

**Pilot
Community Sport Programme
Final Evaluation**



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Executive Summary

Introduction

This report has been produced by the Sport Industry Research Centre (SIRC) at Sheffield Hallam University on behalf of Sport Northern Ireland (SNI). The report provides a comprehensive evaluation of the pilot Community Sport Programme (CSP) funded by the Department for Culture, Arts and Leisure (DCAL). The evaluation utilises qualitative research methods to enable a review of each programme on an intervention-specific basis, to identify individual difficulties and to determine critical success factors.

The overall aim of the evaluation was to review the impact of the pilot CSP on individuals, communities and partners. The evaluation provides an objective assessment of the CSP to date and provides recommendations to maximise the future success of the CSP and similar projects. The central theme of this report is a comparison between what was supposed to happen, and what did happen.

This research supplements quantitative research undertaken in the format of a longitudinal participant survey. Dissemination of the results from this research amongst stakeholders confirmed that the survey had measured only a snapshot of the impact of the CSP and that in order to get a full picture of the effect of this programme it was necessary to get 'under the skin'. It was agreed that the methodology suggested in the monitoring and evaluation framework, and approved by SNI could achieve this rounded picture of the CSP. As such, a programme of qualitative research was undertaken incorporating focus groups, in-depth interviews and the production of case studies, to provide examples of good practice.

Methodology

The methodology utilised within this evaluation has been designed to measure the progress of the CSP against key objectives and to assess the current status against the predetermined project outcomes. The key investigative techniques employed included a comprehensive programme of desk research enabling methodical analysis of all existing information relating to the CSP, two stakeholder focus groups to identify key themes for further investigation, and 28 in-depth stakeholder interviews to identify critical success factors and areas for potential improvement in the

future. In addition to this, two case studies were produced to illustrate good practice and to suggest critical success factors.

Results

The key points to look at in relation to the information review are the fundamental differences between the originally proposed CSP Business Case and the revised pilot CSP. The funding requirement was reduced from £5 million to £600,000 and the number of CSPs was decreased proportionately from 40 to six regional interventions. Critically, the project duration was reduced from five to three years. The revised three-year timeframe also included the project set-up incorporating consultation, the identification of host organisations and the appointment of Community Sport Development Officers (CSDOs). Therefore in reality the actual period of delivery for CSPs was between 19 and 29 months. Whilst the original CSP objectives were scaled down, an examination of the national context of Northern Ireland confirmed that the pilot CSP objectives (especially the 6% increase in participation, against a national trend of decline) remained very ambitious.

Analysis of the 28 stakeholder interviews identified 20 key learning opportunities which contribute to the production of a system of good practice that can be considered in relation to community development initiatives of this nature. Several key themes to illustrate these learning opportunities are listed below:

- Clear, realistic and achievable objectives;
- Finding the right approach;
- Increasing the duration of funding;
- Effective 'bolt in' monitoring and evaluation;
- Community focused approach;
- CSDO/capacity;
- A holistic and integrated approach; and
- Adequate guidance and direction.

In essence the CSP focused on the development of communities through sport, rather than the development of sport in communities. This emphasis generated the requirement for CSDOs to have a wider focus, potentially redefining what is understood by traditional sports development and instigating a holistic approach to community development.

The case studies identified a range of critical success factors in relation to projects of this type which serve as a guide to good practice. Key recommendations are as follows:

- A familiar face;
- Focused work, maintaining a narrow remit;
- 'More than a job';
- Not just physical activity;
- A proactive approach; and
- Strong partnerships.

The report highlighted the challenges involved in the development and delivery of the pilot CSP at a strategic level, and identified the common characteristics of successful projects, in terms of both sporting and societal outcomes. With reference to sporting outcomes, the stakeholder interviews and case study analysis identified substantial efforts to eradicate barriers to participation, and also demonstrated considerable evidence of innovative approaches to community development work. Several interventions had succeeded in developing a joined up approach between schools, community initiatives (for example, health, nutrition, alcohol and drugs awareness) and the CSP. Due to the abstract nature of some societal outcomes it can be extremely difficult to operationalise and measure the impact of the CSP against these objectives, however, the range of qualitative methods was instrumental in identifying the wide reaching impacts of the CSPs. The stakeholder interviews generated several examples of cross-community work that had been carried out in such a way as to contribute to a reduction in anti-social behaviour and crime. A focus on nutrition and oral health has been effective in increasing awareness and improving the health and lifestyles of people within target communities. Similar initiatives have also linked up with drugs and alcohol awareness programmes.

The diverse nature of the CSPs and the differences in demographic factors, existing infrastructure, capacity to deliver, personnel and management structures within each CSP area, highlighted the need for bespoke planning and delivery rather than a standardised approach. There was agreement amongst the stakeholders that community development work needs to be conducted over a greater period of time than two years (the average

length of CSDOs posts). Therefore longer planning horizons are essential. It is a very positive sign that SNI has responded to this and has recently made a commitment to extend the funding of the continuing CSPs in Derry, Ballymena and DSNI (via contract for services) until 2010.

It is important that the lessons learned from the pilot CSP research are used to improve the monitoring of subsequent programme iterations so that actual performance against planned performance can be demonstrated more transparently.



This report has been produced by the Sport Industry Research Centre (SIRC) at Sheffield Hallam University on behalf of Sport Northern Ireland (SNI). The report provides a comprehensive evaluation of the pilot Community Sport Programme (CSP) funded by the Department for Culture, Arts and Leisure (DCAL). This evaluation utilises qualitative research methods to enable a review of each programme on an intervention-specific basis.

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. The delivery of the pilot CSP is taking place at a time when there is a significant focus for government policy on improving health and well-being, community cohesion, and social need. Policies and strategies across departments and organisations, at both regional and local levels, recommend actions to address poor health, poverty and unemployment, and build social capital using the media of sport and physical activity.

The long-term focus of the CSP is on improving health and helping those with long-term health problems or a disability to have an improved quality of life. It aims to connect with the broader government outcomes of crime reduction and encouraging active citizenship. Through work conducted over the past 20 years, SNI has learned that the kind of benefits that can accrue from upholding these values are relatively easy to secure among groups of people with already strong sporting networks – largely the sporting middle classes in Northern Ireland where there are high levels of belief and confidence, and a strong capacity to deliver sporting opportunities. The challenge is to secure benefits for people who often lack such self-confidence and capacity and, who at the same time, lack the levels of resources of already well-established sporting networks. The establishment of the CSP aims to begin addressing these key issues and sets targets for increasing sustained participation in sport and physical activity and building the structures to support this long-term objective.

This research will play an important role in informing the planning and delivery of the CSP for a roll-out of the programme across Northern Ireland, and will

also support similar community projects. Monitoring and evaluation is acknowledged as a fundamental part of developing and managing successful intervention-based projects. Therefore it is essential that an impartial and rigorous review of any large scale project, such as the CSP, is undertaken.

1.1 The structure of the report

Following this introduction, the method utilised to conduct the evaluation of this CSP will be explained in detail. The data collection and analysis which forms the body of this research has been split into three logical tasks: a review of all project information; a comprehensive stakeholder survey; and two in-depth case studies. These components will be presented in sections 3, 4 and 5. The report will conclude by summarising the fundamental differences between what was supposed to happen through the CSPs and what actually happened in practice. The main reasons behind the delivery gap between the expected and actual outputs will be highlighted. This will subsequently lead to recommendations for the enhancement of future community development work.

1.2 Terms of reference

The overall aim of the evaluation is to review the impact of the pilot CSP on individuals, communities and partners. The evaluation provides an objective assessment of the CSP to date and generates recommendations to maximise the future success of the CSP and similar projects.

The project objectives were:

- To review and analyse all of the information/data relating to the development and implementation of the pilot CSP;
- To design and conduct a survey involving all partners and stakeholders involved in the development and implementation of the pilot CSP; and
- To develop and produce agreed in depth case studies from the pilot CSP, which will identify the key enablers of success and inform the planning and delivery of similar programmes.

2

Methodology

The methodology utilised within this evaluation has been designed to measure the progress of the CSP against key objectives and to assess specifically the current status against the project's predetermined outcomes. The programme objectives most appropriate for consideration are summarised below:

- To remove barriers to participation in sport within the community;
- To create innovative opportunities to progress and develop sporting skills and experience;
- To provide new opportunities to move from recreational participation to competition or excellence;
- To generate a network of skilled leaders and coaches; and
- To establish links between schools, sports clubs and the wider community.

Once a thorough project evaluation has been undertaken, this research will conclude by reflecting back on each objective outlined above and indicating to what extent each has been achieved.

2.1 Method of evaluation

A consensus has been achieved between SNI, DCAL and SIRC that whilst the positivist methods of investigation utilised as a monitoring and evaluation tool (participant survey and physiological testing) had a number of functions, it was not possible for these techniques to represent a complete picture of the achievements of the CSP to date. The framework originally proposed to measure success (see Figure 1, page 16) indicated that the evaluation process should incorporate a synthesis of quantitative and qualitative methods which would need to incorporate partner interviews and case studies. These methods enable more abstract concepts such as increases in self-esteem, the creation of a feel good factor, and joined up community development to be identified and assessed. The development of effective structures and the building of trust and community capacity can also be determined through the use of qualitative methods.

There are three main methods of investigation utilised within this research and each method is discussed in turn below.

2.2 The review and analysis of all CSP information – desk research

A comprehensive programme of desk research enabled methodical analysis of all existing information relating to the CSP. This incorporated a review of the wide range of documentation made available by SNI, which generated a clear picture of the intended development and delivery of the pilot CSP.

The Strategic Business Case¹ and its subsequent Addendum² reference documents enabled SIRC to acquire background knowledge of the ultimate aims, outputs, outcomes and indicators of the CSP, and the strategic rationale behind the establishment of the pilot CSP. The Monitoring and Evaluation Framework and Baseline Findings Report, 2005³, (M&E) enabled the evaluation of the CSP within its strategic and operational context. It was essential to establish this conceptual understanding to provide a framework against which the impact of the pilot CSP on individuals, communities and partners could be measured.

An assessment of the findings of the participant surveys was subsequently undertaken to determine whether specific benefits had accrued. The Phase I results established a baseline and partial view of the CSP, however a comprehensive assessment of the impact of the pilot projects on specific measured outcomes was provided by the results of the Phase II research. The survey findings were then reviewed within the context of a national data set (the Continuous Household Survey (CHS)).

2.3 The stakeholder survey – focus groups and interviews

The rationale supporting the stakeholder survey was the collection of comprehensive, consistent, high quality and reliable data from project partners

¹ Sport Northern Ireland (May 2002) Community Sport Programme Strategic Business Case.

² Sport Northern Ireland (July 2003) Community Sport Programme Addendum to Strategic Business Case.

³ Sport Northern Ireland (December 2005) Community Sport Programme: Developing a Monitoring and Evaluation Framework and Baseline Findings.

and stakeholders. This data was utilised to assess the achievement of the CSP in terms of factors that could not be easily measured through standardised quantitative methods because of the diverse nature of the different CSPs.

After consideration of the viable research options, it was decided that the most efficient and effective way to generate the required data was via telephone interviews. This method offered a range of benefits such as efficient data collection in terms of both time and cost, unstructured interviews enabling freedom of expression, anonymity and discretion enabling frank and open discussion.

The stakeholder survey began by conducting two focus groups in Northern Ireland in March 2005, one with the Community Sport Development Officers (CSDOs) and their line managers and a second with DCAL, SNI and other strategic stakeholders. These focus groups enabled key themes to be identified which were then integrated into the research design for the interviews. The focus groups were particularly successful in identifying the nature of CSP successes that had not been apparent from the participant surveys. Furthermore, the challenges involved in the development and delivery of the CSP, which affected the ability of the CSPs to perform against predetermined objectives, were identified for further investigation.

In total 28 telephone interviews were conducted with key stakeholders identified by the CSDOs. These included all the CSDOs themselves (including those who had left posts during the period of the CSP pilot), line managers, host organisations and key partners in the delivery of the CSPs. The telephone interviews ranged from five to 30 minutes in duration and a list of the contributors is shown in Appendix 1.

The telephone interviews were of an unstructured nature. Two main questions were used to stimulate conversation. These focused on the successes of the CSP and the challenges that were encountered in its delivery and development. A series of six additional questions of a more specific nature (dealing with

sustainability, engagement, CSP management, etc.) were designed to stimulate further conversation, but were only used if required. However, in most cases the introduction of the key topics of success and challenges was sufficient to stimulate insightful conversation. This unstructured format was particularly successful in enabling free flowing natural conversation, which put the interviewees at ease and facilitated the generation of honest data which provided detailed accounts of the CSPs.

In terms of data analysis, all the telephone interviews were recorded and transcriptions were produced. A systematic content analysis was then undertaken. The data are presented in section 4.

2.4 The key enablers of success – case studies

In order to maximise the learning opportunities which stem from the pilot CSP, two comprehensive case studies have been produced. The first case study focused on the successful delivery of a CSP in the urban TRIAX⁴ area of Derry. The second case study focused on the successful delivery of a CSP in the rural wards within Moyle. An overview of the operational aspects of this pilot programme enabled the identification of the critical success factors and highlighted areas where the CSP delivery in the future could be modified to increase success.

The case studies have been derived from a variety of sources including interviews, observation, fieldwork and desk research. However, before including the case studies in the report we have sought validation from the two CSDOs concerned to ensure that what we have found out and reported reflects how the CSDOs themselves view their programmes. In both cases the CSDOs have signed off the case studies subject to minor corrections which have subsequently been made.

⁴ TRIAX is the name for the pilot Neighbourhood Renewal Taskforce for the Bogside / Brandywell / Fountain / Bishop Street / Creggan areas of the City of Derry.

3

Information Review

This section presents a comprehensive analysis of existing CSP information in order to establish what was supposed to happen and what did happen. It is important to note that this review encompasses only the planning and policy documents that were available at the time and which relate to this period. It is therefore likely that some plans and policies may have been superseded in the intervening period. The Business Case and Addendum reference documents provided background information relating to the ultimate programme objectives and outputs, and the strategic rationale behind the establishment of the CSP. The original programme rationale and specific objectives provide a constructive starting point for this evaluation by setting the context of this SNI sponsored community sport programme.

3.1 Strategic formation of the CSP

The three main policy objectives are:

1. To increase committed participation in sport, especially among young people;
2. To improve sporting performance; and
3. To improve the management of sport and the image of Northern Ireland using sport.

Reflecting DCAL's vision, SNI's vision is: 'Through sport, to contribute to an inclusive, creative, competent, informed and prosperous community'. This vision is designed to connect directly to the broader agendas for the development of culture and society in Northern Ireland.

It was envisaged that the CSP would significantly contribute to the main policy objectives of SNI and would follow one of three SNI corporate development themes, as outlined in the 2003/06 Corporate Plan: 'To foster a creative, informed and active lifestyle'. This would include contributing towards the positive development of people in Northern Ireland, especially young people, by consolidating and improving the delivery of sport through the removal of barriers to participation.

The focus of the CSP was to develop communities through sport, rather than to take the traditional sports development approach of developing sport in the communities. The pilot CSP aimed to develop capacity and build community participation

and cohesion, and to establish and support the development of structures to sustain the longer term provision of the CSP across Northern Ireland. It was identified that the existing traditional networks of sports clubs and structures were failing to connect with people living in disadvantaged areas who wished to participate in a wide range of sports. The CSP involved the development of existing and new sporting structures and opportunities with people experiencing high levels of social need, in an attempt to reduce exclusion, build community cohesion, social capital and increase participation in sport and physical activity.

The desired sporting outcomes of the CSP included:

- Removing barriers to participation in sport within the community;
- Creating innovative opportunities to progress and to develop sporting skills and expertise;
- Creating new opportunities to move from recreational participation to competition or excellence;
- Creating a network of skilled leaders and coaches; and
- Establishing links between schools, sports clubs and the wider community.

