I am delighted to introduce Sport Northern Ireland’s review of sport’s contribution to improving public health. In this report, Sport Northern Ireland highlights the impact that has been made by its investment in community sport projects that help to reduce health inequalities and improve quality of life through participation in sport and physical recreation.

I would like to take this opportunity to thank everyone involved in our community sport investments for their drive, passion and commitment in contributing to improving public health and their achievements to date. I welcome the contribution made by community sport towards the achievements of Sport Northern Ireland’s core business objectives and in particular in tackling key public health issues.

There is no clear dividing line between ‘health related physical activity’ and participation in sport and physical recreation, indeed participation in all forms of physical activity has been shown to have a positive impact on physical and mental health and well being. While the growing ‘obesity epidemic’ remains a major health concern, other emerging health concerns linked to physical inactivity include an increased risk of coronary heart disease, stroke, type II diabetes, premature death, and mental health related illnesses.

‘Sport Matters’: The Northern Ireland Strategy for Sport and Physical Recreation (2009-19) sets out the case for ongoing and increased investment in sport and physical recreation. The benefits of a physically active society extend beyond the health sector, bringing economic benefits in terms of reduced health care costs, increased productivity, healthier physical and social environments, better performing schools and workplaces, increased participation in sport and physical recreation, and improved sporting achievement.

I firmly believe that Sport Northern Ireland and the community based projects in which we have invested have played a crucial role in enhancing the public health of people in Northern Ireland. The case studies within this report articulate the impact of sport and physical activity on public health. We must all continue to advocate the need for increased investment to build on this good work, and ensure that participation levels continue to increase and that opportunities are sustained.

Dominic Walsh
Chair
Sport Northern Ireland
**About Sport Northern Ireland**

Sport Northern Ireland is a Non-Departmental Public Body (NDPB) of the Department for Culture, Arts and Leisure (DCAL) and is the leading public body for the development of sport in Northern Ireland. Its corporate vision is: “a culture of lifelong enjoyment and success in sport which contributes to a peaceful, fair and prosperous society”.

In practice this means Sport Northern Ireland creates and develops programmes and partnerships that will contribute to the achievement of its strategic objectives.

**Purpose of this publication**

The purpose of this publication is to demonstrate how Sport Northern Ireland’s investment in community sport contributes towards the achievement of public health outcomes.

This report draws information from ‘The Value of Sport and Physical Recreation – Contributing to Improved Public Health’, completed by FKB Consulting and Dennis McCloy Consulting in early 2010.

The report presents a summary of the health benefits of participation in sport and physical activity, the types of projects delivered through Sport Northern Ireland community sport investment and their public health outcomes. These outcomes are further demonstrated through the inclusion of a range of project case studies and participants’ personal stories across the five Northern Ireland Health and Social Care Trust areas.

The project case studies and personal stories have been presented within the report to highlight the impact of community sport in increasing participation and delivering both treatment and preventative programmes on specific public health issues such as:

- Tackling obesity in young people;
- Treating Multiple Sclerosis (MS) and;
- Supporting mental health clients.

**What is Sport?**

The widely accepted definition of sport is:

“All forms of physical activity which through casual or organised participation, aim at expressing or improving physical fitness and mental wellbeing, forming social relationships, or obtaining results in competition at all levels.”

**What is Public Health?**

Public Health is defined as: “the science and art of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society, organisations, public and private, communities and individuals.”

**Sport, Physical Activity and improving Public Health**

Sport Northern Ireland is keen to promote the message that sport and physical recreation is for everyone and that the benefits of an active lifestyle should be fully embraced and enjoyed by all.

Sport and physical activity can have a profound effect on peoples’ lives, and plays a crucial role in improving community cohesion, educational attainment and self confidence.

However, one of sport’s greatest contributions to other government objectives is its positive impact on public health.

### Table 1

<table>
<thead>
<tr>
<th>Corporate Outcomes</th>
<th>Priority Areas</th>
</tr>
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<tbody>
<tr>
<td>Professional, accountable and autonomous sporting organisations</td>
<td>Strong Partners</td>
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<tr>
<td>Improved safety of major sporting venues</td>
<td>Safer Places</td>
</tr>
<tr>
<td>Increased participation in sport and physical recreation, especially among under-represented groups</td>
<td>Active People</td>
</tr>
<tr>
<td>Increased number of athletes with improved sporting performance</td>
<td>Successful Athletes</td>
</tr>
<tr>
<td>Contribution to broader government priorities</td>
<td>Advocacy of sport and physical recreation</td>
</tr>
<tr>
<td>Increased efficiency and effectiveness in the attainment of corporate outcomes</td>
<td>Supporting delivery of leadership</td>
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*Council of Europe*

Evidence suggests strongly that sport and physical activity delivers many physical and mental health benefits and that these health benefits result in economic savings through a lower burden upon health services. However, the benefits of a physically active society extend beyond the health sector including increased productivity, healthier physical and social environments, better performing schools and workplaces, increased participation in sport and physical recreation, and improved sporting achievement.

A correlation may also exist between indicators of health inequalities and lower rates of participation in sport. These inequalities exist between communities of interest, such as people with disability, older men, and ethnic minority communities, as well as between communities living in areas of high social need and more affluent communities.

Since 2003 Sport Northern Ireland has invested in community sport – working at a local level to introduce communities to regular sport and physical recreation activities. Community sport is about ‘grassroots’ sports delivery, and typically targets individuals who are not current participants in sport and/or physical activity.

In 2008 Sport Northern Ireland and the Health Promotion Agency (now the Public Health Agency) signed ‘Active for Health’, a joint charter for enhancing health through sport and physical activity. Central to the charter is the recognition of the importance of regular physical activity in maintaining good health and well-being. Having acknowledged this relationship between healthy lifestyles and regular participation in sport and physical activity, Sport Northern Ireland is committed to the implementation of the charter and will work in partnership to create and develop the conditions and opportunities to enable more people to become more active to enhance their health and well-being.

This publication tracks the development of community sport in Northern Ireland and through case studies and personal stories highlights the positive contribution made by a number of projects across a wide range of public health issues.
The Case for Sport

Investing in Community Sport

Sport Northern Ireland believes that it is only through targeted investment that meaningful and sustainable progress can be made in developing sport and physical recreation in communities.

Between 2003 and 2010, Sport Northern Ireland invested in excess of £8 million (of revenue funding) in community sport.

