to further explore sport’s fascinating history and its complex and constantly changing relationship with Christian theology and daily living, see *The Games People Play: Theology, Religion and Sport* by Robert Ellis and *A Brief Theology of Sport* by Lincoln Harvey. ¹³

A. Current health needs and modern plagues

Public Health England (PHE) is an executive agency of the Department of Health and is a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner. They exist to protect and improve the nation’s health and wellbeing, and to reduce health inequalities.

Their current priorities are as follows:

1. Wellbeing and mental health
2. Diet, obesity and physical exercise
3. Smoking
4. Alcohol and drugs
5. HIV and sexual health ¹⁴

PHE strives to assess health needs and interactions from a life course perspective (infants, children, youth, adults, older adults) and also considers the effects of physical and social environment on health—by cultivating an awareness of the health needs, resources and barriers as they vary by age and by physical and social location. PHE has a particular focus on health inequalities, and is responsible for helping to “ensure that the NHS, Department of Health and other governmental bodies develop and implement policies that support public health and wellbeing.”

¹¹ WHO Global strategy on diet, physical activity and health.

¹² OED.

¹³ Robert Ellis, *The Games People Play*, (2014: Wipf and Stock, Eugene OR) and Lincoln Harvey, (2014: Cascade Books, Eugene OR).

¹⁴ <https://www.gov.uk/government/publications/health-and-wellbeing-introduction-to-the-directorate/health-and-wellbeing-introduction-to-the-directorate>. Accessed 23 April 2017; this also has links to other helpful documents.

Using a slightly different order, but taking PHE’s priorities as a guide, and remembering the unique needs of people at various times in their lives, we can begin to explore how physical activity and sport can address some of the most pressing current health needs and reach people who might otherwise suffer from isolation and poor health in silence.

B. Diet, obesity and physical exercise

Most news reports, medical literature and government policy focuses on obesity and often seems to view physical activity and exercise merely as a way to prevent or treat obesity. The Government’s Childhood Obesity Strategy updated in January 2017¹⁵ makes stark reading:

“Today nearly a third of children aged 2 to 15 are overweight or obese and younger generations are becoming obese at earlier ages and staying obese for longer. Reducing obesity levels will save lives as obesity doubles the risk of dying prematurely. Obese adults are seven times more likely to become a type 2 diabetic than adults of a healthy weight which may cause blindness or limb amputation. And not only are obese people more likely to get physical health conditions like heart disease, they are also more likely to be living with conditions like depression”

The report goes on to assess the huge economic cost of treating obesity and diabetes (NHS in England spent £5.1 billion on overweight and obesity-related ill-health in 2014/15.)¹⁵ Sadly, but not surprisingly, the burden is falling hardest on children from low-income backgrounds. One study showed that children aged 5 and from the poorest income groups are twice as likely to be obese compared to their most well off counterparts, and by age 11 they are three times as likely to be obese¹⁶ The report also concludes that obesity is a ‘complex problem with many drivers, including...behaviour, environment, genetics and culture’.

However, the Department believes that at its root, “obesity is caused by an energy imbalance: taking in more energy through food than we use through activity.” But the relationship between obesity and the quantity and quality of food, quantity and quality of activity, genetic, socioeconomic and other factors remains extremely complex. But physical activity (whether or not it takes the form of sport) is essential for current and future health of all kinds. As the TH report observes:

¹⁵ <https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action/childhood-obesity-a-plan-for-action>.

¹⁶ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216370/dh_128210.pdf

“Physical activity is associated with numerous health benefits for children, such as muscle and bone strength, health and fitness, improved quality of sleep and maintenance of a healthy weight. There is also evidence that physical activity and participating in organised sports and after school clubs is linked to improved academic performance. Long-term, sustainable change will only be achieved through the active engagement of schools, communities, families and individuals¹⁷.”

The strategy provides many different approaches that the Government and Public Health England could implement to significantly reduce England’s rate of childhood obesity within the next ten years.

As part of its ongoing approach, The Department for Health and Social Care recently published (2018) **Childhood Obesity: a plan for action, Chapter 2**, updating previous plan. As the Prime Minister makes clear in her Foreword ‘the health and well-being of our children critically determines their opportunities in life, and obesity is the biggest threat to this’. The Government aims to not only improve children’s health but enhance their life chances. The plan outlines new Government actions to halving childhood obesity and reducing the gap from the most and least deprived areas including through a new sugar tax to encourage the reformulation and reducing sugar in soft drink (the proceeds of the tax will be invested in improving school sport and PE) and to encourage every primary school to adopt an active mile initiative to improve the physical, social, and mental wellbeing.¹⁸

While it is true that obesity is associated with poor physical and emotional health and premature disability, it is also critical to understand that growing evidence indicates that physical inactivity or sedentary behaviour (sitting or lying down too much) might be even more dangerous for individuals and more costly to the nation and the world.

Physical inactivity and sitting for long periods of time does unique and ongoing damage to practically every body system and also seems linked to depression and other mental health problems. ***When we sit too much, nearly every part of our body begins to slow down or break down—no matter what our weight.***

Harmful body changes begin to occur after just 30 or so minutes of sitting still. Muscles are obviously important for generating force and movement around joints

¹⁷ <https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action/childhood-obesity-a-plan-for-action>

¹⁸ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/718903/childhood-obesity-a-plan-for-action-chapter-2.pdf

so that we can move, but they are also extremely important for the proper breakdown and use of calories and nutrients from food, and muscle cells contain tiny “organelles” (organ-like structures) called *mitochondria*, which are basically the body’s energy factories. Muscles also pull on bones and this not only makes them move, but also makes muscles and bones stronger. In addition, chemicals generated by working muscles seem to be important in helping to keep the immune system (which fights infection and cancer) healthy.

When we sit for long periods of time, we are at increased risk for abnormal blood sugar and cholesterol levels, low energy, poor sleep, constipation, muscle atrophy, weak bones, depression, dementia, breast and bowel cancer, disruptions in appetite and a reduction in the number and quality of energy-producing mitochondria.

The World Health Organisation considers physical inactivity to be the fourth leading risk factor for global mortality (accounting for 6% of deaths globally each year). High blood pressure (13%), tobacco use (9%), and high blood sugar (6%) are the top three. Overweight and obesity account for about 5% of global mortality.¹⁹

Of note, according to the NHS Atlas of Risk, obesity is estimated to be the fourth largest risk factor contributing to deaths in England (after hypertension, smoking and high cholesterol).

Not surprisingly, all of this unnecessary illness and premature death is extremely costly:

*“The estimated direct cost of physical inactivity to the NHS across the UK is **£1.06 billion**. This is based upon five conditions specifically linked to inactivity, namely **coronary heart disease, stroke, diabetes, colorectal cancer and breast cancer**. This figure represents a conservative estimate, since it excludes the costs of other diseases and health problems, such as osteoporosis and falls, which affect many older people.”²⁰*

The costs of lost productivity due to inactivity-related illness and absence from work may be as high as £5.5 billion per year with an additional £1 billion per year from the premature death of people of working age.²¹

¹⁹ World Health Organization (2010) *Global Recommendations on Physical Activity for Health*.

²⁰ Start Active, Stay Active: A report on physical activity for health from the four home countries’ Chief Medical Officers.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216370/dh_1282_10.pdf (p.10).

²¹ SASA, p. 10; Allender S, Foster C, Scarborough P and Rayner M (2007) The burden of physical activity-related ill health in the UK. *Journal of Epidemiology and Community Health* 61: 344–348



It is interesting to note that from a cost-benefit perspective, targeting the *least* active people (those who currently engage in physical activity for less than 30 minutes per week) is likely to produce the greatest reduction in chronic disease and the biggest gains in health and biggest decreases in spending.

The good news is that interrupting sitting with short bouts of activity (even as little as two minutes of brisk walking or exercises such as squats or lunges) and achieving a moderate amount of daily physical activity can wake body systems up again and lead to improved blood flow, increased energy and concentration and many other immediate and longer-term health benefits.

We truly are designed to move!

C. Necessary but not sufficient: why sport is not enough

Sport and physical activity can be a very powerful means through which people can become more active, enjoy social connection, engage in play, relieve stress, and strive for personal improvement (one of the positive aspects of competition).

However, many people—particularly women and girls—do not consider themselves ‘sporty’ or feel that they will be judged because their bodies do not look or function the way they think they ought to, or because time spent at the gym or doing sport is time that should be spent on family or others, or because they have never done it before and simply don’t know where or how or with whom to start.²² However, evidence suggests when sport and physical activity is delivered appropriately both girls and women not only engage but take up the habit for life²³

Some ethnic or faith groups may disapprove of or at least be wary of women and girls’ involvement in sport.

Numerous studies have shown that girls may be hesitant to participate in sport or vigorous physical activity because it makes them appear “less feminine” and therefore less appealing to boys, and sadly, some surveys of boys have supported this concern (that “sporty” girls are less feminine and therefore less attractive as potential partners).²⁴

²² See *Go Where Women Are*, Sport England: <https://www.sportengland.org/our-work/women/womens-insight-pack/> and https://www.sportengland.org/media/10083/insight_go-where-women-are.pdf

²³ <http://www.streetgames.org/resources/streetgames-us-girls-evaluation-report-2013>

²⁴ *Physical Activity and Body Image in Children (A Report by Make Time 2 Play and Dr Linda Papadopoulos, 2013)*.

Those with physical, emotional or other disabilities can find sport (and physical activity) similarly challenging, especially as they may require adapted equipment and facilities, and specialised coaching.

Younger children seem to participate in activities more readily if there are fewer rules and if they are allowed to play in a more unstructured way. Furthermore, a study conducted by Loughborough University and the British Toy and Hobby Association Make Time 2 Play group found that children who were given 30 minutes to play with a variety of toys in an unstructured way spent more time in moderate-to-vigorous physical activity (MVPA) than children achieved in PE class. Time spent in MVPA is associated with higher levels of fitness.²⁵

If we focus exclusively on sport, many will not participate and would then miss out not only on physical benefits, but will miss the chance for fun, friendship and a sense of accomplishment, improved self-esteem, elevated mood and other benefits as well.

Furthermore, in order to improve overall health, we must help people to get as much physical activity and exercise as possible. Increased PA must be a central part of everyone's daily life. *Exercise* is not strictly mandated by current guidelines, but it almost always results in improved health and well-being, if done properly. And exercise is almost always necessary for weight loss maintenance. Sport can serve as a part of one's total daily physical activity, but with the added benefits of social and spiritual friendship, physical and emotional challenge and growth and a healthy dose of fun and play.

D. What are the current recommendations for Physical Activity?

Early Years (Under 5s)²⁶

The new guidelines for early years are aimed at the following groups:

- infants who cannot yet walk unaided (Guideline 1)
- preschool children who can walk unaided (Guideline 2)
- all those aged under 5 (Guideline 3)

1. Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments.

²⁵ Morris, J, et al. The Institute of Youth Sport, Loughborough University, The Impact of Toys and Play on Children's Physical Activity, January 2012: <http://www.maketime2play.co.uk/pdf/research/ActivePlayResearchReport.pdf> (accessed 2 June 2017).

²⁶ SASA, p. 20-21.

2. Children of pre-school age* who are capable of walking unaided should be physically active daily for at least **180 minutes (3 hours)**, spread throughout the day.
3. All under 5s should minimise the amount of time spent being sedentary (being restrained)

Children and young people ages 5-18 ²⁷

1. All children and young people should engage in moderate to vigorous intensity physical activity for **at least 60 minutes and up to several hours every day**.
2. Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.
3. All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods.

There are two key differences between these new guidelines and previous versions: the new guidelines state more clearly the health benefits of vigorous intensity activity and they include a new recommendation on sedentary behaviour.