In order to achieve these overall aims, SNI (in agreement with DCAL) identified the need to reduce inequalities in participation. It was agreed that initiating a radical programme of sports development, aimed specifically at those in society whose health is most at risk from low levels of sporting participation, could address these inequalities. It is also important to recognise that the CSP had a strong focus on social outcomes as well as sporting outcomes. A fundamental aim focused upon increasing people's social capital in line with government targets to reduce crime and to increase active citizenship.

The strategic arguments for the original CSP as determined by SNI and DCAL focused on the following areas:

- Increasing physical activity levels in order to confer cardio-protective and other health benefits.

- Reducing the long standing inequalities in participation. It was acknowledged that many 'hard to reach' groups were marginalised through traditional sports development structures.
- Contributing directly to four key priorities within the Northern Ireland Executive's Programme for Government. These are 'growing as a community', 'working for a healthier people', 'investing in education and skills', and 'securing a competitive economy'.

The target of *'growing as a community'*, incorporated tackling social need and social exclusion, renewing the most disadvantaged neighbourhoods, and building community participation. It was envisaged that through respecting, supporting and celebrating cultural diversity and maximising the benefits of cultural and leisure activities that progress could be made against this aim. A further aim *'working for a healthier people'*, incorporated the principles of developing an environment that supported healthy living, reducing health inequalities and enabling those with a disability to achieve the highest possible standards of living and to be fully integrated within society. *'Investing in education and skills'* incorporated working to ensure that education and training were of a high quality, that individuals were equipped to gain employment in a modern economy, and that lifelong learning opportunities were provided. A key aim was also to create a more co-ordinated and efficient planning process that integrated environmental, economic and social needs in order to *'secure a competitive economy'*.

- Working towards DCAL's strategic goals of increasing participation in culture, arts and leisure through enhancing access and improving the quality of facilities and services. The CSP project will clearly increase participation by involving older people, women, people with disabilities, children and young people in sports development programmes, and by leveraging resources to maximise positive social and economic impact. The project aims to improve the health and well-being of people of all ages, social classes and people with disabilities.

- Supporting the 'Strategy for the Development of Sport in Northern Ireland 1997-2005' and 'Strategy on Sport for Young People 2002-2011'. The CSP will meet the aims of 'starting well' and 'staying involved' through creating locally available opportunities and enhancing sports structures, and increasing the network of CSDOs and Community Co-ordinators (CCs).
- Contributing to the issue of youth offending, and reducing crime, as outlined in the 'Creating a Safer Northern Ireland through Partnership' consultation document. Reducing the level of crime and criminality specifically attributable to young people, through the provision of a range of appropriate services. There is evidence to suggest that participation in physical activity, along with the associated benefits of this, can have an impact on reducing anti-social behaviour and crime.
- Supporting the work of the 'Drug Strategy for Northern Ireland' and the 'Strategy for Reducing Alcohol Related Harm' through sport and leisure. Sub-groups were created to 'promote the use of sport and leisure as media to educate people in the prevention of drug and alcohol related harm'.
- Operating consistently with the objectives of the 'New Targeting Social Need' initiatives, through its focus on Northern Ireland's most disadvantaged communities, and ensuring the promotion of equality of opportunity.

It is important to acknowledge that the anticipated scope of development work to be achieved through the CSP is diverse and highly ambitious in nature. The CSP was tasked with contributing towards the objectives of reducing crime, improving health, healthy living and reducing health inequalities, encouraging active citizenship, tackling social need and social exclusion, reducing participation inequalities, encouraging people to get involved and stay involved with sport, contributing to the prevention of drug and alcohol related harm, and improving education and training opportunities. These objectives were very ambitious and would have necessitated the use of bespoke measurement instruments to demonstrate how specific schemes had performed.

3.2 The pilot CSP

The original project aim was to initiate community sport development programmes in 40 of Northern Ireland's most disadvantaged communities. This aim could not be realised due to the closure of Exchequer Programme Funds (EPF) in 2002. In 2003 DCAL published its reform plans and identified the CSP as an ideal pilot programme which met the criteria of the new reform initiatives focused on improving public services. A pilot project on a 'significantly reduced scale' which focused on six interventions was agreed as being feasible within the resources available at the time. Had the original Business Case been supported, the programme would have enjoyed a five year period in which to become established and to begin making a difference. It is widely accepted that community development initiatives often require five or more years before they can demonstrate meaningful outcomes. The revised pilot as outlined in the 2003 Addendum had a project duration of three years and this included establishment time.

The CSP was scheduled to begin on 1 April 2003. However DCAL did not make the commitment to fund the project until June 2003. When funding had been agreed in principle, SNI undertook a programme of consultation with targeted authorities to determine whether or not they wished to take part in the CSP and, if so, on what terms and conditions. Following a process of negotiation between SNI and CSP host bodies, offer letters were sent out by SNI in October 2003 and the first CSDO was recruited in November

2003. DCAL's timing of its decision to fund the CSP and SNI's necessary process of consultation and negotiation explains why the actual period of delivery lasted between 29 months and 19 months from the first CSDO being appointed on the 31 March 2006.

	Started	Duration
DSNI	November 2003	29 months
East Belfast	February 2004	24 months
Newtownabbey	March 2004	23 months
Moyle	March 2004	23 months
Derry	July 2004	21 months
Ballymena	September 2004	19 months

The broad outcomes for the programme were unchanged from those highlighted in section 3.1, however revised outputs were set for the pilot CSP to take into account the reduced project scale. The agreed pilot CSP included the appointment of five CSDOs, one Disability Sport Development Officer and six CCs, although, this staffing profile changed following needs identified at the consultation stage within each target area (e.g. Moyle).

3.2.1. Revised CSP targets

The original CSP targets (taken from SNI's Business Case) and the specific pilot CSP targets (taken from SNI's Addendum) are presented in Table 1.

See Table 1 overleaf

Table 1: Original and revised targets

Original CSP Targets (from 2002 Business Case)	Revised Pilot CSP Targets (from 2003 Addendum)
Funding requirement: £5 million	Funding requirement: £600,000
Timescale of the project: five years	Timescale of the project: three years*
40 Community Sport Development Officers and 100 Community Co-ordinators appointed and 70% of posts sustained beyond the initial three years of the programme.	Five Community Sport Development Officers and six Community Co-ordinators appointed.
2,000 new sports/physical activity sessions to be established catering for people of all ages and abilities in the local communities.	20 new sports/physical activity sessions to be established catering for people of all ages and abilities in the local communities by 31 March 2006.
40% increase in the range of sporting opportunities available in local communities.	5% increase in the range of sporting opportunities by 31 March 2006.
100% increase in opportunities available to disabled people in local communities. By the end of 30 months - sufficient funding secured to ensure the sustainability of DSNi beyond the three year EPF application.	10% increase in opportunities available to disabled people by 31 March 2006.
2000 new coaches and sport leaders trained in 15 sports.	200 new coaches and sport leaders trained in 15 sports by 31 March 2006.
4000 coaches and sports leaders trained in child protection and equity issues.	400 coaches and sports leaders trained in child protection and equity issues by 31 March 2006.
300 coaches and sports leaders across 15 different sports trained to deliver sessions catering for disabled people of all ages.	20 programmes focusing on access for people with disabilities and wider health issues by 31 March 2006.

* The timescale of the project is described as three years however this period includes the time needed for consultation, the identification of host organisations, and the recruitment of the CSDOs and CCs - therefore the actual running time for the CSPs was significantly less than three years.

On average, the original CSP objectives were scaled down by a factor of ten for the pilot programme.

These scaled down objectives remain extremely ambitious for a project with a funding budget of £600,000 and a three-year timescale, which was designed to operate in areas of high social deprivation and was aimed at traditionally hard to reach groups.

The over-arching aim of a 6% increase in the number of people participating in sport and physical activity

by 31 March 2006 was applicable to the revised pilot CSP. However, as will be demonstrated later in this section, when examining the national context of Northern Ireland, a 6% increase in participation is a very ambitious requirement.

3.2.2 Operational aspects

In reality it was not possible to make all of the CSDO appointments concurrently and the roll out of the CSP was staggered across the six pilot interventions, from October 2003 to September 2004. Table 2 highlights wards and areas targeted by the programme as well as host organisations identified to manage each Community Sport project.

Table 2: The pilot CSP

Target Wards/Areas	Host Organisation
Ballykeel, Fairgreen, Moat, and Dunclug	Ballymena Borough Council
Bawnmore/Longlands, White City, and North Rathcoole	Newtownabbey Local Strategy Partnership
Brandywell, Creggan South, Creggan Central, Beechwood and Westland	Derry City Council
Ballymacarrett, Woodstock, and The Mount and Island	East Belfast Partnership Board
Armoy, Ballylough, Bushmills, Dunseverick, Glendun, Kinbane, and Knocklayd;	Moyle District Council
Northern Ireland wide	DSNI

The pilot CSP areas were selected through an assessment of needs process undertaken by SNI and the Creating Common Ground Consortium. The host locations for the CSP were identified by three main criteria:

1. Areas that were identified as having had historically low levels of sports development work;
2. Areas that were classified in the 40 most deprived locations in Northern Ireland according to the Creating Common Ground criteria; and
3. Areas that were in the most deprived locations in Northern Ireland according to the Noble Index of Deprivation.

The Noble Index of Deprivation was acknowledged as an important reference for the selection of areas for inclusion in the CSP. In addition to this, the natural environment, housing conditions, community

relations, community safety, community capacity and infrastructure, social exclusion, health, education and economic regeneration were also considered in the assessment. Consideration was also given to socio and economic profiles, community facilities, and council or Local Strategic Partnership strategic plans for the area. The process involved the selection of five communities to benefit from the CSP as opposed to the implementation of challenge funding. For this reason the infrastructure and capacity of the areas to deliver the specified targets were not the key considerations for selection.

The operational objectives provided to direct the work of the CSPs were as follows:

1. 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;

2. To improve the health and well-being of programme participants through involvement in sport and physical activity programmes;
3. To develop capacity and build community participation and cohesion through co-ordinated training programmes and activities;
4. To establish and support the development of structures to sustain the longer term provision of the CSP across Northern Ireland; and
5. To effectively implement and manage the overall delivery of the CSP.

A programme of induction and training for CSDOs and their line managers was initiated by SNI and is shown in full in Appendix 2. Arguably the most significant of these events was a two day residential held in May 2004 at which the strategic context, programme aim and objectives, themes, and monitoring and evaluation framework were all presented and discussed in detail. CSDOs had been advised on appointment that it would take at least six months to become known and trusted in their communities, such that they could objectively identify community need. Consequently, at the time of the induction meeting there were no formal work plans in place for the CSDOs. It is interesting to note that the joining instructions for the induction required CSDOs to bring laptop computers with them in order to develop draft work programmes. Day two of the induction event was devoted wholly to the processes for monitoring and evaluation and was led by the consultants Community Evaluation NI (CENI).

At an operational level, the participant monitoring database, which was central to the monitoring and evaluation process, had been written in Microsoft Access, which is not a familiar piece of software to most CSDOs. To overcome this potential problem a training day was held at the House of Sport in October 2005.

3.2.3 Risk assessment

SNI carried out a risk assessment relating to the pilot CSP as part of the research for the Addendum document. The project viability, implementation/

delivery, additionality of service provision and sustainability were all key considerations.

- Viability: the stability of the CSDO employment contracts in the absence of confirmed funding streams was highlighted as a potential concern.
- Implementation/delivery: the calibre and commitment of the CSDOs was highlighted as critical to the success of the project.
- Additionality of service provision: the focus on the development of communities through sport, rather than the traditional sports development approach, was viewed as sufficient to avoid duplication or displacement.
- Sustainability: the risk that the initiative would not become fully established within the timescales set was identified. The Addendum document stated that the: "Sustainability of 'social' initiatives are very much dependent upon their ability to demonstrate the achievement of social outcomes to funders, unfortunately, many of the intermediate and longer term social outcomes of the initiative may not be fully realised within the funding timeframe".

3.3 Monitoring and evaluation

SNI and DCAL commissioned the development of a Monitoring and Evaluation (M&E) Framework and a Baseline for the CSP. The production of this framework commenced in February 2004 and the report was published in December 2005, however interim documents were made available within this period. The purpose of the M&E Framework was to identify the key themes to be evaluated. These included the programme outputs and outcomes (with key success indicators), key data collection mechanisms and personnel responsible for data collection, and the timeframe for the evaluation process.

The establishment of this framework constituted three main phases: its design and development; training and support for the implementation of the framework; and research to establish a baseline. The training component incorporated the need to design and deliver appropriate training to the CSDOs.

In terms of establishing a baseline, an appropriate approach for the collection of primary research was a key requirement.

The 'theory of change' evaluation model was chosen to underpin the development of the framework. The three main outputs determined to measure the success of the CSP were improving sustained participation in sport, the health and well-being of participants and social capital.

Four main data collection techniques, which formed a 'tool kit', were designed to capture both quantitative and qualitative data. A 'needs analysis questionnaire' was designed as a snapshot of the nature of sport and physical activity facilities in each geographical area; an 'adult registration form and a children's registration form' were produced to record demographic factors, health status and fitness levels; an 'adult participation monitoring form' was utilised both to capture demographic data and as a tool for collecting feedback on activities attended; and 'adult participant surveys and children's participant surveys' were designed to capture the CSP results in terms of increasing participation, improving health/well-being, and strengthening local communities. Further qualitative techniques were identified for use within this research (the final evaluation), namely interviews and case studies.

The monitoring and evaluation structure designed to measure the success of the CSP is presented in Figure 1 (page 16). This structure is utilised to provide a comprehensive review of the CSP, focusing on processes, outputs, outcomes and impacts.

In terms of implementing the framework, the M&E Framework report stated that the staggered appointment of the CSDOs over an 11 month period significantly impacted on the implementation of the framework and data collection levels. The collection of baseline data through the needs analysis questionnaire began in June 2004 and by mid July 2004 some 95 questionnaires had been returned. The CSP participant registration and monitoring forms were also in use from June 2004, which in some cases was after the CSP had begun.

As cited in the M&E Framework: "A baseline is required to describe the population at which a project is targeted before the project has begun". The baseline is thus a necessary component of the evaluation process as it is used to monitor the activities of the project against intended outputs and outcomes, and to determine whether change has occurred or not.

The M&E Framework recommended that this baseline should primarily focus on what is known about the general level of participation in sport and physical activity in the areas in which the programme operates, from which the participation of the CSP sub-sample could be established. Secondary data analysis of the CHS dataset suggested that men participated more than women, younger more than older age groups, those with cars or vans more than those without and those from professional occupations more than unskilled occupations. The data also identified weak social networks and low levels of social capital within Northern Ireland as a whole.

There was a range of problems identified throughout the process of establishing an M&E Framework. The initial challenge to overcome was that the production of this M&E Framework was viewed by some stakeholders as 'too much too soon'. The collaborative and inclusive approach was successful but highly labour intensive. The expectation that the CSDOs could take responsibility for the collection of both baseline and monitoring data proved over-ambitious and there was resistance from some CSDOs in engaging in the M&E process. Whilst not all CSDOs were in place at the time of the initial training and induction, there were additional one-to-one sessions provided by CENI.

In summary, the key issue identified related to obtaining an appropriate balance between the M&E requirements and the demands of implementing and delivering projects on the ground. This is a case of ensuring the availability of adequate resources to carry out the necessary monitoring and evaluation. The need to be realistic about what to measure and to ensure that the personnel collecting the data have sufficient skills and knowledge to carry out the required monitoring and evaluation is a fundamental underpinning of the M&E process.

3.4 The participant survey

A longitudinal participant survey and physiological testing programme to assess the impact of the CSP was designed within the M&E Framework by staff from SNI and DCAL with support from the consultancy practice CENI. The survey focused primarily on participation in sport and physical activity; lifestyle factors such as diet, alcohol consumption and tobacco intake; and psychological dimensions such as levels of self-esteem and social capital. The supplementary programme of physiological testing incorporated the measurement of aerobic capacity and the calculation of body mass index. Although the original research design was subsequently modified by SIRC in partnership with SNI and DCAL, the requirement to conduct a questionnaire survey and a physiological test that was common to all interventions was *'sine qua non'* to both SNI and DCAL. A proposal by SIRC to conduct bespoke research in each intervention was considered and rejected by SNI and DCAL.

