



Sports Council for Northern Ireland
Community Sport Programme

**Developing
a monitoring
and evaluation
framework
and baseline
findings**

Executive Summary



1 Introduction

- 1.1 The broader strategies for the development of culture and society in Northern Ireland recognise that participation in sport is one way of addressing social disadvantage and social exclusion. Increasingly, greater resources are being targeted at programmes and activities that address both sporting and societal needs. It was within this context that the Sports Council for Northern Ireland (SCNI) developed the Community Sport Programme (CSP), seeking to support the health, well-being and social development of children, young people and adults through participation in sport and physical activity.
- 1.2 In 2003, as part of their key reform plans, funding from the Department for Culture, Arts and Leisure (DCAL) was secured for a CSP pilot programme. The funding allowed for the appointment of Community Sports Development Officers (CSDOs) and Community Co-ordinators (CCs) to work in five local areas throughout Northern Ireland and one with Disability Sport NI. The targeted geographical areas were selected on the basis of high social and economic need, using a number of criteria including the Noble Index of Deprivation (2001).

2 Monitoring and Evaluating the CSP

- 2.1 Government departments, funding bodies and service providers in Northern Ireland are currently operating in a changing funding environment in which there is a greater requirement on all organisations to demonstrate the effectiveness of their services. Good practice in monitoring and evaluation is being seen as increasingly important throughout the statutory, voluntary and community sectors.
- 2.2 Evaluation consists of measuring intended outcomes, and from the outset of the CSP, both the Sports Council and DCAL, as key stakeholders, were committed to the development of effective monitoring and evaluation mechanisms as a way of capturing the short and long-term impacts of the programme at a variety of levels.
- 2.3 In February 2004 independent consultants, Community Evaluation Northern Ireland (CENI) were appointed to assist in the development of monitoring and evaluation processes for the CSP. The consultants were employed to:
- design and develop a monitoring and evaluation framework for the CSP;
 - establish a baseline for participation in sport and physical activity in the target areas;
 - provide a measurement of social capital in the target areas;
 - provide training and support to CSDOs in the implementation of the agreed framework; and
 - document the key findings of the overall process.



3 Strategic Context

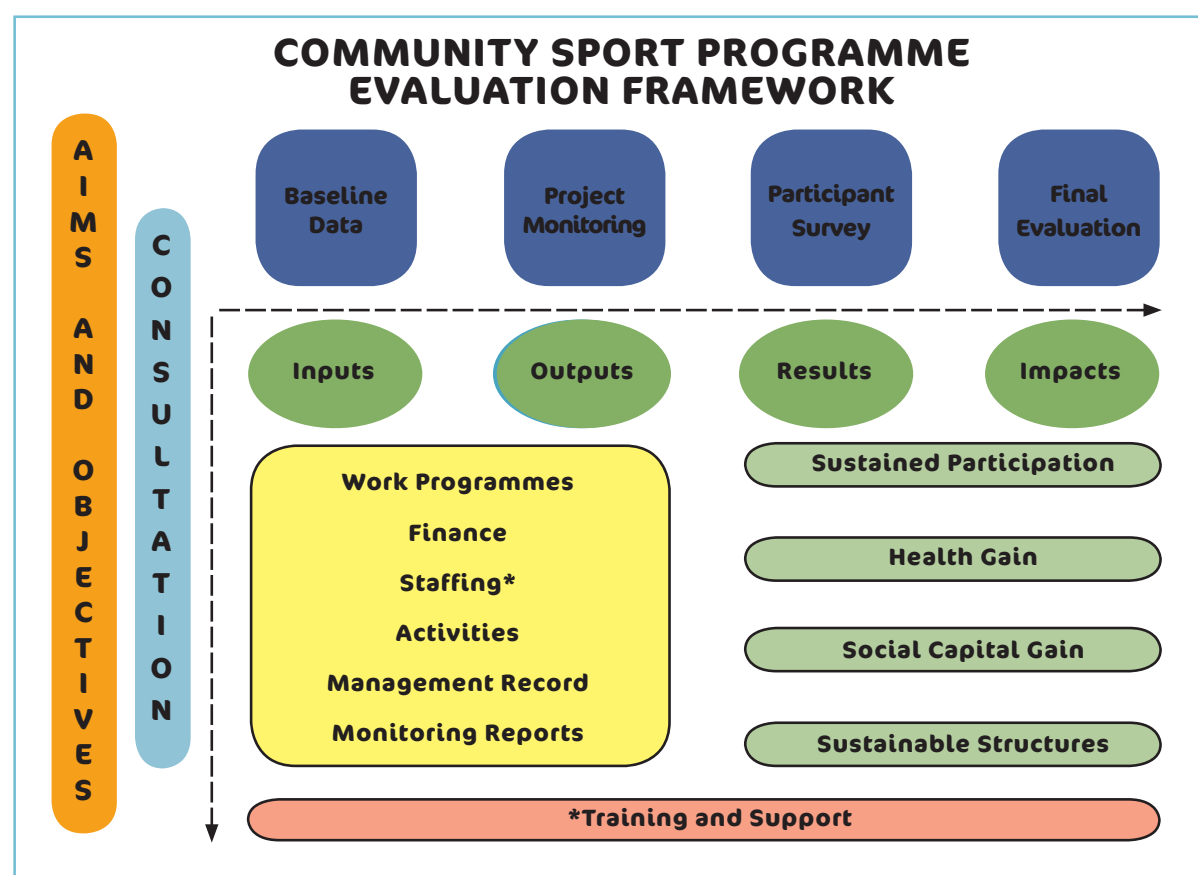
- 3.1 The delivery of the CSP is taking place at a time when there is a significant focus in government policy on improving health and well-being, community cohesion and addressing social need. Policies and strategies across departments and organisations at both regional and local levels recommend actions to address health, poverty and unemployment and build social capital. Key policies and strategies include:
- Northern Ireland Executive Programme for Government: Making a Difference 2002-2005;
 - Department of Culture, Arts and Leisure Corporate Plan 2004-2007;
 - The Sports Council for Northern Ireland Corporate Plan 2003-2007;
 - Department of Social Development Strategy for Neighbourhood Renewal: People and Place 2003;
 - A Sporting Future for All (DCMS, 2001); and
 - New Targeting Social Need.
- 3.2 Using the medium of sport and physical activity, the CSP aims to make a significant contribution to the delivery of key strategic policy objectives relating to the improvement of the health and well-being of those most at risk in our communities. Operating specifically in areas of high social and economic deprivation to improve participation in sport and physical activity, this programme targets the provision of resources to address social need, social exclusion and inequality. The programme also aims to make a key contribution to strengthening community cohesion at a variety of levels.

