



MKPEP: Initial insight summary report

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School of Education, Children, Young People and Sport / 24th February 2026

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Background and purpose of this report

This report presents the themes from initial phases of data collection with a wide range of residents in each target estate. Analysis of data is still in progress, particularly the most recent data from young people. The research team are also embarking on the last phase of data collection using an online survey which will enable residents to comment and add to themes in insights presented here.

The purpose of this report is to:

- Report the realities and perceptions of barriers shared by a broad range of inactive/low active residents across each of the Milton Keynes Places Expansion Programme (MKPEP) areas.
- Develop insight into the barriers to better understand how they might be mitigated to encourage residents to engage in sustained more active lifestyles.

Community consultation to achieve ‘insight.’

Insight is more than data. **Data** tells us what people think and believe, what they do and how they do it. **Insight** is the understanding that emerges *after* data is interpreted, contextualised, and connected to community realities. It reveals how people perceive the world and phenomena like physically active lives. It reveals why people think and believe what they do which can lead to greater understanding about why they behave in the way that they do. It is this insight we need to inform future investment to assist inactive/low active communities to engage in sustainable behaviour change. Insight can guide the shaping of

support needed to enable residents to engage in something they enjoy that raises their activity level – something that is intrinsically motivating to sustain more active lifestyles for wellbeing.

Insight gathering is a people/community-centred research approach. It recognises that each of us constructs our understanding of the world and phenomena like physical activity in it from our lived experiences. Each person's understanding and beliefs is relevant to the MKPEP Board's task of shaping investment that can motivate more active lifestyles.

Insight gathering is simultaneously part of empowering the community to contribute to the task of lifestyle change. Acknowledging and listening to what people say, believe, and understand about their lives builds confidence and potential commitment to support change.

RQ1 What residents liked to do in their free time.

RQ2 What was active within their free time pursuit choices.

RQ3 What activities people would like to do but cannot.

RQ4 What are the barriers to doing activities you would like to do but cannot?

Work in progress

This summary is based on approximately four hundred data collection connections with residents across the target estates primarily using semi-structured informal interviews and focus groups. The Four research questions shaped data collection:

Most recent focus groups with young people are still to be fully processed. However early indications are that this data supports young people's contributions to themes in this report.

The final stage of insight gathering will use surveys to provide a further opportunity for residents, particularly younger children, to develop or add to the themes identified here.

Barriers to being more active: Overall themes.

Personal barriers to being active

- Personal safety concerns, fear of antisocial behaviours and the need to confront safety fears.
- Limited time to be active.
- Long-term health and wellbeing factors
- Lack of motivation and confidence to participate
- Cultural/faith related barriers

'Communities have greater needs than their physical activity.'
(comty,fg,251112)

Amenity related barriers

- Lack of local clubs and activity opportunities
- Parks and outdoor activity spaces – provision, design, and maintenance
- Accessibility of existing opportunities for activity

Community activity leadership capacity

Lack of awareness and communication

"The community does want to be physically active; they have an interest in being healthy."

(comty,fg,251118)

There are contradictions in each of the themes emphasising that everyone's lived experience is unique. Each resident's perceptions of barriers need to be considered as shaping insight into ways to encourage sustained increased activity levels.

Personal barriers to being active/more active.

As kids we used to go outside because we were bored. But we were safe in those days. It's definitely more dangerous now.

(e,f,1865,ow,in)

Personal safety concerns and their impact on mobility and activity.

Feeling unsafe when travelling to activities, especially during dark winter months, when alone or at night, in poorly lit or isolated areas. These concerns led some otherwise

active residents to avoid going out and instead exercise at home.

Groups most vulnerable to safety fears comprised **older adults, women with babies or toddlers**, and **people with anxiety or low confidence**. **Mothers with babies** described avoiding outdoor walking entirely. **Wheelchair and mobility scooter users** highlighted the need for safer, more accessible streets and improved lighting.