The Community Sport Programme was first piloted by Sport Northern Ireland during the period 2003 to 2005. The aims of the pilot programme were to:

- Increase levels of sustained participation in sport and physical activity in areas of high social and economic disadvantage and among those groups traditionally marginalised through the development and delivery of programmes;
- Improve the health and well-being of programme participants through involvement in sport and physical activity programmes; and
- Establish and support the development of structures to sustain the longer-term provision of the Community Sport Programme across Northern Ireland.

Building on the pilot programme, the Community Sport Programme (2005-08) specifically aimed to improve the health and well-being of those communities most at risk of low levels of participation in sport and physical recreation. The programme also aimed to build community cohesion through increasing participation amongst children, young people and adults in areas of high social need and groups traditionally marginalised in sport and physical activity.

The Sport in Our Community Programme (2006-10) set out to support and deliver innovative and creative projects which met at least one of the following three cross-cutting themes:

- The development and improvement of physical literacy;
- The development of opportunities for people with disabilities; and/or
- The creation of sport or physical activity in areas of high social need for those who have not previously had a sustained interest in sport or physical activity.

Investment in community sport programmes was framed around the employment of a network of Community Sports Development Officers (CSDOs) across Northern Ireland.

The CSDOs reported significant annual increases in the number of referrals to sport and physical activity by a health professional as a primary health enhancement tool either as a preventative or treatment programme.

Many individuals highlighted that their participation in community sport had been genuinely life changing, and reported significant achievements relating to physical, social and emotional improvements including:

- Improved health and well-being;
- Better sleep patterns;
- Significant levels of extended family involvement in physical activity;
- Changes in diet and nutrition;
- Reductions in alcohol consumption;
- Positive impacts on confidence and positive body image; and
- A desire to be seen as role models.

Cost Effectiveness of Community Sport

Between 2005-10 Sport Northern Ireland investment in community sport created over 153,000 regular participants in sport and physical activity. In 2005 each regular participant cost Sport Northern Ireland £60.50. By 2010 this cost was reduced to £33.00.

The new Sport Northern Ireland Active Communities Programme will further build on the work and is expected to invest £13.4m to provide more than 425,000 individuals in the period 2010 to 2015 with new participation opportunities reducing the cost per regular participant even further to £31.53.
Lifelong Involvement in Sport and Physical Activity (LISPA)

The LISPA model (Figure 1) has been endorsed as a robust framework across the UK, the Irish Republic and beyond. This enables ‘joined up’ thinking in sports development policy and practice and offers the prospect of higher levels of participation and sporting success.

The main elements of the LISPA model deal with the development of Physical Literacy, Lifelong Physical Activity and Performance Sport.

The fluidity implied within the framework recognizes that during the course of their life, an individual may follow a number of different routes.

Addressing Public Health issues through Participating in Sport and Physical Activity

The cost attributable to physical inactivity includes over 2,100 deaths each year in Northern Ireland.

Throughout the UK, diabetes is thought to cost the Health Service around £1 million an hour. In Northern Ireland, that translates into around £1.5 million a day.

Type 2 diabetes is closely related to obesity and has a huge economic impact.

Over 62,000 people (around five percent of the population over 20 years of age) have type 2 diabetes—this could rise to over 81,000 by 2015.

Tackling obesity could save the health service in Northern Ireland £8.4 million, reduce sickness absence by 170,000 days and add an extra ten years of life onto an individual's life span.

Recent data indicates nearly 60% of the adult population is either overweight or obese; nearly one quarter of children will be obese in the next few years.

Between 2005 and 2015 the number of people in Northern Ireland with Type 2 Diabetes will rise by circa 17,000 to 84,000.

Two thirds of cancer can be prevented through lifestyle changes (e.g. more exercise or changes to eating habits) – the links between cancer and obesity are not widely known or understood.

According to the World Health Organisation about 7% of all diseases, about one third of coronary heart disease and stroke and almost 60% of hypertension disease are secondary to overweight and obesity.

A 10% reduction in weight can have a series of positive benefits including a 40% reduction in obesity-related cancer deaths, reduced blood pressure and cholesterol.

One third of all deaths in Northern Ireland are caused by heart disease and stroke – 40% of strokes can be prevented.

‘Sport Matters’: The Northern Ireland Strategy for Sport and Physical Recreation, 2009-19

In partnership with the Department of Culture, Arts and Leisure, Sport Northern Ireland has developed ‘Sport Matters: The Northern Ireland Strategy for Sport and Physical Recreation, 2009 - 2010. It is an ambitious document which sets out the case for ongoing and increased investment in sport and physical recreation. In return, this investment will help deliver a range of sporting, educational and health outcomes.

‘Sport Matters’ sets out a range of commitments for Government, working through Sport Northern Ireland in partnership with a variety of public, private, sporting and community organisations; and highlights the need for a cross departmental approach to its implementation, particularly those responsible for health, education and regeneration.

It proposes a vision of a culture of lifelong enjoyment and success in sport; and outlines the Government’s desire that “by 2019 active lifestyles will be the norm” and that “the value of sport and physical activity in contributing to health and community cohesion will be understood and supported”.

The importance of increasing participation in sport and physical recreation is recognised through the inclusion of a number of participation targets linked to key steps for success. Some of these key steps link sport to public health and include:

• Promoting sport and physical recreation to the sedentary population;
• Promoting sport and physical recreation as a primary health improvement tool;
• Encouraging employers to provide opportunities for active lifestyles; and
• Establishing ‘Active Schools Partnerships’, linking health, education and community sport.

