

Benefits of Providing SPORT 4 ALL YOUTH

Evidence that quality youth sport programs that remove the participation barriers of cost and transportation will help reduce crime, drug use, depression, and obesity

By David Carmichael

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THE "SPORT FOR ALL" CONCEPT

The term "Sport for All" was established by the Council of Europe in 1966. The concept includes all forms of recreational and competitive physical activity. In 1975, the Council of Europe approved the following Sport for All charter (Sport for All, 1999):

- Article I - Every individual shall have the right to participate in sport
- Article II - Sport shall be encouraged as an important factor in human development and appropriate support shall be made available out of public funds
- Article III - Sport, being an aspect of socio-cultural development, shall be related at local, regional and national levels to other areas of policy-making and planning such as education, health, social service, town and country planning, conservation, the arts and leisure services
- Article IV - Each government shall foster permanent and effective co-operation between public authorities and voluntary organizations and shall encourage the establishment of national machinery for the development and coordination of Sport for All

- Article V - Methods shall be sought to safeguard sport and sportsmen from exploitation for political, commercial or financial gain, and from practices that are abusive and debasing, including the unfair use of drugs
- Article VI - Since the scale of participation is dependent, among other things, on the extent, the variety and the accessibility of facilities, the overall planning of facilities shall be accepted as a matter of public authorities, shall take account of local, national and regional requirements, and shall incorporate measures designed to ensure full use of both new and existing facilities
- Article VII - Measures, including legislation where appropriate, shall be introduced to ensure access to open country and water for the purpose of recreation
- Article VIII - In any programme of sports development, the need for qualified personnel at all levels of administration and technical management, leadership and coaching shall be recognized

For more than four decades, coalitions involving organizations from countries throughout the world have been formed to promote Sport for All.

In 1983, the International Olympic Committee (IOC) established a Sport for All Working Group. The group's objective was to determine how the Olympic Movement could assist and promote Sport for All activities. The continued development of the "health and fitness/Sport for All" trend prompted IOC President Juan Antonio Samaranch to set up an official IOC Sport for All Commission, which he chaired until 1990.

The aims of the Commission are (IOC, 1999):

- To apply the fundamental principles and rules of the Olympic charter
- To encourage and support the efforts and development of other organizations already involved in Sport for All, thereby further disseminating the health and social benefits to be gained by all members of society through regular physical activity
- To assist such organizations, International Federations, National Olympic Committees, and National Sport Organizations (governmental and non-governmental) via the National Olympic Committees, in encouraging the practice of Sport for All, particularly in the developing countries
- To encourage greater promotion and knowledge of Sport for All through the patronage of World Sport for All Congresses

In 1994, The IOC and the World Health Organization (WHO) developed a joint statement based on the common goal of promoting health through sport and physical exercise. Both organizations were convinced of the positive effects that sport and physical exercise has on the physical, mental and social well being of individuals. They also acknowledged that programs of information and adequate instruction are necessary in order to avoid any negative effects that could result from participating in sport and physical exercise. In addition, at the World Sport for All Congress VI in 1996 in Seoul, Korea, the participants made the following declaration. We, the participants, believe that Sport for All:

- Should be guaranteed for everyone regardless of age, sex, race, religion, ethnicity, socio-economic status and physical or mental capability
- Is of prime importance for physical and mental health
- Is not a contradiction to elite sport
- Is a family unit, serves as a social net and is the foundation for constructive human behaviour
- Encourages family unity
- Is a movement that encourages quality physical education and activities in schools, clubs, associations, professional bodies and the promotion of ethical and moral values
- Contributes to the positive utilization of free time
- Contributes to the integration of all people and prevents isolation and alienation
- Serves as a preventive measure to combat anti-social behaviour
- Should be an educational tool to preserve the environment and to reserve sufficient open space in urban development

With the positive development of Sport for All worldwide, the demand for organizational structures to cope with the new tasks and challenges was growing constantly. This led to the formation of Trim and Fitness International Sport for All Association (TAFISA).

TAFISA

TAFISA was incorporated in the Federal Republic of Germany in 1991 with more than 40 countries represented. Russ Kisby, former President at ParticipACTION, was the Canadian representative and its treasurer.

TAFISA now has a membership of 153 Sport for All organizations from more than 100 countries from all continents. Its objective is the worldwide promotion of Sport for All. The mission statement of TAFISA reflects the need to increase participation in sport and physical activity throughout the world (TAFISA, 1991).

TAFISA:

- Believes that the access to Sport for All and physical activity is a basic human right for all
- Sees Sport for All as a major contribution to individual, social, community and national life quality
- Supports the promotion of exchanges and transfer of experience, participation programs, education of leaders and dissemination of model projects and expertise
- Cooperates with institutions in the fields of sport and physical activity to advance health, culture, education and recreation
- Assumes political leadership in general areas of Sport for All and offers practical services for its members
- Supports the concept of diversity and inclusiveness to bring individuals together

Over the years, much of TAFISA's efforts have focused on establishing alliances with prominent sport and health organizations, including the WHO.

The concept of Sport for All, and the notion of participation in sport as a right, is widespread internationally. In fact, in other parts of the world, regional organizations have been established exclusively to promote and support Sport for All. For example, the Asiana Sport for All Association (ASFAA) is a not-for-profit organization that promotes the Sport for All movement through Asian and Oceanic Countries and pursues public welfare in the field of Sport for All.

ASFAA is formally acknowledged as the regional body of TAFISA (Ikeda, 2000). Twenty-seven countries are members of ASFAA. Some of the countries have more than one Sport for All association. For example, in Korea there is the Sport for All Korea Association (SAKA), Sport for All Pusan Association (SAPA) and the National Council of Sport for All (NACOSA). The

following is a brief overview of NACOSA in Korea (Kim, 1999).

NACOSA

The National Council of Sport for All (NACOSA) in Korea was formed in 1991. The objectives of the council are:

- To improve people's health and physical fitness through the promotion of Sport for All
- To help people enjoy their leisure time and cultural life better
- To serve as a non-political force for the unification of South and North Korea

The functions of NACOSA include:

- Establishing an information bank for Sport for All
- Providing Sport for All leaders with information through an electronic network
- Providing information on Sport for All related programs, facilities and leaders
- Developing an information network on Sport for All for the public
- Increasing visibility about the importance of participating in sport-related activities
- Fostering "Sport Lover's" societies at the community level
- Providing training opportunities for professional and volunteer sport leaders.
- Offering seminars for sport clubs, associations and groups
- Promoting Sport for All through television, radio, newspapers, company magazines, and association reports
- Utilizing Sport for All as a mechanism for recovering from the lost sense of unity among Koreans

SPORT FOR ALL IN CANADA

In 1998, Russ Kisby, former President at ParticipACTION, stated that he did not want to use the term Sport for All in Canada because many people could only identify with the professional, entertainment, business version of sport, and not with the need to use sport as a mechanism to develop people, build communities and to increase participation in physical activity (Kisby, 1998).