In terms of the research method, SNI and DCAL specified that the survey should be carried out on two occasions to measure the impact before and after one year's participation in the CSP, and should be centred around the 'theory of change' model. Three different types of questionnaire were used, each designed specifically for the requirements of the corresponding target group (primary school children, secondary school children and adults). The survey was supported by a programme of physiological testing, again theoretically on a pre and post intervention basis.

In Phase I, 777 completed questionnaires were received. These 777 individuals were sent a follow up questionnaire for Phase II which yielded a response rate of 400 matched pairs questionnaires. In total 148 individuals took part in the longitudinal physiological testing.

There were a range of issues relating to the implementation of the participant survey that are worthy of note.

At the time of the Phase I survey, the CSPs across the six interventions were at various levels of maturity. The scale of ongoing activity was much lower than

originally anticipated and a significant proportion of individuals described as CSP participants (those who completed a questionnaire) had been involved in activities on a single occasion only rather than a systematic programme of regular activity. The CSPs mainly consisted of one-off events, and their focus was mainly on primary school children, with less emphasis on adults. The stakeholder interviews presented in section 4 provide an explanation of why this was the nature of the programmes in Phase I (spring/summer 2005).

The status of participant databases was problematic in terms of monitoring and evaluation, not least of all because the usage of the software was typically non-standard. One CSP had no database in existence at the start of the Phase I survey and several CSPs had only partial information available. The databases that were seen by researchers at SIRC were in the format of Microsoft Excel spreadsheets rather than utilising the bespoke Microsoft Access information management tool that had been designed specifically for monitoring the CSP. It is not clear why the CSDOs chose not to utilise the specifically designed monitoring database provided by SNI. The reluctance to use the appropriate tool may reflect the lack of commitment to the M&E process, or may be related to a shortfall in the requisite skills for the use of Microsoft Access.

Captive group surveying was originally the preferred method of data collection for this research, however, due to the fledgling nature of the CSPs at this time, notably a lack of groups to capture, captive group interviewing was not possible other than in Derry (where interaction was possible in primary schools).

In terms of the Phase II data collection, there is a range of issues that require consideration. There was no true baseline measure available due to limited resources. Investigation of secondary data sources provided an indication of participation levels in target areas. The CSPs had been in operation for varying amounts of time when the participant survey was undertaken. The CSPs were implemented on the basis of responding to local need or opportunism. Nonetheless, the participant survey took a 'one size fits all' approach as specified by SNI and DCAL. It was acknowledged that the application of a community development model would result in variance in

the management of the CSPs and the type of interventions or programmes on offer to participants. The robust tracking of participants between the test and re-test phases was difficult because at best only partial participant information had been recorded. There were several changes in CSDOs during the participant survey period which created additional problems because of the lack of continuity. These staffing issues enhanced the difficulties of securing the 'buy in' of CSDOs to the monitoring and evaluation process.

The Phase II survey was subject to participant attrition of 49%, which was within the expected drop out rate of 40% - 60% for longitudinal studies of this type⁵. Analysis of the sample showed that attrition was systematic, not random. Maturation of participants was a further factor as 70% of the Phase II respondents were primary school children. Seasonality also proved to be a major influence. Owing to various causes of delay such as insufficiently up-to-date databases, the initial data collection (Phase I survey and testing) was undertaken in the spring/summer of 2005, whereas the Phase II survey and testing were undertaken in the winter of 2005/06.

The nature of the sample in both Phase I and Phase II was mainly primary school children (over 70% in Phase II). The response rate by CSP varied from 14% to 78%. Participant attrition was systematic with significantly higher adult drop out. Due to the small sample sizes, results were analysed by adults (43 respondents), secondary school children (74 respondents) and primary school children (283 respondents). Further analysis by sub-groups was not feasible. It is important to acknowledge that analysis by these age groups results in a loss of detail, for example analysis of the data of adults does not account for the fact that these groups are not homogeneous and this analysis does not take into account the gender, ethnicity, social class and other demographic characteristics of respondents.

The main finding of the participant survey was that the majority of CSP participants are fitter,

healthier and had higher self-esteem than the average population of Northern Ireland and the UK. Exceptionally high benchmarks were achieved in Phase I and these were, on the whole, maintained in Phase II. Both the adults and children monitored in the study engaged in frequent and intensive physical activity, had normal body mass index values, ate healthily, consumed minimal levels of alcohol and tobacco and had high social capital and self-esteem.

The findings of both Phase I and II identified participation in physical activity that was well above that recommended by the Chief Medical Officer⁶. The consumption of fruit and vegetables was approximately 4.5 portions per day, which is extremely high compared with national averages. Only 2% of the survey respondents exceeded the recommended levels of alcohol consumption and over 80% were non-smokers – these findings are well below the national averages. Social capital was high, and high levels of club and organisation membership, and neighbourly trust, were identified. Adults and children exhibited high levels of self-esteem and had positive self-perceptions.

It is important to remember that this research evaluates the pilot CSP at a snapshot in time, and because of the longitudinal survey design, only incorporates participants who were involved in the pilot CSP during the Phase I survey (which took place between April and June 2005). It does not take into account any subsequent developments associated with the wider CSP roll-out in the pilot CSP areas, such as the targeting of hard to reach groups which could only take place effectively once infrastructure was established and trust had been won.

It is evident that the respondents to the participant survey were not those at whom the CSP was originally aimed. What appears to have happened is market penetration (existing customers making greater use of existing products) rather than market development (new customers for existing products). This is a common problem with community based interventions and is investigated in greater detail within the stakeholder survey (section 4).

3.5 The national context

The CSP was implemented against a backdrop of

⁵ Bijlleveld, C.C.J.H & van der Kamp, L.J. T (1998) Longitudinal Data Analysis – Designs, Models and Methods. Sage Publications.

⁶ Department of Health (2004) Public Health White Paper: Choosing health: Making Healthy Choices Easier, DOH, London.

declining adult sports participation in Northern Ireland. The data available from the Northern Ireland Continuous Household Survey⁷ indicates that the percentage of the adult population taking part in sport at least once in the preceding 12 months has declined by six percentage points in the period 1999 to 2005 as shown in Table 3.

Table 3: Adult participation in sport in Northern Ireland (excluding walking)

Time Period	Adult Participation Rate in Sport (12 monthly data)
1999 - 2000	59%
2003 - 2004	55%
2004 - 2005	53%

(Source: www.csu.nisra.gov.uk/publications/default.asp)

These figures highlight the decline in adult participation and indicate that 47% of adults were undertaking no sport in the most recent survey. The M&E framework re-analysed CHS data to generate a new participation variable, and further analysis of this data confirmed the number of adults not participating in any sport to be 45%. The figures quoted do not account for regular or sustained participation, which is usually measured over the preceding four weeks. However, the percentage of adults taking part on a regular basis is likely to be significantly lower than the figures quoted above. In Great Britain the General Household Survey (GHS)⁸ cites a 12-monthly adult participation rate in sport and physical activity of 66% which falls to 46% when reduced to a four-weekly participation rate. If a similar ratio was applied to Northern Ireland, the proportion of adults in Northern Ireland taking part in regular sport and physical activity (at least once every four weeks) would be around 37%.

The downward trend in sports participation rates in Northern Ireland should be considered alongside the fact that funding for sport has never been higher than during this period. The National Lottery which began distributing funds via the Sports Lottery Fund in 1995 has significantly increased the funds

available to sport. It is therefore surprising that in an environment of genuinely additional funding for sport, adult participation should be in decline. It may well be the case that Sports Lottery Funding and Exchequer Funding at local authority levels have averted an even greater decline than would otherwise have been the case.

The downward trend in participation overall, and in particular during the period of the CSP (2004–2005, 55%–53%) might lead one to conclude that the aspirational target of a 6% increase in adult participation within the target communities as a result of the investment in the CSP was overly ambitious and unrealistic. In a national context, to achieve a 6% increase in adult participation in Northern Ireland would require between 82,000 and 122,000 adult participants whose new interest in sport and physical activity could be wholly attributable to the CSP. Participation in sport and physical activity as defined by the CHS is not the same as defined by the Chief Medical Officer.

Theoretically speaking, if there had been an increase in participation it would have been very difficult to establish causality (to attribute this change to the CSP) because of the complex nature of influencing behavioural change and the number of variables that may have an effect on any such change. When conducting social research that cannot be undertaken in 'laboratory' conditions, it is not possible to control all the variables to which an individual is exposed or to account for these variables in an explanatory model.

The use of a control group can help to overcome some of the issues surrounding attributing causality, however, this measure was not deemed practical or ethical in this case as it would have denied some residents the opportunity of participating in the CSP. Furthermore, the M&E Framework for the research design and the timing of the start of the CSPs and the start of participant monitoring legislated against the possibility of using a control group.

The M&E Framework confirmed these issues and outlined that the measurement of social outcomes

⁷ Northern Ireland Statistics and Research Agency (2006) Continuous Household Survey, NISRA, Northern Ireland.

⁸ Office for National Statistics (2004) General Household Survey, HMSO, London.

presented difficulties because effects are less tangible and cause and effect relationships can be problematic to determine, especially for community-wide outcomes.

The Strategic Business Case presented the rationale for the CSP in May 2002. The timeline below follows the stages of establishing and monitoring the CSP over a period of four years.

3.6 CSP project timeline

The foundations for the CSP and its strategic objectives were set through the Business Case

Key Milestones	2002		2003				2004				2005				2006			
	May 02	Jul 03	Sep 03	Nov 03	Feb 04	Mar 04	May 04	Jul 04	Sep 04	Mar 05	Apr 05	Jul 05	Dec 05	Feb 06	Mar 06	Apr 06	May 06	
Business Plan	█																	
Addendum		█																
CSP green 'go ahead'		█	█															
CSP DSNI				█														
Work began on M&E					█													
East Belfast CSP					█													
Moyle CSP						█												
Newtownabbey CSP							█											
M&E Framework consultation via residential								█										
Derry CSP									█									
Ballymena CSP										█								
M&E Workshop											█							
Phase 1 research												█	█					
M&E 'Toolkit' published													█					
Phase II research														█	█			
Presentation of participant survey findings																█		
Focus groups																	█	
Final evaluation research																	█	
Final evaluation report completed																	█	

published in May 2002. Due to a reduction in the amount of funding initially available, the Addendum document was published in July of the following year. It presented a pilot CSP which was to be put into operation in six interventions.

The six pilot CSPs were established between November 2003 and September 2004. The monitoring and evaluation of the pilot CSPs commenced in spring 2005 with the Phase I participation survey and programme of physiological testing. The Phase II re-test followed in winter 2005/06. The final monitoring and evaluation toolkit was published in December 2005.

This timeline illustrates that although the original plans were to launch six pilot CSP interventions consecutively, that the commencement of the pilot programmes stretched over an 11 month period.

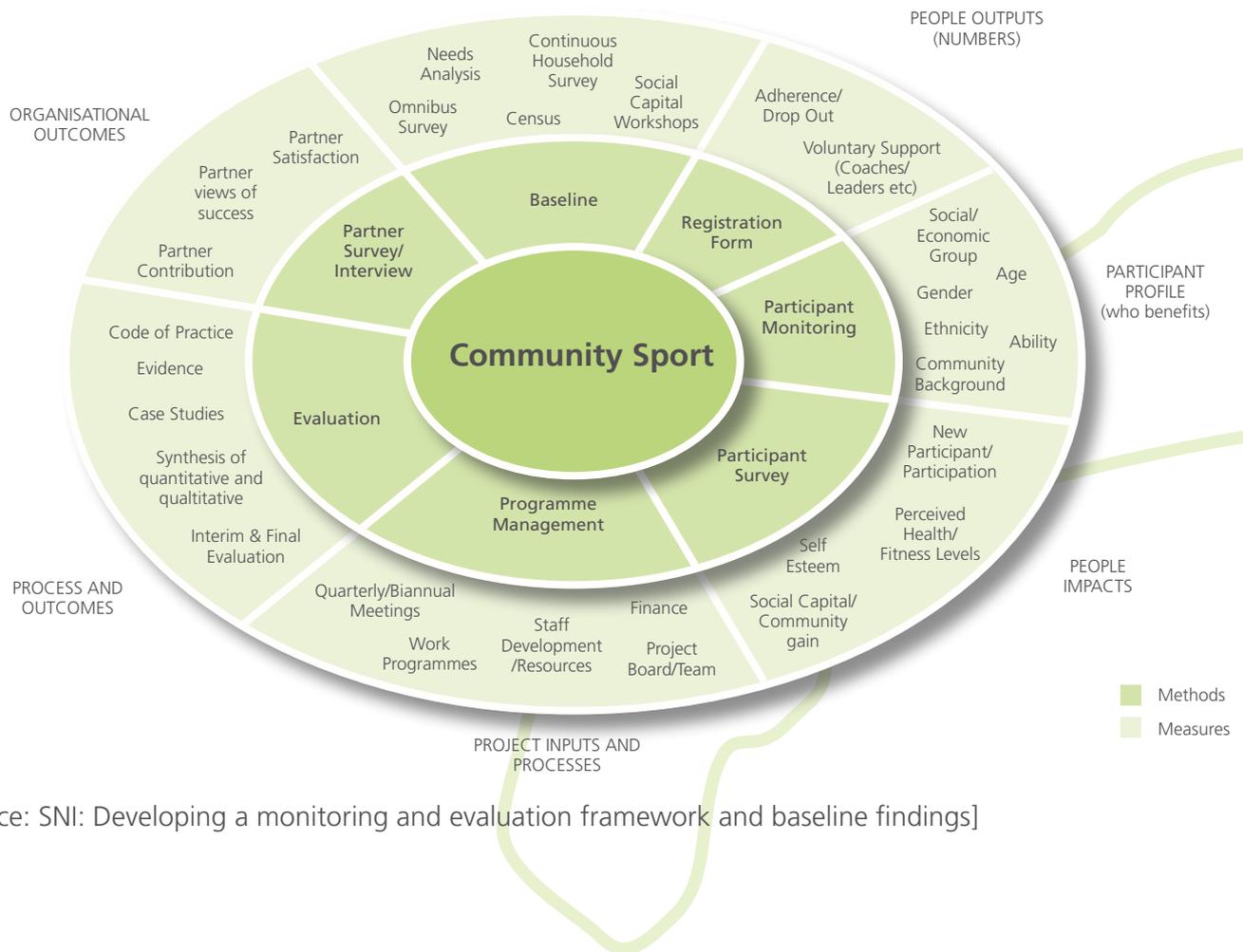
This effectively reduced the timescale of the CSDO posts in several interventions from the anticipated three-year contracts to approximately two-year terms of employment. There was a significant delay in the publication of the monitoring and evaluation toolkit which was scheduled to be available prior to the commencement of the research in spring 2005. The toolkit was signed off in April 2005 but was not published in its entirety until December 2005.

3.7 What did happen

Figure 1 (page 16) illustrates the structure for measuring success as determined by the M&E Framework. This structure is subsequently used to provide a systematic analysis of the CSP in respect of the various monitoring and evaluation components.

3.7.1 Baseline

Figure 1: COMMUNITY SPORT PROGRAMME
Sport Northern Ireland:
Measuring Success



[Source: SNI: Developing a monitoring and evaluation framework and baseline findings]

The M&E Framework report stated that: “Without [a baseline] it is impossible, in a project that is focused on outcomes, to measure change and thus make judgements about the project’s success or failure”.

The production of baseline data for the CSP was problematic. The M&E Framework produced some information regarding demographic factors and participation levels by revisiting the CHS data. However, this was difficult to match up with the specific CSP areas because the survey is not representative at ward level. Furthermore, owing to resource constraints it was not possible to conduct

a baseline study of the CSP areas, although it was clear that on the basis of local residents’ broad demographic profiles that participation in sport and physical activity in the CSP areas was likely to be lower than national norms.

In terms of the participant survey, a ‘true’ baseline measure was not possible. The CSPs had all started before the Phase I survey was undertaken and were at different levels of their development and delivery. It is possible that participants may have derived benefits from the CSP before the Phase I survey was conducted, therefore these changes would not

have been detected or would have been seriously understated.