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Figures

Figure 1: Learning to Play & Practice, Active Start, Physical Literacy

Table 2: Inactivity Facts

<table>
<thead>
<tr>
<th>Fact</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over 2,100 deaths each year in Northern Ireland.</td>
<td>Northern Ireland Audit Office (2009)</td>
</tr>
<tr>
<td>Type 2 diabetes costs the National Health Service £8.4 million a year in Northern Ireland.</td>
<td>Institute of Public Health – Obesity Enquiry submission (2009)</td>
</tr>
<tr>
<td>40% of strokes can be prevented.</td>
<td>The Northern Ireland Chest Heart and Stroke Association – Obesity Enquiry submission (2009)</td>
</tr>
</tbody>
</table>

Note: Figures are correct as of 2010.
Estimated that obesity causes over 450 deaths per annum, equivalent to over 6,000 expected years of life lost; 260,000 working days lost each year; and the approximate cost to the economy of £500 million.10

Estimated that the total annual cost of obesity and overweight would be around £6.6–£7.4 billion. Of this total, around £391–£1,124 million related to the direct healthcare costs of treating obesity and its consequences.11

In the United Kingdom by 2050, 60 % of males and 50 % of females could be obese, adding £5.5 billion to the annual cost of the NHS, with wider costs to society and business estimated at £48.8 billion. By 2050 we will be spending around £1 billion per annum on direct Health Service costs associated with obesity – additionally costs of £5.5 billion per annum will be associated with lost productivity and workforce issues.12

Estimated that lost earnings (lost potential national output) directly attributable to obesity £2,350–£2,600 million. Around 34,000 deaths annually are attributable to obesity, one-third of which occur before retirement age. These account for an annual total of 45,000 lost working years.

There were around 15.5–16 million days of certified incapacity directly attributable to obesity in 2002.13

Coronary Heart Disease (CHD) is estimated to cost the UK economy just under £7.9 billion per year with around 45% of this due to direct health care costs, 40% to production losses and 16% to informal care.

For the Health Service; the direct costs of obesity in 2002 were estimated at £46-49 million per year and the costs of treating the consequences of obesity at approximately £945-£1,075 million per year.

The treatment of diabetes and its complications costs the NHS 5% of its budget; £3.5 billion per year/£9.6 million per day.

In 2003 CHD cost the UK health care system around £3,500 million. Stroke care costs the NHS about £2.8 billion per year.

Estimates have shown that more CHD deaths can be attributed to physical inactivity (37%) than to smoking (19%) or high blood pressure (13%).14

Obesity is estimated to cause 450 deaths per year; £14.2 million in lost productivity and £90 million cost to health and social care.15

Table 3

Impact – The Costs of Obesity (and associated illnesses)

<table>
<thead>
<tr>
<th>Source</th>
<th>Cost Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investing for Health Strategy (2002)</td>
<td>£14.2 million</td>
</tr>
<tr>
<td>House of Commons Select Committee (2004)</td>
<td></td>
</tr>
<tr>
<td>McCormick and Stone (2007)</td>
<td></td>
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<tr>
<td>British Heart Foundation National Centre (2007)</td>
<td></td>
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<tr>
<td>Institute of Public Health – Obesity Enquiry submission (2009)</td>
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AcTivE PEoPlE: HEAlTHy coMMuniTiEs - THE iMPAcT oF coMMuniTy sPorT invEsTMEnT on Public HEAlTH
Of the £8 million (revenue funding) invested by Sport Northern Ireland, £1.2 million has gone to three strategic enabling agencies, who work across Northern Ireland in partnership with others on a range of community sport projects. These agencies are:

1. Disability Sports Northern Ireland;
2. PlayBoard NI; and
3. Age Concern NI (now Age Concern/Help the Aged NI)

Disability Sports Northern Ireland (DSNI) has over 80 member organisations or groups, consisting of sports clubs and organisations, special schools, adult centres and residential homes. DSNI works across Northern Ireland delivering support and advice towards the achievement of its objectives which include policy development, community participation, training and coach education and performance sport.

PlayBoard NI is the leading agency for children’s play, working to improve the quality of children’s lives by increasing their opportunity to play. Sport Northern Ireland’s investment focused on the Fit for Play Programme, developed as a preventative project designed to tackle obesity and improve the long-term health and well-being of children.

The project encouraged physical play, healthy eating and access to the outdoor environment as the method through which children could maintain/improve their health and well-being.

As many older people had never entered a leisure centre in their lives before or had never before undertaken any form of physical activity or exercise since leaving school, the main issue for Age Concern NI was to break down barriers of perceptions about exercise amongst the older persons themselves.

Age Concern NI worked with over 60 groups and seven councils to build capacity within the groups by investing in training programmes for group leaders. Accredited courses were organised with leaders trained to run activities such as dance, chari-based aerobics, and walking. The leaders and groups were then linked to councils, leisure centres and other local groups.

Table 4 summarises the total Sport Northern Ireland investment (excluding the three strategic awards) in community sport across each Health and Social Care Trust area.

WHO DELIVERS?

Summary of Community Sport Investment
Figure 2 summarises the total Sport Northern Ireland investment in Community Sport across each Health and Social Care Trust area from 2003-10.
WHAT WORKS?

Five case studies are presented covering the Health and Social Care Trusts and focusing on the public health impact of Sport Northern Ireland’s community sport investment across the:

1. Western Health and Social Care Trust;
2. Northern Health and Social Care Trust;
3. Southern Health and Social Care Trust;
4. Belfast Health and Social Care Trust; and
5. South Eastern Health and Social Care Trust.
This case study consists of number of projects implemented by:

1. Foyle Active Futures (Derry Healthy Cities);
2. Old Library Trust Healthy Living Centre; and
3. Derry City Council - Fit Futures.

Foyle Active Futures' aim is to increase the involvement of people with disabilities in physical activity.

The Old Library Trust Healthy Living Centre is a neighbourhood health project based in the Creggan estate in Derry, but serving also the wider Creggan, Brandywell, Bogside and Fountain areas.

Fit Futures (Derry City Council) operates in conjunction with the Outer North Neighbourhood Partnership. Its main area of operation is in the 30,000 person catchment area mainly comprised of Carnhill, Guildhall and Shantallow.

All projects featured in this case study target people whose social or geographical isolation has prevented them from participation in organised sport and physical activity.

Many groups traditionally under represented in sport and physical activity have benefited from community sport programmes across the Western Trust area. The Foyle Active Futures project, for example, is specifically aimed at increasing involvement of people with disabilities and has delivered a wide range of activities to more than 1,500 people.

Fit Futures has worked with Traveller children through the schools programme and with children generally. It has also targeted women and older people. The GP referral programmes and general fitness programme run by the Old Library Trust specifically target people with health needs and disabilities.

Foyle Active Futures supported Limavady Ageing Well which specifically caters for people aged over 50. Its objectives are to encourage older people to become more physically active, to encourage them into local leisure facilities thereby increasing levels of fitness and physical activity. The project offered weekly physical activities that included armchair aerobics, aqua-aerobics and yoga.