When ParticipACTION closed its doors in 2001, national efforts to promote Sport for All in partnership with provincial/territorial sport and recreation organizations stopped. The Sport Alliance of Ontario did, however, continue to promote the concept between 2001 and 2004 in its efforts to facilitate the establishment of Community Sport Councils throughout the province.

Since 2004, there has been little effort to promote the concept of Sport for All in Canada. One of the most recent efforts is in Brockville, Ontario.

SPORT FOR ALL IN BROCKVILLE

Brockville Sports, a community not-for-profit multi-sport club in southeastern Ontario, has embraced the concept of Sport for All with a focus on youth (5- to 25-year-olds), particularly those who are at high-risk of participating in negative social activities such as crime and drug use.

The “Sport 4 All Youth” initiative in Brockville started in the summer of 2008 with a free youth wakeboarding program. The intent of the program was to remove two major youth sport participation barriers, cost and transportation.

It quickly became apparent that many of the high-risk youth in Brockville lived in families where parents/legal guardians would be reluctant to disclose financial information on subsidy forms or attend a public registration. As a result, the program was free for all Brockville area youth, including those from middle and upper income families. In addition to removing the cost barrier,

an outreach registration strategy was implemented to engage many of the high-risk youth in the program. Some of the waiver forms, for example, were signed by parents/legal guardians in their own homes so they would not have to attend the public registration.

The transportation barrier was easily removed for most of the participants. With Downtown Brockville located on the St. Lawrence River, transportation was not an issue for many of the high-risk youth. The program operated out of Hardy Park, which is operated by the City of Brockville, which was within short walking distance for many of the high-risk youth living in the downtown core.

By removing the cost and transportation barriers, the 2009 free youth wakeboarding program was a success:

- More than 100 youth registered in the program, with about 50% of them coming from low income families living in Downtown Brockville
- Many of the youth in the program who live downtown had never been on the St. Lawrence River (not even in a boat) until they started wakeboarding because they were told by a parent/legal guardian that it was a “playground for the rich” only
- A 12-person Youth Management Team was established to manage the program based on the principles of Asset-Based Community Development (ABCD), co-founded by John McKnight and Jody Kretzmann at Northwestern University in Chicago
- The Youth Management Team secured 6 corporate sponsors - Thousand Islands Concrete, Collett Consulting and Design Ltd., Leon’s Furniture, ARTinc., 1000 Islands Powersports RV Marine, and Beattie Dodge Chrysler Jeep

- More than 30 Brockville area citizens made significant donations to the program
- The free youth wakeboarding program was recognized as a “Success Story” by the Ontario Ministry of Children and Youth Services in the “Recreation” section at youthconnect.ca
- Evidence was collected to suggest that free youth wakeboarding in Brockville will help reduce crime, drug use, depression, and obesity
- Enough funds were raised in the summer of 2009 to start operating the free youth wakeboarding program year round in October 2009 with trampoline training and fun fitness activities during the off water months
- There were several testimonials, including:

I've been in trouble with the police and in criminal court. I started using drugs. Brockville Sports made me choose wakeboarding or drugs. My dream is to become a professional wakeboarder.

14-year-old male

I started binge drinking after a close friend died. Getting on the river brought me out of a black hole. I now wakeboard more times a week than I drink. Thanks Brockville Sports.

21-year-old male

There was nothing for me to do downtown until I joined the wakeboarding program. I love it. It's lots of fun and I'm getting really good at it. I've even stopped smoking.

13-year-old female

Thank you. We think you're just doing a great job. A lot of high-risk kids that do get into trouble are staying busy this summer and doing great things. We appreciate all the effort and all the great work that you've done.

Sergeant, Brockville Police

After eliminating the cost and transportation barriers, the success of the youth wakeboarding program was largely dependent on personal experiences. Many of the high-risk youth had never been involved in organized sport. It was critical for Brockville Sports to deliver a quality athlete-centred program.

QUALITY YOUTH SPORT PROGRAMS

Studies conducted at the Youth Sports Institute at Michigan State University demonstrated that young people participate in sport for 10 fundamental reasons:

1. To have fun
2. To improve skills
3. To stay in shape
4. To be good at something
5. For excitement
6. To get exercise
7. To play as part of a team
8. For the challenge
9. To learn new skills
10. To win

Quality youth sport programs focus on these participation motives. Sport programs that put winning into perspective and emphasize skill development are the most appropriate for young athletes. In fact, too much formal competition, where winning is the most important thing, favour early developers. For example, during the prepubescent stage of development, early maturing children are usually the strongest, fastest and best distance runners. Most early maturing children have more muscle tissue, longer bones, greater strength, and exhibit greater coordination than late maturing children. Early maturing children usually occupy starting positions on competitive sport teams while late maturers get cut, sit on the bench, or in less structured programs, are picked last.

It is, however, critical to understand that children who are late maturers are not necessarily going to be poorer athletes in the future. Late maturing children, by virtue of their longer growth period,

tend to attain an average adult height greater than those who mature early. A child who starts to develop strength before the age of twelve has a definite advantage in prepubescent competitive sport. However, when late maturers experience their growth spurt, which usually occurs between thirteen and sixteen years of age, they may become relatively stronger and more athletically developed. At this stage, the early maturer, who achieved a great deal of success during prepubescence, may have difficulty coping with athletic failure. This is a serious problem. The feelings of self-worth of the early maturing child may depend largely on success in a particular sport. As a result, he or she may have difficulty coping with failure and may eventually drop out of that sport and physical activity all together. The transition from superstar to physical inactivity would probably have a negative impact on her or his feelings of self-worth.

Children are not little adults. Young superstars will probably not be the best athletes as adults. Potential Olympic superstars are often cut from teams as children, or sit on the bench.