4 The Development of the Monitoring and Evaluation Framework

- 4.1 An evaluation steering group was set up to guide the development of the Monitoring and Evaluation Framework. The group began by reviewing the original CSP aims and objectives set out in the strategic business case submitted to DCAL. Members then considered and agreed on the following:
- the key themes for evaluation;
 - CSP programme outputs and outcomes;
 - key data collection mechanisms and personnel responsible for collecting data; and
 - a timeframe for the process.
- 4.2 Having recognised the importance of a long term health impact for participants of the programme, discussions were held with officials from the Institute of Public Health to explore the inclusion of a health impact assessment (HIA) dimension in the evaluation process. As a result, the CSP was found to have a potentially positive impact on health. The subsequent design of the monitoring and evaluation system incorporated the scoping stage of an HIA, which included ensuring that the necessary data would be collected to conduct an appraisal and statement of influence. It is expected that a retrospective HIA will be completed as part of the overall CSP evaluation in March 2006.

4.3 Figure 1 details the overall framework produced as a result of this work, indicating the measurements to be made over the four key stages of the framework: the development of a baseline; project monitoring; participant survey and final evaluation.

Figure 1



4.4 Parallel to developing the Monitoring and Evaluation Framework, work on the collation and analysis of baseline data began with desk research on local and national statistics on demography, deprivation, health and participation levels of sport and physical activity.



