

# Confronting Two-Tiered Community Promoting Inclusion, Health,

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*Cet article nous montre à l'évidence qu'il est salutaire aux femmes à petits revenus de s'impliquer dans les loisirs communautaires, mais dès qu'elles veulent accéder à des services, elles se butent à des pratiques et à des politiques qui les excluent.*

The social, psychological, and physical health benefits of participation in physical activity and other forms of recreation are well documented (Frankish, Milligan and Reid; Sallis and Owen; Reid and Dyck), and evidence suggests that low-income women view access to community recreation as an important dimension of their health and their communities (Weber; Frisby and Hoerber). Although many community recreation departments in Canada have a social mandate of providing services to all citizens to promote health and well being, consistent barriers to regular involvement persist for those who live on the margins and are unable to con-

form to dominant expectations inherent in modern forms of public recreation (Frisby, Crawford and Dorer; Lyons and Langille; Harvey). With its individualist ideology, classist notions of self-responsibility, and fees for service, we argue that community recreation has become a two-tiered system where only those with sufficient social, cultural, and financial resources can participate (Kidd). Consequently, insufficient subsidies, policies requiring “proof of poverty,” and discriminatory practices exclude poor women from being actively involved in health-promoting forms of community recreation.

The purposes of this paper are: i) to examine how low-income women see involvement in community recreation contributing to their health, and ii) to examine low-income women's experiences with exclusionary community recreation policies and practices. Hearing the voices of those who are marginalized from the knowledge production and policy development process is important when considering how public sector programs, policies, and practices can become more inclusive (Lord and Hutchison; Frisby and Hoerber). Through fostering inclusion rather than classist forms of service delivery, the community development and social justice mandates of many community recreation departments is advanced thus providing health-promoting resources for those living on the margins.

## Research methods

For the last two years we have been operating from feminist action re-

search (FAR) principles while working with Women Organizing Activities for Women (WOAW). Our aim has been to increase poor women's involvement in both community recreation planning and program participation. WOAW is a community-based health research project and a collective organization with 60 women on low income,<sup>1</sup> eleven community service providers,<sup>2</sup> and five academic researchers<sup>3</sup> involved. At all research and planning meetings, recreational activities, and educational workshops, WOAW strives to foster inclusion, enable the women's voices to be heard, and ensure equitable participation in decision-making. The principles of feminist action research that guided our approach as researchers included collaborating with the women on low income and community service providers in all phases of the research design, valuing the experiential knowledge of the women, and developing action plans that lead to personal and social transformation (Reid; Maguire).

We tape recorded, transcribed, and recorded fieldnotes from over 30 WOAW meetings and 32 one-on-one interviews with the women on low income.<sup>4</sup> In the interviews, we asked the women about their health concerns, their experiences accessing community recreation services, and their involvement in WOAW. In the meetings, the women repeatedly identified social isolation as one of their main health concerns and discussed how being involved in community recreation and community-based organizations like WOAW helped to alleviate isolation. We used the qualitative program Atlas.ti to

# Recreation and Poor Women's Exclusion and Social Justice



*A few members of Women Organizing Activities for Women (WOAW) on a canoe trip.*

manage, categorize, and code the data into major themes.

## **The importance of community recreation for poor women**

The health benefits associated with participation in community recreation include increased fitness, self-esteem and self-efficacy, decreased anxiety and stress, and increased social cohesion (King; Reid and Dyck). Becoming active in community recreation was important for all of the women on low income involved in WOAW. They viewed recreation as a means toward improving their health, managing chronic pain, reducing stress, setting a positive example for their children, meeting other women, and connecting with community partners who had access to resources. Deena spoke of the

important role of community recreation in providing opportunities to be physically active and thus managing her psychosocial health.

*Anybody who isn't active can easily become depressed or stressed and anybody who's depressed can tell you don't need to take medicine, you need to start some kind of exercise program. Because when your body's active it stimulates your mind. I don't know how it works, all I know is it does work. Exercise is huge for keeping your mind going. (Deena, April 2000)*

Several women hoped for accessible recreation for both themselves and their children. Bonnie said:

*To have something where my children are active in another pro-*

*gram at the same time, and I could feel safe that they're in the building, and that I could have an activity for myself. That would be phenomenal. (Bonnie, March 2000).*

All of the women considered accessible recreation opportunities as a positive means of social integration by becoming more involved in their communities. "That's why I think WOAW is so good. 'Cause you're getting your activity, but you're in a group, so you're not isolated" (Lorraine's interview, March 2000).