MAKING SPORT FUN FOR ALL

Fun is pivotal to a positive sport experience. Although the term is frequently used, it is not clearly defined. According to Steve Danish from the Department of Psychology at Virginia Commonwealth University, fun in sport can be defined as the quest for the balance between skill and challenge (see Figure 1). If young athletes are appropriately challenged, fun is the result. When skill level exceeds challenge, young people may get bored and drop out. If the challenge exceeds skill level, youth may get frustrated and drop out. It is important for young athletes to find the balance between skill and challenge

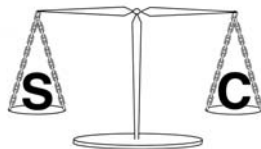


Figure 1: Fun – The Balance between Skill and Challenge

EMPHASIS ON SKILL DEVELOPMENT

For youth to have fun in the sporting environment, they need opportunities to develop basic motor skills. For example, a child will have a good chance of enjoying a soccer game if she or he has learned how to kick a ball properly before the first league game. In some cases, however, children are registered in organized sport programs on one evening and expected to play a formalized game the next evening without any prior skills training. In some leagues, administrators and coaches do not schedule regular practices during the season because of the crowded competitive schedule, yet practices are essential to enable children to acquire skills and feel competent participating in a particular sport. Children learn most effectively in a non-stressful environment, such as a practice setting. A competitive environment is often quite stressful to a child.

BUILDING PHYSICAL LITERACY

One of the most important needs for children is to participate in programs that develop general athletic skills that will help them feel competent in a variety of organized sports and physical activities for life. In the City of Toronto, for example, the Parks, Forestry and Recreation Division currently offer more than 40 *Sportability* programs in community centres across the city to help 2- to 9-year-olds develop physical literacy during the “Active Start” and “FUNdamentals” stages of the Canadian Sport for Life (CS4L) model.

With sponsorship from Thousand Islands Concrete, Brockville Sports will be implementing *Sportability* in 2010. The slogan will be “Building a Solid Foundation for Sporting Success”.



Building a Solid Foundation for Sporting Success

Sportability, which was created over 20 years ago, is a fundamental skill development program. In an experiential learning environment facilitated by trained leaders, children develop basic motor skills, including:

Movement Skills	Game Skills
Walking	Rolling
Running	Tossing
Jumping	Kicking
Galloping	Hitting
Hopping	Dribbling
Tumbling	Throwing
Balancing	Catching
Rotating	Batting
Pivoting	Trapping
Sidestepping	Shooting
Skipping	Passing

The *Sportability* curriculum has also been designed to help children develop general body strength, flexibility and mental skills such as focusing, calming and relaxation. In addition, there is a nutritional component that helps young children understand the importance of healthy eating.

BUILDING SELF-ESTEEM

Quality youth sport programs build self-esteem, which is defined as the feeling of self-worth that can be observed in patterns of behaviour. Self-esteem is an emotion, and is different from self-concept and self-image (see Figure 2). Self-concept is the thought of self-worth. Because self-concept is a cognition or idea, it can be measured through a paper and pencil test. Self-image is general and encompasses both self-concept and self-esteem.

SELF-IMAGE



Figure 2: The Relationship between Self-Image, Self-Concept and Self-Esteem

A young child who points at a picture of a happy face on a healthy body and says “that’s me” would probably be considered by psychologists to have a positive self-image. Although the terms self-concept and self-esteem are often used interchangeably, they are distinct. An individual could have high self-concept but low self-esteem. For example, a child may report on a self-concept inventory that he or she is feeling good about himself or herself, but for some reason the child may not actually feel, at an emotional level, good about her or his self-worth. Thoughts do not necessarily reflect emotions. It is the sub-conscious feelings of self-worth that are most directly connected to patterns of behaviour. Youth with high self-esteem will usually behave in a positive way, whereas youth with low self-esteem may behave in a less socially desirable manner.

According to Dr. Harold Minden, a former clinical psychologist and professor at York University in Toronto, there are particular behaviours associated with self-esteem:

Individuals with high self-esteem often appear to be:	Individuals with low self-esteem often appear to be:
Confident	Depressed
Secure	Withdrawn
Assertive	Introverted
Creative	Dependent
High Achievers	Anxious
Problem-Solvers	Distracted
Action Oriented	Insecure
Independent	Disrespectful
Interdependent	Distrustful
Respectful	Envious
Trustful	Self-Conscious
Active Participants	Aggressive

If youth have poor motor skills for a sport, they will probably feel incompetent and have low self-esteem in that environment. As a result, they will lack self-confidence in that sport. Dr. Minden has suggested that this will result in low motivation, perception of failure and negative feedback, which further lowers self-esteem (see Figure 3). Alternatively, youth who have well developed skills usually feel competent, which results in a

high level of self-confidence and motivation, successful experiences and positive reinforcement, which further increases feelings of self-worth (see Figure 4).

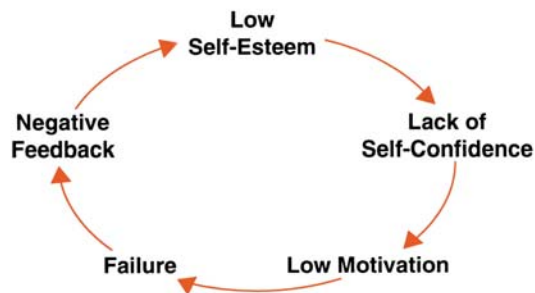


Figure 3: Circular Process of Low Self-Esteem



Figure 4: Circular Process of High Self-Esteem

It is important for the young person’s perception of success to be shared and positively reinforced by others, particularly coaches and parents. Sport can be a tremendous mechanism for building self-esteem if opportunities are provided to enhance perceived competence. Programs that make youth feel safe, welcome, competent, connected, empowered and special will enhance feelings of self-worth.

Safe

Youth who fear for their own safety in a sporting environment will not relax and enjoy participating in the program. They need to feel secure in the sporting environment. Youth sport programs should protect young athletes from physical and emotional harm.

Welcome

Youth should feel welcome in the sporting environment, regardless of their age, socio-economic status, ability, cultural background or language that they speak. Sport programs for young people should be inclusive, not exclusive. Youth should not be discriminated against or harassed in the sporting environment.

Competent

It is essential for youth to feel competent. Perceived incompetence is a major barrier to participation in physical activity and sport. Youth should be provided with opportunities to develop skills that are necessary to feel competent in the sporting environment.

Connected

Youth feel connected or affiliated to a program when they gain satisfaction from associations that are important to them, and when the associations have been accepted by others, particularly parents, coaches and peers. These associations can be to people, places or things.