3.7.2 Registration form

There was an issue with the high levels of compulsory paperwork required for completion by CSP participants. Individuals attending courses were required to complete a SNI CSP registration form (for inclusion on the CSP database), a registration and an evaluation form from the funding body, and further registration and evaluation forms from the body that produced the course, for example the National Governing Body for the sport concerned. It was likely that participants would be required to complete up to five different forms, not including the Phase I and II surveys, simply to take part in a course or activity. In addition to the volume of paperwork required, some CSPs reported an issue of trust, with some participants reluctant to provide their personal details and suspicious of the motives for requesting these.

The registration form was designed to measure participant numbers or so called 'people outputs'. It is important to recognise that increasing participation in sport and physical activity was not the only objective of the CSP and that social outcomes were equally as important.

3.7.3 Participant monitoring

The participant monitoring systems were not implemented rigorously. Participant profiles were difficult to establish in some cases because only partial data was available. The status of databases was inconsistent. One CSDO confessed to not having seen the database several months after his predecessor had departed. Initially Excel spreadsheets designed by the CSDOs themselves were utilised to record participant information, rather than the Microsoft Access databases specifically designed for this purpose by SNI.

A large number of people were helped indirectly by the CSP. Many individuals benefited from their organisations' securing extra funding with the help of the CSP, or by taking part in activities that were facilitated by the CSP. A great many people were reported to have had an involvement with

and benefited from the CSP, without providing any monitoring information, therefore the total impact of the CSP in this respect was understated by the participant survey. SNI has now put in place a mechanism to capture these wider impacts via the 'showing success' template.

3.7.4 Participant survey

The participant survey and physiological testing programme experienced significant problems due to the timescale of the research and the maturity of the CSPs at the time. The research tools were designed to measure the relative effects of regular and sustained participation over a period of six months. The majority of the participants who took part in this research had only attended one-off sessions, many of which did not involve physical activity, such as child protection courses. Physiological or behavioural changes are not likely to occur as a direct result of exposure to a one-off CSP session, but are likely to be identified after regular and prolonged involvement, i.e. at levels consistent with the Chief Medical Officer's recommendations.

The nature of the sample for both the surveys and physiological testing was such that the majority of the participants were primary school children. The number of adults involved in the participant survey (particularly in Phase II) and in the physiological testing was limited. The CSP was designed to provide opportunities for both adults and children. The original intention was not specifically to target school children. This may have become the focus of the CSP as a result of practical and resource issues. However, it is difficult to evaluate the wider impact of any genuine community intervention through research predominantly incorporating school children.

The 'theory of change' model, which was selected to underpin the M&E Framework, measures the progress of programmes in terms of results (short-term – within one year), changes/outcomes (medium-term – between two and five years) and impacts (long term – between five and ten years). The timescales for the participant survey and physiological testing programmes were very short and thus they were unable to measure any longer term changes, outcomes or impacts of the programme. The 'theory of change' model proposes a logical assumption that

if people participate in sport and physical activity then they are likely to have higher self-esteem, social capital, etc.

3.7.5 Programme management

The proposed delivery method for the CSP was that SNI devised the programme and funded it via DCAL. Having negotiated with appropriate bodies such as local authorities or strategic partnerships to host the interventions, the day to day management of the CSDOs and their programmes was the responsibility of local line managers. All CSPs were required to nominate a line manager and each line manager attended compulsory courses run by SNI on recruiting and managing staff. In two cases (Moyle and Newtownabbey), where the host body was the local authority, additional financial support was made by SNI to pay for the costs of line managers. Moyle received £6,000 per year over and above the direct costs of the CSDO, and in Newtownabbey the annual management fee was £3,000. Thus it should have been explicit to CSDOs and CCs that management of the CSP was via line managers and local host organisations. SNI found itself in a position whereby it was managing the line managers and CSDOs in some interventions because local programme management was slow and ineffective.

In terms of programme management, the information reviewed as part of this research incorporated work programmes and some additional information relating to quarterly or bi-monthly meetings. Whilst some of this information was in the format of action based notes and thus provided a useful record of the tasks that were planned within each CSP (which could then be substantiated at quarterly meetings) some CSPs submitted only limited information which did not always substantiate whether these plans were carried out and what the outcomes were. Some of the work programme records and the notes of meetings were of a fragmented nature. It was difficult to substantiate the full extent of the support and direction that had been given to the CSPs by the line managers and SNI from programme records.

There was substantial evidence of the provision of training and induction courses for CSDOs at

the start of the CSPs, and during the focus group the original CSDOs in attendance confirmed that they had received adequate training from SNI. One CSP reported a lack of formal organised training afforded to their CSDO (who came into post part way through the pilot CSP). However, in this case it was documented that the departing CSDO had been kept in post for an additional period of time in order to conduct a thorough induction process with the newly appointed CSDO. Furthermore, a schedule produced by SNI provided evidence of an ongoing programme of available training courses (including compulsory courses for all CSDOs and line managers).

3.7.6 Final evaluation and stakeholder interviews

In summary, it is difficult to answer the question of what did happen with any empirical evidence due to the lack of a true baseline measurement, the limitations of the participant survey and physiological testing programme (due to the stage of operation of the CSP interventions), the inadequate use of participant monitoring and registration forms, and the nature of the programme management information. It should be noted from Figure 1 (page 16), that the methods used to monitor the CSP are mutually dependent. If there is no baseline it is not possible to measure changes against a baseline. If CSDOs did not ensure that participants completed registration forms, the people concerned could not be entered onto the database and therefore could not take part in the programme of participant monitoring or the participant survey. Lack of attention to one detail (registration) can undermine the entire process and thereby prevent CSPs from demonstrating how they have performed.

However, the implementation of the stakeholder surveys and case study evaluations enables a rounder picture of the achievements of the CSP to be ascertained. This additional evaluation data is presented in sections 4 and 5 which follow.

4

Stakeholder Survey

4.1 Intervention specific overview

4.1.1 DSNI:

CSP 'Go ahead'	CSDO appointed	CSP ends	CSDO employed by SNI (via contract for services)
Nov '03	Nov '03	Mar '06	Apr '06 onwards...

The DSNI programme was the first CSP to be given the go ahead in November 2003. Aubrey Bingham worked as the CSDO for the duration of this CSP, and there was no CC employed.

DSNI viewed their invitation to be involved in the CSP as an afterthought, however, this was strongly contested by SNI and DCAL. DSNI felt that their aims

and objectives did not coincide with those of the rest of the CSP, although DSNI did choose to accept the CSP funding, and with it, the CSP aims. The DSNI programme was focused on building structures and they felt that the emphasis of the CSP was on increasing participation which was not a key objective for them.

4.1.2 East Belfast:

CSP 'Go ahead'	CSDO appointed	CSDO departs	CC covers CSDO post p/t	New CSDO in post	CSP ends
Feb '04	Mar '04	Aug '05	Sept '05	Dec '05	Mar '06

The East Belfast CSP was initially operated by Nicky McCready. Nicky had a traditional sports development background and established good links with sporting clubs. Orlagh O'Hagan took over this post on a full time basis in December 2005, however, Nicky had left in September 2005 so there was an interim period whereby the CSP was operated by a CC on a part time basis.

Nicky and Orlagh had both completed the same university degree at the University of Ulster at

Jordanstown. However, they each gave a different focus to the CSP. Nicky was described as a "purist sports person", and managed the programme in accordance with traditional sports development strategies. Orlagh's aim was to strike a balance between sport and other community development work. Orlagh viewed sport as having the potential to form the basis on which to bring communities on board. Prior to the CSP there was limited sports development activity taking place in East Belfast.

4.1.3 Newtownabbey:

CSP 'Go ahead'	CSDO appointed	CC appointed	CSDO handover (2 wks)	New CSDO in post	Replacement CC appointed	CSP ends
Mar '04	Mar '04	May '05	Aug '05	Aug '05	Sept '05	Mar '06

4

In Newtownabbey four distinctive areas were involved in the CSP with completely different issues regarding sport, health and well-being. There was one major Protestant area, Rathcoole, which is a very large area and used to be one of the biggest estates in Northern Ireland. There were two small pockets of mainly Catholic areas, and a fourth area, which crossed the Whitewell Road interface. High unemployment, low educational achievement, poor health, community safety and poor community relations characterise these areas. Due to the four distinct areas there needed to be considerable groundwork undertaken to build confidence and trust before any cross-community (single identity work)⁹ or development between these groups could take place.

Elizabeth McCann started in post with a budget of £4,500 to go ahead and develop a programme of activities in the area. There was a certain degree of groundwork required before people would buy into the CSP. The capacity of the groups within the areas had to be addressed. On the whole community groups did not have the strength to go forward and

manage sports programmes on their own. Elizabeth had assistance from a CC for the last three months of her post. The initial appointment to this post was delayed at the request of the programme managers because they did not know what they wanted at this stage, therefore the money from this post was incorporated into the CSP budget.

Dean Holmes was in post for only nine months, having taken over from Elizabeth McCann who was in post for less than 18 months. Dean was given a blank canvas to work with and he took his steer on the programme from community input. The CSP was supported on a regional level by a management panel that was described by the CSDO as supportive, forward thinking and very encouraging. The management panel incorporated members of the community, members of the Local Strategy Partnership Board and the Partnership Manager. In summary, the programme aimed to provide the necessary tools to help the community get into a position to apply for its own funding and to sustain the development work.

4.1.4 Moyle:

CSP 'Go ahead'	3 p/t CSDOs (12 hrs each)	1 p/t CSDO (12hrs) 1 p/t CSDO (24hrs)	1 f/t CSDO	CSP ends	CSDO employed by Council
Mar '04	Apr-May '04	May '05	Sept '05	Mar '06	Apr-May '06

The CSP in Moyle began in March 2004. Following consultation with the local community, volunteers and local groups, the CSDO role was originally split into three posts, with each officer contracted to work 12 hours per week. This delivery method was recommended after a process of local consultation. Two part-time CSDOs started work in April 2004, with one leaving in March 2005 to take up a full-time post as a CSDO in Ballymoney, and the second CSDO leaving in October 2005. The third part-time CSDO worked for just two months from May to June 2004. Grace McCullan started work as a part-time CSDO in May 2005 working 24 hours per week, with support

from a second CSDO working on a part-time basis for 12 hours per week. In September 2005, when the part-time CSDO left his post, the CSDO role was amalgamated into a full-time post which was taken on by Grace. No CC was employed, because Moyle opted for three part time CCs instead. The rationale behind this decision was linked to the nature of these highly populated areas (the Glens), Causeway and Ballycastle.

The CSP was originally concentrated in schools, however, this was not the route that Grace wanted to pursue:

⁹ Work of this nature can help to address feelings of insecurity and a lack of confidence, to reduce political suspicions, and to address the fear of reactions from within communities and fear of hostility from the other side of the community. Cross-community work requires adequate preparation and sometimes 'inter-community relations work' represents the starting point of this preparation. In some cases this is the only way that people will engage and it can help to build confidence, which may enable cross-community work in the future.

"I didn't see schools as the biggest need. All along I said to myself 'I want to hit people who don't normally get hit'. That was the essence of what I believed in."

The CSP was focused primarily within rural areas where previous sports development work had been very limited.

4.1.5 Derry TRIAX:

CSP 'Go ahead'	CSDO appointed	CSDO funding continued
Nov '03	July '04	Founded until Mar '10

The Derry TRIAX CSP started in July 2004. TRIAX is the name for the pilot Neighbourhood Renewal Taskforce for the Bogside, Brandywell, Fountain, Bishop Street and Creggan areas of the City of Derry. Thomas McCallion was appointed into the CSDO role and remains in post. No CC was employed. The Derry CSP is focused in the inner city and TRIAX wards of Derry. These areas are characterised by high unemployment, low educational achievement, poor health, and poor or low community safety.

The CSP in Derry has focused on working with primary school children (the Neighbourhood Renewal Taskforce identified children aged up to 15 years as a major target group) and has prioritised creating partnerships and encouraging people to work together to provide a holistic approach to health and well-being. The programme has strong links to the community and to the Health Forum.

4.1.6 Ballymena:

CSP 'Go ahead'	CSDO recruitment process	CSDO appointed	CC appointed	CSP funding continued
Nov '03	May-Sept '04	Sept '04	May '05	Funded until Mar '10

The appointment of Gary Boyd as the CSDO in Ballymena was not completed until September 2004 because of an issue with the council's Human Resources Department. The recruitment process had to be undertaken twice. The main focus of the CSP in Ballymena was cross-community work. There was also some drug awareness work undertaken. The vast majority of people on the programme in the early stages were children, this was a result of children being easier to target and to access. A lot of work was invested in building a rapport with the community through the residents' association and via local schools. There were programmes for older people as well but the focus was primarily on children.

The CSP was a community led project so the Community Sports Forums guided the CSDO and made decisions. They had a high degree of ownership and were strategic in their role. CSP stakeholders described how the area is characterised by high unemployment levels and crime. Incomes are low, alcohol consumption is high and there are issues with anti-social behaviour and sectarianism.

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4.1.7 CSP timescales

Table 4 below summarises the timescale of the CSPs. It is clear that although the intended funding

duration was a period of three years, the average length of CSPs was in reality only two years.

Table 4: Duration of CSPs

CSP	Duration of CSP*
DSNI	two years, five months (now extended via DSNI contract)
East Belfast	two years, one month
Newtownabbey	two years
Moyle	two years
Derry TRIAX	one year, ten months (funding now extended until March 2010)
Ballymena	one year, seven months (funding now extended until March 2010)

* To the official CSP end date: 31 March 2006

4.2 The delivery gap: the difference between what was planned and what actually happened....

Before considering the difference between the planned CSP objectives and the reality of what was delivered, it is important to reiterate the fact that the pilot CSP was very different to the original CSP as outlined in the Business Case produced in 2002. The original Business Case represented a comprehensive funding application for £5 million over a five-year period, to enable a change in 40 of Northern Ireland's most deprived and disadvantaged areas. Whilst the key principles remained the same, due to the reduction of available funding to £600,000, a significantly scaled down pilot version of the original vision was implemented.

The following information has been compiled both from the focus groups facilitated in Belfast in March 2006 and from a series of stakeholder interviews (conducted throughout April 2006) which included all CSDOs (past and present), and a self-selecting

sample of line managers, host associations and other partners who worked in unison with the CSP.

This section highlights the key challenges faced in the development and delivery of the CSPs presented in the stakeholders own words. Further discussion on how these challenges were overcome is provided through the inclusion of case study extracts and relevant quotations. These enable the analysis to serve as a guide to good practice for the future, and as a tool to inform the management of future projects of this type. A summary of the key learning opportunities concludes this section.

4.2.1 'One size fits all' v bespoke

It is useful to start by highlighting the strong feeling that a 'one size fits all' approach to monitoring and evaluation was considered to be appropriate by many stakeholders. It was highlighted that the pilot CSP was formed from six very different and distinctive programmes. The fact that there were four overarching CSP objectives imposed onto six

idiosyncratic projects was described as problematic in terms of the monitoring and evaluation process by several CSPs.

There were also significant differences within and between target groups (e.g. women, ethnic minorities) that could not be taken into account through a standardised survey design. There are two specific issues relating to this: first, target groups, for example women or ethnic minorities, are not homogeneous groups. There is not a 'one size fits all' approach that can be designed to meet the needs of 'women'. Women will be different ages, social classes, ethnicity, and marital status, their health and fitness, self-esteem and social capital will vary as will their needs and the means of reaching them. Second, the participant survey and physiological testing programme analysed the characteristics of participants by categorising them as adults, secondary school children and primary school children. Whilst analysis by these sub-groups was imposed by sample size, it is important to recognise that equally these groups are not homogeneous. Focusing on 'adults' does not provide an insight into whether these individuals were men, women, ethnic minorities, over 50s, disabled, people from low socio economic groups etc.