While the health benefits of regular physical activity are well supported, so is the relationship between exclusion and health. According to Raphael (2001a), exclusion is a process by which people are denied the opportunity to participate in civil

society, denied an acceptable supply of goods and services, and are unable to contribute to society. The negative health effects of exclusion include excessive psychosocial stress and the adoption of health behaviours that are related to the onset of, and death from, illness and disease. As Kelly said, "If you're really iso-

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lated and you're depressed 'cause you're isolated and don't have any friends and then your health deteriorates" (Kelly's interview, March 2000). Poor women's exclusion and invisibility leads to loss of human potential, human misery, and poor health (Shaw, Dorling and Davey Smith; Raphael 2001a; 2001b).

**Two-tiered community recreation: The exclusion of poor women**

Given the negative health consequences of physical inactivity and exclusion, the women's consistent barriers when accessing community recreation put them at a disadvantage in addressing their health concerns. Through the women's experiences it was evident that community recreation modeled a two-tiered form of service delivery because they encountered exclusionary practices and policies that were both a consequence of their material scarcity and insensi-

tive practices and policies of community recreation departments. For instance, the women had difficulties accessing community recreation because of the cost of program registration, child care, transportation, clothing, and equipment. Shelly said:

*If you don't have any money, you can't get there and you can't do anything if you don't have any money. You have to have money. You need money to buy tickets. You need money to have proper apparel. (Shelly, March 2000)*

The women's experiences living in poverty conflicted with the new public management rhetoric that pervades local governments and prioritizes cost recovery and profit making over the traditional goals of universal access (Thibault, Frisby and Kikulis). Indeed, the overt and hidden costs of program participation were rarely considered in community recreation service delivery, and effectively excluded the women on low income.

However, simply lowering fees does not effectively solve "the poverty problem" because poor women face multiple barriers, many of which were associated with their social and living conditions. While all of the community recreation centres we worked with had "leisure access" policies that were designed to provide increased access for impoverished populations, the policies only covered a fraction of the cost of the program (at most 50 per cent of the registration fee) and did not cover childcare, transportation, or other expenses associated with participating, such as clothing and equipment. Marilyn suggested that she "would like to see the [leisure access] card expanded so I could use it at the pools, for their different equipment and things like that" (Marilyn's interview, April 2000). Prior to becoming involved in WOAW, only two of the women on low income were even aware that their communities had "leisure access" policies,

suggesting that these policies are not clearly communicated to those for whom they are intended. Furthermore, when the women attempted to use a subsidy to participate in community recreation programs, they were deterred by dehumanizing treatment such as practices of surveillance.

*What's discomfoting to people is that a person at Parks and Leisure will take your taxes and photocopy them and keep them in their records, so you are bringing in your tax forms and having some untrained person who has nothing to do with you seeing your taxes, not only seeing them, but having a copy of them in their files for anyone to look at. (Bonnie, March 2000)*

Not only was the system for accessing a subsidy a deterrent for many of the women, but their treatment was a source of humiliation because they had "to ask for charity or beg for reduced fees." Several women spoke of getting the "run-around" and wondered why a subsidy was offered if it was so difficult to obtain. Deena explained:

*I was trying to get some kind of swimming entry for myself and my daughter and I felt it [stereotype of welfare mother] there when I tried to get financial assistance. They were really putting me through the wringer and giving me the run-around for everything. And I felt like they had a personal vendetta against me because they were making it so hard for me to get what I needed. I didn't understand why they were even offering this if they weren't going to help. In some ways I felt stereotyped there, like I was begging basically for assistance when I heard that it was offered by them. (Deena, June 5, 2000)*

Although the majority of the WOAW-affiliated recreation staff

members and their recreation departments were important resources and sources of support for WOAW members, over the course of our research project one particular community recreation department consistently demonstrated exclusionary practices. At one point two women expressed their frustrations with that particular community recreation department and staff who systematically imposed barriers to program registration, childcare provision, and room bookings.