Empowered

Youth develop a high sense of power when they have the resources, opportunities and capabilities to influence the circumstances surrounding their own lives. They have a high sense of power when they feel competent in a variety of life skills, such as problem-solving and decision-making, and are effectively able to use the skills that are important to them. Youth feel powerful in the sporting environment when coaches allow them to make meaningful decisions and when they are given responsibilities.

Special

It is important for youth to be recognized for their perceived successes. Youth feel special if they feel unique and significant, and are encouraged to be creative and expressive. To feel unique and significant in the sporting environment, youth have to enjoy being different and receive approval and acceptance for being special.

BENEFITS OF SPORT 4 ALL YOUTH

REDUCED CRIME

Few social issues get as much media attention as youth crime. Statistics Canada reported a 3% increase in crimes committed by 12- to 17-year-olds between 2005 and 2006. In the last 15 years, the rate of violent crimes among young people has increased by 30% (Youth Crime, 2008). From gangland-style killings in Vancouver to the senseless beating of an elderly woman in Halifax, Canadian cities are struggling with a wave of youth crime that was unimaginable a couple of decades ago. According to Statistics Canada, most Canadians believe that youth crime is on the rise and 77% believe that the sentencing of young offenders is too lenient (Youth Crime, 2005).

Many experts attribute the spike in youth crime to the increased number of street gangs - often the perpetrators of youth crime (Catalano and Hawkins, 1996). Research indicates that youth seek comfort from those who welcome them and reinforce their sense of belonging. Unfortunately, some youth have no choice but to turn to street gangs in order to satisfy their need for approval, belonging and self-worth (Clark, 1992).

Street gangs are not just issues in big cities. Over the last few decades, there has been an increase in the presence of street gangs in non-metropolitan and rural communities. For example, in 1960, there were 54 cities in the United States with a gang population. In 1995, there were street gangs in approximately 800 cities and towns across the United States (Swetnam and Pope, 2001).

There is no consensus among experts on how to reduce youth crime. Criminal involvement usually starts before the age of 15, with first-time offences declining markedly once young people reach 20 years of age. Young people who become involved in criminal activities before the age of 14 tend to be the most persistent offenders, with long criminal records (Joseph, 1996).

There is little evidence that punitive sanctions such as incarceration (e.g., time in a youth correction centre), shock incarceration (e.g., putting a child in jail overnight), community service hours (e.g., gathering garbage at the side of roads), or boot camps (e.g., physically demanding residential programs) have been effective at reducing juvenile crime (Hoge, 2002). In Ontario, where a “zero tolerance” policy was implemented more than a decade ago, there has not been a reduction in youth crime even though the rate of charging youth with criminal offences more than tripled between 1989 and 1993. It is estimated that 70% of the total money spent on youth crime in Ontario is spent on incarceration (Owen, 1993), which is estimated to cost \$100,000 a year for each young offender (St. Thomas, 2008). The Honourable Hal Wootten, Queen’s Counsel, former Royal Commissioner into Aboriginal Deaths in Custody in Australia, urged delegates at a 1994 conference on preventing youth crime to “have the courage to stand up against those who believe that further dehumanization is the cure for those who have lost their way in society” (Osmand, 1994).

According to many criminology experts, the most effective approach to reducing youth crime is to steer young people away from negative social activities before they become involved in criminal activities (Hartmann and Depro, 2006). This seems to be supported by Canadians. Rehabilitation was seen by 64% of the public as the most effective way of dealing with young offenders, not incarceration (Hartnegal and Baron, 1994). There needs to be a balanced approach to dealing with young offenders. Some may need to be incarcerated, but many more need to be engaged in community programs that build character, increase self-esteem and develop life skills (Millie et al, 2005). Social development programs that provide youth with positive peer interactions, opportunities to develop problem-solving skills and a supportive adult help reduce the risk factors associated with youth crime (Andrews et al, 1990).

Organized sport is being used throughout the world to curb political extremism and to facilitate peace. In 2007, for example, the United Nations established a “Global Sport Fund” with a \$10 million donation from the country of Qatar to engage youth from different parts of the world, particularly those in conflict regions, in sport. Sheikh Saud bin Abdulrahman al-Thani, Secretary-General of the Qatar Olympic Committee, stated that “the Sport Fund targets young people at the age when the temptation to experiment with illegal drugs is high. The main purpose is to promote sports activity among young people and to prevent drug use and crime worldwide” (UNODC, 2007).

With more than 1.2 billion 15- to 24-year-olds in the world, the United Nations realized that youth sport represents one of the most dynamic mechanisms in society for transforming dangerous and violent conflict situations because organized sport can engage youth of all races, genders and classes (United Nations, 2005).

Daniel Tarschys, former Secretary General of the Council of Europe, stated in 1995 that:

“the hidden face of sport is also the tens of thousands of enthusiasts who find, in their football, rowing, athletics, or rock climbing clubs, a place for meetings and exchange, but, above all, the training ground for community life. In this microcosm, people learn to take responsibility, to follow rules, to accept one another, to look for consensus, to take on democracy. Seen from this angle, sport is par excellence, the ideal school for democracy.”

It is unrealistic to claim that organized youth sport alone can reduce the levels of youth crime in society. The causes of youth crime are complex and multidimensional. Organized sport programs can, however, contribute to reducing youth crime by giving young people a positive identity, feelings of empowerment and by helping youth acquire leadership, teamwork and self-governance skills under adult supervision (Jamieson and Ross, 2007).

Several studies have demonstrated that youth sport does prevent youth crime (Utting, 1996). In Kansas City, Missouri, evening and midnight basketball programs reduced the crime rate among African American youth (Hawkins, 1998). According to the Kansas City Police, there was a one-third to two-thirds reduction in juvenile crime in areas where there was a midnight basketball program for 10- to 21-year-olds (Kennedy and O’Brien, 1996). In Alexandria, Virginia, there was a reduction in crime among young women who participated in a running program sponsored by the Road Runners Club of America (Vibar-Bawzon, J., 1997). In Australia, rehabilitation programs that engaged Aboriginal young offenders in organized sport contributed significantly to reducing crime rates in Aboriginal communities (Mason and Wilson, 1988).