A minimum of 60 minutes of moderate to vigorous activity per day has been carried forward from previously published guidelines for children and young people and remains the headline recommendation. ²⁸

Adults ²⁹

1. Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2 1/2 hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.
2. Alternatively, comparable benefits can be achieved through 75 minutes of *vigorous intensity* activity spread across the week or a combination of moderate and vigorous intensity activity.
3. Adults should also undertake physical activity to improve muscle strength on at least two days a week.
4. All adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

²⁷ SASA, p. 26.

²⁸ SASA, p. 28.

²⁹ SASA, p. 32-33.

The guidelines can be applied to disabled adults, emphasising that they need to be adjusted for each individual, based on that person's exercise capacity and any special health or risk issues.

Older adults (65 and over) ³⁰

1. Older adults who participate in any amount of physical activity gain some health benefits, including maintenance of good physical and cognitive function. Some physical activity is better than none, and more physical activity provides greater health benefits.
2. Older adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2 1/2 hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.
3. For those who are already regularly active at moderate intensity, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous activity.
4. Older adults should also undertake physical activity to improve muscle strength on at least two days a week.
5. Older adults at risk of falls should incorporate physical activity to improve balance and co-ordination on at least two days a week.
6. All older adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

It is very important to recognise that any activity is better than none. "...for the majority, moving **towards** the recommendation provides a starting point and that even small increases in activity will produce some benefits in terms of physical function and possibly mental health. Getting started in this way is a pre-requisite to moving towards more demanding activity and the greater health benefits it provides. For those who are limited by disease or impairment, there is value in even small increments, which can also help slow or prevent further decline." ³¹

E. How much physical activity and exercise are people in the UK actually getting...or not getting?

Even as our understanding of the critical need for more physical activity and exercise grows, it is clear that across all age groups, compliance with the guidelines is quite dismal, and the statistics are worse for those in disadvantaged areas.

³⁰ SASA, p. 39.

³¹ SASA, p. 42.

Health Survey for England data has shown that the vast majority of 5-15 year olds do not meet the Chief Medical Officer’s target for daily physical activity (physical activity).

Table 1. Percentage of children aged 5-15 meeting CMO guidelines of 60 minutes of physical activity daily

<u>Year</u>	<u>All Children</u>	<u>Boys</u>	<u>Girls</u>
2015	22%	23%	20%
2012	19%	21%	16%
2008	24%	28%	19%

Furthermore, nearly 1 in 10 children are sedentary for 6 hours a day on weekdays (not including time at school) and nearly 2 in 10 are sedentary for 6 hours on weekend days. The amount of daily sedentary time increases as children get older.³²

Adult physical activity – Results from the Active People Survey 2014/15

In HSE 2008, 39% of men and 29% of women over age 16 reported that they met the CMO physical activity recommendations of 150 minutes of physical activity per week. Of note, when a subset of participants were given accelerometers to wear (devices which track physical activity electronically), only 6% of men and 4% of women had *actually* achieved the goal. Clearly, most adults and most children do not meet even the minimum recommended level of physical activity each week.³³

When asked about *sport* participation, 36% of adults (41% of men and 31% of women) reported that they had played some sort of sport in the previous week but nearly 60% had not played any in the previous month. In London, 38% of adults (43% of men and 32% of women) reported playing sport at least once in the previous week.^{34 35} Sport participation decreases with increasing age in both genders.

³² Health Survey for England 2015, p. 28 and 30.

³³ HSE 2008 Summary; <http://content.digital.nhs.uk/pubs/hse08physicalactivity> (accessed 2 June 2017).

³⁴ Health and Social Care Information Centre Statistics on Obesity, Physical Activity and Diet 2016, p. 28 <http://content.digital.nhs.uk/catalogue/PUB20562>.

³⁵ According to Sport England, 38% of adults in London reported participating in sport at least once in the previous week. See London Sport Insight Portal (<https://data.londonsport.org>); some information from Active People Survey (Sport England).

(‘Sport’ includes activities such as running, golf, swimming, team sports, racket sports, gymnastics, boxing, climbing and mountaineering, winter sports, archery, gym, and fitness activities or classes)

Furthermore, weekly sport participation varied by demographic group. 39% of adults in higher socio-economic groups (1-4) played sport once a week compared with only 26% of those in lower socioeconomic groups (5-8), and this gap has widened in recent years.³⁶

Disability

One in five people in England have some sort of physical or mental impairment - around 11.5 million disabled people – and seven in ten want to be active³⁷.

Amongst adults (16+) with a long term limiting illness or disability, 17% played sport once a week. This is an increase from 15% in 2005/06. Nevertheless, the number of active disabled people remains static.

Those with disabilities often face significant barriers to getting active, with psychological barriers playing the biggest role in preventing disabled people from taking part, and they often do not feel welcome in a sport club or gym.

Physical Activity Levels in London

Measuring physical activity is extremely challenging. What counts as “active” (intensity of physical activity) varies hugely from one study to another. Furthermore, much of the data relies on self-report, and even when people intend to be truthful, most tend to grossly over-estimate the duration and intensity of their physical activity.

Bearing this in mind, Sport England have attempted to quantify differing levels of self-reported activity and sport participation across the various London boroughs. They have also estimated the level of “latent demand”, which reflects the number of people who express a desire to be more active, but who currently feel unable to access opportunities to be active due to financial, time, personal or other constraints. Latent demand can be viewed as an indication of potential opportunity and impact.³⁸

³⁶ HSCIC 2016, p. 29.

³⁷ <http://www.activityalliance.org.uk>

³⁸ Sport England, Active Lives Survey, pub January 2017;

<https://data.londonsport.org/dataset/borough-physical-activity-and-sport-profiles->

This report also contains other vital borough-specific information such as health measures (measures of obesity/overweight, cardiovascular disease, mental health, estimated cost of inactivity to the borough, etc), health/disability deprivation rankings, school and educational data (number of schools and pupils; healthy schools, school games quality, free school meals, ethnicity, etc), funding sources, local facilities, and key contacts.

Table 2. Self-reported physical activity levels in London (Chief Medical Officer definitions: *active* – more than 150 minutes/week of MVPA; *fairly active* – between 30 and 149 minutes of MVPA per week; *inactive* – less than 30 minutes of MVPA per week; note, activities such as gardening are included)

Borough	Active	Fairly Active	Inactive	Latent Demand	Active Latent Demand	Inactive Latent Demand
London (all)	64.6%	13.2%	22/2%	65.2%	32.4%	32.8%
Ealing	61.4%	14.9%	23.8%	60.6%	21.5%	39.1%
Haringey	64.9%	15.1%	19.9%	59.1%	36.3%	22.8%
Newham	59.7%	10.0%	30.4%	77.0%	No data	50.5%
Tower Hamlets	67.8%	11.8%	20.4%	76.3%	37.8%	38.5%
Westminster	63.3%	14.9%	21.8%	59.0%	34.5%	24.5%

Table 3. Self-reported participation in sport (in past 28 days) by borough

Borough	Once weekly	Three times weekly
London (all)	37.8%	18.0%
Ealing	38.9%	19.4%
Haringey	44.4%	23.0%
Newham	32.7%	16.3%
Tower Hamlets	41.0%	23.9%
Westminster	35.6%	14.9%

F. How serious a problem is obesity?

Obesity is related to physical activity and sport but it is also a unique and dangerous public health problem due to its association with serious chronic diseases such as

[2017?utm_source=London%20Sport%20subscribers&utm_campaign=3d5b561a52-EMAIL_CAMPAIGN_2017_05_05&utm_medium=email&utm_term=0_f124d59b59-3d5b561a52-245050549](https://www.dioceseoflondon.org.uk/2017?utm_source=London%20Sport%20subscribers&utm_campaign=3d5b561a52-EMAIL_CAMPAIGN_2017_05_05&utm_medium=email&utm_term=0_f124d59b59-3d5b561a52-245050549).

type 2 diabetes, hypertension (high blood pressure) and hyperlipidaemia (high levels of fats in the blood that can lead to narrowing of blockages of blood vessels). These are major risk factors for cardiovascular (heart) disease and cardiovascular-related mortality (death). Obesity is also associated with cancer, disability, and reduced quality of life and can therefore lead to significant suffering and premature death. Furthermore, for individuals who are classified as obese (BMI > 30), the risk of poor health increases sharply with increasing BMI.”³⁹

Obesity in children

Obesity is a serious problem in the very young as well as in adults. Obese children are likely to remain obese as adults. Diseases like type II diabetes, hypertension and hyperlipidaemia, once thought to be diseases of adults, are being found in younger and younger children. Obesity is also associated with poor body image and a decreased likelihood of achieving recommended levels of physical activity and exercise. Obese children (and adults) are less likely to participate in sport and are more likely to be bullied. They therefore miss out on the benefits of physical activity and experience more social isolation and body-related shame.^{40 41}

Obesity rates are rising among the very young and increase even more as children get older. Recent data shows that more than 1 in 5 children in Reception (22%) and 1 in 3 in Year 6 (33%) were measured as obese or overweight.⁴² Of these, 10% were obese in Reception and nearly 20% of children were obese by Year 6.

Not surprisingly, social deprivation seems to make things worse. Children from the most deprived areas were more than twice as likely to be obese than children from the least deprived areas. In Reception, 6% of children from the least deprived areas were obese compared to 12% of those from the most deprived areas.

Similarly, by Year 6, 12% of those from the least deprived areas were obese, but 25% of those from the most deprived areas were obese. Obesity rates had doubled in both groups, but the children from the most deprived areas continued to have double the risk of overweight and obesity.⁴³ (Reception: 4% in Richmond and 14% in Newham; Year 6: 11% in Richmond and 28% in Southwark)

³⁹ HSCIC 2016 p.6; <http://content.digital.nhs.uk/catalogue/PUB20562/obes-phys-acti-diet-eng-2016-rep.pdf>.

⁴⁰ Health and Social Care Information Centre (HSCIC): Statistics on obesity, physical activity and diet; England 2016. <http://content.digital.nhs.uk/catalogue/PUB20562/obes-phys-acti-diet-eng-2016-rep.pdf>. Accessed 14 May 2017

⁴¹ All Party Parliamentary Group on Body Image, 2012.

⁴² HSCIC 2016, p.15.

⁴³ HSCIC 2016, p. 15; see also National Child Measurement Programme 2014/15, Table 6a.

Furthermore, the difference in obesity prevalence between children from the least and most deprived areas has increased over time.

Black and Black British children were more than twice as likely as Chinese or White children to be obese in Reception and Year 6. ⁴⁴

Obesity in adults

Obesity prevalence has increased from 15% in 1993 to 26% in 2014, and in 2014, 58% of women and 65% of men were overweight or obese.

Women from more deprived areas were more likely to be obese than those from the least deprived areas (22% vs 33%) but there was no difference between men from these areas. ⁴⁵

BMI (an estimate of body fatness) was highest in white men and black women, and lowest in Asian men and women, and a shocking 60% of black women were considered to be at high risk of diabetes, with a further 27% at increased risk (compared to white women, of whom 25% were at high risk and 30% at increased risk for diabetes). ⁴⁶

Further information on physical activity and health inequalities

As noted above, there are clear and significant health inequalities in relation to physical inactivity according to income, gender, age, ethnicity and disability.

In summary/in general, across the UK:

1. Physical activity is higher in men at all ages.
2. Physical activity declines significantly with increasing age for both men and women.
3. Physical activity is lower in low-income households.
4. Certain ethnic groups have lower levels of physical activity. For example, in England, physical activity is lower for black or minority ethnic groups, with the exception of African- Caribbean and Irish populations.
5. Boys are more active than girls.
6. Girls are more likely than boys to *reduce* their activity levels as they move from childhood to adolescence. ⁴⁷

⁴⁴ HSCIC 2016, p.17.

