

## Summary Report – The Lake Foundation’s Cycling Club Project

### Introduction

The Lake Foundation aims to improve the health and well-being of the black community and to achieve this general aim a core part of our work is to get the black community more active.

Exercise can be very intimidating for many people and thus we sought to explore various options on how we could get people active in a way that could be incorporated into everyday life and would ultimately be fun.

Cycling is an interesting option as it is very practical and can be introduced into a person’s life as a method of transport (commuting to work), as a leisure activity (exploring the local area) and as a form of structured exercise.

We began our work by teaming up with the Cycling Instructor in 2014 to run a short-term initiative of bikeability sessions aimed at the black community to teach basic cycling technique and improve confidence. We worked with the Cycling Instructor for two summers and this proved very popular with us having to extend the sessions beyond their initial four week period. With this in mind we decided to build on the popularity of these sessions and we ran a cycling club with funding from Sport England from February 2016 to April 2017.

### Background: The need for our project

5.3% of the UK’s black population has type two diabetes (versus 1.7% of the white population), 33% suffer from high blood pressure, (compared to 16% of white adults), black African women have been found to have the highest prevalence of obesity; the black community is twice as likely to suffer from a stroke, is twice as likely to develop prostate cancer, is 2-3 times more likely to develop fibroids and as a result of their increased risk of diabetes are at increased risk of developing heart disease. One of the key lifestyle factors that ties these conditions together is physical activity.

Research has shown that the risk of developing these conditions can be reduced significantly by being more physically active, but unfortunately studies have shown that over half of people from black and minority ethnic (BME) groups do not take part in sports nor do they do any physical activity.

By increasing the number of BME people taking part in a sporting activity we can begin to address some of the health challenges that plague the black community, but we need to create better opportunities for the black community to take part in sports. To successfully achieve this we need to present the community with fun, engaging, practical and easily accessible sporting activities; cycling can do this.

According to TFL “BME groups, women, people from more deprived neighbourhoods, those with disabilities and older people are typically under-represented in cycling” and “the typical London cyclist is white, under 40 and male with a medium to high household income”. This means that there is a huge inequality in cycling but this creates a huge opportunity to introduce BME communities to cycling.

Through the bikeability courses we were able to show that if cycling is presented to members of the BME community without any barriers (bikes and helmets provided) they will happily take up this activity and easily meet the government's recommended amount of physical activity.

Prior to the bikeability course attendees did not cycle regularly, some had never cycled and many were not achieving their recommended amount of physical activity. By the end of the course, which had to be extended twice due to demand, 4 people had bought their own bikes and one was considering buying a bike. Over the period we cycled for 120 minutes every Friday so members almost achieved the 150 minutes of moderate exercise per week recommended by the government. Out of the 18 attendees 15 were women and they were a diverse mix of Caribbean, African, Asian, young and old, and we believed that we could grow this into a larger group. To ensure that this BME community keeps on cycling we needed sustainable long-term opportunities to cycle that go beyond short bikeability courses and our cycling club provided this.

## Overview of the Cycling Club Project

### Aims and Objectives

The aims of our cycling club project were to:

- Increase the number of people from a BME background who cycle regularly
- Improve attendees confidence in cycling
- Provide opportunities for members to develop in cycling
- Introduce the BME community to a fun and easy way to achieve the recommended amount of physical activity

We achieved the above by:

- Running two hour cycling sessions ever 2<sup>nd</sup> and 4<sup>th</sup> Saturday of the month
- Providing direction from experienced instructors and encouraging members to take part in national and local cycling events
- Making the each session engaging and encouraging members to develop good friendships within the group. Each cycling session involved fun routes that allowed members to discover the beauty of their local area, but also challenged members. We had socials to encourage relationships to be built that centred around cycling
- Ensuring that each session was definitely two hours so that members participated in a significant amount of physical activity.

### What We Did

From February 2016 to April 2017 we worked with trained and experienced cycling instructors from The Cycling Instructor to lead two sessions a month. Instructors plotted a two hour route and led members of the group on these routes which were a mixture of quiet and busy roads to build the group's confidence in cycling and they trained members on good cycling technique; some of the sessions focused on particular topics like route planning, cycling in the dark, cycling in rain, bike maintenance etc.

Twice during the 14 month period extended sessions were organised. These were four hour sessions on a route selected by the instructor after discussions with group members.

Additionally, we didn't want there to be any barriers preventing BME groups from attending so we provided bikes and helmets.

Finally, we had a dedicated person, a club coordinator, who acted as a contact person for group members and the cycling instructors. Additionally the coordinator managed the group and organised the sessions and socials.

## Outcomes

Our project progressed well, the targeted number of participants for our project was 18 and we had 23 participants join our club over the 14 month period.