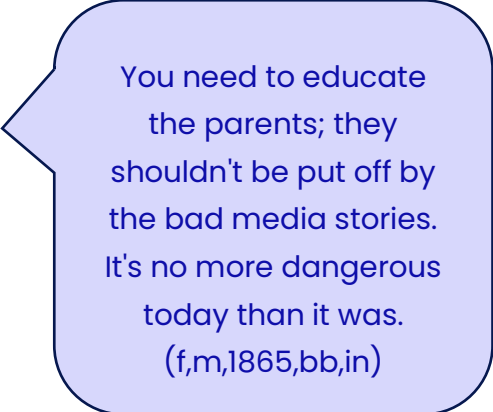
Parents and grandparents expressed anxiety about allowing children to play or move around their estates. Their concerns were intensified by media coverage of knife crime, visible signs of drug use, drunkenness, such as syringes in parks and broken glass and associated litter. These issues led parents to restrict children's freedom and outdoor play. Adults' concerns were exacerbated by comparisons to their own childhoods, feeling that estates were once safer.

Rising awareness of knife crime and drugs contributed to a sense of decline in community safety together with concerns about 'stranger danger' and antisocial behaviour. Whilst often a cause of concern young people themselves

felt unsafe avoiding areas where youth behaved poorly or gathered in intimidating groups.

Notwithstanding these widespread concerns a notable minority of residents believed their estates were safe. These residents argued that media exaggeration fuelled unnecessary fear and that estates remained as safe as in previous generations.

A divide was shown between those who felt unsafe and those who felt confident in their environment. Trusted neighbours and social connections helped both adults and young people feel secure and played a key role in shaping perceptions of safety.

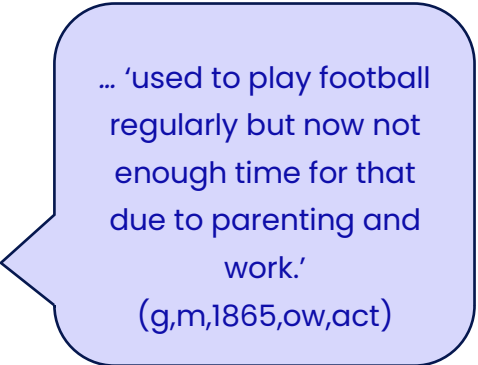


You need to educate the parents; they shouldn't be put off by the bad media stories. It's no more dangerous today than it was.
(f,m,1865,bb,in)

Limited time

Work, childcare, and caring responsibilities

were major barriers to physical activity for parents and grandparents, leaving many unable to prioritise time to enjoy some active time for themselves. Many cared for older children, ageing relatives, or family members with special needs. These responsibilities contributed to **tiredness and low energy**, further reducing capacity to exercise.



... 'used to play football regularly but now not enough time for that due to parenting and work.'
(g,m,1865,ow,act)

New mothers were a notable exception, actively seeking ways to support their own wellbeing alongside caring for their baby. This led to frequent requests for more **creche facilities** and **parent-and-baby/toddler activities** to enable exercise within limited time windows.. Despite this motivation, they still struggled to find time “for themselves” and needed **simple, flexible activity options** that fitted around school routines. Grandparents with childcare support responsibilities also found it difficult to prioritise their own activity time.

... exercise has to be part of my lifestyle. So, I walk here ... it's a 20-minute walk. (fs, f,0+, ukbr, low)

Scheduling of activities strongly influenced accessibility: Parents with new babies needed **daytime sessions**. Parents returning to work relied on **weekend activities**, which were often their only opportunity for family bonding and physical activity.

Lack of time and fatigue were recurring themes across all parent groups, not only new mothers. **Despite these challenges**, some parents adopted creative strategies. One new mother, not typically an “organised sports person,” integrated activity into daily life through **active travel**, such as walking to baby appointments.

Long-Term Health & Wellbeing Factors Affecting Activity Levels

Mental and physical health challenges acted as both barriers and motivators for physical activity. **Mental**

Unable to exercise as disabled (mobility scooter user) (bh,m,1865,ukbr,in).

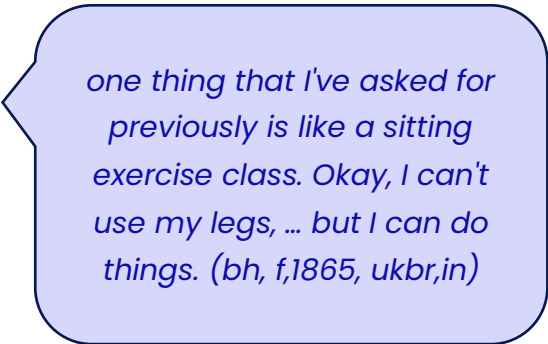
Illness has meant I had to stop armchair exercises (o,f,adret,ukbr,in)

health-related barriers included: anxiety, low confidence, and fear of being judged; discomfort in busy or unfamiliar environments; reluctance to socialise.