The Old Library Trust Healthy Living Centre is a neighbourhood health project based in the Creggan estate in Derry, but serving also the wider Creggan, Brandywell, Bogside and Fountain areas.

The Fit Futures Yoga Schools Programme operated within a cluster of seven primary schools delivering yoga to over 300 young people within the Outer North area of Derry. The Yoga in Schools Programme delivered one 30 minute session per week with each of primary seven pupils.

Driving 2 Health (Old Library Trust) involved 20 local taxi drivers over a six-month period, encouraging more physical activity and raising awareness of unhealthy eating practices through group exercise sessions and tailored individual sessions. Participants devoted three hours a week to the programme at first, with one hour in a circuit class at the gym, one hour in a nutritional class and an hour with a personal trainer.

KEY ENABLERS

Partners and Other Funders

One of the big successes of community sport projects in the Western Trust area is the amount of partnership working that has been delivered. It was clear that there were effective linkages operating at local and area level e.g. the work of Fit Futures in the north side of Derry/Londonderry is embedded in the work of the Outer North Neighbourhood Partnership, Shantallow Community Residents Association, local community groups and schools.
In the Bogside, Brandywell and Creggan the Old Library Trust operates in an area of social capital, where local people are working closely with local government, local groups and organisations to deliver joint programmes. Partnerships have been important enablers in getting projects off the ground, of joint achievement. Partnerships have also enabled a better use of resources, sharing expertise and knowledge of best practice and engendering a sense of trust and confidence. Tri-Chi and Tai Chi has also been a positive enabler for some of the projects that meet the needs of the local populations. The recognition by officers of the need to work from a community development approach that meets the needs of the local population. The project also enablers of good practice and engendering a sense of trust and confidence.

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EAMONN’S STORY

Eamonn is a young man in his twenties who, by his own description, was very obese. Before taking up exercise and healthier eating, his life was extremely limited, he didn’t leave the house, he had few friends and he lacked confidence because of his size.

Eamonn’s mother was instrumental in getting him involved in the Old Library Trust Healthy Living Centre’s physical activity programmes. Eamonn took regular exercise classes and received advice on nutrition and diet at the Old Library Trust.

At first Eamonn didn’t lose weight and became disillusioned, but the Community Sports Development Officers encouraged him into continuing. “George and Tommy phoned every day . . . . gave me support, so that in the end I really wanted to go every day.”

Eamonn has now lost 10 stone and his weight continues to drop. Because he is more confident about how he looks, Eamonn now swims regularly. “It gave me confidence to go swimming, I was so heavy I never went before.”

He has become known in the local area as a visible example of how taking regular physical activity and eating healthily can reduce obesity. He has also become a role model for others and young people often ask him how he has lost weight and seek his advice on healthy eating and exercise.

Because of his success, other obese young people have started along the same exercise and healthy eating path.

Eamonn’s mother has now joined the exercise and healthy living programme along with her five other children. As a result, another of her children has also lost five stone and she says; “we buy much more healthy food and we eat much better.”

As a result her own and her family’s progress, her depression has improved to the degree that she has been able to cease taking her medication.

The impact of the project organised by the Foyle Disability Resource Centre as part of Foyle Active Futures, is highlighted by a participant:

“I am a person with a physical disability. The opportunity to take part in any physical activity has been very limited for me during my life, since there are very few that are designed and accessible to let me participate. (Through Foyle Active Futures) I have undertaken a wide range of physical activities including boccia, kurling, archery-based exercises, canoeing and sailing. I have developed both physically and mentally . . . . I have gotten stronger . . . . I know how to move stouter . . . . I feel better about myself . . . . more confident in myself.”

SUSTAINABILITY

A legacy exists in the Western Trust area in terms of the networks, linkages and isolates that have been forged and will provide a continuing vehicle for sport and physical activity.

There is now a cohort of people who participate in sport and physical activity that would not have existed prior to community sport investment who demonstrate a strong willingness to continue their participation.

On the demand side there is sustainable and ongoing need; while on the supply side there are now vehicles for delivery in terms of facilities, equipment and networking infrastructure. However, there is a universal view that continued investment is essential in sustaining projects.

Furthermore, the continuance of CSDOs is essential in providing an engine to drive projects forward, to match need to activities and continue to create and sustain the partnerships and linkages that can deliver successful projects.
Although not the primary objective of many community sport investments in the Northern Trust area, a number of programmes were delivered in partnership with health organisations, e.g. Northern Physical Activity Partnership, Northern Investing for Health Partnership and Environmental Health Departments which attracted over £30,000 in additional funding to support the implementation.

Specific projects delivered for public health outcomes included:

- Fun, Food and Fitness and Full of Beans Activity Programme for young people
- Girls Night Out for women in rural areas
- Wellman Project for men in rural areas

A number of programmes have been sustained by the partner organisations, and participants provided with routes into mainstream council sport development programmes e.g. Active Wildcat clubs and Active Age Programme.

This case study consists of six projects developed by the CSDoCs:

1. Larne Borough Council;
2. Ballymoney Borough Council; and

Active Choice is a GP referral project in Larne for people with ongoing health problems such as depression, heart disease and obesity. As partners in the project, GP practices refer participants to a 12 week programme following an assessment of their physical activity needs.

Key health measurements are taken by a physical activity consultant at the initial assessment and at regular intervals throughout the project. Each participant is given a tailored programme of exercise - usually consisting of a combination of swimming and fitness training. Participants meet with their physical activity consultant regularly throughout the 12 weeks to discuss their progress and receive advice and support.

Larne Ladies Morning is designed to attract women of any age into the Leisure Centre in Larne, and particularly women who have not taken recent physical exercise. The women only sessions were devised because women traditionally have a lower participation rate than men and because mixed sessions were perceived barrier to them becoming active users of the leisure centre. A special low £1 entrance rate was offered initially which provided access to all centre activities such as swimming, fitness room, aerobics class, sauna, jacuzzi, as well as the opportunity to play sports such as badminton. Tea, coffee and fruit are provided during breaks between activities.

Initially advertised in the local press with news of its development spreading rapidly by word of mouth, it has resulted in an average of 40 regular attendees from across the Borough.

Larne Midnight Soccer is run as a partnership project jointly funded and supported by community sport, the Community Safety Partnership and PSNI and mainly attracts young male participants.