⁴⁵ HScic 2016, p.9.

⁴⁶ HSCIC 2016, p.9.

⁴⁷ SASA, p.14.

Of course, the relationship between physical activity and body weight and other factors that affect physical and emotional and social well-being is complex, but in general, those with BMI (a measure which uses height and weight to estimate body fatness) in the normal range are much more likely to be more active and/or to achieve the recommended levels of daily physical activity. Obese men and women are much less likely to meet them.

Children, young people and adults who feel that they are “fatter than they ought to be” are less likely to be physically active.⁴⁸ The effect is probably bidirectional—that is, it seems likely that body-related shame and the real risk of being mocked or bullied dampens enthusiasm for joining in on physical activities, games and sport, and that decreased participation in physical activity and sport probably increases the risk for further weight gain, increased stress, disordered eating, poor self esteem and social isolation.

Furthermore, physical characteristics (‘the built environment’) and perceived safety of neighbourhoods also influences residents’ physical activity and participation in sport.

For example, older adults living in high-deprivation areas were less likely to go for outdoor walks due to safety concerns and walking routes that were unattractive and poorly maintained and/or difficult to navigate. “The results show inequalities in perceived neighbourhood safety, pedestrian infrastructure and aesthetics in high-versus low-deprivation areas and demonstrate that they may influence disparities in participants’ outdoor walking levels. Improvements of perceived neighbourhood safety, pedestrian infrastructure and aesthetic in high-deprivation areas are encouraged.”⁴⁹

Age, gender, educational attainment, body mass index (BMI), and physical function (ability and disability) also significantly affect the amount of physical activity attained by older adults. Physical activity in turn affects the ability of older adults to maintain physical function and a healthy weight, and to remain active in their communities.”⁵⁰

⁴⁸ HSCIC 2016, p.9.

⁴⁹ (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5201320/>). (Razieh Sandieh, et al. *Int J Environ Res Public Health*. 2016 Dec; 13(12): 1179.

Published online 2016 Nov 25. doi: [10.3390/ijerph13121179](https://doi.org/10.3390/ijerph13121179); PMID: PMC5201320

Older Adults’ Outdoor Walking: Inequalities in Neighbourhood Safety, Pedestrian Infrastructure and Aesthetics.

⁵⁰ Fox IR, et al. (2011) Neighbourhood deprivation and physical activity in UK older adults. *Health and Place* 17(2): 633-640 (special edition).

G. Social deprivation and other health outcomes

Social deprivation is associated with reduced life expectancy and with reduced disability-free life expectancy (DFLE). Across England, men and women “experiencing the greatest deprivation spent the greatest proportion of their lives with a limiting illness or disability, and this proportion increased over time.”

They further concluded that “Males and females at birth and at age 65 in the less deprived areas could expect longer, healthier lives than their counterparts in more deprived areas in both 2001-04 and 2005-08. This analysis suggests that the inequality in DFLE between deprived and affluent area clusters has *increased* during the first decade of the 21st century.”⁵¹

In another intriguing study, low social rank (as perceived when comparing oneself to others) was associated with increased appetite, increased caloric intake and weight gain. The authors hypothesized that this might be a contributing factor to the higher rates of obesity and diabetes among people of low socioeconomic status. Mere experience of low subjective socioeconomic status stimulates appetite and food intake.⁵²

However, one study of English school children found that while overweight/obesity was strongly associated with measures of social deprivation, some of these differences disappeared when physical activity and aerobic fitness levels were examined more closely. Put another way, active, fit children from deprived areas did not demonstrate an increased rate of overweight/obesity when compared with children from less deprived areas. The authors suggest, “To reduce deprivation inequalities in children's weight-status, health practitioners should focus on increasing physical fitness via physical activity in areas of greater deprivation.”⁵³

Social deprivation is also associated with depression and with harmful habits such as smoking. In a study of secondary school students in New Zealand, those from areas of highest deprivation were 2-3 times more likely to smoke and to exhibit depressive symptoms than those living in the least deprived areas. Intriguingly, those whose families were impoverished but who lived in more affluent neighbourhoods experienced even *higher* rates of smoking and levels of depressive

⁵¹ Smith MP et al. [Health Stat Q](#). 2010 Winter;(48):36-57. Inequalities in disability-free life expectancy by rea deprivation: England, 2001-04 and 2005-08.

⁵² Cheon, BK et al. *Proc Natl Acad Sci USA*; 2017 Jan 3;114(1):72-77. doi: 10.1073/pnas.1607330114. Epub 2016 Dec 19.

⁵³ [Nevill AM](#), [Duncan MJ](#), [Lahart I](#), [Sandercock G](#). Modelling the association between weight status and social deprivation in English school children: Can physical activity and fitness affect the relationship? *Ann Hum Biol* 2016 Nov; 43(6):497-504. Epub 2015 Dec 1.

symptoms than those whose neighbours were of a similar socioeconomic level to their own. Many other studies have found that perceptions of socioeconomic inequality (perceiving oneself to be disadvantaged compared to others one encounters regularly) can lead to a variety of poorer physical and mental health outcomes.⁵⁴

The Health Survey for England 2012 found that those living in lower income households had lower scores on one measure of overall well-being, on average, than those living in higher income households. Men living in the lowest quintile of equivalised household income had an average well-being score of 48.9, compared with 54.5 for those men living in the highest quintile. The same pattern was found for women (48.7 and 54.6 respectively).⁵⁵

The association between well-being and other factors was also examined: for instance, those who were of normal BMI on average had higher well-being scores than those who were overweight or obese, and similarly those who thought they were about the right weight had higher well-being scores on average than those who thought they were too heavy.

Those who met government guidelines for physical activity had higher well-being scores on average than those who were less active. Men and women with a high GHQ-12 score, indicative of probable mental ill health, had lower average well-being scores than those with lower GHQ-12 scores.⁵⁶

H. Body image, bullying and other weight-related distress

Not surprisingly, obesity and overweight increase the risk of poor body image and increase the risk of being bullied. Results from the What About YOUth (WAY) Survey 2014 showed that 46% of 15-year-old girls and 23% of boys thought that they were “too fat” and of those, 34% said that others had made fun of them because of their weight. Only 6% of those who thought that they were the “right size” reported weight-related bullying.⁵⁷

Body image can be defined as “how an individual relates certain factors such as their height, weight, shape, skin colour and wider appearance with how they feel they look, their level of attractiveness and how they are perceived by others.”⁵⁸

⁵⁴ Denny S et al. [Int J Equity Health](#). The association between socioeconomic deprivation and secondary school students' health: findings from a latent class analysis of a national adolescent health survey. 2016 Jul 16;15(1):109. doi: 10.1186/s12939-016-0398-5.

⁵⁵ HSE 2012, Summary of Key Findings, p.10; figure 5.

⁵⁶ HSE 2012, Summary of Key Findings, p.11.

⁵⁷ HSCIC 2016, p. 19.

⁵⁸ PA and Body Image in Children, Make Time 2 Play July 2013.

Body image dissatisfaction is rampant and seems to be getting worse. It can undermine self-confidence, increase risk for depression and anxiety, and lead to decreased participation in physical activity and sport and also a reluctance to participate in social events. Many young people even say that body-related shame makes them more likely to skip school. ⁵⁹

An All Party Parliamentary Group on Body Image (carried out in 2012) found that two out of three people in the UK are unhappy with their body, and also found that children as young as five years old already had concerns about how their bodies look. In fact, one in four 7-year-old girls had already tried to lose weight at least once and 1 in 3 boys aged 7-12 were dieting to try to lose weight.

In a 2012 Girl Guides study on Girls' Attitudes found that 23% of girls aged 7-21 said that they did not participate in exercise because of poor body image even though 62% of them believed that exercise was an important part of being healthy. ⁶⁰

It can't help that 50% of girls and 30% of boys feel that "being sporty" is unfeminine and makes girls less attractive to boys. ⁶¹

Unfortunately, poor body image is a growing problem for boys and young men as well. Since boys are generally less likely to discuss their emotions, their suffering could be more silent and therefore less likely to be addressed. ⁶²

So what can be done? Simply encouraging children (or adults) to think differently will not change anything.

Two major factors affecting body image are (1) self-esteem and (2) mastery over the body. ⁶³ Self-esteem, in turn, affects how worthwhile one feels and this affects behaviour and self-regulation, and how children and adults relate to others.

Positive self-esteem is associated with better mental health, better social skills, more positive engagement with the world around them, less chance of conforming to social pressure, and, as noted above, better body image.

⁵⁹ PA and Body Image in Children, Make Time 2 Play, July 2013 and All Party Parliamentary Group (APPG) on Body Image 2013 and YMCA: Be Real Campaign (berealcampaign.co.uk).

⁶⁰ PA and Body Image in Children, 2013.

⁶¹ PA and Body Image in Children, quoting a study by the Women's Sport and Fitness Foundation

⁶² Hargreaves, DA and Tiggeman M (2006) 'Body image is for girls': a qualitative study of boys' body image; Kehler, M and Atkinson, M (2010); Boys' bodies: speaking the unspoken.

⁶³ Grogan, Sarah (2002) Body image: understanding body dissatisfaction in men, women, and children.

A considerable body of research seems to indicate that increasing physical activity and/or participation in sport can help children (and adults) learn to appreciate their bodies more for what they can do rather than being focused solely on appearance.

The opportunity to try something new, to discover new skills or even just to move more seems to be associated with increased confidence, resilience and self-esteem. In several studies, vigorous physical activity and increased fitness levels are associated with significantly improved self esteem in both boys and girls, with particular benefit for adolescent girls.⁶⁴

And there is no reason to confine these benefits to children and adolescents. Older adults may feel that they have lost the opportunity to be active or that their bodies can no longer be made stronger or healthier; but data shows that adults who begin to get active in middle age or later still reap significant physical and mental health and social benefits.⁶⁵

I. Schools, holiday hunger, isolation and inactivity

There is also a growing awareness about the impact of holiday hunger, inactivity and isolation over the school holidays. Research shows that poorer families face these three serious and inter-related hardships during the summer holidays. In 2014 the *All Party Parliamentary Group on School Food* identified a holiday hunger gap in poorer communities where children are going hungry, highlighting there is a dramatic shift in eating patterns of poorer families when *Free School Meals* are not provided: parents skip meals, and often select less healthy and 'value' options to save money on food⁶⁶.

This was supported by a more recent report by the *All Party Parliamentary Group on Hunger* estimated up to 3 million children in the UK are at risk going hungry during the school holidays⁶⁷ which includes a group comprises over a million children growing up in poverty who receive free school meals during term time, as well as an estimated two million who are disqualified from free school meals because their parents work for their poverty. The report also highlighted an increase in the number of families with children relying on food banks during school holidays, and despite the role of churches and other community groups to provide food and activity these children where at risk of being isolated and inactive during the longer holidays due to their economic circumstances and a lack of affordable provision. In

⁶⁴ PA and Body Image in Children.

⁶⁵ English Longitudinal Study of Ageing (ELSA-project.ac.uk). Originated in 2002, and further waves of data collection and analysis are ongoing.

⁶⁶ https://www.kelloggs.co.uk/content/dam/europe/kelloggs_gb/pdf/HOLIDAY+HUNGER+REPORT.pdf

⁶⁷ <https://www.feedingbritain.org/Handlers/Download.ashx?IDMF=f1305288-754c-4a73-80c9-094331cdd4e1>

2018 the Department for Education recognised the problem and invested £2m into researching the issues and piloting solutions.⁶⁸

Furthermore, Research by Premier Sport and UK Active has shown schoolchildren lose up to 80% of fitness gained during the summer term through ‘lazy summer holidays’ with activities such as summer camps and sports clubs out of financial reach for many parents. The study by UK Active measured 400 pupils before and after the summer holidays, and found they were able to run significantly less distance before stopping with exhaustion *after* the summer break. The results were most pronounced among children from the poorest 25 per cent of families, whose deterioration was 18 times greater than those from the richest 25 per cent⁶⁹.