Physical health barriers included poor mobility, joint problems, and long-term health conditions such as asthma, diabetes. Residents with mental or physical health challenges frequently assumed that movement or exercise was not open to them. They appeared to have lost confidence for movement in their lives.

Contrasting experiences showed that the same conditions could motivate

activity: Some residents used exercise to improve mental wellbeing. Others exercised to manage or prepare for physical health challenges (e.g., walking to get fit for surgery, exercising to support asthma management). These individuals described feeling more positive or better able to cope because of being active.



one thing that I've asked for previously is like a sitting exercise class. Okay, I can't use my legs, ... but I can do things. (bh, f,1865, ukbr,in)

Lack of Motivation, and confidence about taking part

For adults socialising opportunities were highly valued comprising regular coffee mornings, lunch/tea clubs especially by inactive, retired and non-working adults across the estates. Social engagement was seen as essential for community cohesion, supporting mental health and wellbeing and helping isolated residents reconnect with others. Parents of younger children were motivated to engage with their children in outdoor play, use of parks and open spaces. Occasional interest was expressed in using a gym to work out. Many working parents described high levels of active travel and active manual labour leaving them both time and energy-poor.

Whilst adults expressed little motivation for physical activity for themselves, family activities and social gatherings could provide a platform to introduce low active and inactive community adults to fun-based, recreational movement.

Meanwhile adults widely viewed screen-based entertainment as a major demotivator for **young people's outdoor activity and universally cited the importance of activities for children and young people**. They frequently compared current youth behaviour with their own childhoods and repeatedly cited use of mobile phones, social media, and gaming as barriers to young people being active.

Responsibility for motivating young people was often attributed to **parents**, for setting boundaries around screen time and **schools**, for educating children about the importance of active lifestyles. Some residents felt government should invest in parent education to encourage outdoor activity.

Some newly retired residents however noticed an increase in their own sedentary behaviours such as watching TV. Others reflected upon lack of confidence or knowledge about how to join or participate in community activities. **Confidence-building was seen as important** for increasing participation, especially for adults unsure about group-based activities.

Young people cited need for social, fun, and creative activities, and safe spaces to socialise informally to '*just go to*;' not just exercising opportunities to support a more active community. Many people of this age did not want to exercise alone and there were few social or group-based activities they found welcoming, non-competitive, and fun, rather than fitness focused and

consequently activity felt isolating rather than enjoyable. Traditional 'exercise' was seen as boring or intimidating.

Men participated less than women in both social and physical activities. A local "Men in Sheds" initiative had recently closed, reducing opportunities for male engagement. Some retired men were encouraged to join activities by their partners who were more socially embedded in the community. However **not everyone was motivated by social connection** which highlighted the need for varied activity formats. For instance, one man preferred independent, drop-in activities (e.g., outdoor archery) that did not require group membership.

Cultural and Faith-Related Barriers to Physical Activity

Community leaders emphasised the importance of active lifestyles for minority ethnic communities due to higher risks of lifestyle-related health problems and felt health-focused promotion of activity would be welcomed.

Lack of culturally appropriate provision was a major barrier. Residents mentioned they had little access to activity or sports clubs suited to the needs and preferences of diverse minority ethnic groups. There is a shortage of leaders able to deliver culturally attractive or culturally familiar activities.

Women-only provision was insufficient, particularly affecting Muslim women who needed segregated activity sessions.

Community leaders also felt **language barriers hindered participation** for non-English-speaking residents. These posed difficulties accessing information about activities and challenges engaging with existing groups unless activities

were created from within their own communities. In addition, **children from minority ethnic backgrounds sometimes felt less confident** participating in traditional UK sports, reducing their willingness to join mainstream clubs.

Residents reported discrimination and negative stereotyping occasionally.

For instance, safety concerns led to rerouting of group walks to avoid areas where participants felt vulnerable. Some community leaders felt minority ethnic communities were treated as “second class” by larger organisations.

Despite barriers, there were positive examples of integrated youth participation and strong interest across in groups for more football opportunities. **Faith groups played a key role** in organising culturally appropriate activities (e.g., low-impact movement classes, walking groups). These were volunteer-run but sustaining them was difficult without financial support and modest funding to pay activity leaders was needed to ensure long-term viability.