DCAL and SNI were given the option of conducting bespoke research within each intervention prior to the start of the research. However because DCAL had already specified a framework and research design, and had produced the tool kit, they wanted to proceed with a standardised approach across all CSPs. In terms of the overall management of the CSPs and the setting of specific objectives, a 'one size fits all' approach was equally problematic because there were significant localised differences in terms of existing infrastructures, capacity to deliver, personnel and the demographics of each CSP, each of which commanded different management approaches.

In contrast to the problems that have been discussed, there are a number of advantages to the utilisation of a standardised 'one size fits all' approach to monitoring and evaluation of the CSPs. The use of a standard survey across the six interventions produced data which is directly comparable for each of the

CSPs. This enabled benchmarks to be computed and instances of high and low performance against these benchmarks to be flagged for further investigation. For example, why was the consumption of fruit and vegetables much higher than average in Derry? What were the reasons behind this success?

4.2.2 Quality v quantity: micro level work

Several CSDOs highlighted that they felt pressured to get high numbers involved in the CSP. This viewpoint was strongly contested by SNI, who explained that the CSDOs were encouraged to carry out a needs analysis/mapping exercise with target areas to identify need in order to direct their programmes. However, it would appear that the majority of CSPs chose instead to target primary schools (at least to begin with), which they acknowledged were the easy option. There was a collective preference for focusing on providing quality programmes rather than worrying about numbers. "Just because you are getting bums on seats that does not mean you are giving a quality service."

This pressure to 'chase numbers' was derived from the original CSP objective to increase participation. The revised target, as stated in the Addendum to the Strategic Business Case, was a "6% increase in the number of people actively participating in sport and physical activity by 31 March 2006". Given that sports participation in Northern Ireland has remained relatively static over the past nine years despite the additionality of the Sports Lottery Fund, this target appears to be extremely ambitious. Further targets included the establishment of 20 new sports or physical activity sessions, a 5% increase in the range of sporting opportunities, and 200 new coaches and sports leaders trained in 15 sports, all by 31 March 2006. These points underline that the CSP had a strong emphasis on the quantity of work undertaken.

Information ascertained from the interviews revealed that two interventions chose not to concentrate on the quantity aspect of programme delivery. Examples of these strategies are outlined overleaf.

Moyle CSP

The areas that the Moyle CSP focused on were quite small, which enabled the impact of the CSP on the participants to be maximised, as it facilitated working closely with individuals. One stakeholder considered Army to be a “resounding success”, because the CSDO had worked with almost every child and teenager, both male and female, and most females aged between 20 and 50 years. Due to working with small target groups, the same people were involved through different groups time and time again. Therefore the establishing of relationships and getting to know people and their tastes was an easier process.

DSNI CSP

DSNI did not set out to increase participation levels, the programme was not to get bums on seats. Their aim was to create infrastructure. It was the view of DSNI that if the overall CSP aim was to target sedentary people and get them involved in some sort of sustained way, then this would have to be done on a smaller scale. It would be necessary to cut down on the amount of courses and programmes set up, so instead of several hundred or a few thousand being involved, it may be 50 people involved over the course of a year. Programmes would need to be very specific and could work with small groups generating very good results. However, this would not generate the large numbers of participants, which DSNI perceived was what SNI wanted.

Amongst the CSPs there was confusion and frustration regarding whether SNI and DCAL would have supported smaller scale but higher quality development work. One CSDO outlined how he could have worked with small groups of people and produced massive physiological changes, but this would have required a large investment to benefit relatively few individuals. “Should we chase numbers or focus on maximising the benefit to a smaller number of individuals?” He asked whether it could be justified to fund a CSDO to work with one-20 people in society and get them involved in the CSP, if by doing this their lives could be changed for the better. It was communicated that this would have been his preferred approach, as targeting the masses can be akin to preaching to the converted.

4.2.3 Too ambitious/unrealistic

The answer to whether the CSP objectives were too ambitious and unrealistic has to an extent been addressed by the debate over quality versus quantity amongst the CSDOs. As highlighted previously a

6% increase in participation is extremely ambitious, particularly given the available funding, the CSP timescale, and the fact that the key target groups were individuals from deprived areas which are traditionally very hard to reach and required a proactive approach. In short, because there was no ‘true’ baseline to measure against, it is not possible to quantify exactly what did happen as a result of the CSP, however, the available data suggest that it is unlikely that significant change occurred. The large scale increases indicated in the original Business Case and the subsequent Addendum seemed unrealistic in practice.

It was envisaged that the pilot CSPs would consist of three-year interventions, however, five of the six interventions did not have a CSDO in post until two years before the programme end date (31 March 2006).

Several stakeholders pointed out that the expectations were not realistic: “Expectations were too high, they [SNI/DCAL] should not have expected the increases.”

There were a range of issues that affected the ability to deliver the CSP objectives, some of which were predictable (poor structures, timescales, learning curves, etc.), and others which were not (CSDO capacities, changes in staff, etc.). These will be addressed in detail throughout this section.

It is also necessary to acknowledge that the social divisions in Northern Ireland are unique and create additional challenges for the CSP. Many of the target regions were paramilitary areas and as such huge trust was required before CSDOs could gain acceptance by the community. In many cases there were delicate situations, areas were volatile and the

CSDOs could not risk undertaking any actions that could jeopardise the trust they had worked so hard to establish. One CSDO summarised the challenge faced, by asking:

“Which was more important? How many fire bombs we have stopped being thrown, or how many portions of fruit and veg people are consuming?”

4.2.4 Finding the right approach

It is essential to support and understand individuals in the right way in order to help them to progress. The importance of this is illustrated through the anecdote below.

Building trust

An obese woman was helped by the Moyle CSDO who visited her at home. The CSDO took her blood pressure (after having to buy a bigger cuff to enable this) and weighed her. The woman followed the CSDO out of her house and to the leisure centre across the road in tears and asked for the piece of paper back with her weight on it. The woman was frightened that the CSDO and everyone else in the sports hall were laughing at her weight. “In her mind that’s what she saw. She is suffering from depression and needs more than just me and physical activity to help her out, she needs somebody to talk to.” The CSDO spent a long time calming this woman down, listening to her and eventually won her trust. The blood pressure and weight measurements hit the woman hard and she began to lose weight independently. The CSDO did not actually work with this person, she simply remained friendly and took the time to ask how she was getting along. The woman built up sufficient confidence and trust to attend the third ‘Girls’ Night Out’ evening that took place in Armoyle.

It was acknowledged that individuals need somebody who can understand their plight. The Moyle CSDO explained that there would be nothing better than to get a few people together but because she operates in such a small area it would be impossible to start a counselling night or even a stress management night because everyone would be saying: “Did you see such and such going across the road to the counselling?” It would need to be approached in a subtle way as was the case with the ‘Girls’ Night Out’ (discussed in more detail in the case study section).

“There’s ways of introducing topics in the right way so people don’t even really know that we are doing it. This is what community sport is all about, using the physical activity or something else to get people along but then introducing a lot of other stuff without them having a stigma of joining in. It’s a way of opening doors and of addressing other things, a tool that helps to do that.”

One CSDO described how he does not use the word ‘sport’ in his ‘community officer’ title. He acknowledges that this would be off-putting to some members of the community who do not consider themselves to be very active and who would not think that sport is for them.

4.2.5 Engagement/general attitude

A key challenge for the CSP was integration and gaining the trust of the communities in question. This had to be achieved to gauge what the areas of interest were, in order to establish the right programmes. Due to the history of violence in each of the communities, the initial challenge was to build relationships with key groups and key figures in the area, and to demonstrate that programmes will benefit the communities by reducing crime, anti-social behaviour and by giving people something

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to strive towards. SNI advised all CSPs to take the necessary time to bed in, identify needs and develop work programmes.

A further issue identified in relation to engagement was the process of engaging those people within the community who are hardest to reach and who do not see physical activity as being a part of their lives. Obviously this process takes much longer. As one stakeholder noted, it requires much more energy to be spent and involves greater hand holding. The traditional sports development approach can be a barrier to engagement because if people do not take part in any physical activity, they do not have an active sort of lifestyle and may therefore feel that the whole programme is not for them, even though sport and physical activity is simply a medium by which to deliver other wider social benefits.

“We wanted to do something less vigorous in order to get people into the thought pattern that you don’t have to kill yourself to be physically active. You don’t have to be a Lycra queen.”

Sport is such a low priority in many of the areas targeted because of the climate of long-term unemployment, major health issues and very low incomes. One CSDO explained:

“If there is a choice between buying sweets for their children or going to a circuit class there is no decision to be made.”

In several areas the CSDOs stated that there were some groups that just do not work with other groups. There is the suggestion of ‘fall outs’ between groups and the bringing up of historical grievances. A lot of people have closed minds, and a head-down approach, therefore the process of trying to get people to work together was difficult. Many people focus just on their own group or club and do not see outside the box. It was explained that some groups needed the ‘carrot’ of having some funding available in order to make progress.

“In my area there was a terrible feeling of apathy, nobody could be bothered or was interested. It has been a big challenge to get the communities up and running.”

In terms of engaging local people, all CSPs agreed that the adults had been the major challenge.

“The kids were really up for it because they were bored out of their minds. It’s not a problem getting children involved, it’s getting the adults and encouraging them to support their children.”

Low self-esteem in both adults and children was cited as a reason behind these difficulties.

One intervention explained how it was difficult working with some schools at first because their emphasis was on academic learning. It took time for them to recognise the importance of physical activity and health and how initiatives could be linked with the core curriculum. Once the schools had engaged with the process there was evidence to suggest that the health initiatives resulted in increased awareness, improved concentration, higher levels of confidence, increased energy and also helped to control some medical conditions, such as Attention Deficit Disorder.

4.2.6 Timescale

Prior to discussing issues regarding the CSP timescale, it is important to consider that the original vision for the CSP initiative (as presented in the Business Case produced in 2002), was for a project which spanned a five-year period. This timescale had to be reduced to three years due to a decrease in the available funding. The reality of this three-year timescale (which in most cases was closer to two years) was illustrated in the timelines at the beginning of this section.

Duration of CSPs

“The problem with a lot of programmes is that the funding is provided for nine months or one year, then the funds run out and you’re back to square one again. The CSP needs somebody to lead it, one year or 18 months isn’t long enough to get things into people’s psyche so they know they need to be more active, eat better, to live healthier lifestyles etc. The community is not ready to go it alone. There needs to be a programme over a number of years so it becomes part of people’s lives. Then things will happen and the programme won’t need the same level of support; [it] will have got to the level of maturity required to sustain itself.”

The timescale of the funding of the CSP was identified as a major problem. Almost every person interviewed commented that the duration of programmes needed to increase. There was widespread agreement that two years’ funding was

not sufficient. The common view was that it takes at least five years to build programmes and to get to know people.

“If you look at the reality of giving someone a two-year post: it takes someone six months to get their feet on the ground and the next year they are building the project up and the last six months they are looking around for another job because the funding is coming to an end.”

One CSDO expressed the need for core funding to enable successful development work.

“If this [core funding] is not secure, then when it gets towards the end of three-year contracts CSDOs will start to jump ship. Then the CSP has to start all over again with somebody new. Core funding is needed to ensure stability otherwise people get nervous.”

The planning requirements were also linked to the timescale of CSP projects. “It is not possible to plan in advance when there is only one year’s funding.”

Engaging the right people

The stakeholders suggested that the way funding is allocated to community development projects generally (short timescales) is a problem. If you are aiming to engage with target groups that do not normally get involved with sports, it takes much longer. It was also highlighted by several people that it is essential to be more creative with what you call ‘sport’.

There was agreement that the programmes attracted the wrong people (people that were already involved in significant amounts of physical activity) but not through deliberate targeting of these people. The monitoring and evaluation of the CSPs was undertaken early in their development and it is widely accepted that attracting the right people (those who were sedentary and from deprived backgrounds) is a process that takes much longer. It was suggested that sustainable programmes attracting the right people did follow after the initial foundations were built. One CSDO confirmed that it had taken 18 months of capacity building to start reaching the target population in their area. In this case, the people involved in Phase I and II of the survey and physiological testing programme could not be representative of the impact of the CSP. Due to the longitudinal

research design only participants involved in the CSP prior to July 2005 were included in this research.

Building trust

Strong community networks and sports programmes can take years to build, for example, the programme in the Shankill area took around nine years to establish. Several stakeholders suggested that it can take up to three years to build confidence and earn people’s trust.

“Neighbourhood renewal programmes can take seven to ten years to develop. They need to build up key factors such as health, education and employment. Sport can be used as a tool to drive these factors.”

It is important to build capacity, to get to know people, and to develop trust. This is not possible within a short timeframe.

“People were still a bit dubious sometimes. ‘Who’s coming into our area? What are their motives?’ It is all quite difficult in socially and economically deprived areas.”

Sustainability

It was likely that the nature of the CSDO employment (fixed short-term contracts) had some effect on the retention of staff.

“The physical activity and health links were only beginning to take shape when the CSDO moved on, we were knocked back at first but you can’t blame her for that, as she only had guaranteed employment until 31 March 2006. It is understandable that people get itchy feet when their future isn’t secure.”

The process of setting up sustainable community groups can take two years because they have to undergo accounts training, equity training, and everything else that comes first, before activity can commence.

In terms of creating sustainable development programmes, there are now a further 30 county sports officers in post around Northern Ireland. Several stakeholders commented that the challenge is what will happen after two or three years’ funding, to prevent communities being left in a very unstable position.

“Are the communities going to be left without officers to provide support? Will officers be parachuted in and then removed! If funding becomes available again we would need to develop trust again before starting a whole new programme. This may mean another officer having to come in and take another six months to get up to speed.”

4.2.7 Empowerment/ownership/community focus

It was suggested that the process of establishing a successful CSP involves identifying what the community wants, what the CSDO wants and what SNI wants.

“At regular intervals everybody will sit down and discuss what people want. ‘Is your young boy drinking too much?’, ‘Is smoking a problem amongst the girls?’ or ‘Are the youngsters still inactive?’ The groups will discuss how the money can be put to the best use, ‘what do you need the most?’. It is important for the groups to feel part of these decisions, so they can ‘discover their own destiny’ and ask for what they want. As a collective group it is important to find out what people will adhere to and put the ownership onto them. ‘The funding is in place but let us stop telling you what we’re going to give you and you start telling us’.”

“The Community Sport Forum was the greatest success. It enabled working with people in these communities that would not have normally come together. From this, sub-groups were then established. The forum discussed things that the community wanted to do, how to get kids out of trouble, get them off drugs, what would be the best way forward. The communities dictated the way the CSP would go.”

“Five forums were established focusing on the development of communities through sport. These forums acted as a point of reference for CSDOs. They articulated how to develop programmes, how to address gaps and introduced the right procedures.”

There is a need to look at the best way to create and support posts, and then to help and mentor individuals working within the agreed areas. The CSP was a pilot programme, therefore there is a learning process that everybody involved will go through. It is very much a process of experimental learning through shared practice with others to form a supportive network within which to operate. The stakeholder interviews suggest that these recommendations were not fully implemented during the pilot programmes.

Sustainability can be achieved in part by inter-agency working. This continues to expand the equity of projects. Greater equity is achieved by constantly consulting with the community and showing them that their opinion is valued. A fundamental aim of the CSP was to involve the whole community, not just those that would be covered by mainstream sports development. Consultation facilitated community ownership of the programme, enhancing the feeling that ‘the project is owned and run by the community’.

4.2.8 Lack of foundation/poor infrastructure

At the start of the CSP it was necessary to deliver capacity to organisations so they could be brought into the CSP and be given the necessary tools to be in a position to apply for their own funding and to develop programmes that could be sustained. Several areas had no infrastructure on which to begin development work.

Getting Community Sport Forums off the ground caused major problems for several CSPs, because nothing like this had been done before in these areas. It took a lot of groundwork, a lot of time was spent talking to people, increasing awareness and getting them on board. One CSDO explained that this process took almost one year.

“There had never been anything in these areas, so there was no expertise and nothing to buy in to, it was starting from scratch - ‘an empty vessel’.”