The objectives of the project were aimed at diverting young males (aged 14-17) from unhealthy levels of alcoholism using and its associated risky behaviours (including violence, accidental harm and underage sex) and anti-social behaviour.

The Coast project (Coleraine) is aimed at people aged 18 and over with mental health difficulties, some of whom were in residential accommodation, others living in the community. Some participants came from the Ross Thompson Unit which caters for people suffering from depressive illness. The objectives of the project were to build up confidence, lift mood levels, improve self esteem and raise general fitness levels.

Coleraine Ageing Well Project is specifically for people aged over 50. Its objectives are to encourage older people to become more physically active, to encourage them into the local gym and leisure facilities. The project offered weekly physical activities that included swimming, sauna, spin classes, and jacuzzi. The project originally drew on partner funding from Age Concern.
NI’s community sport project, but is now a mainstream project paid for from the Council’s community sport programme costs. Those under represented in sport and physical activity have benefited from the community sport projects and would not have participated otherwise in sport and/or physical activity, e.g.: • Women through the Ladies Morning • Disadvantaged youth through Midnight Soccer and other community based projects; • People with long-term health problems and disabilities through the Active Choice and the Coast project; • Older people through the Ageing Well project; • Some unemployed people have gone through community sport projects and moved on to get their coaching badges from the IPA, which could lead to paid employment; and • Ethnic minorities through the Asian 50plus forum.

Capacity of Organisations to Run Projects

Some of the community associations in the area organise and plan well, with these usually being groups with more experienced people on their committees. The over 50’s groups tend to be best organised. Less organised groups tend to be poor at communicating their needs and do not give much feedback about the success or suitability of the projects delivered. As most community sport projects are initiated by the lead organisation in partnership with established agencies or other professionals, low capacity within communities is not necessarily a barrier. However, in the case of Larne Midnight Soccer it was clear from the community leader involved that communities vary in their capacity to take on and take ownership of projects.

“The more disadvantaged the community, the less well placed it is to take ownership and sustain a project.”

The community leader was uncertain whether the local communities would continue with the project if he had to direct his energies to projects elsewhere.

Barriers to Getting Projects and Activities off the Ground

In the Coleraine area competition and antagonism between some local groups and their representative associations sometimes foil attempts to initiate projects. This can stem from an unwillingness to join with other communities in joint projects and from an attitude of wanting separate and equal provision at all times. Some communities within the Larne area display an unwillingness to get involved in things that are run by the Council which is a potential barrier to the development and delivery of projects.

Active Choice required considerable financial resource as the qualified physical activity consultants (Wright Foundation Level 3 Fitness Instructors) command around £25 per hour. Even though participants clearly benefit from improved health and fitness, no funding comes from the health sector for this project. Currently there are many more people wishing to join Active Choice than can be financially afforded and a limited number of accredited consultants and their availability is a constraining factor. The Coast project is dependent upon transport being available to take participants to the facilities, who by the nature of their illnesses are unlikely to travel to other venues.

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KEY ENABLERS

Partners and Other Funders

Sport Northern Ireland’s investment in CSDO posts and accompanying programme costs have been a major enabler to getting community sport projects initiated in each area. Additional funding has come from a variety of sources including Age Concern, the Public Health Agency, and Community Safety Partnerships. The North Eastern Education and Library Board has also been an active partner and has provided good support to the work of the officers in projects aimed specifically at young people. CSDOs emphasised the need to have good links into communities as essential to getting projects accepted and off the ground, e.g. to ensure good levels of referral, time was invested in building and maintaining good relationships with stakeholders so that projects were founded within a supportive partnership arrangement. CSDOs have extensive linkages into the local community infrastructure and are a known point of contact for local groups who wish to develop sport or physical activity.

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The Active People:
Examples of programmes delivered include:

• Active4Life delivered by the Southern Sports Partnership for overweight and obese year 8 pupils;
• Deaf Swim Club delivered in partnership with the Ulster Deaf Sports Council resulting in swimmers competing at the NI Championships and the UK Disabled Swimming Championships;
• Mental health golf programme resulting in a number of participants playing independently; and
• Filipino Health Programme in association with the Craigavon Filipino Support Network developing badminton and basketball as core sports.

Craigavon Borough Council’s Sports Development Team (inclusive of Community Sports Development) works in partnership with over 70 organisations and from March 2006 to September 2009 delivered to 3,947 participants across the community sport programme (1,586 female; 2,361 male).

Impacting on public health, in the widest sense and widest definition of public health, is a primary focus of all community sport programme activity.

This case study focuses on the following six projects delivered by Craigavon Borough Council and draws widely on the experience of other partners, project leaders and participants.

Community sport investments within the Southern Trust area have generated an additional £146,000 for health based programmes from a range of funding sources, e.g. Department of Social Development, Southern Investing for Health Partnership, Big Lottery, Northern Bank, Awards for All and the Local Community Fund.

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games and activities, including pilates, boccia, new age kurling, chair-based activity, and yoga and relaxation, with an aim to be more active, giving supportive advice on eating more healthily and on family games and activities.

A number of initiatives developed by the Southern Health and Social Care Trust, supported by the Sports Development Unit targeted children and young people at risk of anti-social behaviour. A toolkit was developed to assist health professionals to identify by their organisation as being ‘at risk’ of anti-social behaviour.

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The Community Health Challenge is held annually over a six week period in October and November. During the Challenge, 13 teams of five, aimed at eat at least five portions of fruit and vegetables a day, eat a proper breakfast and take as much exercise as possible. Teams received points for each portion of fruit or vegetable consumed, for eating a good breakfast and one point for every 10 minutes of exercise they performed. The top 13 teams were invited to a presentation evening where trophies are presented to the participating teams.

With the high degree of coordination between partner organisations and the organisations, e.g. the Active Inclusion project acquired new partners in the health sector leading to work with a range of mental health groups. Engaging with the Health sector is as much a key challenge as well as a key achievement, due to the investment in time needed to build trust and relationships.

Partnership working lies at the heart of community sport and the sample projects are good examples of this. SLUG is made up of individuals with a disability, disability group representatives and statutory agencies. The MS Activity Group is a partnership initiative with the Trust’s Community Physiotherapy team. The SLUG project has funding from the Department of Social Development, Peace II, the Community Safety Partnership, South Belfast Health Partnership, and Big Lottery. Partners in the Aspergers Saturday Club include the Children with Disabilities Team at the Trust, Taghnevan Community Centre, the Youth Service and Aspergers Charities. The Community Health Challenge is run in partnership with Banbridge District Council and the Healthy Trust.