Amenity related barriers

Lack of Clubs, Programmes and Facilities for Activity

Widespread perception was shared of “nothing locally” to do, with repeated reports of closures of community cafés, charity hubs, youth spaces, and programmes, reducing opportunities for socialising and being active.

Community centres were valued socially, but residents felt they offered **insufficient physical activity opportunities**.

There was a strong consensus across estates that **local, age-appropriate activities for teenagers were inadequate**. Specifically, **youth-friendly spaces were needed**, including Informal drop-in facilities; places open into the evenings as alternatives to gathering on street. Lack of facilities was seen to contribute to increased screen time, teenagers gathering locally with “nothing to do,” often perceived by adults as anti-social behaviour.

Adults noted the **loss of youth clubs and organised activities** they had enjoyed growing up. Teenagers themselves highlighted closure of local youth spaces and attractive activities in MK city centre being too far, too costly, too crowded, or not age-appropriate.

Parents and grandparents were similarly concerned about the lack of affordable, and accessible activities for their children comprising a wide range of sports clubs formal and informally organised physical activities. High upon parent, children and young people’s agendas was the provision for football including teams, clubs, kickabout areas, pitches, and practice goals.

New Parents and Single Parents

Mothers with babies and toddlers wanted to be more active but faced: lack of childcare, insufficient baby-friendly or parent-and-child activity options, fully booked nurseries and too few baby classes. They desired **affordable indoor spaces** (e.g., soft play) and **family-friendly outdoor areas**. Loss of family-centre and school-based activities were seen to have reduced activity opportunities.

Adults expressed modest aspirations for more opportunities to get active including, inclusive beginner-friendly exercise classes that could support older adults and those with mobility issues. Occasional requests were made for active opportunities designed for men. Many residents preferred to not exercise alone, highlighting a gap in free or low-cost group activities that were welcoming, non-competitive and focused upon fun.

Parks and Open Spaces – Provision, Design & Maintenance

Local Provision

Parents valued parks and outdoor spaces as **free, essential resources** for children's activity. However, many residents felt there was a **need for more local provision**, with some parks described as "not great" or insufficient for community needs. There was strong criticism of the **loss of football pitches** and large park areas without practice goals, and high demand for **all-weather football surfaces**.

Some estates benefited from **higher-quality parks** (e.g., Spider Park, ABC Park), and these attracted families across estates. Young people appreciated

hard-court areas, ziplines, and outdoor gyms as places to socialise and be active.

Design of Playgrounds

Provision of playgrounds often **did not meet the needs of babies, toddlers, or teenagers**. Parents wanted **fenced toddler areas** to prevent dog fouling the play areas, **baby-appropriate equipment** (e.g., baby swing seats) and **playgrounds suitable for families with mixed-age siblings**.

Landscaping and natural design features for relaxed spaces were preferred.

Both parents and teenagers wanted **covered seating areas** - parents for supervising children or being active outdoors in all weather and teenagers for all-weather social gathering spaces

Young people also wanted better-lit, safer social gathering areas and areas where they could use scooters, cycle, and skateboard.

Maintenance

Parks were frequently described as **run down, outdated, and poorly maintained**. Common issues included vandalism and broken equipment left unrepaired and often simply permanently removed, and poor cleanliness, including concerns about **discarded needles and broken glass**. Young people expressed the need for **visible caretaking or supervision** to maintain spaces.

Red Routes and Paths

Residents highlighted the need for red routes and pathways around estates to be cleaner, better maintained and parking better managed to stop routes to parks and activity areas being blocked.:

Safety concerns were common, especially after dark. Red routes felt unsafe due to poor lighting, uneven surfaces, flooding, and intimidating underpasses. Wheelchair and mobility scooter users struggled with accessibility. There were concerns about **antisocial use of scooters and bikes** on pavements. Residents felt that **better lighting and signage** would encourage walking, active travel, and safer use of paths.

Accessibility Challenges

Transport to Activities

Many residents reported **very few local activities within walking distance**, disproportionately affecting older adults, residents with mobility challenges, parents with toddlers and prams, teenagers, low-income households.

Lack of car access meant many relied on **buses or taxis**, increasing the cost of participation outside walking distance. **Bus services were often unreliable** and poorly connected to activity locations. Parents with buggies and disabled residents using mobility aids experienced journeys made difficult by limited buggy/mobility aid space and unsympathetic services at worst buses passing them by.