5 The Design of Data Collection Tools

- 5.1 A Data Collection Toolkit was designed to capture both quantitative and qualitative data. This consisted of the following six tools:
- the *Needs Analysis Questionnaire* was designed to provide a 'snapshot' of the nature of sports and physical activity facilities and the levels of activity in each of the five geographical areas;
 - the *Adult Registration Form* asks participants to describe their health status and current level of fitness as well as details of any medical condition, disability and ethnic origin. Similar details are recorded on the *Children's / Young Persons Registration Form*;
 - the *Adult Participant Monitoring Form* asks participants for more detailed information regarding their age, marital and employment status, and religious affiliation as well as feedback on the particular course or sports activity attended;
 - the *Quarterly Monitoring Report* is designed to record a summary of the work completed by individual CSDOs on a quarterly basis and to highlight progress against their agreed targets contained in work plans; and
 - the *Adult Participant Survey* and the "*Children's/Young Persons Participant Survey*", is designed to measure progress in increased participation levels in sport and physical activity; improvements in health and well-being and a measurement of the programme in strengthening relationships in local communities.
- 5.2 A number of additional tools to capture qualitative data was agreed for inclusion in the full evaluation, including a number of case studies and a survey of partner stakeholders.
- 5.3 Drafts of the six key data collection mechanisms were presented to the CSDOs and CCs for their feedback with two actions being agreed:
- the need to 'disability proof' all data collection tools in consultation with Disability Sport NI; and
 - the need to make the needs analysis, registration and monitoring forms more user-friendly and less intrusive for programme participants.
- 5.4 Further refinements to the data collection tools for use with children and young people were made in consultation with Save the Children Fund and Barnardo's to ensure good practice in the involvement of children and young people as key stakeholders in the monitoring and evaluation process.
- 5.5 Detailed discussions on the practicalities of who should be responsible for the collection and collation of both baseline and survey data took place. Originally this was to form part of the CSDOs role. But after discussion it was felt that to ensure quality and consistency of data collection it should be carried out independently. The implementation of the participant survey was subsequently commissioned as a separate piece of work, and Sports Industry Research Centre at Sheffield Hallam University were appointed to carry this out. The research centre further developed the early draft of the participant questionnaires for later use on participants involved in each of the six projects. Work on the participant survey is due for completion in December 2005.
- 5.6 Following agreement on the data collection tools, the key elements of the Monitoring and Evaluation Framework were completed. The full framework is detailed in Figure 2. It outlines a mix of qualitative and quantitative measures with the aim of providing a rounded and objective evidence base to demonstrate the impact of the CSP.

Figure 2



6. Training and Support to Community Sports Development Officers

- 6.1 A two-day residential induction programme was held with CSDOs and line managers. The purpose of the residential was to:
- provide participants with information on the Sports Council and DCAL, as well as the aims and objectives of the CSP;
 - develop a work programme for each individual project;
 - provide training on monitoring and evaluation for the CSP; and,
 - give CSDOs and CCs an opportunity for discussions and feedback.



- 6.2 Two further half-day sessions were held to provide training in the collection of baseline data. The aim was to:
- increase participant's understanding of the concept of social capital;
 - present the amended drafts of the data collection tools; and
 - agree the key tasks of the CSDOs and CCs in collecting and inputting monitoring data.

7 How Was the Baseline Developed?

- 7.1 A baseline describes the population at which the project is targeted before the project has begun. It is not everything that is known about a particular population, but focuses on the core goals of the project.
- 7.2 In the case of CSP, the intermediate goal is to increase the level of sustained activity within the targeted populations. The final goals are to bring about a consequent health gain and to enhance the level of social capital within the communities concerned. The latter two are the expected results from the former. Figure 3 also highlights the anticipated benefits of Community Sport Programme.

Figure 3



- 7.3 In this case the baseline should primarily focus on what is known about the level of participation in sport and physical activity in the areas in which the programme operates.
- 7.4 In the absence of local area information in relation to participation in sport and physical activity, the project team chose a combination of both primary and surrogate data collection methods including use of the Continuous Household Survey, Census data, and primary research into levels of social capital in each of the targeted areas.
- 7.5 The data was used to provide a profile for each project relating to participation in their area against the general population statistics. The usual cautions must be expressed: the exercise is only being substituted for a piece of primary research because of time, cost and the baseline derived from it can, at best, only give an approximation of the likely participation levels within each area.

8. Key Findings From the Baseline

8.1 Demographic profile

- 8.1.1 The age distribution within each area shows that Ballymena and Derry have population concentrations in the under-16 age group (more than a quarter in each case), while in Moyle and Belfast about one in five of the population is aged 60 years or more.
- 8.1.2 The data on community background indicates substantial differences amongst all five areas. Derry would appear to have the most residentially segregated population – over 83 per cent of Catholic community background. Moyle has the most mixed population, although this is not so in certain wards (Ballylough, Bushmills and Dunseverick). In the other three areas, the majority of each population is from a Protestant community background – overwhelmingly so in Coole and Dunanney in Newtownabbey.