Partnership working enables the Sports Development Team to work with local community groups and sports clubs to assist them in securing additional funding to run community sport programmes.
AcTivE PEoPlE: in community sport. SLUG brings together a range of statutory sector representatives and service users and aims to break down such barriers to participation for disabled users. The availability of facilities and lack of suitable transport to and from venues is one of the main barriers to engaging people in sport and physical activity in the Craigavon area. The cost of accessing facilities is prohibitive especially for programmes delivered beyond a 12-week period.

Getting Projects Off the Ground – Catalysts and Enablers

To encourage the development of a range of projects sports development staff in each area were demonstrating the value of getting people to take part in sport and a range of projects sports development catalysts were established but if we can get people into Leisure Centres then we can make greater impact in recovery and lifestyle. “Treatment has traditionally been hospital based but if we can get people into Leisure Centres then we can make greater impact on health and well being.”

Getting Projects off the Ground –

Catalysts and Enablers

• Getting people out of the house;
• Supporting people with confidence building;
• And nurturing individuals to the point where they are able to take the opportunities for physical activity that are provided.

Knowledge of where the greatest need exists and matching that need to provision by identifying and engaging with suitable partners is also key. CSSOs play a vital role in mapping out provision in the area, and developing appropriate partnerships with other organisations in health, leisure and sport sectors.

Access to good coaching is also an important catalyst – coaching delivered at a high standard is a significant enabler for those whose relative experiences of participation spur them on to become more active and get involved in physical activity. The role of project staff is to motivate participants to the point where they are ready to engage with sport and for coaches to provide the skills and encouragement to take part in sport and/or physical activity.

Internal investment from Sport Northern Ireland and a willingness to invest from all providers to access experienced CSSOs and coaches to support people who have a physical/learning disability, state that the biggest issues in getting projects up and running are:

• Getting people out of the house;
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1. Midnight Soccer; and
2. Older and Active Programme.

Midnight Soccer aims to tackle anti-social behaviour in young men and to divert them into activities that are supportive of fitness and healthier lifestyles. The project also addresses alcohol, drug and substance abuse amongst its participants and impacts on the wider community which benefits from a much quieter Saturday evening when young men are involved in the project (between the hours of 9.00pm and midnight).

The Older and Active programme is a partnership between GVRT, South Belfast Highway to Health, LORAG and Castlereagh Borough Council. The programme consists of a number of eight week programmes at different venues during the year. The half day sessions cater for a range of activities including boccia, new age kurling, community safety, home safety, therapy day, physiotherapy sessions, bus trips (e.g. a trip to Stormont) and social events.

Belfast Health and Social Care Trust

Partner organisations within the Belfast Trust have worked together as a network of projects on the delivery of a number of city wide programmes, including the Summer Mobile Sports Team delivered to young people from neighbourhood renewal areas during school holidays.

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KEY ENABLERS

Partners and Other Funders

A wide range of partners and funders have been involved in delivering community sport programmes in Belfast. The positive effect of partnership working has shown results in terms of successful funding applications and successful programme delivery. CSDOs estimate that 85% of their work is in partnership programmes – partly reflective of the continuity provided by CSDOs who have been in post for the duration of community sport. Links developed with partners across the city have also been key in attracting new funding i.e. for funding applications made jointly with other partners. New partnerships are also being continuously created, e.g. in 2010 the Chronic Obstructive Pulmonary Disease (COPD) programme will be delivered, with the aim of promoting physical activity and exercise and balanced healthy diets amongst COPD patients in South Belfast.

Barriers to Getting Projects and Activities off the Ground

Many of the sport and physical activity projects require a large amount of networking with local communities, engendering trust between projects and host communities and raising the profile of community sports development staff. While this can be time consuming it ensures that the project is delivered successfully. Matching the community need to the right funding source and ensuring that the right project staff (coaches and volunteers) are available to deliver the project are also seen to be barriers to establishing projects.

Getting Projects off the Ground – Catalysts and Enablers

CSDOs are vital enablers in the delivery of a whole range of projects and programmes. As the network of Belfast community sport projects has become more embedded across the North, West and South of the city, communities have begun to ‘buy into’ the ethos and approach of the projects and communities are reported to be broadening their horizons; more prepared to work together and more prepared to engage in cross-community activities. Working together as a network of projects can enable projects to get started very quickly in Belfast.
The impact of Midnight Soccer is spread well beyond the project itself into the wider lives of participants and their communities.

"By taking the kids out of the area and keeping them occupied in a healthy activity it is a tremendous relief for the community generally. Communities are safer and happier. We had pensioners in the area who used to get tortured regularly every Saturday night and now that’s not happening so that has (positive) effect on their mental health."

Anecdotal evidence exists on the positive mental health impact of the Older and Active Programme. Evidence is also provided of barriers being broken down between communities, building relationships, improved mental health, and improved physical well-being. The programme gets older people out of their house and involved in community activity, for many of whom their lives can be otherwise limited to the house.

"…so we are sure that issues like isolation are being addressed and we are sure that visits to GPs in the area are reduced through the programmes we deliver such as aerobics and relaxation."

sUSTAINABILITY

With so much partnership working generated, there is an element of sustainability in the Belfast area. However, this very much depends on the continuing work of CSDOs; without their energising, networking and sports development skills, the level of community sport will inevitably diminish.

Community sport projects within the Belfast Trust area have been engaged with a range of funders about strategic funding issues. Initial discussions have taken place with Belfast City Council, Castlereagh Borough Council, the Belfast Health and Social Care Trust, Department of Social Development, Belfast Regeneration Office and other agencies.

A comparatively high level of volunteering in Belfast projects is also a key enabler e.g. in Midnight Soccer there are 10 teams each with a volunteer leader.

Participants’ views

CSDOs and project staff have an in-depth knowledge of many of their participants because they are from the same communities. Many personally know participants’ families so the impact of project delivery can be informally monitored. An example of observed health impacts comes from a project which provides access to a sports hall for children twice a week for 45-60 minutes, during which they were able to run around and have fun without much structure other than supervision. The impact of this provision included more physically active children (many of whom have no other access to play opportunities – no gardens to play in – too young to be let out to play). Anecdotal evidence from parents demonstrated that the children are going to bed earlier as they are physically tired by the exercise. Around this exercise was an environment where access to healthy snacks and water instead was readily available.