The organized sport programs that are successful at reducing youth crime appear to develop feelings of competence, connectedness and empowerment among youth (Gatz et al, 2002). Sport programs dominated by unequal access and the obsession to win-at-all-costs often foster social problems among at-risk youth (Hawkins, 1998). Northern Fly-In Sports Camps in Manitoba, Canada, for example, that focused on building teamwork, character and self-esteem among Aboriginal young offenders and potential young offenders resulted in an average 49% reduction in youth crime in the 8 communities that offered the program (Winther and Currie, 1987). A multi-sport program in Bristol, England that engaged youth at-risk of offending or reoffending resulted in a 43% reduction in juvenile crime between October 1997 and January 1998 when compared to crime statistics from 12 months earlier (Sport England, 1999).

The benefits of organized sport for high-risk youth are maximized if programs are skills-based, team-focused and learning-rich (Diana, 2000). Organized sport programs that engage high-risk youth by empowering them and providing opportunities for positive peer mentoring will foster reductions in youth crime (Sheehan et al, 2002). Young offenders in organized sport programs have demonstrated significant increases in ratings in

perceived competence in sport skills and increased self-esteem (King et al, 1998).

Although there is limited empirical evidence of a direct causal relationship between youth sport and youth crime reduction, there are several rationales as to why youth sport reduces youth crime, including that organized sport (Nichols, 1997):

- Keeps youth busy and out of trouble
- Meets a need that youth have for excitement
- Makes youth feel empowered
- Meets a need that youth have for risk-taking
- Increases feeling of connectedness
- Develops problem-solving skills
- Fosters teamwork
- Develops athletic abilities
- Increases self-esteem
- Develops cognitive competencies
- Provides positive role-models and mentors
- Develops decision-making skills
- Makes youth feel special
- Provides employment opportunities

Organized sport can prevent youth crime by developing capable, mature and responsible youth (Howell, 1995). But few governments in the world have established policies and committed resources that support the provision of sport opportunities for youth at high-risk of getting involved in criminal activities. Yet they are the individuals that would probably gravitate most toward organized sport if they could choose sport teams over street gangs (Mastrich, 2002).

Policies and Programs in the United Kingdom

Prior to the 1997 General Election in Britain, the Labour Party stated that “sport can be crucial to the social and personal development of young people. By participating in sporting activities they can learn to differentiate between good and bad behaviour”. The Labour Party declared that if they were elected they would “develop sporting

opportunities for young people to help them foster a sense of their value to society and to help tackle problems of youth crime” (Crabbe, 2000).

After the Labour Party was elected in 1997, the British government started supporting sport programs for high-risk youth. The organizing committee for the London 2012 Olympic Games is currently promoting the importance of sport for high-risk youth. Many great athletes from the United Kingdom have spoken publicly about how sport probably helped keep them away from criminal activities. Sebastian Coe, a Gold medalist in the 1500 metres at the 1980 and 1984 Olympic Games, wants sport to be recognized as an effective mechanism for empowering and educating youth to tackle the problems they face and for building the social skills they need to succeed. London 2012 is promoting the fundamental and lasting role of sport in changing the lives of youth throughout the world (Holmes, 2007).

There have been several successful programs in England to engage high-risk youth in sport. Bristol City Council, for example, has been using sport as a central policy mechanism in its efforts to overcome exclusion and to regenerate some of the poorest areas of the city. Its efforts have resulted in lower youth crime rates (Sport England, 1999). In West Yorkshire, a sport counselling scheme aimed at reducing re-offending rates encourages youth on probation to make constructive use of their leisure time through sport. The researchers were able to conclude that the project was successful in helping to halt long-term recidivism among young offenders, including some with lengthy histories of serious crimes. Those who participated in 8- to 12-weeks of sports counselling and programming experienced significant improvements in their self-esteem and perceptions of their own fitness (Nichols and Taylor, 1996).

Need for Non-Traditional Partnerships

Community sport networks involving local sport groups and non-traditional stakeholders such as the police, social service agencies and local businesses

seem to be the most effective mechanism for reducing youth crime (Jamieson and Wolter, 1998). The sport programs in England that have been successful at reducing youth crime involve a variety of non-traditional stakeholder groups including the local police, health authorities, municipal social service departments, housing agencies, residents associations, and local businesses (Sport England, 1999).

Although many of the non-traditional partnerships documented by Sport England have been established at a community level, there are opportunities to create a Canada wide movement for sport for high-risk youth in partnership with non-traditional provincial/territorial and national groups. The Royal Canadian Mounted Police (RCMP), for example, has identified supporting youth as one of its five strategic priorities along with fighting organized crime, battling terrorism, supporting Aboriginal communities, and safeguarding Canada's economic integrity. A key objective of the RCMP is crime prevention through social development (RCMP, 2007).

Investing in Sport for High-Risk Youth

There is an immediate need for Canadians to invest in sport for high-risk youth. While youth crime rates are rising, the number of Canadian youth participating in sport is rapidly declining. Between 1992 and 2005, for example, the sport participation rate among 11- to 14-year-old boys dropped from 74% to 62% while participation rates among 11- to 14-year-old girls dropped from 54% to 48% (Clark, 2008). This trend could be reversed if even a fraction of the government money spent on punitive approaches to dealing with youth crime (e.g., incarceration) was directed at engaging all youth in organized sport. An investment into sport for high-risk youth would significantly reduce incarceration costs, minimize personal harm to youth and adults, and maximize social development among young people (Diana, 2000).

Many coaches have compelling stories about youth who have chosen sport over juvenile crime. But anecdotal evidence is no longer enough. Federal,

provincial/territorial and municipal governments need empirical evidence to establish policies and commit programming resources. Philanthropists and corporate executives need empirical evidence to be assured that major financial gifts to sport organizations will contribute as much to the health and well-being of Canadians as donations to hospitals, universities and health charities.

One way to demonstrate that sport in Canada is living up to its potential is for community sport organizations throughout the country to reach out and engage high-risk youth and to gather data, in partnership with local police, which demonstrates that youth who are engaged in organized sport are not participating in criminal activities. To do this, methodologies need to be established that measure both variables of engagement and crime reduction (Smith and Waddington, 2004). Participation barriers such as cost and transportation need to be removed so programs are accessible by all youth regardless of gender, socio-economic status, ethnicity, cultural background or ability, and sport programs need to focus on building character and self-esteem (Gatz et al, 2002).

Organized sport programs for youth that develop social skills, mentoring opportunities with adult role models, cognitive skills, and increase feelings of self-confidence and self-esteem provide an antidote to antisocial behaviour (Saskatchewan, 2003). With Vancouver 2010 on the horizon, there could not be a better time for Canada to embrace the concept of sport for high-risk youth.