8.2 Participation in sport and physical activity

- 8.2.1 There is limited local area data on participation in sport and physical activity rates within Northern Ireland. The literature suggests that those living in disadvantaged areas do have lower participation rates than those living in more affluent areas. In part, this was the rationale for the CSP.
- 8.2.2 In order to get an indication of participation rates within the five areas, the following exercise was undertaken. A data file with variables on participation and other demographic and social characteristics was extracted from the 2003/04 Continuous Household Survey. This was analysed to find those variables that were most associated with participation and non-participation. The participation variables were:
- frequency of participation in any sport over the previous year; and
 - having taken a walk or hike of two miles or more over the previous four weeks.
- These were cross-tabulated with four other variables: gender, age, occupational social class, and household access to car or van. It was discovered that there were significant and substantial differences in participation rates for each. Information was then presented for each CSP area for these four variables and these were treated as surrogates for participation.
- 8.2.3 In general, it was found that in some areas (e.g. east Belfast) participation rates were likely to be low because of the age structure (relatively higher numbers of elderly people). All five were found to have concentrations of the occupational social groups least likely to participate, although the degree of concentration was higher in some (e.g. Derry) than others.
- 8.2.4 This exercise fulfilled two purposes: firstly, it offered further validation for the area selection in the CSP – deprived areas are likely to have low levels of participation; secondly, it offered an indication of their likely levels of participation.
- 8.2.5 There is also a dearth of data on participation and sporting activities of people with disabilities. Sport England undertook a survey on the participation of people with disability in sport and physical activity. This used the Health Utility Index (disaggregating disability in eight different domains) to measure the participation of those with different forms of disability. From that survey, two things stand out:
- participation rates for those with limiting long-term illness are lower than for the general population; and
 - participation rates vary according to the form of disability – rates for those with vision, hearing and speech disabilities are higher than for ambulation and dexterity.
- 8.2.6 These findings may point to a social rather than a physical concept of disability in relation to participation rates – the low level of participation may be regarded as a form of exclusion – even though 60 per cent of those who did not participate gave health as their main reason.



- 8.2.7 The Continuous Household Survey data file was again used to get an indication of participation by limiting long-standing illness¹, which is frequently used as a proxy for disability and this also pointed to lower participation rates in sport and physical activity amongst those with limiting long-standing illness. Levels of limiting long-standing illness in Northern Ireland were extracted from the Census (2001) for the region as a whole and for the five CSP areas in particular.

8.3 Social capital

- 8.3.1 Eva Cox (Boyer 1995) described social capital as “the processes between people which establish networks, norms, social trust and facilitate co-ordination and co-operation for mutual benefit. These processes are also known as social fabric or glue ...”. Social capital is a prerequisite for community development processes. Without social capital, community development processes could not operate. There would be no family, neighbourhood and community networks; people would not trust each other; there would not be reciprocal relationships and so on.
- 8.3.2 The Continuous Household Survey 2003/04 contained sets of questions about social capital and social networks. Together these represent a regional baseline on how people relate to family and friends, who they trust, and their degree of involvement in social institutions. Some of the results for individual questions are interesting:
- 23% of people knew most of the people in their area;
 - 10% strongly agreed that their area is a close, tight knit community;
 - 7% strongly agreed that most people who lived in their area trust one another;
 - 19% of people had one or two close friends living within a 15-20 min walk or 5-10 minute drive;
 - 13% strongly agreed with the statement that by working together people influence decisions affecting the area; and
 - 16% of respondents were members of a sport or hobbies club or association.
- 8.3.3 Taking the above results into consideration, there appears to be evidence of weak social networks and low levels of social capital within Northern Ireland as a whole.
- 8.3.4 The Delphi technique² was used to provide a measure of social capital score for the areas targeted by the CSP.³
- 8.3.5 For the purpose of the CSP baseline, the use of this technique entailed identifying key individuals who knew the targeted area, each from a differing perspective, and asking them to rate the area in terms of two of the key elements of social capital – bonding and bridging. For the purpose of this research measuring the linking element of social capital was excluded from the study, as it was not of direct relevance to the pilot CSP.
- 8.3.6 Attendees were asked to rate each area on a scale of one to five in terms of the strength of bonding and bridging, with five representing strong levels of bonding/ bridging and one representing very weak levels. The assigned scores suggest relatively high levels of social capital in Derry, Newtownabbey and Belfast. Ballymena had the lowest overall scores. These results correspond to earlier work on areas of weak community infrastructure.

¹ Two terms are used interchangeably, limiting long-standing illness and limiting long-term illness.

² Stakeholders participating in a focus-group situation.

³ For a full discussion about the Delphi Technique and its operation, see Appendix II in the full report.