Lorraine: *We feel like we don't get any respect here. It's quite a political thing here, you know?*

Kelly: *[We should move out of the recreation facility] so she can't humiliate us, treat us like dirt, low-class citizens. We're not, we're just as important as anyone else, right?*

Lorraine: *Let's have her step in our shoes for a day, see how hard it is.* (WOAW meeting, June 2000)

At times the women discussed strategies for managing the mistreatment they encountered, though they struggled with the possibility of alienating themselves from important community resources. They also entertained alternative ways of becoming involved in recreation, even though they felt entitled to the public services being provided by these departments of local government.

Material scarcity, minimal subsidies, dehumanizing policies, and discriminatory practices effectively excluded the women on low income from participating in community recreation. Most of the women felt that recreation centres did not want to be involved with poor women; after an encounter with a recreation staff member Catherine said "they're trying to get us [poor women] out" (fieldnotes, June 2000). While the women reported social isolation as a significant health concern and saw

participation in community recreation as a viable opportunity for reducing it, the departments' two-tiered service delivery enforced their exclusion and made it difficult and undesirable for them to access programs because of being stereotyped and discriminated against.

One can be excluded from social production through not being able to be an active contributor to society because of being labelled as undesirable, unacceptable, or in need of control (White). All of the women were highly aware of the negative stereotype of being on welfare. "The biggest stereotype in the world is to be a single mother on welfare... So I'm a welfare bum who could get out if she wanted to. But she chooses to be there" (Bonnie, September 20, 2000). The women believed that the stereotype of the welfare recipient fueled the mistreatment and disrespect they encountered. Their experiences with community recreation and their exclusion from meaningful participation led them to feel that they had no voice and were invisible.

*We're not part of society. We're not part of the running of the community. We shouldn't have a say... because we're not putting anything into the community. That's the stigma. If you're on welfare you don't count. I don't mean that in a negative way, you're just not there.* (Tracey, June 2000)

Our findings suggest that community recreation departments need to seriously examine their policies and practices if poor women are to be included and afforded the same benefits of participation as middle and upper class citizens. Wealthier women and their families have a much wider range of leisure options to choose from, including costly private sector offerings, while public community recreation represent one of the few remaining avenues for more democratic forms of participation.

### **Towards social justice: Promoting poor women's inclusion and health**

Currently, many local government departments operate from the new public management ideology where revenue generation and efficiency take priority (Thibault *et al.*). The ideology of individual and fiscal responsibility undermines the principle of universality in government services, whereby the poor, the sick, and young lone mothers are depicted as the principal authors of their own fate (Harvey). Within this "victim blaming" ideology (White, Young and Gillett; Crawford 1977), individuals are viewed as responsible for their own health and fitness, and attention to structural and social factors underpinning poor health and social exclusion is pushed to the margins (Crawford 1984; Harvey). Paradoxically, while the pursuit of a healthy lifestyle through physical activity and community recreation is enjoined on everyone, structural and social factors that mitigate against such involvements are disregarded and the widespread notion that recreation is a "fringe" benefit only to be enjoyed by those who have the disposable income and time to participate is sustained (Crawford 1977, 1984). With community recreation deemed a fringe service in main-

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stream political and social agendas, it becomes the commercial sector's responsibility and is increasingly offered on a fee-for-service basis making it inaccessible to low-income populations (Frisby, Crawford and Dorer). Policy makers, eager to ensure the economic viability, have essentially ignored or overlooked

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women on low income's issues and concerns (Anderson and Jack). Yet while the concerns of women on low income are overlooked and their exclusion enforced, they continue to be held responsible for their low participation rates and consequent poor health.

Currently, community development is a mandate for many community recreation departments (Hutchison and Campbell). Community development is a process of engaging individuals and organizations in collective action towards social change (Seebaran). However, the extent to which staff actually work with marginalized citizens to develop policies and programs that are relevant to them is suspect. More often, middle-class professionals make assumptions about needs of marginalized populations and offer recreation programs with little or no input from marginalized citizens (Frisby, Blair, Dorer, Hill and Fenton).

While two-tiered community recreation excludes poor women, it is important for policy makers in community recreation to shift ideologically and politically towards its mandate of community development, universal access, and social justice. In truly adopting its community development mandate and contributing to the work of social justice, community recreation departments can play a significant role in the reduction of social isolation and exclusion for diverse women in the community (Lord and Hutchison). Not only must community recreation departments more justly distribute its policies and resources, but they must redress the structural sources of inequality and exclusion, to determine who currently benefits from and is harmed by exclusionary practices and policies (Young; Hankivsky; Krieger).