Another CSDO faced similar challenges:

“There was no infrastructure here to capitalise on. The challenge hasn’t been about money, it’s been about having a very poor infrastructure here, and probably not a great history of people taking a chance on new things or getting involved in new things. We had a very low level to build things from, which is why we probably targeted the schools to start with because there you have a captive audience. I think we just needed more time.”

4.2.9 Change in CSDOs

One of the main issues in the East Belfast CSP was the change in CSDO, and the resultant staff shortfall between the two full time CSDO posts. The replacement CSDO described how taking over was like starting the programme all over again.

“There was a lot of leg work required, it was necessary to go out and meet with all the groups. Building strong relationships and generating trust are fundamental elements of success and these have to be developed on an individual basis.”

The problems with a change in CSDO are significant because of the nature of these communities and the requirement to earn trust and respect before any development work can be undertaken. In both Newtownabbey and East Belfast, the replacement CSDOs described their jobs as akin to starting from scratch. The lengthy process of building trust was described by one CSDO:

“I spent a lot of time with groups in the area and it was almost like a snowball effect, getting a contact in one and they’d pass you on to another, but it takes a lot of time.”

When someone is in post for two years the priorities in the area will change so when a new person comes into post it is likely that they will identify different priorities. In Newtownabbey some of the original priorities were continued but the CSDO also highlighted new areas to address different priorities. These priorities could only be realised once trust within the community had been built up. The capacity of the groups within the areas had to be addressed. Many community groups did not have the strength to go forward and manage sports programmes.

4.2.10 CSDO capacity

As part of the Addendum document produced by SNI, a risk assessment was undertaken. This considered the implementation and delivery of

the CSP and highlighted that the calibre and commitment of the appointed CSDOs is critical to the success of the project.

There are a number of key factors that have influenced the capacity and commitment of the CSDOs. These are discussed in detail throughout this section. It is important to recognise that the timescale of the CSP, and the arguably over ambitious CSP objectives, may have affected the work of the CSDOs. Further to this, the CSP was a pilot programme, therefore there was a steep learning curve for all involved. During the focus group there was a self-reported finding that many, if not all, CSDOs initially lacked the knowledge, skills and understanding to fulfil all the requirements of the job. The broader community development requirement of the posts presented a challenge for several CSDOs who did not have experience in this field (they came from traditional sports development backgrounds or were recent graduates). Community engagement took longer than undertaking a traditional sports development approach, it required more energy to be spent and involved greater hand holding.

These challenges aside, many stakeholders highlighted what a tremendous job the CSDOs had done and how individual personalities had won over participants, gained the trust of communities and had given sport in the area a new lease of life. The key CSDO attributes taken from stakeholder interviews are summarised below.

Key CSDO attributes:

- Ability to relate and communicate/build a rapport
- Willingness to help/go beyond the call of duty
- Charisma
- Practical tangible experience
- Innovation and proactivity
- Encouragement
- Time
- Personal touch
- Energy
- Personality

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One stakeholder described the ability and persistence of their CSDO:

"She has the ability to work with people, she is very practical, if something isn't working she'll look to see what the problem is and try to sort it out. Other council officials would have just written a report saying why and that would have been the end of it. She doesn't take 'no' for an answer."

Another described what a difference the CSDO had made to their job and organisation:

"He has been a tremendous help, not only to our organisation but also to the kids and their parents. He is a very knowledgeable man. The fact that he's very much hands-on and he gets involved and he's coming from a sports background himself, which we find very refreshing. He's a role model for a lot of children, the parents look up to him. He has definitely made my job a hell of a lot easier, because he's always at the end of the phone, he's

helped with funding applications and brought in a new breed of funders, without his help we wouldn't be in the strong position that we are."

At the focus groups held in Belfast on 29 March 2006, one CSDO commented that it took him around 18 months to find out what he was supposed to do. There was a consensus amongst the CSDOs that it took a long time to find their feet and settle into the roles. So establishing what work was necessary in their own area was not a quick process.

4.2.11 Holistic approach/partnerships/working collectively

There was plenty of evidence to suggest that collective working across areas was fundamental to success. The account below illustrates the importance of this.

Integration

One CSP stakeholder described how their programme operated in isolation. It did not form part of the wider health programme. They acknowledged that it would have been better if the CSP had formed part of the wider health agenda and the overarching regeneration programme. "It [the CSP] was sort of regarded as an 'add on'. I think in some ways the Partnership Board did that because that was the circumstances at the time, today they would see it as having a more integrated role within the programme and that's just with hindsight and experience of the outer workings of it."

"In some ways I think the CSP is weakened by individual area's perspectives... it's the sort of programme that benefits from having city wide focus and isn't exclusively about a quadrant of the city. For some of the CSP components, it makes sense for people to be more mobile across the city and that has a general knock-on effect for community groups, if they're not always looking internally and they're not doing everything in their own neighbourhood, they can get an outward looking focus."

The above account also illustrates the potential problems with the non-challenge nature of the CSP funding.

There were numerous examples cited of successful partnerships and of groups working together:

"There has been a very positive connection made between sports and the youth organisations locally and schools, and the health agenda."

One stakeholder viewed the key element to success as inter-agency working and the sharing of skills and abilities.

"For example, if a group such as Homefirst were undertaking a healthy eating programme for over 50s, this was augmented by a physical activity programme."

"An integrated approach was successful at a local football tournament held in association with the PSNI. The programme looked at increasing physical activity, but also at healthy eating which was supported by supplying a healthy lunch and explaining to the children why they were getting it. There was also a cross-community element involving inter-denomination schools and the project was a good public relations exercise for the police."

One stakeholder described how prior to the CSP, everybody in the area was: "Chasing the same pot

of gold”, and competing with each other, but now the CSP had brought people together to work in partnership. This was seen as a very important factor

as the children would benefit from this collective approach.

4.2.12 Cross-community projects

Peace II Distinctiveness Report: Ballykeel Community Sports Development Programme (Ballymena CSP)

The Ballykeel project used sport as a vehicle to address peace and reconciliation. The greatest impact resulting from the project was that the members of the local community became aware of the importance of sport, how it can play a role not only in peace and reconciliation but how powerful a tool it can be in the future to be used for diversionary measures. The project demonstrated that sport and physical activity can connect people. It connects young and old, boys and girls, people with and without disabilities and people from across cultural and religious divides. With the impact that the Ballykeel Community Sports Development Programme has had, local community representatives now recognise that, by gaining sustainability, local children and young people can avail of opportunities that they may never have otherwise had.

In several CSPs a lot of single identity work had been undertaken to build up trust before any

cross-community work could be undertaken.

The Cultural Diversity Programme: ‘Quality rather than quantity’. East Belfast

The project worked cross-community between two areas (Short Strand and Avoniel) and involved 12 young men aged between 16 and 18 years, for a 12-week period. They worked on different sports and there was also a photography element to the course. There were interface problems and a lot of single identity work had to be done before the two groups even met each other. There was nowhere in East Belfast where they could work together, however, they were all happy to go right out of East Belfast as long as neither group dominated at any point. One day there was a problem with the buses and they all walked together through Short Strand which is the nationalist area. The boys from Short Strand walked the other boys through until they were safely on their way, the view is that this would not have happened without this initiative. “The programme went brilliantly, they all really enjoyed themselves.”

There were many successful examples of cross-community work cited, a further example follows:

Over the last four years sports awards have taken place in Moyle, as part of an ongoing sports development programme. The area is located on the political interface; the community is split between Catholic and Protestant. There are numerous sports

people associated with Armoy (Joey Dunlop was born in Armoy) so the sports awards were started to try to bring communities together. “[We are] trying to use anything we can to bring people together.”

“You need to push healthy living on a different level, sport is a great neutral territory through which to do this, which helps from a psychological point of view. When people are playing sport it provides common ground and can bring communities together.”

Derry - Diffusing 'trouble days'

"We are obviously in a position where the conflict is over in this country but at the same time there's still an edge to it. There are days that we call 'trouble days' here when people are marching, there's a lot of anxiety over certain dates on the calendar whenever there's certain things happening. Our programme brought people from both divides together on these days and we had fun festivals. We took them away from the city all that week and then on the day of the marching the cross-community aspect came together and we noticed a big change. We invited parents along and worked on bringing everyone together. This went really well, Catholic and Protestant kids came together on days when normally Catholics would be throwing stones at Protestants, they got on really well. We brought them together beforehand and gave them a fun, friendly football environment. It was really successful."

Neutral venues

Cross-community working was a big challenge in several areas due to the lack of neutral venues.

"People don't feel safe coming out. The Short Strand people wouldn't feel safe going into the Newtownards Road area, just as the Newtownards Road residents wouldn't feel safe going into Short Strand."

This causes problems with bringing these groups together without any neutral 'safe' venue, which would enable them to work together.

When the CSP tried to touch cross-community projects early on, there was a lot of friction and in several cases there was actual trouble, for example, in the football competition there was fighting amongst spectators. The CSDOs had to identify neutral locations and were often forced to keep events low-key. This demonstrates a lack of capacity. A stakeholder from Newtownabbey explained this difficulty:

"In other words it wasn't possible to have the press saying that we were organising cross-community events because there were elements within the community that would have caused disruption."

4.2.13 Location of the CSDO/CSP office

The location of the CSDO was perceived as a big problem in East Belfast. The CSDO was based in a third floor office within the East Belfast Partnership Board on North Road. One stakeholder explained that with community politics the way that they are, there are a lot of groups that would not engage with

the Partnership Board, maybe because of history and bad blood.

"You have to explain that you're not coming with a partnership agenda, that you are trying to be a standalone organisation."

The location of the CSDO office is cited as a factor which contributed to the difficulties of getting the nationalist Short Strand community to engage with the CSP. The Shankill in North Belfast was suggested as a good example of an accessible 'shop front' where people can just drop in and have a chat.

Another stakeholder from East Belfast reiterated this requirement:

"It is really important that the CSDO base is accessible to the community. The East Belfast office is hidden away upstairs. We need a shop front, somewhere people can call in to talk. The office needs to be situated as part of the community."

4.2.14 Perceptions of the evaluation

Frustrations were expressed with what exactly the research evaluation was looking at, and whether the nature of the evaluation was 'bolt on' rather than 'bolt in'. In some cases the CSDOs did not appear to fully appreciate what they were trying to achieve. Many CSDOs and stakeholders felt that their CSP focused on specific areas which were not measured by the research, and as such it did not reflect what the actual scheme was about or what it produced. There was a consensus that bespoke research tools were required in each area, because the CSPs were all different. "You cannot have a 'one size fits all' policy."

"There was a mis-match between targets, achievements and research objectives, and between expectations of what was being delivered on the ground and higher level strategic objectives."

One stakeholder asked: "Are DCAL interested in crime reduction or getting kids off drugs?" They commented that achievements of this nature could not be captured by a participant survey. However, this has been addressed by the final evaluation and by the design of a mechanism to capture achievements of this nature (the 'showing success' template).

The timescale of the survey was a significant issue to all CSPs. They reported that when the survey was started they had only just found their feet. It was viewed as a snapshot, which was not reflective of CSPs overall. The infrastructure that had been set in place in most CSPs was not measured. The research was described as 'bolt on' rather than 'bolt in'.

Ballymena described how they focused on the development of structures, sustainability and creating ownership – they worked on the principle of 'giving people a fishing rod, not just a fish to feed themselves for a day'. The programme concentrated on trying to build the blocks for the longer term, capacity building.

There were issues raised regarding the timescale of the evaluation. Some CSDOs felt that the six-month gap between the test and re-test phases was too short. The CSDOs were unanimous in their agreement that the participant survey and physiological testing were started too soon, because initially the 'wrong' people were surveyed and the CSPs were not utilising the database.

"We were not ready for it. The people that turned up initially were the people that already played sport. Surveying people that were active and attending training programmes does not represent the majority of the work done."

There is, however, a counter argument that this research was not started early enough to enable a true baseline pre-intervention measurement to be ascertained. The original intention as identified in the Addendum document was to conduct before and after surveys. The survey and physiological testing were not undertaken at the 'entry' and 'exit' points

of the CSPs, therefore it is possible that behavioural and physiological benefits may have been derived before the Phase I research commenced.

One CSDO described how she had been in post for about 18 months and was still trying to develop trust amongst the community at this stage so she "wasn't just another face". In order to meet the Phase I testing requirements for the research she had to set up a new programme specifically for this purpose. It was not possible to run a programme continuously for a six-month period [to meet the survey and physiological testing requirements] with the limited resources available.

From an evaluation perspective, in some cases the surveys could not be implemented as there was a cynical approach and if people were asking too many questions and they could not understand why the information was being taken and who it would end up with, they would be hostile.

One CSDO reported how during the last eight months, the monitoring and evaluation tools had changed or been adapted more than once and because of this the importance of the tool was undermined to such a point that the CSDOs lacked confidence in it. SNI disagrees with this perception and explains that the monitoring and evaluation tools were adapted to meet the CSPs at the request of the CSDOs.

Additional research difficulties were explained by another CSDO:

"You cannot be prescriptive...cannot enter primary school groups and select some children for the CSP and not others, we don't know people's postcodes or BMI. It's impossible to get all individuals that were helped onto the database and subsequently into the research evaluation because in some cases we were not directly running the programmes but helping with them. Likewise we can't establish our own programmes specifically for these people, for example, a disability football team, within each CSP area as there wouldn't be sufficient localised demand."

In the circumstances described above it would have been unrealistic to ask people to fill in monitoring and evaluation forms. This is further evidence to suggest that the number of people on whom the CSP impacted was understated by the participant survey.

4.2.15 Guidance and direction (from Programme Managers and SNI)

Several CSDOs suggested that more direct guidance from both SNI and their Programme Managers would have helped the operation of their CSPs. However, project documentation including the training and induction schedule, itineraries from induction residential (compulsory) courses, and minutes from quarterly meetings, indicate a high level of guidance from SNI.

In some cases a lack of guidance and support from Programme Managers, and a lack of integration into other relevant initiatives, resulted in feelings of isolation:

“It’s a scary prospect for a new CSDO; these communities are volatile. It’s easy for CSDOs to feel isolated and out of their depth. The CSDOs can gain knowledge through experience but this takes time.”

One intervention described how a combination of factors, including a lack of preparation and perceived pressure from SNI to get things up and running quickly, affected their programme.

“In some ways it [the CSP] came in as a very individual bit of work and I’m not sure whose fault that was, maybe it’s what we expected or maybe it was a bit of an ‘add on’. Other places had things for longer and there was a gap here so we needed to put this in, perhaps not doing as much preparation as you might have wanted and some of that is driven by the inability to fund it. SNI probably wanted to do something sooner... but it took however long to actually materialise and at that stage there were different people involved. Then it [the CSP] arrived and it had to be delivered right away, it had to be up and running very quickly when maybe we needed a bit more process and planning.”

The direction given by SNI to meet participation targets (an increase of 6%) put pressure on the CSPs to get up and running quickly. This gave an emphasis to projects to focus on achievements that could be easily measured, rather than focusing on engaging people that were harder to reach (but arguably had greater need) as this would take significantly longer and would not be measurable by the designated survey instruments.

One CSDO commented that SNI gave little to no direction and no specific training (however there

is evidence to the contrary). He reported only having two direct meetings with the manager of the CSP and only one quarterly meeting; the emphasis was placed on sending progress reports rather than arranging face-to-face meetings. The CSDO reported that his induction was undertaken by the outgoing officer rather than by SNI and that he had received a lack of feedback from SNI throughout his employment. It is, however, important to acknowledge that this viewpoint had undoubtedly been influenced by SNI’s decision to cease funding this CSP, and as a result, at the time of the final evaluation, the CSDO in question had already left his post.

The view was expressed that a CSDO is a very limited resource, and there is only limited time and a limited budget within which they can work. “Everybody wants a piece, everybody wants to do something with the CSP.”

“There needs to be more direction from the City Council or SNI to say take your programme down this way and follow this example. People are trying to do too much and it’s easy to lose focus when doing this.”

There were also positive comments in relation to the support and direction provided by SNI. Amongst the originally appointed CSDOs there was agreement that they had been briefed thoroughly. One CSDO described how he had felt empowered: “This is what needs doing, go out and do it.”