REDUCED DRUG USE

There are many people who can significantly influence youth. These people are called "significant others" and include parents, teachers, friends, and television celebrities. In the sporting environment, the most influential group of "significant others" are coaches. Many young athletes have memories of their experiences with coaches. They remember coaches who were caring, understanding, good listeners, patient, friendly, and supportive. They also remember coaches who had a negative impact on their self-esteem.

If youth do not feel good themselves while participating in a sports program, they may avoid or withdraw from that program. Their experiences could lower self-esteem and, as a result, they may decide to participate in negative social activities such as drug use. According to the Centre for Addiction and Mental Health (CAMH) in Canada, the major reasons why young people use drugs are:

Peer Pressure

If youth lack sufficient self-confidence, they may give in to peer pressure and try drugs.

Pleasure

Many youth claim that they use drugs to feel good.

Curiosity or Experimentation

Youth may experiment with drugs to see what the experience is like.

Boredom

Youth who lack outside activities and after-school interests, many be inclined to try something new, like drugs.

Social Culture

Youth are constantly being exposed to the message, particularly through advertising, that mind altering substances (such as drugs) are an important component of many different social activities.

Escapism

Drugs can create a false sense of well-being. Problems do not seem to be as real or important. With drugs, problems seem to disappear for a while.

Coping with Stress

Many youth have not developed good problem-solving skills. Some of them use drugs to avoid or forget problems at school, in the home or with social relationships.

Rebellion

Since most adults do not approve of drug use, youth may use drugs to rebel against parents, teachers and other authority figures.

Based on research presented in *Helping Young People Make the Active Choice: Considerations for Recreation Leaders* (PRFO, 1993), when comparing youth with high self-esteem to those

with low self-esteem, youth with low self-esteem are more likely to:

Be influenced by peers

Youth with low self-esteem are more likely to exhibit feelings of depression, anxiety, feeling blamed, and introversion. These feelings are often linked to feelings of alienation and social rejection, which leads to anger, a greater tendency toward deviant behaviour, and a greater possibility of associating with peer groups that use drugs. Youth with low self-esteem are less independent and are easily influenced by peers.

Seek pleasure from drugs

Youth with low self-esteem are less likely to enjoy academic, social and physical situations. They have difficulty making and maintaining friendships, are not happy, and do not experience joy from just being alive.

Experiment with drugs

Youth with low self-esteem are less likely to trust themselves. They are poor decision-makers and feel they cannot depend on themselves. They do not have self control and are not content. They give into temptations and are more likely to experiment with drugs.

Be bored

Youth with low self-esteem have a greater tendency to withdraw from activities. They have more frequent feelings of insecurity and embarrassment, and will rarely attempt anything new. They are passive participants with very little, if any, initiative. They are low achievers and are passive rather than assertive. They lack ambition and are not creative. As a result, they perceive leisure activities as boring, and prefer to use drugs to “get high”. They are not satisfied with the amount of leisure time available to them and are less likely to fill their time productively, resulting in boredom.

Be influenced by culture pressures

Youth with low self-esteem are less likely to trust themselves. They believe they do not have control over their lives and futures. They do not accept

their own opinions and judgements and are poor problem-solvers. They have difficulty resisting social pressures. Youth who frequently watch television are likely to establish values that are promoted by the media. High frequency viewers are withdrawn and have fewer friends and interests; typical behaviours of youth with low self-esteem.

Want to escape

Youth with low self-esteem are self-conscious and put on false fronts to mask their low self-esteem. They use a variety of defense mechanisms, such as denial, to protect themselves and often avoid social situations because of the feelings of insecurity and discomfort. They withdraw from situations if they fear failure and often avoid hostile or conflict situations or any situation that makes them feel uncomfortable.

Feel stressed

Youth with low self-esteem have higher feelings of anxiety. They are preoccupied with their personal problems and negative feelings. They repress feelings of anger and fear and do not ask for assistance to solve problems. They have little confidence in their ability to cope with problems and often have poorly developed cognitive skills, contributing to poor performance on academic tests. They have difficulty coping with stress and often use smoking as a coping mechanism for stress. They are more likely to be depressed.

Be rebellious

Youth with low self-esteem are less likely to respect their parents. They reject family and friends and form destructive relationships. They feel like they have little purpose in life, which often results in different forms of deviant behaviour, including rebellious acts against police, school authorities and parents.

REDUCED DEPRESSION

Just over a decade ago, Harvard University conducted a study, in partnership with the WHO and the World Bank, that identified major depression as the leading cause of disability (lost years of healthy living) among 15- to 44-year-olds

in developed countries. The top 10 illnesses/conditions were:

1. Major depression
2. Alcohol use
3. Road traffic accidents
4. Schizophrenia
5. Self-inflicted injuries
6. Bipolar disorder
7. Drug use
8. Obsessive-compulsive disorder
9. Osteoarthritis
10. Violence

Major depression was also identified as the most debilitating illness/condition by Christopher Murray and Alan Lopez in *The Global Burden of Disease* (1996). The top 10 were:

1. Major depression
2. Tuberculosis
3. Road traffic accidents
4. Alcohol use
5. Self-inflicted injuries
6. Bipolar disorder
7. War
8. Violence
9. Schizophrenia
10. Iron-deficiency anaemia

Major depression is a widespread disease. One in 10 people will experience a major depression in their lifetime (DePaulo Jr. and Horvitz, 2002). The Global Business and Economic Roundtable on Mental Health estimates that depression and anxiety costs the Canadian economy \$33 billion a year (Sharratt, 2006). Seventy-two percent of the people who suffer from depression are in the workforce (DePaulo Jr. and Horvitz, 2002). Depression is emerging as one of the most common disabilities in the workplace (Quan, 2006). According to a study conducted by Desjardins Financial Security, the major stress triggers for adult depression are personal debt, cellphones and wireless devices (continually being accessed before and after work hours), not enough personal and family time, and long work hours. Yet, 60% of employees maintain regular work

hours when they are depressed (Beauchesne, 2006).

Although most of the people who suffer from depression are in the workforce, there is evidence to suggest that the numbers are growing among children and youth. According to Mary Anne Chambers, a former Ontario Minister of Children and Youth Services, 1 in 5 children in the province have a mental health problem and 11% of the students in grades 7 to 12 have "seriously" considered suicide (Urquart, 2006).