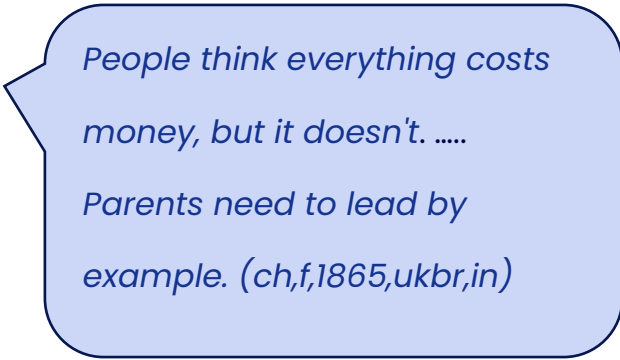
Cost of Participation

Cost was a major barrier across all estates, affecting adults, parents, and children. Even low-cost activities required organisers to keep fees minimal (e.g., £2 sessions), while **swimming (£6–£8 per session)** was seen as prohibitively expensive for families. Parents described only one parent attending with their

children to reduce costs. Paying **upfront for blocks of sessions** added financial pressure and a barrier to participation.

Sustainability of Low-Cost Provision was simultaneously a challenge to community activity organisers. Voluntary organisations struggled to **cover the cost of hiring activity leaders**, despite keeping fees low to attract participants.

Community leaders strongly advocated for **public funding of grassroots organisations** to sustain existing activities. Residents suggested **small local grants** to help volunteers set up and run low- or no-cost clubs and activities: Residents felt that such grants could support local organisers to mobilise neighbours and build participation.



*People think everything costs money, but it doesn't.
Parents need to lead by example. (ch,f,1865,ukbr,in)*

Community Activity Leadership Capacity

There was strong demand for more local activity leaders. Residents repeatedly highlighted the need for **local organisers** to run games, youth sessions, group walks, and family activities. Many expressed **willingness to volunteer themselves** but could be unsure how to mobilise others.

Requests for activity leader support organised kickabouts, games leaders for football and basketball courts, Youth clubs, and structured sessions for young people. Adults also wanted the support of activity leaders for instance to learn how to use outdoor gym equipment and to join walking groups.

Community volunteers were viewed as key to keeping activities **free or affordable**. Residents wanted **local people** leading activities, as they were trusted and seen to understand community needs. Some felt volunteering was the **only reliable way** to improve activity provision.

Examples of community-led success already existed. Resident-run walking groups, informal sports sessions and volunteer-led events demonstrated strong local capacity. Some groups operated completely independently, raising funds through events to sustain future activities.

Challenges were anticipated for recruiting and sustaining volunteers.

Residents recognised that people lived busy lives with work and caring pressures. Retired and unemployed residents who may have time and interest to contribute were felt to be potential sources of volunteers. **Trust and recognition matter.** Residents suggested volunteers should be **actively encouraged and formally recognised** (e.g., badges, council-backed roles) to build trust and particularly reassure parents, some of whom expressed **reduced trust** in others supervising their children.

Ideas for sourcing and supporting volunteers were supported by **strong experience of things that were already working**. It was important to build upon existing successful volunteer initiatives (e.g., community fridges), the work of community hubs and resident associations. In addition, residents suggested the creation of “buddy clubs” and informal ways of connecting people through simple meeting points to get active e.g., on courts or for parks walks. Residents also recalled past success with other community services such as police-run youth activities.

Small, local grants were seen as essential to set up and sustain grassroots volunteer led activity. Simultaneously some paid activity organisers were seen as essential to encourage and support volunteers and assist in creating safe and safeguarded contexts in which volunteers could operate.

Lack of Awareness and Communication

Residents often did not know what activities existed locally or who to contact to join, organise or set up new activities. **Community leaders and voluntary groups recognised that despite their best efforts** many residents were unaware of what was already available in their own or neighbouring estates.

Word-of-mouth was the most common way people found out about activities, relying on family networks, friendship circles, social media groups. This meant those already socially connected within the community were more likely to hear about opportunities, while others remained unaware. This appeared to contribute to **some residents' descriptions of their communities as 'closed' or 'not communicating,'** leading to limited awareness of facilities in nearby estates, fragmented information sharing, reduced participation due to lack of visibility.. There is a sense that some residents felt outsiders in their communities and may not have been listening for information about activity opportunities.

The research team are very grateful for the generous contributions of residents without which this summary of insights to support the MKPEP Board application for funding would not have been possible.

Open University

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