4.2.16 The non-challenge nature of the awarding of the CSPs

CSP areas were selected through a process incorporating a needs assessment undertaken by SNI. A range of criteria was used to select CSP areas, one of which was areas identified by the Creating Common Ground Consortium. Other factors included areas within the top 25% of the Noble MDI, and areas that have evidence of low sports development. Environmental conditions, housing, community relations, community safety, community capacity and infrastructure, social exclusion, health, education and economic regeneration were all highlighted as considerations within this process. The Consortium also took into consideration such data as socio and economic profiles, community facilities, and council

or Local Strategic Partnership plans for the area. Despite this systematic selection process, there was no 'challenge funding' element implemented; areas were simply selected and offered the funding.

One stakeholder described the process of being awarded the programme, as the CSP 'landing' in their area. However, there is evidence that SNI engaged in a series of local consultations prior to awarding the CSPs, therefore it must be assumed that this represents a lack of preparation in this local area, rather than at a strategic level. Furthermore, a general lack of necessary planning beforehand was reported as an issue by several CSPs, in addition to the inability to fund this necessary preparation which proved restrictive.

Several CSPs highlighted that they felt initial pressure to get programmes up and running as quickly as possible, regardless of whether the communities were ready for these programmes. One stakeholder described how: "Programmes were set up for the sake of setting them up", and it was widely acknowledged that as a result of this the majority of participants attending early CSP initiatives were people that were already active, enjoyed sport and would attend anything on offer (although these people were not those with the greatest need nor those that the CSP objectives strived to reach). This appears to indicate that the recommendation from SNI to undertake needs analysis was not carried out in some CSPs.

4.2.17 Delivery models

There was variance in the delivery methods utilised by each CSP. Delivery models were determined by each individual CSP on the basis of consultation sessions. Moyle began the programme with three part-time CSDOs each working 12 hours per week. Throughout the course of the CSP this staffing structure evolved and eventually the CSP adopted the conventional staffing option of one full-time CSDO as employed in the other CSPs. The use of CCs was also ad hoc and varied significantly within the CSPs.

4.2.18 The future of CSPs – continuation of funding

A major issue in one CSP was the uncertainty of its future. This was an issue raised by several stakeholders within this CSP. Initially SNI was perceived as quite positive and it was thought that this programme may be continued. However, nearing the end of the programme there was no assurance from SNI or DCAL regarding continuation. SNI provided advice via one-to-one meetings on how to apply for further funding. SNI also submitted a bid to DCAL for an extension of funding in July 2005, however, no official response was received until January 2006. A challenge funding process was in place for extended funding applications (beyond March 2006) which were all judged on individual merit.

"It was difficult to manage a worker on a very short contract who was putting a lot of work in and was waiting for a funding extension. A lot of work was put into the application and getting turned down, and DCAL not following up on their promise was a major low point in the programme."

4.2.19 The learning curve

It is important to recognise that the CSP was a pilot project and as such presented a significant learning opportunity for DCAL, SNI, CSDOs, line managers and stakeholders alike.

Several CSDOs highlighted the personal requirement to learn more skills, specifically with regards to undertaking community development work in the broader sense. The work requirement of the CSPs represented a shift in focus for a lot of people. "It has been a personal learning curve over the past 18 months/two years." There was a major skills requirement in working within the community which was not initially met by all those involved. This is likely to have affected the level of success achieved in several CSPs. The fact that target groups had changed dramatically during the course of the CSPs was acknowledged. It was also highlighted that this change would not have been possible without the experience and skills developed over the 18 months/two years in post.

“It was a huge learning process. We were expected to hit the deck running but couldn’t because there was no deck.”

4.2.20 Learning opportunities

The analysis of learning opportunities contributes to the production of a system of good practice that can be considered in relation to community development initiatives of this nature. The following points suggest key principles that are likely to contribute to successful delivery:

No ‘one size fits all’ approach

The diverse nature of the CSPs and the differences in demographic factors, existing infrastructure, capacity to deliver, personnel and management structures within each region, highlight the need for bespoke planning and delivery rather than one standardised approach.

Clear, realistic and achievable objectives

It is essential to establish clear objectives and to provide direction on the focus of each individual programme. There was much debate over whether the CSP emphasis should have been on quantity (‘chasing numbers’) and involving the maximum number of people, or on taking a more focused approach and working with a smaller number of people with a higher level of need (which is obviously more resource intensive).

To motivate all stakeholders and to increase ‘buy in’ it is important that the objectives set are realistic and achievable. This includes the requirement to set focused targets to be achieved within a feasible timescale, which take into account the existing baseline measures, infrastructure and the capacity for delivery.

Taking the right approach

The challenge of encouraging sedentary people from deprived areas to become more physically active and to live healthier lifestyles is a difficult task. The stakeholder surveys indicated that building trust over time, taking a soft approach to approaching topics (which people are likely to find very daunting), showing a willingness to help and keeping the emphasis on a light-hearted fun approach can be successful in encouraging individuals to become involved.

A key requirement for CSDOs is a balanced portfolio of tools and skills that can be utilised when needed. The stakeholder interviews gave rise to the suggestion that sometimes it is necessary to take a risk and to try to draw individuals out of their comfort zones. There were examples of successes where individuals had been approached in a supportive way and gradually introduced to programmes in a way that they felt comfortable with.

Another requisite element to developing a successful programme was reported to be a central focus on fun. This was confirmed by support and acknowledgement from the government task force ‘Fit Futures’.

Increasing the duration of funding

There was a common perception from the stakeholder interviews that community development work needs to be conducted over a greater period of time than the two years that most CSDOs were in post. Longer planning horizons are essential. Extending the duration of funding increases both the stability and security of the programmes. Stability is important for the communities themselves. In order to increase the chances of success, development work needs to be carried out over a sustained period. It is a lengthy process to instigate behavioural change. For those involved in the CSP management, employment security is an essential factor to aid planning and to provide a stable working environment.

Effective monitoring and evaluation

The timescale for commencing monitoring and evaluation, and engagement from the key stakeholders are critical to success. In the case of the pilot CSP, the participant survey was longitudinal in nature therefore only those involved in the CSP between May and July 2005 were included in the evaluation. This proved to be problematic as the survey sample may not have been representative at this time, due to the requirement to build capacity and develop infrastructure.

The timescale also impacted on the engagement from key stakeholders. Overall it was viewed as ‘too much too soon’, as the monitoring element started before the CSPs had established what they felt should be measured. The M&E Framework

incorporated numerous elements that were inter-linked, therefore problems with the implementation of one stage in the process impacted on the ability to successfully undertake subsequent tasks.

Community focused approach

There was agreement that in order to manage a successful CSP the focus must be on meeting the requirements of the community and developing ownership. The following quotations epitomise this viewpoint:

“You can only build a community sports programme around what the community wants.”
Moyle

“Successful programmes need to be based on the requirements of the community.”
East Belfast

“The CSP was a community led project. The communities dictated the way the CSP would go.”
Ballymena

“If you get the right partnerships up and running you will find out what groups the community is already working with, and then you can complement this.”
Derry

CSDO capacity

The initial CSP risk assessment highlighted that the calibre and commitment of the CSDOs was critical to the success of the programme. The stakeholder interviews confirmed this. It is important to consider the skill requirement for broad community development work, particularly for projects with short-term objectives. It is essential to provide clear direction and adequate support networks. It is important to respect that individuals are working within a difficult climate, with a limited budget, and towards ambitious objectives to be achieved within a short timeframe.

The individual personal attributes of CSDOs were also highlighted as an important factor. It would appear that some of the successes of the CSP have stemmed from the fact that several CSDOs have clearly viewed their role as more than just a job, and have made significant personal investment in their programmes.

A holistic approach

In order to maximise the impact of CSPs it is necessary to take a holistic approach. Programmes need to be integrated and sustained. Groups and organisations need to work together towards common goals, rather than competing for the same sources of funding. It is important that all key stakeholders have a degree of ownership of the programme. An integrated approach linking together a wide range of health initiatives has proved to be successful.

Adequate guidance and direction

There is a need for accountability within any programme of this type. The non-challenge funding element of the CSP proved problematic in terms of facilitating successful and cohesive programme management. In some cases, there was a perceived lack of direction afforded to those responsible for programme implementation from line managers.

The following section encompasses two in-depth case studies which enable more detailed investigation of the successful characteristics of CSPs, and enhance the opportunity to learn from this pilot programme.

5

Case Studies

The illustrative case study method has been chosen to provide a systematic way of organising, collecting, analysing and presenting data relating to two successful CSPs. These case studies are useful for depicting a holistic portrayal of CSP experiences and results. This method enables the evaluation of the effectiveness of each CSP's processes, including their strengths and weaknesses, and resultant successes and failures. The case studies are a useful tool for sharing the lessons learned.

The first case study focuses upon the successful delivery of a CSP in the urban TRIAX area of Derry, with the second case study focusing on the successful delivery of a CSP in the rural wards within Moyle. An overview of the operational aspects of the pilot CSP in these two cases, facilitates the identification of key enablers of success, and also highlights areas where future CSP delivery could be adapted to incorporate some of these successful characteristics to increase the chances of success.

Before presenting a detailed account of the case studies, a concise summary of the commonalities of the CSPs and the supposed key enablers of success are highlighted below.

5.1 Sharing the lessons learned:

A familiar face

The first shared characteristic of the two CSPs identified from the case study analysis, is that both the CSDOs responsible for the CSP delivery were local people and both have been successful athletes.

Both Grace (McCullan) and Thomas (McCallion) were born and bred in their respective CSP regions. There are two important consequences of this. First, the major hurdle of building trust and developing relationships within the communities is made somewhat easier. The CSDOs already had a familiar face. Grace managed a local gym, through which she organised aerobic sessions in the community and also delivered a GP referral scheme. She was also an all-star camogie player. Thomas is a successful football player who is well known within the area and also worked locally for the Football in the Community organisation in his previous job. This familiarity helps to break down barriers and can make the task of joining in with something new appear less daunting.

Secondly, due to their previous activities, the CSDOs were seen as role models, they were viewed as knowledgeable and were trusted and respected.

This is not to say that in order to be successful in their roles CSDOs must be local people, but rather that having a familiar face can be advantageous in speeding up development work.

Focused work, maintaining a narrow remit

The case study analysis highlighted that CSDOs should work within a narrow remit, focusing on small and specific target groups. It was acknowledged that one person with a limited budget cannot achieve everything and reach every individual. By trying to do too much it is easy for people to lose focus and achieve very little. In Moyle, Grace did not try to work within all the target areas originally specified because she felt that she could have a bigger impact by concentrating her focus. Subsequently, Grace worked with small target groups and significant success was reported from this approach – she succeeded in changing people's lives. Thomas described how everybody wanted to work with the CSP but through maintaining a specific focus and working consistently towards specific aims, he was able to maximise the effects of the CSP on his community.

More than a job

Whilst it is neither feasible nor appropriate to specify that employees are required to go 'beyond the call of duty', it was clear that Grace and Thomas loved their jobs and subsequently made significant personal investment in their work. Both CSDOs described their jobs as rewarding and enjoyable; they were undoubtedly very motivated to make a difference within their communities.

The process of developing relationships involved 'going that extra mile' to help people within these communities. The CSDOs were described by stakeholders as instilling confidence in people and injecting enthusiasm into their communities. In terms of personal characteristics, both CSDOs were described as very practical and hands-on, and always willing to help.

As the CSPs progressed, the CSDOs became increasingly motivated and confident in targeting 'hard to reach' groups. They both demonstrated a

varied array of skills which were utilised to deliver programmes to people in the right way for each individual. It was demonstrated that people were approached in ways which they were comfortable with, and that CSDOs used their charisma and enthusiasm to bring people on board.

Not just physical activity

Both CSDOs recognised that in order to maximise the impact of the CSPs, a holistic approach to lifestyle was required. There are strong connections between improved nutrition, reducing alcohol and tobacco consumption, weight loss and improved health. Likewise, increasing confidence, improving self-esteem and enhancing social capital can generate a 'feel good factor' and have positive health benefits. The case studies highlighted the importance of not tackling issues in isolation and of providing an integrated programme to address a range of health issues collectively. An example of this approach is the 'Investing for Health in Schools' initiative in Derry. An integral part of this programme has been the distribution of sports water bottles to every primary school child. This simple step (and the consequential reduction of sugar intake by children) may have improved nutritional awareness and health, stimulated weight loss and improved the concentration levels of children.

A proactive approach

There is a commonly acknowledged belief that 'you only get out what you put in'. This philosophy is applicable to sports development in that trying to develop sport by running more of the same programmes will only attract the same people – those already involved. A degree of risk taking and innovative thinking is required.

"If you do what you have always done, you get what you have always got."

In marketing terms, the CSP aim was to achieve market development. The objective was to reach new audiences. In order to achieve this, substantial investment and an innovative approach were required.

The Derry CSP demonstrated a proactive approach to sourcing funding and was directly responsible for developing and supporting funding proposals

which have brought over half a million pounds of investment into the community. Moyle adopted the principle of 'try anything with anyone' and demonstrated the ability to think outside the box, introducing relaxation, massage and reflexology as ways to develop confidence, win the trust of the community and bring people on board with the CSP. An element of risk taking and a willingness to try something new are important traits. It was recognised that sport does not provide the answer but can be utilised as a powerful tool to aid community development.

Strong partnerships

The case studies demonstrated that successful partnership working is fundamental to achieving the CSP objectives. The benefits of taking a joined up approach and working cohesively were apparent within the majority of the case study examples.

The two case studies that follow illustrate the key characteristics for successful CSPs and provide a model which incorporates successful strategies that could be rolled out more widely. There are currently 20 CSPs operational in Northern Ireland and a further 20 are planned for the future.

5.2 Derry TRIAX Community Sport Programme: 'Building a habit, not changing a habit'

5.2.1 Timeline and context

CSP 'Go ahead'	CSDO appointed	CSDO funding continued
Nov '03	July '04	Founded until Mar '10



The Derry TRIAX CSP started in July 2004. Thomas (McCallion) was appointed to the role of CSDO and remains in post. No CC was employed during the initial funding period. The CSP is focused in the inner city and TRIAX wards of Derry. These included Bogside, Brandywell, Creggan, Beechwood, Westland and The Diamond. The total catchment population was 15,500 people, within an area of less than four square miles. The majority of the key

population reside in Brandywell and Bogside. All wards were designated as New TSN areas. These wards are characterised by high unemployment, low educational achievement, poor health and community safety.

The TRIAX Taskforce Consultation Report¹⁰ provided a rationale for appointing a CSDO and CC to address issues identified by the TRIAX Neighbourhood

¹⁰ Progress Report to the Development Committee, Derry City Council. Written by Thomas McCallion, TRIAX Community Sport Development Officer, October 2005.

Renewal Taskforce Report. It was envisaged that the CSP would play a role within the wider neighbourhood renewal strategy: 'People and Place'.

The CSP in Derry has focused on working with primary school children and has prioritised creating partnerships and encouraging people to work together to provide an integrated approach to health and well-being. At the start of the programme the emphasis was on 'building a habit, not changing a habit' – behavioural changes would follow. The programme used sport and physical activity on a non-competitive basis, which has included walking clubs and participation in yoga, as key physical activities.

Since October 2004 the TRIAX CSP has successfully designed and implemented a health/physical activity development programme, in partnership with the Brandywell and Bogside Health Forum and the Old Library Trust Healthy Living Centre. The programme, 'Investing for Health in Schools', has been implemented in seven local primary schools from across the TRIAX Neighbourhood Renewal Area. This programme has involved approximately 700 children.

The 'Investing for Health in Schools' initiative is an integrated approach to healthy living in primary schools in the Bogside, Brandywell, Fountain and Creggan neighbourhoods of Derry. The initiative concentrated on three important health development areas: healthy eating and nutrition; sport and physical activity; and oral health, and has promoted a range of healthy lifestyle programmes amongst school children and their parents and teachers.