Recent studies in Austria and France have also shown that children’s educational achievement will suffer as it takes four to six weeks for the children affected to recover: the summer learning gap further deepens inequality. This has a long-lasting impact on children both in terms of their chance to develop resilience and life skills, and also impacts their educational attainment once back at school.

Following a daily movement programme can improve children’s physical development levels and has the potential to boost their chances in the classroom. Researchers from Loughborough University’s [School of Sport, Exercise and Health Sciences](#) have been working with two schools and more than 40 Foundation Stage children in a year-long study. They found that those who took part in a daily movement programme for one academic year showed greater improvements in throwing/catching, balance and manual dexterity compared to those not taking part in the programme.

The participating children also improved their overall levels of physical development from the 32nd percentile to the 50th (an improvement of approximately 18 percentile points) bringing them back in line with scores for children of the same age established in 2007. A child’s physical development level impacts their ability to complete simple tasks such as sitting still, holding a pencil, putting on their shoes, and reading – all skills essential for school.

Tests carried out by the team in 2016 found a larger number than previously estimated were starting school with lower than desirable levels of physical development, with almost 30% of children presenting with symptoms typically associated with dyslexia, developmental coordination disorder (dyspraxia), and ADHD.

⁶⁸ <https://www.gov.uk/government/news/boost-to-support-disadvantaged-families-during-the-holidays>

⁶⁹ <http://www.telegraph.co.uk/news/2017/07/10/summer-holidays-bad-child-health/>

One recent study of Japanese schoolchildren found that sedentary time increased and time spent in light and in moderate-to-vigorous physical activity decreased for both boys and girls. Of note, the increase in sedentary behaviour in girls was significantly lower for those who participated in sport. The increase in sedentary behaviour for boys was significantly *increased* if they had a television in their bedroom.⁷⁰

The studies above demonstrate the very real cost that “holiday hunger” and decreased physical activity can have during the summer, and also that real damage persists into the subsequent academic year.

We have seen similar patterns in the Diocese of London. Liz Wolverson, former Director of School Support Services and Chief Executive, LDBS Academies Trust, has said that several head teachers in Haringey noted that their pupils were likely to spend most of their summers in front of the television, as many parents must work and there are no safe places for the children to play. The head teachers said that many students who returned in the autumn appeared to have gained weight, and also seemed to have lost some ground academically (it seemed to have had a negative effect on cognitive ability)—observations which resonate with research findings from around the globe.

Guiding questions revisited:

1. *Identity and Response: who are we as children of God, as followers of Jesus and as people sent by the Spirit, and how does this inspire how we live and serve?*
 2. *The dance (collision?) of the divine and earthly/physical: How do we honour and celebrate our physical and spiritual lives and how they interact?*
 3. *Reading the needs around us: how do we cultivate compassionate attentiveness and creative response as we seek to follow in the footsteps of Jesus?*
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⁷⁰ Tanaka C, et al. Seasonal changes in objectively measured sedentary behavior and physical activity in Japanese primary school children. BMC Public Health (2016) 16:969. DOI 10.1186/s12889-016-3633-5.

V. How physical activity and sport may help meet some of the needs around us (especially the need for physical activity, exercise and connection)

A. How increasing physical activity and exercise (sometimes through sport) can help individuals, communities, the country and the world

Even though there is a lot of bad news about current levels of physical activity (or inactivity) and obesity, there is much good news as well. Physical activity is essential for normal functioning. The current CMO recommendations for 30 minutes of moderate to vigorous physical activity on most days of the week (for adults; 60 minutes for children aged 5-15) is what is felt to be necessary for basic health and wellbeing. We must stop thinking that physical activity and exercise are only about weight management. They are not. Getting an adequate amount of daily moderate to vigorous physical activity is essential for basic health and for living as fully as possible.

Perhaps the best place to start is with discovery—and with awe. We truly are fearfully and wonderfully made (Psalm 139:14). Bodies of all kinds have amazing capabilities and it is very easy to focus too much energy on perceived flaws or lack of ability to do particular things. But there is always ability as well as disability, and an awesome beauty in the complexity and function of every human body.

In a report on physical activity and body image in children, Dr Linda Papadopoulos writes,

*“Teaching children to value their body for “what it can do” not simply for “how it looks” is an important way of combatting potential unhealthy body image. If children understand the concept of body function they look at themselves for what they can do rather than what they look like. Children should be taught that their bodies are fast, strong, flexible and agile rather than just pretty or handsome.”*⁷¹

These lessons are not limited to children—even adults can discover unexpected strength and skills, a sense of fun, and perhaps even a bit of body-focused awe as they engage in physical activity, sport and play. And sometimes, the best way to

⁷¹ Physical Activity and Body Image in Children: A report by Make Time 2 Play, July 2013; Dr Linda Papadopoulos (<http://www.btha.co.uk/wp-content/uploads/2013/07/Physical-Activity-and-Body-Image-Report-v4.pdf>).



address emotional and even spiritual problems may be to begin with getting more physically active.

In his book *Every Body Matters*, Gary Thomas tells the story of Karen, a young mother who had been an accomplished volleyball player earlier in life, but who had become quite inactive and had gained a lot of weight over the course of two pregnancies and a very emotionally and spiritually stressful adoption process. She used to enjoy volleyball, but felt quite uncertain about her current lack of fitness and probable loss of sport skill. But one day, she finally managed to get beyond her fears and go to an open session. Then she went again. And again. And to her surprise, as she continued to play each week, she not only began to feel stronger, healthier and more energetic, she also found greater confidence in other areas of her life, and even felt that her relationship with God had taken on a new vitality. The interplay of physical, emotional, relational and spiritual wellness will look and feel different for every individual and constantly changes throughout life. But just as suffering or pain or even apathy in one area can have negative effects in all areas of life, so discovering new joy and new health in one area can have an enlivening effect on others.

Even though obesity continues to plague people of all ages, weight alone is not the only or even the most important health risk factor that stems from inactivity. Becoming more active can improve heart, lung, digestive, muscle, joint and bone health, improve mood, boost self esteem, improve immune function, diminish pain, help to manage diabetes, high blood pressure, and cholesterol, and possibly help to prevent dementia and some cancers in people of all ages, shapes, and sizes. It may also help us to gain self-confidence, and even to become more closely connected with others and with God.

B. Wellbeing and mental health

In many ways, the potential benefits of increased physical activity, exercise, sport and play may be most helpful for those who have the fewest resources.

A recent US study demonstrated that well-designed physical activity and sport programs (or other programs) that include nurturing adult relationships (properly regulated/monitored from a safeguarding standpoint) may help to alleviate some of the stress of poverty and absence of healthy adult relationships in childhood. There is a clear interplay between physical, emotional and social factors:

“...poverty and other social determinants of health adversely affect relational health. Poor relational health, particularly the absence of emotional support by a nurturing adult, increases the risk of childhood toxic stress and difficulties in emotional regulation, early child development, and eventually, lifelong health. Prolonged

activation of the body's stress response becomes intolerable in the absence of the buffering effect of a supportive adult relationship. On the other hand, with good relational health and family stability, a child who experiences stress is more likely to turn off the physiologic stress response in a timely manner and avoid the adverse consequences. Programs focused on building self-regulation in impoverished children have been shown to improve executive function and decrease chronic stress. Thus, poverty-related stress may be tolerable if good relational health is present as a protective factor.”⁷²

Opportunities for sport and recreation may also help to reduce the risk for anxiety, depression and suicide in children and adolescents.⁷³ One 2006 study proposed that physical activity and sport may help to reduce depression in adolescent girls by improving physical self-concept and self-esteem regardless of weight or perceptions of appearance or sports competence.⁷⁴ It may also enhance character development and also help to regulate or curb impulsive and destructive behaviours such as smoking, gambling, drug use and overeating.⁷⁵

It is worth noting that, Sports Chaplaincy UK has recently partnered with sport psychologists to help athletes struggling with a variety of personal and social problems—including addiction to substances, pornography and other things.

The potential benefits of physical activity and sport and play are not confined to the young. Age UK estimates that over 200,000 older people in the UK have not had a conversation with friends or family in over a month; also estimate that over half of people aged 75 and over live alone. NICE recommends that third sector and public bodies work together to prevent loneliness in older people, and appropriately modified physical activity and sport activities and groups may help improve physical, emotional and social well-being.⁷⁶

⁷²Pascoe, J et al. (2016) Mediators and adverse effects of child poverty in the United States; Pediatrics, March 2016. From the American Academy of Pediatrics; Technical Report.

(http://pediatrics.aappublications.org/content/early/2016/03/07/peds.2016-0340?utm_source=TrendMD&utm_medium=TrendMD&utm_campaign=Pediatrics_TrendMD_1).

⁷³ The Mental Health of Children and Young People in England, December 2016; p.5

(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/575632/Mental_health_of_children_in_England.pdf).

⁷⁴ Dishman, Rod et al (May 2006) PA and sport may help decrease depression symptoms in adolescent girls by improving physical self-concept and self-esteem; Health Psychology Vol 25(3): 396-407. (<http://dx.doi.org/10.1037/0278-6133.25.3.396>).

⁷⁵ Medicine and Science in Sports and Exercise.

⁷⁶ https://www.nice.org.uk/news/article/nice-calls-on-third-sector-and-public-bodies-to-work-together-to-prevent-loneliness-in-older-people?utm_source=NICE+Newsletter&utm_campaign=3304dc5e4c-NICE+News+December+2016&utm_medium=email&utm_term=0_8b79289514-3304dc5e4c-168884953

As noted previously, physical activity and sport may help improve body confidence in people of all ages, and this, in turn, has been shown to improve all areas of health and well-being.⁷⁷

In 2015, the Government published its sport strategy *Sporting Future: A New Strategy for an Active Nation*⁷⁸ This cross-government strategy aims to tackle head on the flatlining levels of sport participation and high levels of inactivity in this country. Through this strategy, the government redefined what success in sport means, with a new focus on five key outcomes: physical wellbeing, mental wellbeing, individual development, social and community development and economic development. In future, funding decisions will be made on the basis of the outcomes that sport and physical activity can deliver.

It is government's ambition that all relevant departments work closer together to create a more physically active nation, where our children and young people enjoy the best sporting opportunities available and people of all ages and backgrounds can enjoy the many benefits that sport and physical activity bring, at every stage in their lives.

In 2016, Sport England followed suit and published its funding strategy *Towards an Active Nation*⁷⁹ This plan sets out how they would spend £250 million to combat inactivity as part of five-year strategy.

Sport England argues that more than one in four people in England (28 per cent) do less than 30 minutes of physical activity *a week* and that research shows that those who do the least activity stand to benefit the most, even if it's just small changes like gentle jogging, swimming or playing rounders in the park. The plan establishes that in addition to continuing to support people who already play sport, there will be a far greater emphasis on groups who are typically much less active such as women, disabled people and those from lower-socio-economic backgrounds. In essence, public funding will help improve health and overall well-being as defined by the five health, social and economic outcomes set out in the Government's own sports strategy.

⁷⁷ <https://www.gov.uk/government/publications/body-confidence-a-rapid-evidence-assessment-of-the-literature>

Body confidence campaign publications, Government Equalities Office, 23 May 2013 (updated 13 October 2014).

⁷⁸ <https://www.gov.uk/government/publications/sporting-future-a-new-strategy-for-an-active-nation>

⁷⁹ <https://www.sportengland.org/news-and-features/news/2016/may/19/sport-england-triples-investment-in-tackling-inactivity/>



Conclusion

When people engage in physical activity and sport together, new friendships can form. And all of these positive experiences in physical activity and sport may increase the likelihood of long-term adherence and involvement and therefore, increase the possibility of healthier and happier lives.⁸⁰

In 1 Peter 3:15, we are told, "*in your hearts revere Christ as Lord. Always be prepared to give an answer to everyone who asks you to give the reason for the hope that you have. But do this with gentleness and respect...*" (NIV).