There is significant potential for community recreation to be a promising site for the work of community development, health promotion, and social justice, especially when community-based partnerships like WOAW serve as a model for renewing relationships between the state and citizens (Harvey, 2001). Over the course of our study, the women on low income contended that having meaningful input into and access to community recreation contributed to individual and community health. As well, they envisioned community recreation as a strategy for harnessing community capacity. "I feel that WOAW can be a spokesperson in lobbying for some more help at the different levels of government" (Marilyn's interview, April 2000). The women also saw their equitable inclusion in community recreation as integral to the work of social change and justice.

*It's for a larger cause, you're not just doing it for yourself. You're helping to benefit women who haven't even yet heard of the [WOAW] group because down the road it will be there for them*

*when they need it, as well as for the group that's there.* (Deena, March 2000)

Becoming engaged in a social group or social action often reduces social isolation and provides an important source of social interaction (Lord and Hutchison). In contrast to commercial sector offerings, publicly-funded community recreation programs offer one of the few potential sites where those living in poverty can take advantage of the physical, mental, and social health benefits through active involvement in both the participation of and decision-making in community recreation.

## Conclusion

In the current climate of economic restraint that fosters a market-driven form of service provision, community recreation services are increasingly being offered on a fee-for-service basis making them inaccessible to low-income populations (Frisby, Crawford and Dorer; Frisby and Hoerber). Community recreation's individualist ideology and two-tiered service delivery accommodate only those who have disposable incomes to participate. Participation in recreation is viewed as an individual responsibility, and health disparities, exclusion, and social inequalities are perpetuated and legitimized. However, community recreation is an ideal site for enabling isolated women in the community to come together and enjoy the health benefits of recreation, especially when they are involved in decision-making in meaningful ways through a community development process (Lyons and Langille).

Involvement in community recreation held a wide-spread appeal to WOAW members in terms of addressing their health by breaking cycles of isolation, meeting other women in the community, and doing the work of social justice. As many community recreation depart-



*Members of Women Organizing Activities for Women (WOAW) presented with an award for their community development work from Promotion Plus, a BC sport organization that promotes gender equity in sport and physical activity.*

ments now have community development agendas, there is an opportunity to connect with low-income populations, to foster their contributions and involvement in equitable community recreation organizing, and to strive towards a vision of social justice.

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<sup>1</sup>The women on low income are diverse in terms of age range (24-70), educational background, and previous work experience. They all self-define as living in poverty, the vast majority of them receive B.C. Benefits (social assistance, disability benefits, or a pension), and are Caucasian.

<sup>2</sup>The majority of the community service providers (n=7) work in the local recreation departments. The other community service providers work in family services, community schools, and local women's centres.

<sup>3</sup>The academic researchers have formed a group called the "U.B.C. Working Group" that meets regularly and is comprised of the project P.I. (Dr. Wendy Frisby), research collaborators, and graduate students.

<sup>4</sup>Ethical approval was obtained prior to collecting data and pseudonyms are used to ensure anonymity.