8.4 Health benefits

- 8.4.1 The second anticipated outcome of the pilot programme is health gain. Health literature predominantly ascribes good health results from moderate participation in sports. Indeed, among the recommendations designed to avert a potential crisis of obesity is an activity regime of five half-hour sessions of moderate activity per week. However, as with the other data, there are no sources in the public domain that offer comprehensive health profiles of small areas. The main available statistic relates to age-standardised mortality ratios, at ward level. Since the CSP areas were constructed using wards and census output areas, this information cannot be directly applied. However, the Census gives an indication of the number of individuals with limiting long-term illness for both wards and census output areas. In each of these areas, the percentage of individuals suffering limiting long-term illness varies from just over 20 per cent to almost 30 per cent, with Belfast, Derry and Newtownabbey displaying the highest rates.
- 8.4.2 The Census also provides data on peoples' perception of their own health. Higher percentages of those in Belfast, Derry and Newtownabbey reported that their general health was 'not good' compared to Ballymena and Moyle. In Belfast, this amounted to one in five of the population. The data would suggest that there is scope for health gain in these areas.

9 Conclusions

9.1 The framework

- 9.1.1 In assessing the development of a Monitoring and Evaluation Framework for the CSP, the evaluation steering group felt that the overall processes used had been broadly successful and innovative in its approach. The group agreed that the collaborative and inclusive dimension to the process provided a very effective learning mechanism, which could inform the measurement of future programmes. Although the collaborative approach had proved to be labour intensive, members felt that the final monitoring and evaluation tools produced would provide core data with which to measure the pilot throughout its development. Key conclusions and lessons identified by members were:
- a key factor in the success of the development of the framework was the range of partnerships established at a number of levels i.e. the partnership between DCAL, SCNI and locally based organisations;
 - the collaborative and participative approach of the key stakeholders provided a learning process at individual, organisational and inter-organisational levels. However, it was important to be realistic about the levels of skills, commitment and time required for such an approach;
 - the role and engagement of the key stakeholders (DCAL and SCNI) in developing the monitoring and evaluation framework and data collection toolkit was identified as a model of good practice;
 - the level of consultation, engagement and accountability with programme staff and other agencies produced effective data collection tools and a sense of ownership in the monitoring process;
 - for programme staff, there is a need to balance monitoring and evaluation tasks with the demands of delivering the programme on the ground. Programme staff need to be committed to the overall framework. They also need to be supported and guided in implementing frameworks on the ground and in customising tools to collect data particular to their individual projects;
 - there is a need to respect relationships between programme staff and project users in the collection of data. There can be friction between the need to measure the impact of the programme on programme users, with the successful delivery of the programme, particularly within the context of a community development approach; and



- feedback from programme staff indicated a high level of satisfaction with training and one-to-one support received as part of the programme.

9.2 The baseline

- 9.2.1 In addition to developing the framework, the establishment of a baseline provided key learning opportunities at every stage, including:
- the need to use alternative methods of gathering baseline data for geographical areas, e.g. Derry/Newtownabbey. Overall ward profiles did not match with the specific areas designated for the operation of the local CSP catchment areas. This meant that the extraction of data for the Newtownabbey and Derry areas was labour intensive;
 - the benefits incorporating in-depth informal consultation with key members of the community provided added value in relation to interpreting the demographic profile of areas, particularly those with weak community infrastructure; e.g. the facilitation of the Delphi consultations provided a unique profile and in-depth knowledge of the local areas in which the programme was being delivered.
 - these sessions provided them with the opportunity for direct dialogue with people on the ground and enhanced their understanding of the challenges facing CSDOs and CCs in the implementation of the programme;
 - the lack of research available on participation in sport and physical activity in Northern Ireland, particularly for people with disabilities; and
 - as the project progressed new sources of data became available. In particular, the CHS survey 2003/04 data file proved to be invaluable in the construction of the baseline.

10 RECOMMENDATIONS

- 10.1 It is recommended that future work in this area takes into account the following.
- the collaborative and inclusive approach to the development of the framework and baseline should be recognised as a model of good practice and considered in the development of similar frameworks;
 - key stakeholders need to balance the requirements of monitoring and evaluation with the demands of implementing and delivering projects on the ground by ensuring the availability of adequate resources to carry out monitoring and evaluation;
 - the practice of monitoring and evaluation as a means of demonstrating the impact of individual projects and programmes needs to be prioritised as a core task by project staff;
 - appropriate training and support should be available to individual projects, including guidance on implementing monitoring and evaluation frameworks within a community development approach;
 - when developing monitoring and evaluation frameworks for future programmes it is important that key stakeholders are consulted and engaged from the outset of the process;
 - research should be conducted to establish levels of participation in sport and physical activity specific to people with disabilities in Northern Ireland; and
 - as the project progressed, new sources of data became available. In particular, the CHS survey 2003/04 data file was invaluable. It is recommended that CHS be used as a standard data source for similar exercises and the new Northern Ireland Measure of Multiple Deprivation (2005), which is now available, could supplement this.

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