The Message puts it slightly differently: "*Through thick and thin, keep your hearts at attention, in adoration before Christ, your Master. Be ready to speak up and tell anyone who asks why you're living the way you are, and always with the utmost courtesy.*"

As Christians, we should care about *all* aspects of health and well-being because God made us physical and emotional and social and spiritual beings, and each of these aspects of our lives in turn help us to encounter and to love and to serve God and one another.

When we reach out to our neighbours through physical activity and sport and play offered in or through the Church, we may well create further opportunities to share the hope that we have in ways that are courteous and respectful—and hopefully, inspiring, healthful and *fun* as well.

VI. Why mother church should care about her children's bodies

At the end of the day, this project is about much, much more than sport and physical activity alone. What we really need is to develop a livelier appreciation and respect for the mystery and complexity of the body. When we do this, we honour the biblical record, we enrich our encounter with God in worship, and we can engage more robustly with theology—particularly with doctrines of creation, incarnation and salvation. Our capacity and scope for pastoral care and creative ministry will be expanded. We will become more like Jesus.

⁸⁰ SASA, p.19.



A. That's where the need is

There is more, of course. Another reason to devote more of our attention to the body is because that's where the need is. This has always been part of Christian history. Jesus preached and taught, but he also healed and fed his followers. Throughout history, from monastic hospitality to ancient and modern hospitals, from cancer support groups to food banks, ministries of healing and feeding have always been an integral part of Christian identity and practice.

Now that we have a growing awareness of the terrible damage that sedentary behaviour and inactivity wreak on individuals, communities and the larger society, how can we ignore it? Some might say that this is a job for medical or fitness professionals. It is. But the health service is terribly overburdened and doctors not only do not have the time to address these issues in depth, but many are not even aware of the seriousness of the problem. The fitness industry can help as well, but even for those who might be interested, financial barriers make this inaccessible to many, if not most, people, while many others find gyms or sport groups threatening, or at least not for people like them.

Frederick Buechner, an American Presbyterian minister has written "*the place God calls you to is where your deep gladness and the world's deep hunger meet.*"

If statistics are to be believed, our friends and neighbours are hungry—starving—for opportunities to get active, to discover their bodies' strength and ability, to let go of body-related shame, to have some fun, and to connect with others. Sport and play and other forms of physical activity are excellent means through which to assuage at least some of this hunger, along with the spiritual hunger that we all share. Perhaps more of us could find deep joy in meeting some of these needs.

B. That's where the suffering is

We have talked about the need for more activity and physical health need(s) above. But there seems to be a shockingly pervasive, deeper, darker, more piercing pain around bodies and self-worth that most people don't talk about unless they're specifically invited to—usually in the context of academic research, policy development or news stories. We know about this pain—why would we ignore it?

Surely, we Christians have much to offer. We are people who believe that each individual is a beloved child of God. We believe that the earth and its inhabitants are worthy of love and care, that God inhabited human flesh, and that God's Spirit-Breath still rushes and swirls through the universe and fills us and propels us into ever-deeper love and service. We, of all people, with God's help, can and should seek ways to help people express and relieve this pain.



C. That's where the hope is

Of course, not everyone can do everything.

Some individuals and parishes will be called to particular ministries and not everyone will have the time or skill or energy to run a sport programme or organise a complex physical health ministry. But most of us could do something—even if it's as simple as hosting a walk before or after a Sunday or midweek service.

But the church (and diocese) as a whole can do so much more—and it could energise *us*—not only because most of us would probably also benefit from getting more active, but it should also be fun! And fun is not something most people associate with the Church.⁸¹

Faithful Christians also suffer from body-related shame and pain, whether that's due to weight or eating or addiction or illness or disability or something else. We experience God's love and healing through reading of Scripture, through worship and through the giving and receiving of compassionate care. We now know that something as simple as offering space and time to play and to get physically active can help to heal some of the emotional and spiritual pain that accompanies physical distress, and can create relationships through which God's healing love can be shared.

VII. What is the Diocese of London doing now?

A. Capital Vision 2020

In Capital Vision 2020, the people of the Diocese of London have been invited to share a vision of a Church for London that is Christ-centred and outward looking. We seek to become more confident in speaking and living the Gospel of Jesus Christ, more compassionate in serving communities with the love of God the Father and more creative in reaching new people and places in the power of the Spirit.

It is our hope that the Diocese's plan to engage more closely with sport and physical activity will further stir up the creativity, passion and compassion of our congregations. And while we recognise that the people of God make up the Church,

⁸¹ Yet fun is critical to engaging people—particularly young people--whether that is in church or through sport, as the Youth for Christ report 'Generation Z: Rethinking Culture' concluded as it explored how to more effectively connect with today's young people (11-18 year olds) and share the good news of Jesus.

we also recognise that church buildings are a rich and often under-utilised resource, and could be used in more creative ways in the service of God and our neighbours.

As we become more responsive to current physical, emotional and spiritual needs, and engage with our neighbours in new ways, we will not only fulfil the hopes envisioned in Capital Vision 2020, but we will also be living more fully into our vocation as followers of Jesus the Healer.

B. Sport and Physical Activity Priority

In addition to all of the above-mentioned benefits of physical activity and sport, the Revd Dr Lincoln Harvey reminds us that sport is *in itself* an important activity—it can be a way of revelling in the created order, and a source of life-affirming joy, fun and connection. He notes that at times, “Christians should simply play sport for sport, not for the opportunities it presents, be they health, wealth or evangelistic stage.”⁸²

Harvey also reminds us that churches can also help people understand why sport is so popular and such an integral part of our communities, and to think about sport from a theological perspective: “...that (sport) is a wonderfully unnecessary but internally meaningful way to chime with our own unnecessary but meaningful life as creature of God. That it is a feature in human life that reflects our deepest identity, and like Christ, it is here forever.”⁸³

While Capital Vision 2020 aims to grow the diocesan engagement with sport and physical activity on a practical level, we are also very aware that it is important to create a more intentional theological and mission-focused framework which can help people understand the significance of sport and physical activity within their personal life of faith and life of their church community.

Therefore, within the sport and physical activity priority of Capital Vision, our mission is to create, build and support a vibrant, engaged and sustainable local sports ministries within the Diocese of London that:

- Provides parishes with new opportunities (people and places) to tell the Good News and share their faith.
- Changes people’s lives through improving their health and well-being and building stronger communities.
- Puts parish and church schools at the heart of their communities by opening up their facilities to the local community.
- Attracts new people to the church.

⁸² *A Brief Theology of Sport*, Lincoln Harvey, SCM Press, 2014, p113

⁸³ *A Brief Theology of Sport*, Lincoln Harvey, SCM Press, 2014, pg113-114



To achieve this vision the Sports Priority Steering Group has sought to create and develop a London sports ministry community that is well equipped and trained to enhance and increase the quality and quantity of sport and physical activity provision in the diocese. It also seeks to enhance the opportunities to use church facilities for sport and physical activity provision, whilst enhancing relationships between churches and church schools, and local sport clubs.

We have made good progress towards these goals in three years, and physical activity, health and wellbeing provide a unique and unparalleled opportunity to help deliver the vision: to serve local communities and engage new people and places with the Good News in the power of the Spirit.⁸⁴

Furthermore, a deeper appreciation of how central physical health and well-being is and has always been to Christian identity and practice will also better equip us to realise the vision, engage in the mission and accomplish the aims of the Sport and Physical Activity Priority, a key component of the Diocese of London's Capital Vision 2020.

C. Current Sports and Physical Activity Provision in the Diocese

There are already hundreds of sport- and health-related activities taking place all around the Diocese. A Sport England-funded study completed in February 2015 found that approximately 40,000 people attended church- or school-affiliated sport- or physical activity-focused sessions in an average week. They found 640 distinct, regular church-based sport and physical activity sessions, 245 church-sponsored sessions taking place in other locations, and 507 regular "out of school" activities sponsored by church schools.⁸⁵

The research highlighted that 365 church based facilities and 371 church school based facilities were currently being used for sport and physical activity within the diocese. Of the 885 church-hosted or church-led sport and physical activity sessions currently taking place most weeks within the Diocese, 72% were church facility-based sessions. These church-based facilities consisted largely of indoor, hard floor spaces suitable for a limited range of hall and gym based activities, while school sites were characterised by a greater range of facilities suitable for a far wider variety of sports.

The report's conclusions suggested that there was significant spare capacity at both church and school facilities—suggesting the potential for considerable expansion of

⁸⁴ M Balcar, *Capital Vision 2020: Sport and Physical Activity Priority Strategy*, p.15-19.

⁸⁵ T Crabbe, F McGee and G Dash, Sport England: Sport and the Church of England Research, Final Report, February 2015.



a wide variety of activities. The potential for shared usage of facilities is also considerable, particularly given the evidence that community use of school facilities is often quite limited. Activities most commonly identified at these sites tended to focus more on physical activity and exercise rather than sport, and included: dance exercise (49%), aerobics (29%), martial arts (22%) and yoga (22%).

Of note, they also found above average attendance by girls and women, and also a higher-than-average attendance by older people, which is significant, as these groups are at high risk for dangerously low levels of physical activity.

As noted previously, many older people are socially isolated, and girls and women suffer disproportionately from body-related shame. They concluded, "Given that these groups are currently under-represented in terms of their sport participation it may be that church-based provision has characteristics such as localness, size, suitability for non contact/competitive sports and a non threatening environment that make them more attractive to these market segments."

The research concluded that there was considerable potential and enthusiasm for the expansion of the Diocese of London's sporting and physical activity-based outreach. In particular, churches may possess unique and much-needed possibilities for reaching those who typically do not participate in more traditional sports. Furthermore, this type of outreach also benefitted churches by increasing creative participation and partnership between church volunteers.

The report also challenged the diocese by noting that the current provision of sport and physical activity outreach was primarily locally driven (i.e., often delivered by external local providers) and often seemed uncoordinated (i.e., many providers offering similar programs but unaware of one another's work).

The good news is that a healthy mixture of good practice in a wide variety of settings already exists within the Diocese. The researchers felt that improved sport and physical activity program design, more effective intra-diocesan communication and wider collaboration and sharing of best practices could bring even more significant benefits to our congregations and communities, particularly when promoted well.

In short, the diocese has a real and immediate opportunity to enhance the delivery of sport, physical activity, and health and wellbeing activities within local church communities all over London. Furthermore, these activities would be of significant interest to public bodies who fund the expansion of health and well-being activities.

D. Where are the potential opportunities for the Diocese of London?

In our view there are numerous ways in which the diocese could engage with the physical activity, health and wellbeing agenda set out in this paper. As well as a means to support the local community, this provides a significant opportunity to aid mission. Furthermore, this also provides an opportunity for clergy and lay leadership to lead by example and to not only enhance their own health and wellbeing – spiritual, mental *and* physical – but to encourage congregational action. In this following section we attempt to set out the main areas of current synergy for further development and discussion.

i. Case Studies of Parish Engagement

While a thorough description of current activity at parish level is beyond the scope of this paper, these examples represent a few of the ways parishes can engage with this agenda:

St John's, Hoxton is seeking to improve the health of young people and adults through parish-based exercise and physical activity groups. The Hoxton Sports and Physical Activity Hub has been operating for six months as a pilot, and there is good progress in developing healthy activities and groups for young people and adults.

The adult ministry is now known as *Balanced Life* and includes spiritual reflection and conversations about healthy eating. The Hub anticipates working collaboratively with several other nearby parishes and developing sustainable models for other parishes to run fitness and exercise classes.