## References

- Anderson, Kathryn and Dana C. Jack. "Learning to Listen: Interview Techniques and Analyses." *Women's Words: The Feminist Practice of Oral History*. Eds. S. B. Gluck and D. Patai. New York: Routledge, 1991. 11-26.
- Crawford, Robert. "You Are Dangerous to Your Health: The Ideology And Politics of Victim Blaming." *International Journal of Health Services* 7 (4) (1977): 663-679.
- Crawford, Robert. "A Cultural Account of 'Health': Control, Release, and The Social Body." *Issues in the Political Economy of Health Care*. Ed. J. B. McKinlay. New York: Tavistock Publications, 1984. 60-103.
- Frankish, C. James, Dawne Milligan and Colleen Reid. "A Review of the Relationships Between Active Living and Determinants of Health." *Journal of Social Sciences and Medicine* 47 (3) (1998): 287-301.
- Frisby, Wendy, Fearon Blair, Therese Dorer, Larena Hill and Jennifer Fenton. *Taking Action: Mobilizing Communities to Provide Recreation For Women on Low Incomes*. Vancouver, BC: British Columbia Center of Excellence for Women's Health, 2001.
- Frisby, Wendy, Susan Crawford and Therese Dorer. "Reflections on Participatory Action Research: The Case of Low-Income Women Accessing Local Physical Activity Services." *Journal of Sport Management* 11 (1) (1997): 8-28.
- Frisby, Wendy and Larena Hoeber. "Factors Affecting The Uptake Of Community Recreation As Health Promotion For Women On Low Incomes." *Canadian Journal of Public Health* forthcoming, 2002.
- Hankivsky, Olena. "Social Justice and Women's Health: A Canadian Perspective." Vancouver: Maritime Centre of Excellence for Women's Health, 1999. <http://www.medicine.dal.ca/mcewh/oct-synthesis/hankivsky-justice.htm>.
- Harvey, Jean. "The Role of Sport And Recreation Policy in Fostering Citizenship: The Canadian Experience." *Canadian Policy Research Networks Discussion Paper No. F/17*, 2001.
- Hutchison, Peggy and Julie Campbell. "Community Development: Promising Practices in Recreation and Leisure." *Parks and Recreation Canada* 20 (1996): 20-23.
- Kidd, Bruce. "Confronting Inequality in Sport and Physical Activity." *Avante* 1 (1) (1995): 3-19.
- King, A. "Influence of Regular Aerobic Exercise on Psychological Health: A Randomized, Controlled Trial of Healthy Middle-Aged Adults." *Health Psychology* 8 (3) (1989): 305-324.
- Krieger, Nancy. "A Glossary for Social Epidemiology." *Journal of Epidemiology and Community Health* 55(Oct. 2001): 693-700.
- Lord, John and Peggy Hutchison. "The Process of Empowerment: Implications for Theory and Practice." *Canadian Journal of Community Mental Health* 12 (1) (1993): 5-21.
- Lyons, Renee and Lynn Langille. "Healthy Lifestyle: Strengthening the Effectiveness of Lifestyle Approaches to Improve Health." Dalhousie: Atlantic Health Promotion Research Centre, Dalhousie University and the Canadian Consortium of Health Promotion Research Centres, 2000.
- Maguire, Patricia. "Uneven Ground: Feminisms and Action Research." *Handbook of Action Research: Participative Inquiry and Practice*. Eds. P. Reason and H. Bradbury. London: Sage, 2001. 59-69.
- Raphael, Dennis. "Inequality is Bad for our Hearts: Why Low Income and Social Exclusion are Major Causes of Heart Disease in Canada." Toronto: North York Heart Health Network, 2001a.
- Raphael, Dennis. "Losing the Forest for the Trees." Toronto: Health Equity Network, 2001b. [health-equity-network@jiscmail.ac.uk](mailto:health-equity-network@jiscmail.ac.uk).
- Reid, Colleen. "Seduction and Enlightenment in Feminist Action Research." *Resources for Feminist Research* 28 (1/2) (2000): 169-188.
- Reid, Colleen and Lesley Dyck. "Implications: Future Research, Program and Policy Development". *The Health Benefits of Physical Activity for Girls and Women: Literature Review and Recommendations for Future Research and Policy*. Eds. C. Reid, L. Dyck, H. McKay and W. Frisby. Vancouver: British Columbia Centre of Excellence for Women's Health, 2000. 201-205.
- Sallis, J. F. and N. Owen. *Physical Activity and Behavioral Medicine*. Thousand Oaks, CA: Sage, 1999.
- Seebaran, Roopchand. "Community Development." Class Notes, SOWK 545, January 1998.
- Shaw, Mary, Danny Dorling and George Davey Smith. "Poverty, Social Exclusion, and Minorities." *Social Determinants of Health*. Eds. M. Marmot and R. G. Wilkinson. Oxford: Oxford University Press, 2000. 211-239.
- Thibault, Lucie, Wendy Frisby and Lisa Kikulis. "Interorganizational Linkages as a Strategic Response to Institutional Pressures." *Managing Leisure* 4 (1999): 125-141.
- Weber, Martha L. *She Stands Alone: A Review of The Recent Literature on Women and Social Support*. Winnipeg: Prairie Women's Health Centre of Excellence, 1998.
- White, Paul. "Urban Life and Social Stress." *The New Europe: Economy, Society and Environment*. Ed. D. Pinder. Chichester, UK: John Wiley and Sons, 1998. 305-321.
- White, Philip, Kevin Young and James Gillett. "Bodywork as a Moral Imperative: Some Critical Notes on Health And Fitness." *Society and Leisure* 18 (1) (1995): 159-182.
- Young, Iris Marion. *Justice and the Politics of Difference*. New Jersey: Princeton University Press, 1990.