The view of a project leader involved in Midnight Soccer is that the project not only benefits health and fitness in participants, but also addresses alcohol and drug abuse. The project also enables some young people to start down a lasting path towards a different life.

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Community sport investments have delivered a range of projects including the development of a network of multi-skills clubs across the area linked to programmes under the sport northern ireland Activ8 brand. Other area wide projects have included Fresh in conjunction with the Belfast Trust. Many of the community sport projects accessed additional funding and programme delivery support from the Eastern Area Physical Activity Coordinating Group.

This case study consists of three projects in the greater Lisburn area: 1. Bring Your Parent to School Day; 2. The Young Mother and Toddler Group; and 3. Midnight Soccer.

Bring Your Parent to School Day was run by the Community Sports Development Unit of Lisburn City Council in conjunction with the South Eastern Education and Library Board and the South Eastern Health and Social Care Trust. In the first instance, school nurses identified children that were overweight and/or obese so that their parents could be targeted with specific information about improving their health and physical literacy. Parents visited their children’s schools and were given talks, practical advice and information on hot topics such as dental health and hygiene, healthy eating and exercise. Practical demonstrations of multi-skills games were also given to show parents how to activate their children.

The Young Mothers and Toddlers Group/Brook Activity Centre Exercise Classes is a prime example of working in partnership to satisfy two needs. While an ongoing exercise class in the Brook Centre, Twonbroke was looking for a boost in participant numbers, the crèche in the nearby nursery school found itself with available spaces. This led to a partnership arrangement whereby parents who wanted to exercise could leave their children in the crèche whilst they attended class. The six young mothers who have been able to take advantage of this would have been unable to participate in the exercise classes without the crèche facilities. The project was funded from Lisburn City Council’s community sport budget and the crèche facility also supported by the Surestart programme. Participants take part in variety classes, including, aerobic, dance and specific elements of the ‘Cook It’ and ‘Way to Health’ programme delivered by the Colin Neighbourhood Partnership.

Midnight Soccer is a prime example of true partnership working with Colin Neighbourhood Partnership working alongside this project to deliver specific elements of the programme. The PSNI and Colin Neighbourhood Partnership are extremely supportive of the Midnight Soccer programme.

This project is an excellent example of the impact of community sport investment on public health. It has demonstrated how partnerships can be developed to address health inequalities and improve outcomes for young people in areas where they are less likely to access mainstream sport. The project has also highlighted the importance of involving partners in programme design and delivery to ensure that the needs of young people are met.

The development of good working relationships and strong partnerships has also been a major enabler to getting the example community sport projects initiated in the area. These have included the South Eastern Education and Library Board, South Eastern Health and Social Care Trust, Surestart, Lisburn Community Safety Partnership, Colin Neighbourhood Partnership and Big Lottery. The PSNI and Colin Neighbourhood Partnership are extremely supportive of the Midnight Soccer programme.
Barriers to Getting Projects and Activities Off the Ground

Once partnerships had been established there are no particular barriers to getting projects off the ground, however maintaining and sustaining the programmes once they have started is problematic at times. Most problems encountered were to do with attitudes and commitment to programmes. For example, a parent of a child in the project, Day parent either wouldn’t or couldn’t get involved in activities which happened, but did depend on its success in terms of numbers attending.

The Midnight Soccer scheme draws some young people as ‘hangers on’ which affected the policing of the programme. It resulted in some tension and arrest amongst staff and volunteers as they were ‘waiting for an incident to happen’, which caused some resistance for sustaining the programme.

Getting Projects Off the Ground – Catalysts and Enablers

The effect of CSDOs in encouraging partnerships and working within their own networks can be considerable as exemplified by the Mother and Toddler project where it can have enabled partners to be kick started. Showcasing successes to Council members and using the local press to highlight good projects has proved useful in achieving support. Elected members showed considerable interest in successful projects which cut across a number of terms, which helps to draw Council support and secure additional funding.

**IMPACT**

The majority of participants in Midnight Soccer said that they felt more confident about themselves and had a healthier lifestyle than would have been the case without their involvement in the project. They enjoy being together and have built relationships with other mums and have made new friends. They enjoy being together and have built relationships with other mums and have become healthier as a result of the project.
Key Enablers

The evidence and case studies presented in this report clearly demonstrate that the organisations funded under community sport and the local delivery of projects has indeed worked. They have impacted positively on host communities and improved the quality of life of those involved. They worked – in the past.

The key to good policy making is to identify the common core elements within these success stories and determine how these same ‘key enablers’ can help shape success – in the future.

The initial Sport Northern Ireland investment there would not be the network of strong bonds of trust between providers, bringing in appropriate leaders, coaches, volunteers and the expertise of the CSDO. Without this injection of ‘pump prime’ funding for salaries and initial investment there would not be the network of strong bonds of trust between providers, bringing in appropriate leaders, coaches, volunteers and the expertise of the CSDO.

The partnership approach has also been effective in building and sustaining the CSDOs’ role in bringing in appropriate leaders, coaches, volunteers and the expertise of the CSDO. The availability of volunteers is also an important enabler. Volunteers provide a strong peer support network, and are a positive outcome on general measures of participation levels, and seeks to put in place a coherent partnership model for research and evaluation that is responsive to the research needs and priorities.

Increasingly questions are being asked of the impact of investment in sport and physical activity projects from the funding to local community sport delivery is responsive to the research needs and priorities.

Access to good quality coaching is also an important enabler – which cannot be over emphasised.

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There are too many stories about people with physical disabilities trying to access leisure and sport opportunities, but only to have a bad initial experience due to inexperienced or under trained staff members – one bad experience like that and you lose people.

Good coaches are particularly valued as they create a positive experience for the participant. Coaches that are particularly skilled in providing a positive learning environment for the causal participant enable them to become a committed participant – more likely to continue and more prepared to work together and more motivated to take up the opportunities for physical activity.

Partnership Working

The amount of partnership in engagement and networking has had substantial benefits in terms of linking need to activity, connecting projects to facilities, building trust, bringing in appropriate leaders, coaches, volunteers and the expertise of the CSDO.

These benefits also extend to the development of a support network of CSDOs, skilled to provide peer encouragement within their sphere of influence. Networking is particularly strong where the role of CSDO is strongly embedded within a tradition of utilising community development principles for the development of sport and physical activity.