One particular highlight has been seeing the transformation in the health, lifestyle, eating habits and self-esteem of a group of women attending a Lent-based group focused on health and well-being designed and led by staff member Chris Sterling, a personal trainer with extensive experience in fitness and health for people new to exercise as well as for seasoned athletes. The group was based around speaking to the women about the barriers that stopped them from developing healthier habits or seeking help and companionship as they tried to build healthier lives.

The transformation has been remarkable. A survey undertaken at the end of the course highlighted how their lives had changed in ways that they would never have had they not been part of the group - participants became more active, began to make healthier food choices, and developed a sense of new confidence while also reflecting on their lives and ministry as Christians.

The survey highlighted, everyone either 'agreed' or 'strongly agreed' that the course had increased their understanding about what a healthy lifestyle is and requires,

and also that it had actually increased their fitness level. Furthermore, every member of the group incorporated at least one lifestyle change, and participants' comments indicated that these changes were both significant and also easier than they had expected. Lifestyle changes ranged from walking and exercising more, to drinking more water, to frying less food and eating more vegetables and taking up fasting as a spiritual exercise.

One woman pointed out that she has gone from being unable to exercise in front of other people, particularly 'younger and slimmer' individuals to happily participating in a pilates class with a number of 'healthy looking' students and young adults— exactly the demographic she would have hidden away from 6 months ago. Another participant suggested that the course should be offered to all who want to change their lifestyles.

Of note, fifty percent of the group heard about it from church and 50% from word of mouth.

In this way, this pilot in Hoxton has shown what is possible when such a programme is delivered successfully and that the church *is* in a unique position to offer a safe place for people to tackle some health issues that otherwise would remain unchanged.

All Souls, Langham Place, offers a remarkably extensive array of sport and physical activity activities ranging from pilates, table tennis, and badminton to touch rugby and football (and more) at venues all around London. A casual weekly running group (all levels) leaves from the church, and a locked room for belongings is provided. At various points in the year, ad hoc trips for cycling, sailing or skiing are also organised. Some activities are free, while others charge a nominal fee.⁸⁶

Sole Sports now has around 100 people attending the various sports throughout the week with over half the people attending not Christians. It provides a fantastic opportunity for evangelism to take place as well as church members to get to know other members of the church through social sport. Evangelism takes place each week to various degrees – basketball being the most prevalent with a short 5 min Gospel talk taking place most weeks when they stop for a rest and water break. Others have accepted, some after a long time, an invitation to attend Christianity Explored to look into the Christian faith.

As part of their mission to help people to “worship God, make friends, and change the world”, **St Peter's, Bethnal Green** offers “a laboratory of civil society” which includes a parish nurse, support and resources for those seeking employment, Alpha

⁸⁶ <http://www.allsouls.org/Groups/106371/Networks/Sports/Sports.aspx>



groups, and creative partnerships with local artists and also community organisers. They also collaborate with **The Mission Practice**, a local GP practice which is housed on the church property.⁸⁷

All of the above are larger projects with a variety of offerings, more than one leader and multiple venues, but individual churches can also start with a single idea and grow as or when needs require and resources allow.

St Stephen's, Rochester Row is one of many parishes offering weekly yoga, but through word of mouth and utilisation of a variety of media, attendance has grown to about 30 people every Tuesday morning.⁸⁸ Yoga at St Stephen's takes place in the nave, which is prepared as it would be for a worship service (lighting and candles). The instructor offers the session for free (though a donation is welcomed!) and tea and coffee are provided afterward for those who wish to stay for a bit longer. Though there is no overt teaching or worship at yoga, these classes and the vicar's personal passion for sport (The Revd Graham Buckle participates regularly in Park Run and is also an avid swimmer) have resulted in a few yoga participants coming to church and have prompted more than one parishioner to take more care of their own health.

Although often rudimentary and unfocused, the list of creative sport and health-focused ministries across the diocese is already quite extensive but the health and wellness needs are huge, and so much more can be offered. Furthermore, creating support networks for those who work in physical activity, health and wellbeing and sport could provide new resources, inspiration and expertise to parishes. Improved networking and communication will help individual parishes learn from one another and perhaps team up to reach out in ways that might not be possible alone. The opportunities are vast.

St Paul's in East London have worked to be a transforming presence at the heart of the community of Old Ford since it was reopened in 2004 following a 13-year closure. The congregation welcomes 30-40 community groups a year to regularly use the space as they seek to provide emotional, spiritual, physical and mental support for the local community. Their Café, open Monday-Friday, is a significant part of their ministry of hospitality. In addition to hosting IntoUniversity, St Paul's, responding to the local community's desire back before 2004, hosts a gym in the Church run by the charity Ability Bow.

⁸⁷ <http://www.stpetersbethnalgreen.org/change-the-world/> and <http://www.themissionpractice.nhs.uk>

⁸⁸ <http://www.sswsj.org/yoga-at-st-stephens.html>



Ability Bow was created in 2006 and provides inclusive fitness facilities and expert help from highly qualified instructors. The charity strives to attract people to the facility who have never used a gym before, or who would not normally take part in exercise, or who would not be able to afford to use a gym. Most importantly, Ability Bow focuses on people with disabilities or long-term health conditions. It is the only gym in London that does this.

People with disabilities or long-term health conditions can experience many barriers to exercise, from not feeling welcome in a gym to not appreciating what exactly are the benefits of doing exercise. GPs, physiotherapists and other local health professionals regularly utilise their Exercise Referral Scheme which attempts to remove those barriers by working with people in a very individual way by doing one-to-one exercise sessions and setting personal, realistic and measurable goals.

Demand remains high from both the professional community and amongst local people who either have not exercised in a long while, or people who have never exercised before. Ability Bow has also expanded their offer to include programmes for people with strokes, multiple sclerosis and learning difficulties.

St Marylebone Parish Church serves a diverse population of 62,000 in the prosperous area of Marylebone in central London. It also offers comfort and self-respect to some of the most vulnerable people in society: people who are homeless, abused, mentally ill, coping with chronic ill health, living with dementia or facing terminal illness. Just a few metres from Harley Street, St Marylebone has pioneered the work of Christian healing and, as well as being home to the internationally respected **St Marylebone Healing and Counselling Centre**. The Centre has been offering low- and no-cost access to psychotherapy for more than 30 years. The Crypt also houses a NHS GP surgery catering for more than 10,000 patients. Their work is also enhanced by maintaining close and active links with some of medicine's Royal Colleges and through their provision of chaplaincy to The London Clinic and King Edward VII's Hospital.

St Marylebone's *Changing Lives* project to redevelop their building will help continue and expand their medical work and enhance the support they can offer to improve the health of the minds, bodies and spirits of all with whom they engage. It will also tell stories about people connected with St Marylebone have shaped the world through music, art, architecture, literature, invention and innovation, and medicine and healthcare, including the doctor who helped Alexander Fleming develop antibiotics.

ii. Sports Ministry Organisations

There are many national sport ministry organisations which deliver different models of sport and physical activity ministry. The diocese is increasingly working with these organisations to enhance their delivery in London through the London Sports Ministry Partners Networks created under Capital Vision.

Ambassadors Football for example, is increasingly addressing social issues through football. Their *Fathers' Football* programme works with disadvantaged fathers, from the school gate, to improve their fitness levels and improve their employability. Improved physical activity, health and wellbeing are also crucial elements of their *Genesis Football* programme, which focuses on marginalized men who have found themselves in cycles of unemployment, homelessness and addiction. The goal is to not only help them find employment or education, but also to help them develop as a person, as family members and as members of society.

There is significant potential for these organisations to support the diocese in reaching out to our neighbours through physical activity, sport and play and in creating further opportunities to share the hope of the gospel.

iii. Church Schools

We know that generally children are not getting enough exercise in schools. Recent figures realised by Public Health England (PHE) suggest that by the final year of primary school, just 17% of pupils are doing the recommended 60 minutes of physical activity every day. More than a third of children in England are overweight by the time they leave primary school. Furthermore, more than 1,000 children aged five to 11 were questioned, with their parents acknowledging that being active made their children feel happier (79%), more confident (72%), and more sociable (74%). But the survey also found that children's overall happiness declined with age, with 64% of five-and six-year-olds saying they always felt happy, compared with just 48% of 11-year-olds.⁸⁹

Delivery of Sport and PE in our church schools is a mixed picture. While all our schools deliver the curriculum and there is high aspiration to make this the best, the reality is that the variation between our schools is significant. Some schools plan their sport and PE and physical activity strategically while others do not. This is often a result of school time and resources—schools often need to prioritise other parts of the curriculum where they are working to an accountability framework.

With over 55,000 students in church schools, the diocese should assess how it delivers sport and physical education and physical activity and how it could use

⁸⁹ <http://www.bbc.co.uk/news/health-40609517>



these tools to improve the health and wellbeing of its pupils. This could provide another avenue to strengthen the relationship between church schools and parishes—one of the priorities within Capital Vision 2020.

Right now, there are a number of opportunities for the diocese to significantly enhance what its schools offer. The London Diocesan Board for School is aware that the Government is putting more emphasis and resources into children’s mental health issues and is also looking for young people to engage through the National Citizenship Service that looks to help young people undertake Social Action to help improve their character, employability, health, and wellbeing.

Furthermore, the Department for Education is using the recently introduced ‘Sugar Tax’ to double its investment in the School Sport Premium, which can be used to enhance before- and after-school clubs as well as other initiatives.

There are already several good examples of the type of activity that could be strengthened throughout the diocese.

A London-based sports ministry organisation, **Kick London**, is working in 26 London Diocese schools (14 Primary 5 Secondary) delivering a range of physical activity, including the PE National Curriculum, StreetDance and solutions-focused mentoring—all of which support young persons’ health and wellbeing. Their values approach not only support a Christian theology but helps schools promote Ofsted Spiritual, Moral, Social and Cultural Development values and Statutory Inspection of Anglican and Methodist Schools criteria. Through this school-based work they also create links with parish churches by encouraging the children to attend their parish-based football and dance academies.

Kick London, Scripture Union, and Inspire Church, formerly at Old Street and now at Clerkenwell, also run holiday sports camps in London. These camps offer much needed activity during the school holidays and help to tackle the general decline in activity and help with the isolation many children and young people feel, especially those amongst disadvantaged families. Evidence also suggests that such activity can also help to halt a decline in educational attainment over the summer holiday. There is also a growing movement, which includes churches⁹⁰, to also tackle ‘holiday hunger’ for those on Free School Meals, which ceased during the holidays. The diocese is well placed to not only support its own church school children, but also those in the local community by enhancing their health and wellbeing through such initiatives.

⁹⁰ <https://www.makelunch.org.uk>



This also can have a missional benefit for local parishes. **Inspire Church**, for example, annual summer club in 2017 had both a sport and creative stream, and was attended by 61 children. This resulted in 150 people (families of the children and the children themselves) attending their Sunday service.

iv. Other Areas of Capital Vision

Capital Mass and Mental Health

Capital Mass aims to engage and support every parish in the diocese in tackling poverty and inequality. There are many crossovers to sport and physical activity and in one example in May 2017, Capital Mass held a Ted-style evening with 6 speakers exploring the cyclical link between poverty and mental health. The talks included: a theology of mental health, mental health and the family, mental health and young people and a religion and wellbeing report. As result of the evening, there has been interest in going deeper in the theme of mental health and young people: a further session to explore how sport-based mentoring program provides parishes with the ability to support mental health and promote social mobility is planned as Capital Mass seeks to enable deeper learning and greater connection.

This is a good example of where the diocese could undertake better collaboration across a range of desired outcomes especially around tackling social mobility and inequality. Sport and physical activity could not only act as another driver of diocesan priorities but also align us with Government policy and funding around social mobility, equality for all, social action and getting the while nation active.