Unfortunately, less than one-third of the people who suffer from depression seek help (Cotroneo, 2006). And when they do, most people equate treatment with antidepressant drugs (Breggin, 2000). Between 1992 and 2003, the number of prescriptions for antidepressants in England tripled from 9.9 million to 27.7 million. Over the same period, the cost of antidepressant prescriptions increased from 18.1 million pounds to 395.2 million pounds. This increase coincided with the introduction of a new class of antidepressants known as selective serotonin reuptake inhibitors (SSRIs), which include Prozac, Paxil and Zoloft (Halliwell, 2006).

Although antidepressant drugs can be effective at treating depression, there can also be severe side effects, including an increased risk of suicide and violent behaviour among preadolescents, adolescents (FDA, 2004) and young adults (FDA, 2007).

There are several treatments for depression including antidepressants, bright light therapy, electro convulsive therapy, natural nutritional supplements and, rarely used, vagal nerve stimulation and brain surgery. One of the most common, and effective, treatments is talk therapy (e.g., psychotherapy). There are, however, some potential barriers to talk therapy. Talk therapy sessions can be expensive and therapy sessions often require a significant, and sometimes ongoing, time commitment (DePaulo Jr. and Horvitz, 2002).

One of the least understood treatments for depression is physical activity. Many of the books on depression make little, if any, reference to the benefits of physical activity. Some books simply refer to physical activity as a diversion for depression sufferers. Yet, there is growing evidence to suggest that exercise can be used as an alternative treatment to antidepressants and talk therapy (Kirby, 2005). A study at Eastern Kentucky University demonstrated that physical activity markedly reduces depressive symptoms (Palmer, 2005). Following a review of 14 studies on exercise and depression, researchers from the department of social medicine at the University of Bristol concluded that the effect of exercise on depression, particularly mild and moderate depression, is similar to that of cognitive therapy (Lawlor and Hopker, 2001). Another study demonstrated that light, moderate and vigorous intensity resistance training and aerobic training can reduce depressive symptoms (Dunn et al, 2001).

There is evidence that exercise increases the production of endorphins among individuals, which reduces pain and induces euphoria. This is particularly true for less physically fit individuals. However, there is also evidence to suggest that physical activity does not produce enough endorphins to reduce depressive symptoms (Artal and Sherman, 1998). Research does, however, demonstrate that exercise increases the availability of serotonin - an important brain chemical (neurotransmitter) that contributes to a range of functions including sleep cycles, wake cycles, libido, appetite and mood - at receptor sites in the brain. Physical activity, and the subsequent increase in physical fitness, alters serotonin levels in the brain and leads to improved mood and feelings of well-being. Research also indicates that exercise increases body temperature, which may ease depression by preventing the reuptake of serotonin (Lawlor and Hopker, 2001). Exercise also increases concentrated plasma prolactin which influences serotonin release in the brain (Kiive et al, 2004). Physical activity can also have an antidepressant effect by increasing the synthesis of new neurons in the hippocampus of the brain,

which reduces depressive symptoms (Ernst et al, 2006). In addition, dopaminergic agents, which counteract the fatigue symptoms of depression caused by increased serotonin activity in certain areas of the brain, are enhanced by physical activity (Marin and Menza, 2005). There is also evidence to suggest that exercise has antidepressant and anxiolytic effects that protect individuals against the harmful consequences of stress (Salmon, 2001).

Research suggests that physical activity can reduce depressive symptoms among preadolescents, adolescents and (younger) adults.

Preadolescents

Twenty-eight girls and 26 boys (93% African American) between 9 and 12 years of age participated in a 12-week after-school exercise program. The study examined exercise self-efficacy, mood and depression. Significant correlations were found between increased exercise self-efficacy and decreased mood and depression (Annesi, 2004). In another study, Forty-nine 9- to 12-year-old boys and girls were enrolled in a 12-week after-school exercise program. The purpose of the study was to examine the relationships between depression, negative mood, physical activity and self-concept. There was a significant reduction in depression and elevation in mood for the children who participated in moderate-to-vigorous exercise when compared to children in a non-exercise control group. Those in the physical activity group also scored higher on self-concept scores (Annesi, 2005a).

Adolescents

The University of Georgia examined the relationship between naturally occurring changes in physical activity and depressive symptoms across a 2-year period among 4,594 adolescent boys and girls. The study discovered that naturally occurring changes in physical activity were negatively related to changes in depressive symptoms, suggesting that an increase in physical activity reduces depression among adolescent boys and girls (Moti et al, 2004).

Although studies on adolescents with depression have been limited, there is evidence to suggest that increased aerobic exercise or strength training can reduce depressive symptoms (Paluska and Schwenk, 2000).

Adults

A study that assessed the impact of a 12-week exercise program on depressive symptoms demonstrated that physical activity has a beneficial effect on depression among adults (Manger and Motta, 2005). Lane and Lovejoy (2001) reported that exercise does reduce depressive symptoms among adults, particularly those with more severe symptoms of depression. This is particularly true among sedentary adults (Sexton et al, 2001). In another study, adults with depressed mood were put into two groups. The first group (26 adults) participated in a moderate-intensity exercise program for 20 to 30 minutes, 3 times a week, for 10-weeks. The control group (24 adults) did not exercise. There was a significant reduction in depressive symptoms among those who exercised when compared to non-exercisers (Annesi, 2005b). In another study involving 12,250 mild to moderate depression sufferers, it was evident that associated medical expenses were significantly lower among depression sufferers who were physically active than inactive sufferers (Wang and Brown, 2004). Adults suffering from low to moderate depression with low physical activity levels are 6 times more likely to become severely depressed than individuals with normal activity levels (Iverson, 2004).

Research from the University of Ulster-Jordanstown demonstrated that 3 ten-minute bouts of brisk walking accumulated throughout the day are as effective as 1 continuous bout of equal duration in improving aspects of mood among previously sedentary individuals (Murphy et al, 2002). Exercising in bright lights may also help further reduce depressive symptoms. Eighty working-age adults were divided into a group that exercised in bright light and a group that exercised in normal illumination. Both groups demonstrated a significant reduction in depressive symptoms.

However, exercise was significantly more effective at alleviating more severe depressive symptoms when combined with bright-light exposure (Leppamaki et al, 2002).