Partner organisations have been particularly supportive of new initiatives such as the Sport Northern Ireland Active Communities Programme which utilises non-traditional partnerships to have an impact on increasing participation levels amongst those under represented in sport and physical activity.

The partnership approach has also been effective in bringing additional funding to local community sport delivery and physical activity projects from the appropriate partners.

The initial Sport Northern Ireland investment in sport and physical activity is also more likely to be committed participants which are based on evidence. It responds to the need for the evidence-based frameworks to drive forward the development of sport and physical activity projects from the funding to local community sport delivery.

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It is therefore to sustain their involvement in the everyday lives of the people and their level of good health.

An insight and understanding of the nature of the everyday lives of the people and the needs of the area is key, as is an ability to gain the trust and the confidence of their community quickly. CSDOs with local knowledge who understand the need to be rooted within the community are very effective in delivering successful projects.

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Partners and practitioners alike have emphasised.

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Partnership Working

The amount of partnership in engagement and networking has had substantial benefits in terms of linking need to activity, connecting projects to facilities, building trust, bringing in appropriate leaders, coaches, volunteers and the expertise of the CSDO.
Among the best available evidence of how health impacts come directly from project participants who identify a wide range of positive health and wellbeing impacts from participating in sport and physical activity. These impacts are at a number of levels as described in Figure 3.

**Challenges**

Measuring Impact

While some community sport projects primarily target increases in health and fitness, the application of consistent, objective measurement of basic health factors such as weight, Body Mass Index (BMI), and blood pressure has been difficult to achieve. Community sport projects aimed at improving health of participants tend to adopt ‘ad hoc’ approaches to measuring impact and where evidence does exist it is often not collected pre, during and post the project interventions. While there are models that can quantify the economic savings gained from sport and an increase in physical activity, large scale data exercises are necessary to collect the appropriate information as a baseline. If objective project level measures, such as weight, height and blood pressure, are not collected pre, then collection of these measures becomes an essential component to an active lifestyle.

**Sustaining Participation Across the Life Course**

For a number of individuals participation in community sport projects may be the first foray into sport and physical activity. For many, it leads to people proactively seeking fitness and training. These range from simply going for walks more often, to going independently to the gym, joining sports clubs and being active in an organised sport. Without the opportunity to get a ‘first foot on the ladder’, most of these people would not now be engaged in an active lifestyle. The pro-activity of the CSDOs has proved to be an essential positive impact and keeping participants involved with a great deal of effort devoted to demonstrating the value of getting people active and highlighting the benefits that lifelong activity can bring.

There is therefore a clear need to engage new participants in sport and physical activity and retain those who are already involved, where the challenge is to review what is on offer. Recent work on market segmentation has modeled population level involvement in sport and physical activity. Developing a strengthened experience of sport.

**Figure 4**

Aligned this market segmentation with the LISPA Framework (Figure 1) suggests that the biggest untapped market for increasing participation rates lies in the area of Organised Recreation and Active Living (specifically ‘Active Travel’) and in ‘Play’. In order to sustain the participation under the development of participation opportunities, an effective route is to engage communities to programme to community and sports clubs needs to be addressed. To facilitate this, there is therefore a need for building an environment that makes, strengthens and sustains opportunities that support lifelong participation in sport and physical activity. For a number of individuals participation in community sport projects may be the first foray into sport and physical activity. For many, it leads to people proactively seeking fitness and training. These range from simply going for walks more often, to going independently to the gym, joining sports clubs and being active in an organised sport. Without the opportunity to get a ‘first foot on the ladder’, most of these people would not now be engaged in an active lifestyle. The pro-activity of the CSDOs has proved to be an essential positive impact and keeping participants involved with a great deal of effort devoted to demonstrating the value of getting people active and highlighting the benefits that lifelong activity can bring.

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**Figure 4**

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Key statements

The evidence presented in this report demonstrates that Sport Northern Ireland’s investments in Community Sport projects have delivered tangible, measurable and sustainable improvements in physical, mental and emotional health for those involved in the projects. Many of those same participants would not otherwise have been engaged in sport or physical activity – their journey from sedentary lifestyles to regular, frequent and sustained physical activity has not only delivered individual health benefits but has also enabled community benefits to be realised, not least in terms of downstream costs savings in reactive health interventions.

Having analysed and reviewed the case studies in this research project, it is possible to identify a number of central tenets in Table 5 in respect of community sport and public health.

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The Future Role for Sport and Physical Activity

While the volume of evidence for achieving health improvements through participation in sport and physical activity is mounting, the challenge for sport is to proactively contribute to influencing a culture shift to change inactive lifestyles. Individuals must take greater interest in their own health and well-being. By applying some of the lessons learnt through recent successful social marketing campaigns (e.g., smoking cessation and the wearing of seat belts) we can increase awareness that being regularly active through participation in organised sport or casual recreation significantly contributes to a healthy lifestyle.

Sport Northern Ireland is committed to increasing sustained participation rates which as we have demonstrated will deliver public health outcomes. In its drive to increase the levels of participation amongst the population, Sport Northern Ireland recognises the challenge of building on the achievements to date and to ‘deliver the goods’ over the next ten years. This is only possible by looking beyond sectoral interests and working in close partnership, planning together, pooling resources and sharing knowledge and expertise.

This report highlights the value of investing in sport and physical activity in making a contribution to improved public health. Sport Northern Ireland will continue to make effective use of case study data to support the case that investment in community sport across Northern Ireland delivers significant health benefits to individuals and to communities.

Coordinated Planning

A range of agencies and government departments acknowledge the public health problems associated with a lack of participation in physical activity and sport; however, there remains a lack of coordinated planning at a policy level. Further partnerships are required between a range of government departments, district councils, physical activity facilitators, schools and colleges, community and voluntary organisations, health trusts, GPs and public and private employers to facilitate further co-operation between health and sport.

Greater recognition of the benefits of medical and health professionals and the sport and physical activity workforce engaging with each other is required to fully realise the potential.

The Future role for sport and physical activity has been influenced by the need to address public health challenges. The role of sport in promoting health and well-being is widely recognised, and there is a growing understanding of the importance of physical activity in preventing chronic diseases. As a result, there has been a significant increase in the investment in physical activity and sport, with the aim of improving the health and well-being of the population.

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