Furthermore, the Think Tank **Theos**, recently published *Christianity and Mental Health*, a report that explores what Christians are doing to respond to mental health issues around the UK and raises questions for future research.

While they applaud the significant efforts to raise public awareness and to challenge the stigma over mental health (especially through inviting sporting heroes and other public figures to address this), they conclude that what counts as a Christian initiative into the realm of mental health is not clear cut and that a more systematic study is needed to comprehensively map Christian initiatives. This however, is a good start, and physical activity and sport remain excellent tools to help prevent and treat mental illness, and to help tackle related issues such as loneliness and social isolation.

More collaboration and exploration across range of mutual outcomes, especially tackling social mobility and inequality, could be extremely beneficial. Sport and

physical activity can have a significant impact on in these areas, specifically where they look to support improved health and wellbeing and tackle health inequalities, a root cause of poverty.

Youth Work

The diocese has around 20 youth workers across its geographical area. Around 80% of these operate within the church itself leading the churches youth work and the remaining 20% deliver youth sessions in the local community. While no systematic survey has been undertaken about whether these youth workers use sport or physical activity and to what extent in their day to day work, we do know that there are examples of youth workers using, for example, table tennis and snooker tables, like at from **St Andrew's, Enfield**, as a part of their church focused youth work and youth workers using sport as tool of mission within the local community.

With the latter approach of outward facing youth ministry we had two excellent examples:

First, **St John's, Southall**, used a mobile football cage to minister to several hundred young people including a large majority of young Muslims, in a number of the local estates, with the support of the local council and police. The project created easy opportunities for the young people at St John's to invite their non-Christian friends into a Christian environment, as well helping them experience reaching out to the marginalised through sport.

Secondly, **St Alban's, Fulham**, ran a football project for young people in the local council estate every week for five years at a local park. Supported by willing volunteers from the church, it engaged over 50 young men aged between 8–18 years old.

What these projects highlight is that churches can engage local un-churched young people in a powerful way. Many of the young people were mentored and supported through challenging times in their life, while others were integrated into parts of church youth work leading into an attendance at a more traditional youth club. Both projects also provided opportunities to build relationship with the parents and showed the church in action, engaging with the local community through sport. They also highlight that innovative projects that make a difference to those who need it most need central support especially help in accessing on-going funding and learning/pastoral support from like minded people.

In summer 2017, **Urban Hope**, the youth work ministry of **St Stephen's Islington**, expanded its sports outreach. Having hosted a successful tennis club for around 50 disadvantaged young people for five years each summer at their local public courts,

they diversified and ran sports taster sessions each week in summer 2017. They are looking to enhance this provision throughout 2018.

Research tells us that as a society we are struggling to engage young people and what they want. As a recent YFC report *GenZ - Rethinking Culture* (2017) looked at the huge youth cultural shifts of today's under 18s found that as well as just under half of young people do not believe in the existence of God, and whilst some do it is significantly more common for young people not to have thought about God or spirituality at all. Furthermore only 18% would be interested, if they were invited, to find out about God. As YFC concludes:

“this report requires us to stop and ask some tough questions about how we communicate the gospel to a digital postmodern generation of young people who desire a cause to believe in but struggle with traditional approaches, and what it means to engage with young people who value authentic relationships but aren't willing to turn up in person to a youth club or youth groups.”

As the church struggles to find the right response to this situation it is clear that to spark an interest in exploring any idea or suggestion amongst this generation, it has to be considered worthwhile and fun. When asked what they liked doing in their spare time Sports and Exercise ranked sixth (51%) behind watching YouTube (81%), TV and films (77%) using social media (74%), spending time with friends (73%) and gaming (61%) in their interests. Sport and physical activity is also well placed to meet other indications of preference from this generation including spending time outside with friends, being concerned with their appearance and confidence, and tackling poverty.

On balance, sport and physical activity is probably under utilised as a tool of engagement both within our youth work and in youth outreach even though it is clear that both are what young people want, when done in the right place for the right price and right style. This is a reflection on youth workers skill set and their workload. With additional issues around healthy living, mental health and belonging, sport and physical activity could be crucial tools not only for improving the health of our young people and keeping them engaged in our youth work but as a tool of mission.

Any increase in provision would have to include third party expert support to help run sessions including taster or activator activity alongside the youth worker. Successful models of activity could be replicated and shared amongst youth workers and sports training given both as on-going continued professional development for youth workers but also an add on to youth apprenticeships. Learning also indicates that any programme also would need the backing of the local church especially as volunteers also play a crucial role in a programme sustainability and success.



The Diocese new Youth Strategy and Youth Minister approach provides a unique opportunity to further explore these responses and attitudes. While in its infancy, this is being piloted at **St John's, Hoxton** as they explore how to integrate their new sports and physical activity hub, their current creative youth work, and the expanding role of their new youth minister.

Opening up Churches and School Facilities

Physical activity, health and wellbeing could also play a useful role in helping us to open up churches and school facilities to the local community. We already know that many fitness instructors and dance teachers use church halls to provide classes⁹¹ The Substance report also suggested that this was not being undertaken in a coordinated way, and that there was significant potential for the diocese to use its facilities for physical activity for this low-level community based provision. This was especially true of our schools, which often had more specialised sport and activity space.

The Arts

The arts and sport have much in common in the type of social outcomes they can contribute, and one activity where they particularly overlap is in dance. We know that dance is particularly attractive to young women and Street Dance to young people from the inner cities. Again while we have examples of where this happens, this could also be enhanced and better coordinated.

v. Clergy Wellness Offerings

Church of England – General Synod and Clergy Wellbeing

As the Church of England website states, “clergy office holders are self-directed and enjoy a valued and valuable sense of autonomy. However, when the ‘workplace’ is also the home and in the blurring of boundaries between ministerial life and personal life, clergy need to make time for their own self-care and ensure a healthy work/life balance.”⁹²

It goes on to define wellbeing being more than just ‘feeling good’ and that wellbeing involves the interplay of a number of factors including physical, emotional, physical and spiritual health.

⁹¹ T Crabbe, F McGee and G Dash, Sport England: Sport and the Church of England Research, Final Report, February 2015

⁹² <https://www.churchofengland.org/more/clergy-resources/national-clergy-hr/supporting-clergy-health-and-wellbeing#na>

Clergy health and wellbeing is an increasingly critical issue in the Church of England. As the Archbishop of Canterbury has said recently, being a parish priest was the “most stressful” work he had ever done.⁹³ Clergy are not only very busy but they often have little time off and feel unable to set aside regular time to exercise or to take time to care for their own health and wellbeing. In addition, and as General Synod recently heard, priests also said that they had experienced “enormous stress”, when dealing with serious incidents such as terror attacks in London and Manchester⁹⁴. This is also true of Kensington Area priests involved in the aftermath Grenfell Tower, some of which took time off after the event.

This situation has been recognised by General Synod. A recent paper on Clergy Wellbeing⁹⁵ discussed at its July 2018 session stated that there is ‘recognition across the Church that clergy wellbeing is important: that the church needed resilient clergy in post as well as in training as we face the challenges of the current moment’. This was supported by conversations around the paper suggesting there was a level of excitement, enthusiasm and support for taking this matter forward.

This initial report is clear that it is not the means by which to assess the extent or quality of existing wellbeing provision across the Church. While it only seeks to ask whether there ought to be some commitment to some form of ‘minimum standards’ in the field of clergy wellbeing, it does fail to mention the critical role of being physically active had on an individuals health and wellbeing.

The paper however, makes some interesting wider points worth considering in our approach to clergy wellbeing in London including: that ‘Bishops face their own challenges in terms of maintaining personal wellbeing, especially as part of the role of a bishop is to model good practice and to be seen to demonstrate good self-care to their fellow priests and deacons’. As a result, the paper argues that its approach applies equally to bishops as it does to other clergy, including archdeacons and chaplains, who often find themselves isolated from a regular worshipping community. Both St Luke’s Healthcare and the Sons & Friends of the Clergy are currently exploring redirecting some of their work into issues around clergy wellbeing, while the Community of Mary and Martha at Sheldon is currently rolling out a new online hub. There is question about ownership which the paper suggests is for the *whole People of God, not simply its clergy, its bishops and dioceses, or its national institution*. The paper therefore proposes ‘an approach that can draw all parts of the Church, lay and ordained, into giving attention to this work.’

⁹³ <https://www.churchtimes.co.uk/articles/2017/7-july/news/uk/causes-of-clergy-stress-aired-in-the-general-synod>

⁹⁴ <https://www.churchtimes.co.uk/articles/2017/24-november/news/uk/well-being-of-clergy-to-be-monitored-by-new-working-group>

⁹⁵ <https://www.churchofengland.org/sites/default/files/2017-12/hc-17-1-clergy-wellbeing.pdf>



On hearing a paper on Clergy Wellbeing at its July 2018 session, General Synod agreed that a working party should be established to bring proposals for a covenant (an idea inspired by the Armed Forces Covenant) back to the Synod by July 2019. Eleven members, lay and ordained, have been appointed to “draw on all that the Church is learning about how attending to the well-being of the clergy is vital to the mission and ministry of the whole Church.”⁹⁶

Diocese of London

What is critical is that the diocese (and the wider church) pays much closer attention to the physical well-being of its clergy in addition to continuing and deepening the good work already being done around spiritual and emotional health.

An Employee Assistance Program (EAP) has now become available to all diocesan clergy, though each area bishop has discretion as to how it is administered to the clergy in his or her area. The Programme provides practical and emotional support for clergy and their family and Diocesan staff across a range of issues including: family issues, medical and lifestyle issues, addictions, domestic abuse, stress and work. As well as counseling, the scheme offers emotional support, personal coaching, health checks, fitness advice and BMI assessments.

This program emerged as the diocese sought practical ways to address on-going concerns about clergy physical and mental health, alcohol use, and other concerns of an increasingly aging clergy population. A long-held view is that clergy seem particularly reluctant to ask for help, and often wait for a crisis before seeking advice or assistance. The diocese wants to take a proactive and preventative approach to this.

While the EAP scheme is still in its early adoption phase and has been communicated in many ways, there is a strong view that there needs to be culture shift within the diocese for this to be utilised effectively.

The diocese continues to consider future operational plans in this area and would welcome new ideas that support clergy and staff and includes all parish staff in its provision. Specific areas of interest include providing age-appropriate health checks to help pick up early health issues, offering mental health first aid training to help spot mental health issues across the church, and helping clergy and staff find healthy ways to address and decrease stress.

Encouragingly, in September 2018, the diocese begun offering a trial of six pilates sessions for staff at Causton Street for a small fee. If these proved successful further

⁹⁶ Canon Butler - <https://www.churchtimes.co.uk/articles/2017/24-november/news/uk/well-being-of-clergy-to-be-monitored-by-new-working-group>

sessions will be arranged.

It will be vital that clergy and staff not only have opportunities to learn how to achieve and maintain a good level of health and wellbeing, but also have the resources and time to implement essential and life-giving changes to the way they eat, move, sleep, maintain relationships, handle stress and serve God and God's people. There are many good examples of London clergy blocking out their diaries for regular physical activity and sport as a means to maintain their mental wellbeing and health. These clergy also often find in belonging to the regular club or gym provides a unique opportunity to evangelise and pastor in a sporting setting.

Health and wellness-focused education and opportunities for individual consultation with a doctor are already offered in the Diocese's annual **Renewing Vision, Renewing Ministry** conference (focused on leadership, vocation and wellness for senior clergy), as well as at a biennial conference for retired clergy, and will soon be offered to participants in Post-Ordination Training.