Physical activity is also beneficial at reducing depressive symptoms among adults with physical health illnesses. A study involving 2,078 men and women demonstrated that exercise reduces depressive symptoms among heart disease survivors (Blumentha et al, 2004). A study of 1,260 testicular cancer survivors demonstrated that depressive symptoms are lower among survivors who are physically active than those who are sedentary (Thorsen et al, 2005). Another study demonstrated that individuals with multiple sclerosis show long-term reductions in depressive symptoms and short-term improvements in “vitality” and “body dynamics” if they participate in cognitive behavioural therapy that includes exercise (Tesar et al, 2003). In addition, aerobic exercise training can reduce depressive symptoms among HIV-infected adults (Neidig et al, 2003). Researchers have also reported that moderate intensity aerobic exercise reduces depressive symptoms among haemodialysis patients (Suh et al, 2002).

Several studies have examined depressed women. Researchers at the University of Queensland examined the dose-response relationship between self-reported physical activity levels and depressive symptoms. Results demonstrated that physical activity reduces depressive symptoms regardless of the intensity level. However, women who participated in at least 60 minutes of moderate-to-vigorous exercise a week had significantly fewer symptoms of depression than those who were active for less than 1 hour a week (Brown et al, 2005). A study at the University of British Columbia demonstrated that physically inactive women are 15.7 times more likely to be depressed than women who have a normal activity level (Iverson and Thordarson, 2005). In another study, 52 sedentary women participated in a 10-week resistance-training program. Women who had positive feelings about the resistance-training program showed a significantly greater decrease in

total mood disturbance than those who had negative feelings about exercising (Annesi and Westcott, 2004). A study that examined 20 women who had given birth in the last 12-months and were experiencing depression discovered that those who improved their fitness levels through exercise had fewer depressive symptoms than less fit individuals (Armstrong and Edwards, 2003). A study at the University of Tartu demonstrated that women who participate in physical activity 3 times a week have significantly better mental health and less depression than inactive women. Even women who participate in physical activity 1-2 times a week have better mental health (Kull, 2002). A study involving 112 women demonstrated that brisk walking, along with light therapy and vitamins, can be an effective therapy for mild-to-moderately depressed women (Brown et al, 2001).

Sports participation can reduce the likelihood of experiencing depression among young adults. A study involving 664 former athletes and 500 control subjects demonstrated that sports participation significantly reduces the risk of depression (Backmand et al, 2003). Harvard Medical School investigated the association between women’s athletic activity in the college and physician-diagnosed depression in post college years. The sample size was 3,940. The results indicated that women who participate in athletic activities in college or university are significantly less likely to suffer from depression and psychiatric distress after they graduate (Wyshak, 2001).

REDUCED OBESITY

On July 11, 1996, the United States Department of Health and Human Services released *Physical Activity and Health: A Report of the Surgeon General* that made it clear that the trend towards physical inactivity and sedentary living needed to be reversed to prevent an obesity crisis in the United States (USDHHS, 1996). This negative trend has continued to grow. The obesity crisis is now an epidemic in countries throughout the world. In the United States, for example, approximately two-thirds of 2- to 19-year-olds, about 23 million youth, are overweight or obese

(USA, 2009). The number of obese 7- to 13-year-olds in Canada increased by approximately 500% (2% to 10%) between 1981 and 2001 (Raine, 2004).

The most recent *Economic Burden of Illness in Canada* study estimates that the total annual cost of illness in Canada reached \$200 billion in 2000, with the contributing cost of obesity estimated at \$1.8 billion in direct healthcare costs and \$2.5 billion in indirect costs (PHAC, 2000). These figures do not reflect the economic costs of overweight individuals. Several studies have linked being overweight with an increased risk of numerous diseases, illnesses and health conditions including type 2 diabetes, dyslipidemia, insulin resistance, gallbladder disease, sleep apnea, respiratory problems, coronary heart disease, ischemic stroke, hypertension, osteoarthritis, breast cancer, endometrial cancer, colon cancer, prostate cancer, kidney cancer, depression, psychosocial problems, functional limitations, and impaired fertility (Health Canada, 2003).

Obesity is one of the major threats to the health of youth. Sedentary living has been identified as a contributing factor to youth obesity in many countries (Libman and Arslanian, 2007). According to the International Obesity Task Force, 155 million school-age youth worldwide show symptoms of being obese or overweight. Studies indicate that obese children are less confident, have lower self-esteem and are less engaged in after-school physical activity and sport programs (Bronikowski et al, 2008).

Youth from low-income families tend to be at high-risk of obesity. In a study involving 4,298 Grade 5 students in Alberta, Canada, children in low-income neighbourhoods were twice as likely to be obese as their peers living in high-income neighbourhoods (Veugelers and Fitzgerald, 2005), and the health risks are not limited to physical health. A study in North Carolina involving 5,174 middle school students (Grades 6 to 8) discovered that those students who perceived themselves to be overweight were significantly more likely to report thinking, planning and attempting suicide (Whetstone et al, 2007).

NEED FOR PHYSICAL TRAINING

By 10 years of age, high general and visceral fatness and poor cardiovascular fitness are linked with dyslipidemia, elevated blood pressure and insulin resistance. Physical training has favourable effects on total body and visceral adiposity, bone density, cardiovascular fitness, and some risk factors for heart disease, stroke and type 2 diabetes (Gutin et al, 2004). The risk factors are more prevalent with high-risk youth (Grey et al, 2004).

In a study involving 12- to 16-year-olds, it was demonstrated that youth who participated in programs that involved moderate-intensity exercise training and high-intensity exercise training were able to significantly reduce plasma leptin levels - a protein hormone that plays a key role in energy intake, energy expenditure and metabolism, and which contributes to obesity levels at increased levels (Venner and Doyle-Parker, 2004) - when compared to a group that received lifestyle education only (Barbeau et al, 2004). A Czech Republic study involving 130 youth between 12 and 15 years of age demonstrated that regular training in cross country skiing significantly reduced overweight and obesity-affected body composition and psycho-social complications in youth (Randakova, 2005).

Youth sport programs that focus on skill development and provide regular opportunities for physical training are the most effective at reducing obesity levels among youth. Many youth do not participate in physical activities and sports because of perceived incompetence and low physical self-esteem (Stodden and Goodway, 2007). Youth sport programs that focus on skill development and regular moderate-to-vigorous physical training are necessary to reduce obesity among young people (Gutin, 2008).

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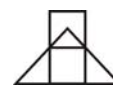
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