### [Outcome 1: Improved confidence in cycling](#)

We hired trained experienced instructors from the organisation Cycling Instructor to lead sessions and provide participants with training on cycling technique. This included cycling in traffic, hand signals, making sure bikes are road worthy, cycling off-road and on-road and cycling up-hill. This meant that members were given a good foundation when it comes to proper cycling technique and this has helped improve their confidence. Eleven members completed feedback forms and before joining the club 10% felt not confident at all, 30% felt a little confident, 20% felt confident and 20% felt very confident with cycling. A year after joining our club only 9% of members felt a little confident whilst 45% of members felt confident and 36% felt very confident, with one member saying:

*"I'm not a regular cyclist but it [the club] gives me confidence, particularly, on the roads"*

### [Outcome 2: Provided opportunities for members to develop in cycling](#)

Having sessions with experienced instructors helped develop the cycling skills of our club members and we also challenged members through extended 4 hour rides to Chislehurst Caves and the Olympic Stadium, and also several uphill routes. Additionally, we encouraged members to take part in local and national cycling events such as the Croydon Interfaith Cycle Ride, the Crystal Palace Road to Rio ride and others. One member of our group took part in the London to Brighton ride, which was the first time she has participated in such an event, she said:

*"I barely could cycle very far but after a few months of cycling with the club I was able to cycle 20-23 miles" - Sam, Cycling Club Member*

We asked members how much they feel their cycling technique has improved since joining the club and 45% said their technique had improved a lot, 36% said their technique improved somewhat, 9% said it improved a little and 9% said they didn't know.

### [Outcome 3: Introduced the BME community to cycling](#)

The majority of people that attended our cycling club were from a BME background - 20 out of 23 were from a BME background, many of whom didn't cycle regularly before joining our group. Before joining the group 18% had never cycled, 18% cycled once or twice a year, 27% cycled monthly, 27%

cycled weekly and 9% cycled more than 5 days in a week. Through our club we have introduced cycling to some (18%) and the club has ensured that the others engage more regularly in cycling.

Our main achievements were:

1. Having a core group of dedicated people who attended consistently, enjoyed the sessions and even attended in cold, rainy and windy weather.
2. One member, who was quite a weak rider, gained the confidence to participate in the London to Brighton bike ride.
3. Three members developed the confidence to take the lead during part of our rides
4. Having good attendance from members of the BME community, 20/23 attendees were from black African, black Caribbean, South Asian and Chinese backgrounds.
5. Having good attendance from women, 16/23 attendees were women
6. Members developed good social relationships and developed an appreciation of their local area through interesting routes that allowed them to discover the hidden beauty of South London. Members, for the first time, discovered a number of green spaces (Beckenham Palace Park, Cator Park and Norman Park) and local attractions (e.g: Chislehurst Caves, Bethlem Museum of the Mind and the Crystal Palace Dinosaurs)
7. Recognition from Croydon Council who got in touch to congratulate us on the club and the good work we've been doing.

Our success was due to the excellent freelance cycling instructors we hired, who were very experienced and made each session very enjoyable, finding very interesting routes each time, and the sessions were informative with members learning about cycling technique, so it was a good balance of fun, exercise and instruction.

Additionally our cycling coordinator was very warm, friendly and encouraging which provided a really good atmosphere at each session. She ensured everything ran smoothly, being the point of contact for members and instructors and worked well with the instructors to plan each route. She also organised socials for members which were well-attended and this gave members the opportunity to get to know each other. Importantly our coordinator was a member of the BME community and a keen cyclist.

## Challenges

We had hoped to run sessions weekly with two sessions a month being instructor-led and two sessions being member-led, but members didn't feel ready to lead the sessions and felt unable to commit to weekly sessions for 12 months. We therefore held sessions twice a month and made them both instructor-led. This worked really well with members feeling this was a more achievable commitment for them and our sessions were very well-attended. Now that we've come to the end of the project, in our feedback forms, members have said they now feel able to lead the rides and would like this to be part of the next phase - members being trained up to lead the rides and taking more ownership of the club. They also stated that they would now like to meet once a week.

Another issue was that we only had a limited number of bikes available to loan to members. These bikes have been really important in reducing barriers to attendance allowing people to join the group despite not owning a bike. The majority of our members have now bought bikes, but on the odd occasion there weren't enough bikes.

## Lessons Learnt and Conclusion

Similar to the short bikeability courses we have been able to show that if cycling is presented to members of the BME community without any barriers (bikes and helmets provided) they will happily take up this activity and easily meet the government's recommended amount of physical activity.

One important point to note is that the social aspect of the club was very important. We found that many club members didn't cycle in between sessions nor did they cycle when sessions were cancelled. When we probed further we found that members liked cycling as a group activity and valued the time spent with others. It would appear that our group of BME cyclists looked at cycling as more of a leisure activity rather than a method of transport or structured exercise. This suggests that to encourage more people from a BME background to cycle projects that promote cycling for leisure rather than for commuting and exercise are more likely to appeal to the BME community; and these projects would need to be group activities that promote social interaction.