Other opportunities also exist to support clergy wellbeing:

Sheldon (The Society of Mary and Martha; The Sheldon Hub), located near Exeter, has a specialised ministry focused on the needs of clergy. They have a particular vocation “to support people in Christian ministry, especially at times of stress, crisis, burnout or breakdown.”⁹⁷ They describe their roots as Anglican, but they are ecumenical in outreach.

They recognise that clergy are faced with many unique sources of stress which can lead to poor physical and mental health. Recognising the importance of prevention—of paying attention to and valuing practices and habits that promote resilience—Sheldon have also launched the “Sheldon Hub”, an online community and extensive collection of health and well-being resources which are available to any person in Christian ministry who wishes to register (validation of ministry status and commitment to community values and rules is required).⁹⁸ The Sheldon Hub has been in development for several years, and went live in spring 2017.

St Luke's Healthcare for the Clergy has traditionally helped clergy access specialist care (usually NHS-based) in an expedited manner, and more recently, has been developing resources focused on prevention of mental illness—particularly depression, anxiety and similar challenges. These programs are often administered through individual dioceses.⁹⁹

⁹⁷ <https://www.sheldon.uk.com/about-us>

⁹⁸ <https://www.sheldonthub.org>

⁹⁹ <http://stlukeshealthcare.org.uk>



Other organisations that also support health and wellbeing:

The Guild of Health and St Raphael is an ecumenical organisation committed to supporting, resourcing and promoting the healing ministry of the Christian church.

While this ministry has a natural focus on when there is illness, injury or other circumstances where health has been lost, it also believes that the healing ministry and the Christian mandate to care about mind, body and spirit is not just there to be a sticking plaster for when things go wrong. Indeed, a holistic theology of human living is one that involves not only looking after our bodies, but a belief that our bodies can be an integral part of our spiritual life.

Formed in 1904, to bring members of the clergy and medical professions together to study and promote the healing ministry of the church, it is the oldest organisation in the UK working in the field of Christian healing. Today the Guild takes theology seriously, links academic research with practical action, reaches out to policy makers and those on the ground to spread the Good News for healing and healthy living and to promote human flourishing and whole person health. Aiming to be the academic centre for science, religion and healing, they publish, host events and provide resource for individual and parish base healing ministry.

The Happiness Course is a four-week course developed by **Livability**, a national disability and community engagement charity. It aims to grow wellbeing and build community by exploring attitudes to happiness, drawing from leading thinkers in the fields of positive psychology and personal development, and by offering discussion, exercises and space to reflect. The course helps participants to build new friendships, renewed relationships and take a new directions in life. The course helps churches to build community wellbeing, tackling local barriers to community and make a significant contribution to tackling isolation¹⁰⁰.

Summary of Diocesan Activities

As we can see, the diocese has much activity going on, yet much of this is small scale and not joined up. Progressing the physical activity health and wellbeing agenda could become a key principle throughout much diocesan aspiration and activity. This would help to galvanise our focus to engage and make a real difference not only for our staff, congregations and schools but to the local community. It provides an opportunity for mission and outreach. It would also position us as a partner of Government in helping it to deliver its objectives for an active, healthy nation.

¹⁰⁰ <http://www.capitalmass.org.uk/conversations/come-and-talk-about-something-meaningful>

VIII. Conclusions and Recommendations

We can see that physical activity is increasingly recognised as crucial in our health and wellbeing as individuals, in communities, and as a larger society. Our national and local governments, and also international organisations, such as the UN, see this policy agenda as one of the most critical now and in the future. This is for a range of economic, health, societal and cultural reasons outlined above, but increased health and well-being can also play a significant role in tackling social justice issues and inequalities in society.

But what is the Church in London's role in tackling the range of issues highlighted in this report?

Under the Capital Vision 2020 strategy, the Diocese of London hopes to help its people grow in confidence, compassion and creativity as we all strive to reach new people and places with the Good News, and to become more attentive to the particular needs and resources of our own communities.

As we have seen, the need for improved physical and emotional health and well-being is huge, and as followers of Jesus the Healer, we are uniquely equipped to help.

If we are to engage more closely with sport and make it effective tool to engage the local community and mission, we need to embrace the much larger physical activity agenda as well.

We can do this on a number of levels:

1. Personally: As we engage in sport and physical activity, and develop healthier and life-affirming habits, we can really stop and think about the deep and broad implications of Jesus' physicality and passion for healing, and how that affected his earthly life and ministry. We can also assess our *own* experience of physicality and how that shapes our identity, our spiritual life and our ministries and embrace a deeper appreciation of the interplay between the physical and the spiritual to broaden our vision and spark creativity in mission.

2. Parish and Local Community: With such a huge need in our local communities for a significant increase in physical activity levels and the broad range of associated benefits, the church is well placed to act. It is theologically responsible that we, look around in love and service, and look to the future in hope about how we can help restore both our own and others bodies.

Engaging in and through sport and physical activity could become a significant tool of mission and engagement within our local communities that helps parishes to build Christian witness. It could help us open up our church buildings to the wider community, strengthen links between our schools and their local Christian community and even increase the number of young people involved in local Christian community.

3. London and beyond: True health is comprised of physical, emotional, spiritual, social, financial, vocational, and many other forms of wellbeing. As citizens and as Christians, we also recognise that huge inequalities run through all parts of our society and that social injustice blights the lives of far too many of our sisters and brothers throughout London. Sport and physical activity—particularly if offered in open, inclusive, creative, fun, and flexible ways—can help improve health and social connection, which are just two of many critically important components of a just and healthy society.

We have sought to ensure our recommendations to the Diocese of London are:

1. Rooted in scripture, tradition, liturgy and relevant to local needs
2. Intellectually stimulating yet accessible to a wide variety of people
3. Include practical real-life elements — behaviour change, activities, support/encouragement

In order to embed this thinking and approach across all our work with clergy, congregations, children and youth, schools and the broader community we need to:

- Raise awareness, knowledge and debate about the body and the creative Christian responses to physical, emotional and social well-being needs.
- Create a framework for parish and school engagement with relevant models, resources and support.
- Work with the parachurch, government and secular organisations to help us focus more on physical activity health and wellbeing in a broad range of contexts.
- Support clergy and laity in pursuing health and wellbeing.

With these points in mind we recommend that:

1. The Bishop of London and General Secretary create a new part-time paid role within the Diocese of London for a Clergy Health and Wellbeing Clinical Consultant who can:

- Advise the Bishop of London about both clergy physical and mental health and wellbeing needs and preventative strategies over the next 5 years.

- Work with the London Council of Bishops to explore the role of embedding preventative clergy physical activity, health and wellbeing in ordination, post-ordination and clergy continued professional training and the role of the whole diocese, lay and ordained, into giving attention to this work.
- Support clergy as they try to incorporate specific healthy practices into their busy lives, help advise clergy and the diocese how best to utilize resources available and advocate a preventative health and wellbeing culture within the diocese.

2. The Sports and Physical Activity Priority Leader, working with The Guild of Health and St Raphael, develop a new Health and Wellbeing Community for the Diocese of London that considers Clergy and Laity Wellness, and Congregational/Community Health and Wellness Outreach Development that could help to prevent mental health, social isolation, loneliness and inactivity issues and reduce inequalities and poverty and support clergy and laity in pursuing health and wellbeing.

To support this recommendation:

- Identify like-minded clergy and lay experts to lead and advise the diocese on matters of physical activity, sport and health, body related shame and pain, weight, eating, addictions, illness and disability.
- Working with Guild of Health & St Raphael, create a network of other expert organisations and charities who support clergy and laity's health and wellbeing and create a network and appropriate partners to inform our on-going approach.
- To draw on the resources including sermons and parish-based activities or other educational resources of the Guild of Health & St Raphael and other organisations in the network which focus on the implications of Jesus' physicality and how that affected his earthly life and ministry.
- The Sports and Physical Activity Priority Leader, working with Capital Mass, to develop a new practical approach to mental health, exploring the role of physical activity and sport can have in reducing inequalities, fighting poverty and preventing mental health, social isolation and loneliness and holiday hunger issues.

3. The Sports and Physical Activity Priority Leader, working with The Guild of Health and St Raphael, and the new London Diocese Health and Wellbeing Community undertake an diocesan-wide public theology project which should include exploring the key issues around: science and health, theology, scripture and liturgy; ethics; prayer and action.

To support this recommendation:

- Working with other partners such the Guild of Health and potential funders, the diocese should fund a researcher for one year to create local “public theology projects” – where parishioners and community members can reflect on health-related topics and issues in a theological way. This may include groups that might focus on recent scientific findings; others might focus more on ethical and moral issues around health and wellness; others might focus on the body and liturgy or scripture.
- The London Council of Bishops should encourage the development of a strong theology of the body in modern society (medicine) including encouraging further research from theologians and academics in this area.
- The Bishop of London and General Secretary assess the pastoral care, mission and outreach implication of this report including what liturgies could be adapted or developed and how can music, poetry, dance and art help us reflect and learn.
- That the London Bishop’s Council, the General Secretary and London Diocesan Synod consider how this report could be widely disseminated across the diocese and how to stimulate discussion, advocate theological reflection on physical activity, health and wellbeing issues and embed both theological thinking and practical actions into parish life.

4. The Sports and Physical Activity Priority Leader, with support from the Director of CV2020 and other relevant Priority Leaders, create an accessible framework that enables churches to discover and replicate models of physical activity, health and wellbeing approaches, raise awareness of health and wellbeing within a Christian context, and support opportunities to engage new people in a church context and enable those with a faith to better live out their faith.

Key considerations should include:

- Consider further how a parish can mutually support the health and wellbeing of its clergy and senior staff and its congregation.
- Identifying laity, including personal trainers, fitness coaches and others interested or having expertise in physical activity, health and wellbeing to plan programs and lead activities, and provide support and routes to market/engagement using the Balanced Life model developed at The Hoxton Sport and Physical Activity Hub.
- Embedding physical activity, sport, health and wellbeing in church and youth work discipleship as a normal activity to attract new young people and

encourage physical activity, health and wellbeing in their spiritual journey using the model developed at The Hoxton Sport and Physical Activity Hub.

- Assessing the feasibility of using more diocesan facilities (churches, halls and schools) for use as centres for physical activity and exercise—while also considering solutions to the barriers and challenges to this increased activity.
- Exploring and assess the role pilgrimage could have in improving physical activity and health and wellbeing and Christian spiritual journey.
- Exploring developing the parish nurse network in London and local parish links with GP surgeries to plan parish-based healthy activities and events.
- Developing a simple evaluation framework so that the impact and success of any engagement through physical activity can be measured and reported.
- The Diocese of London consider and report what safety and checks are required to run physical activity classes in and from church buildings and properties and what liabilities local parishioners, church and diocese may have when running physical activity classes or activities.

5. The London Diocese Board of Schools create a framework to inspire, support and develop schools PE and sport, health and wellbeing provision both within and outside school hours.

To support this recommendation the London Diocesan Board for Schools should:

- Commission a London based academic consultant to assess, advise and report on how the role of PE and sport and health and wellbeing in London Diocesan Board for Schools could be enhanced with a view to embedding preventative best practise to enhance academic attainment and tackle inactivity, food poverty, mental health and other health issues and recommend where improvements could be made.
- Working with the Sports and Physical Activity Priority Leader, other Capital Vision priorities, the London Diocesan Board for Schools/academic consultant, assesses the potential opportunities and barriers to opening up school facilities for sport and physical activity, health and wellbeing activity for the local community.
- In addition, assess the potential opportunities and barriers to enhancing before and after school, and holiday sport and physical activity, health and wellbeing clubs for pupils and the local community, and the potential links these could create to strengthening the links between parishes, schools and local community.
- London Diocesan Board for Schools and Children’s and Youth Ministry team assess what churches and schools are teaching across the diocese about the body—especially at Sunday school and youth groups – and how this could be enhanced.