The focus of the Derry TRIAX CSP was initially to work with primary schools to build a successful model, to find out what worked, and to develop key partnerships. The programme has since moved on and expanded its successful approaches positioning itself to work with harder to reach groups including teenagers and adults. A GP referral scheme has also been launched.

"When you first come into post it's about achieving a certain level of success and this is where the quantity aspect comes through, people can say that there's been a lot of people through the programme, there's been a lot of benefits from doing that. But once you get to know your local community better and get to know the local organisations better there's a higher level of need. "

Tommy was 'born and bred' in the Bogside area of TRIAX, and as such he knows many of the people and groups from the area on a personal level. Prior to undertaking the CSDO role, Tommy was employed as the first Football in the Community Development Officer in Northern Ireland, based in Derry. He worked extensively with all local primary and secondary schools, social services, the youth service and the local community and voluntary sector. His role created a service delivery programme that used football coaching to address social deprivation and encouraged positive use of leisure time. The role provided a good insight into the varied needs of all local communities in respect of social need, health and exercise.

On another level, Tommy has been a semi-professional footballer for over 13 years. He played locally for his home town club, Derry City, and has played for other clubs including Glentoran, Cliftonville, Coleraine and Institute FC. In one respect people have got to know Tommy from his football exploits and perhaps see him as a local role model and good news story. Tommy believes that this status has enabled him to demonstrate how seriously he takes his role and to show that he is willing to offer his time, experience and skills back to the community so that other people may benefit.

The official Derry CSP programme launch took place in January 2005, when the Deputy Permanent Secretary for Education, Eddie Rooney, addressed over 300 children, parents and funders and highlighted the physical, social and health impacts of this programme. This was seen as hugely positive, and a sign that the government fully endorsed the CSP.

5.2.2 The CSP approach

The approach undertaken by Derry focused on several key principles that are summarised below:

Taking an integrated approach/partnership working

The cornerstone of the success of the Derry CSP is cited as its integrated approach. "It's not just about the physical activity component, it's about oral health, diet and nutrition." The three are amalgamated, not stand alone initiatives. In order to build on this approach, nutritional training programmes have been delivered to the activity coaches so that an extra message can be integrated into training sessions.

"I would like to think that schools are recognising that they have a wider role to play, outside of normal academic hours. Hopefully they are also realising that people outside of the academic environment have a role to play within schools. If you're talking about regenerating a community or a specific area, teachers can't work with them just during academic time and then everybody else does community based work with them after school has finished, there needs to be integration. It has been a big challenge, but I think we've overcome this within our areas - but I know it's a problem for other people...maybe when people have seen that it's worked so well they will endorse it."

It was highlighted that many people and organisations acknowledge the strategic need for getting people working together and forming successful partnerships. However, in practice this does not always happen. Derry provided evidence of successful partnership working and the effectiveness of this approach. "We don't just talk about creating partnerships, lots of action has taken place."

"One of the biggest pluses for our organisation was that before [the CSDO appointment], especially in this area everybody was after the same pot of gold, so to speak. Thomas has been able to help everybody come together and work as a group. A lot of organisations were working with the same children and going after the same funding monies, but he has brought groups in the local community together and to work in partnership, instead of going in their own directions and competing with each other."

Preventative measures to enhance future health

A significant focus of the CSP is to work with young children to improve their oral health and nutrition and to increase levels of physical activity as a preventative measure to reduce the likelihood of health issues in the future. The title of a key CSP initiative 'Investing for Health in Schools' epitomises the commitment to this approach. There is a suggestion of immediate health benefits from the work that has already taken place, particularly in relation to improving the diet and nutrition of children. Teachers reported that this has resulted in a reduction in behavioural problems within schools and an increase in levels of concentration.

The programme of yoga in schools also identified health improvements as a result of the programme (which involved between 400 and 500 children) in terms of improved posture, enhanced concentration (and the identification of those with concentration problems which could subsequently be addressed), increased confidence, greater energy and assistance with medical conditions including asthma and digestion problems. It has increased health awareness and promoted the importance of the active body and mind to children. Furthermore, obese students have gained confidence and identified a non-threatening way to undertake physical activity. All those involved have been taught how to relax.

Using physical activity as a tool for community development

There are several examples of multi-skills, health and lifestyle initiatives being combined to enhance the impact of the programmes. It was suggested that a key success factor is harnessing the power of sport to embrace and kick start other initiatives. In essence: "Sport doesn't have the answer; it's what sport can do."

Mini case study: 'Health Camps'

Two 'health camps' took place through funding secured from the Western Education and Library Board Youth Service and the Healthy Living Centres. The format of these health camps was a week long programme of health and activity sessions involving 120 local young people during the weeks leading up to the local marches in July and August 2005. One stakeholder describes this event from his own perspective:

Joint ownership of the CSP

The success of the CSP in Derry was attributed to the joined up approach and to collective ownership of the programmes delivered.

"There's no rocket science behind it, it's creating an environment where no one has complete ownership of the programme. If anybody has something of value to add to it then they come along and sit on the forums or the health panel and offer their services. "

Personal attributes

One stakeholder noted that another important issue was the personal ability of the CSDO to do the job.

"A lot of people 'talk it', but many can't see beyond the restrictions of how their own organisation actually works. It's living with the politics of partnership and being able to implement the politics of partnership. This is definitely a quality that Tommy brings to his work on the ground and with our organisation [Brandywell and Bogside Health Forum]. "

"He has been a tremendous help, not only to our organisation but also to the kids and their parents. He is a very knowledgeable man. The fact that he's very much hands on and he gets involved. He's coming from a sports background himself, which we find very refreshing. He's a role model for a lot of children, the parents look up to him. He has definitely made my job a hell of a lot easier, because he's always at the end of the phone, he's helped with funding applications and brought in a new breed of funders and without his help we wouldn't be as strong as we currently are. "

"He has helped us untold [immeasurably], our programmes have trebled as a result of the programmes that Tommy has run in the area. We're bringing a lot more kids, especially females, along to our organisation. [This has resulted in an increase in the number of staff employed by this organisation]. "

Proactive approach

The TRIAX area is proactive and always seeking funding and looking to bring greater investment

into the area to extend the programmes further. The schools' programme, 'Health Promoting Homes', and GP referral scheme have all been established in a small geographical area, within a short timeframe.

Within a seven-month period the CSP was responsible for implementing 29 six-week physical activity programmes to over 700 local children (aged six to 11 years) offering activities including yoga, hip hop dance, swimming, judo, gymnastics, aerobics and football.

The water in schools initiative 'Water 4 Life' has been highly successful and has achieved its objective of providing every child in the TRIAX area with a sports water bottle as an attempt to improve the poor oral health levels experienced within the TRIAX area and to promote good diet and nutrition. The 'Midnight Street Soccer' Programme has also been launched and will serve as a community safety initiative by means of engaging marginalised youth in a constructive physical activity programme. At present the Derry CSP is facilitating and supporting various funding applications in order to attract greater investment into the TRIAX area. These include funding proposals on behalf of city council and other community and voluntary groups. The applications to date have been extremely successful with over half a million pounds of investment secured within the last 12 months.

Extending/rolling out the format

The programme has recently expanded from working with primary school children to working with teenagers. The expanded programme utilised a similar approach to the 'Investing for Health in Schools' initiative, addressing diet, nutrition and oral health through physical activity. It was a new idea as the target group had not been focused on before. "It's not just about physical activity, it's a broader picture." This initiative focused on teaching people

Mini case study: 'Teenage Health Programme'

A recent success of the CSP has been the creation of a teenage health programme that is being rolled out across the TRIAX area. Teenage boys and girls are being targeted by local youth leaders to take part in a broad health education programme 'Back to Basics', that includes six weeks of healthy cooking and eating, physical activity and health awareness in areas such as sexual health, dental health and drugs and alcohol awareness. The initial programme worked with five groups of ten teenagers. To date three programmes have been delivered in partnership with both healthy living centres, and more courses are to be delivered over the next six months. At present this programme is seeking funding from the Children's Commission and the Western Education and Library Board Youth Service in order to roll out the programme to all teenage youth organisations in the TRIAX area.

"Recently, these people were brought to participate in a 'can't cook, won't cook' event where the five groups came together and had 25 minutes to make a main dish and a dessert. There was an audience watching and the children hadn't done anything like this before. The programme emphasises the importance of developing life skills. "

life skills and social skills which the stakeholders viewed as in many ways the most important things.

The idea for the GP referral programme goes back to the beginning of 2005. A lot of groundwork was done to create a structured 12-week programme of activity that would then signpost those involved to other programmes. A management group was established and two healthy living centres won funding to pilot this programme over the next three years. In total 14 local people have been trained as GP referral officers.

Further programme initiatives included the establishment of the first judo club in the Fountain estate and the active promotion of the Fountain Dance Association, whereby tutors from the dance club work proactively in other geographical areas of TRIAX and encourage more and more young people to join the dance club in the Fountain area. In recent months the membership of this club has grown and records show that children from all TRIAX areas now actively attend the club on a weekly basis.

Engagement with the research process

The Derry TRIAX CSP fully engaged with the monitoring and evaluation research undertaken through the participant survey and physiological

testing programme. Derry plan to use this evaluation to provide a theoretical and evidence base, to support the health/activity programmes established as part of the CSP. This data will provide a benchmark against which future achievements can be measured.

In total 100 children participated in the physiological testing programme, as part of a free health assessment. This involved the measurement of blood pressure, height, weight, body mass index and oxygen utilisation levels, which were re-tested to identify any changes over a six-month period. In addition to this, over 350 local young people were surveyed to enable measurements of physical activity levels, self-esteem, social capital and individual consumption of fruit and vegetables, tobacco and alcohol to be ascertained. In total six CSP interventions were involved in this research, out of which Derry consistently achieved the highest proportion of questionnaire returns. In Phase I, 295 of the 777 questionnaires returned were from participants in Derry (38% of the total sample), whilst in Phase II this proportion increased to 182 of the 400 questionnaires returned (46% of the total sample).

The two examples that follow provide a greater insight into successful programmes which have been developed in a way which brings together many of the key attributes highlighted.

Schools' Walking Programme

Overview

This programme was a joint initiative between the CSP, the Bogside and Brandywell Health Forum, Old Library Trust, and the Northern Ireland Athletics Federation (NIAF). It involved all seven primary schools within TRIAX.

The programme was targeted at young primary school children and was an attempt to encourage participants to be more aware of their health, nutrition and the need to take part in regular physical activity. Pupils and staff, and in many cases parents and walk leaders, were encouraged to walk on a regular basis.

The CSDO marked out one mile walking routes within the school area to be walked as part of the initiative. When a pupil completes a designated walk, a teacher records this information on the pupil's walk record card, which they keep at all times, and also marks it on the class posters, which show how many miles each pupil walks over the duration of the programme. When pupils walk 30 miles they are awarded a bronze certificate from the NIAF, and have their name and school recorded on the NIAF website as a mark of achievement. Upon completion of 40 and 50 miles, pupils receive silver and gold certification respectively.

In April 2005 the first inter school walk was carried out with over 200 children from across the Fountain, Brandywell, Bogside and Creggan areas uniting to walk around the walls of Derry as a sign of their common health education programmes.

Objectives/Rationale

To encourage children to walk, jog or run a measured mile and to encourage children to be involved in physical activity on a regular basis and to be more aware of the health benefits of exercise.

Target group

Primary schools selected children from the ages of seven to 11 to participate in the programme.

Tangible outputs

As many as 275 young children have been walking on a regular basis throughout the school day. It was a further goal that as many children as possible progressed to achieve the 30 mile walking certificate before the end of the school year.

Strategic outcomes

Improving the fundamental movement skills and sports skills of children and increasing participation rates in active lifestyle programmes in areas of high social need.

Future development

This programme was run as a pilot in year one of the TRIAX CSP and will be continued in year two, subject to funding, with the aim of increasing participation from each primary school.

TRIAX Schools' Physical Activity Programme

Overview

This programme is a joint initiative between the Community Sport Programme, The Bogside and Brandywell Health Forum, and the Old Library Trust.

The programme is targeted at primary school children within the TRIAX neighbourhood renewal area and is an attempt to encourage participants to be more aware of their health, nutrition and the need to take part in regular physical activity.

A programme made up of a range of activities (yoga, gymnastics, football, swimming, hip hop dance, contemporary dance and fitkids aerobics) was delivered throughout the school year in each school.

Children received coaching within their own school, or within a community venue. In the latter part of the school term, the schools participated in a joint sports festival.

Objectives/Rationale

- To improve children's physical literacy;
- To promote physical and mental health through regular exercise;
- To increase children's knowledge and skill with regard to sports and physical activity;
- To encourage good co-operation and teamwork between schools within the Bogside and Brandywell; and Creggan and Fountain areas of Derry.

Target group

Schools have selected children from the ages of seven to 11 to participate in the programme.

Tangible outputs

- As many as 691 user places have been taken by the schools on the physical activity programme, participating in six-week taster programmes in a range of disciplines; and
- Children took part in the six-week programmes and received certificates at the end of each programme.

Strategic outcomes

- Improving the fundamental movement skills and sports skills of children; and
- Increasing participation rates in active lifestyle programmes in areas of high social need.

Future development

This programme was run as a pilot in year one of the TRIAX CSP and will be continued in year two, subject to funding, with the aim of increasing participation from each primary school.

5.2.3 Challenges/lessons for the future

A synopsis of the main challenges to the CSP derived from the stakeholder interviews is provided below:

Timescale

The timescale of the Derry TRIAX CSP was a major issue for all stakeholders. It is important to acknowledge that work had been undertaken and structures were in place prior to the start of the CSP. However, it is widely accepted that the development and delivery of the CSP has had a significant impact on the intensity of the work undertaken (one stakeholder mentioned that the number of people on programmes had tripled since the launch of the CSP). Originally the CSP was funded for approximately two and a half years (November 2003–March 2006), although it took eight months to appoint a CSDO, therefore the CSDO was in post for less than two years (up to 31 March 2006). The CSDO explained that it took time to establish a role for himself and to win the trust of the community, which then enabled new programmes to be launched that would be supported by the community. It was acknowledged that the CSP pilot generated a significant learning curve, and that without the 18 months experience gained from the establishment of the CSP, it would not have been possible to develop the programme and its target groups. It is fundamental to the future success of the CSP that both the programme itself, and its partner organisations, receive funding on a longer term basis in order to maintain and extend the work that has been done.

The recent announcement that the Derry TRIAX CSP will be funded until 2010 confirms the extent of achievements, but the CSP needs to secure longer term funding for its partnership organisations in order to maintain the progress of the programme.

Funding for partner organisations/lack of security

“It’s all well and good to say let’s take that model and apply it elsewhere but how about let’s take that model and cement it and give it longevity, and then roll it out to somewhere else. We feel a bit like laboratory mice, everyone is watching what we do, we could be the victims of our own success. It’s about trying to keep things going in the long term, and the programme will have to react to the environment in which it operates [including the potential loss of partner organisations due to a lack of funding].”

There is an issue that many of the key partners working with the CSP are facing current funding issues, and in some cases their funding will cease in the next few months. This creates difficulties for the CSPs as there is no security in the environment within which they operate.

Within this climate of short-term project funding, SNI should be highly commended for their decision to make a funding commitment of £700,000 to the Derry TRIAX CSP, which will sustain the programme until 2010. In the past the lack of security has resulted in people having to plan on a yearly basis. Individuals have had to spend time trying to secure their own posts and the funding to run their programmes, rather than dedicating their time to the implementation of programmes. SNI has clearly acknowledged the need for longer term funding, and has reacted positively to this request.

The challenge now for the Derry Triax CSP is to keep the momentum going. The groundwork has been done, the structures are in place, the programmes are up and running and the requisite partnerships are in place, however, the priority is to sustain these programmes on a long term basis.

“The biggest challenge for the next few years is to keep things going - that’s going to be down to funding, and requires government departments to endorse and put their weight behind what is being done through the Derry TRIAX programme. They commend us for what we are doing but sometimes the words aren’t enough, we need a wee bit more security and more investment.”

Insular approach from the schools

There was a distinct lack of joined up thinking between the schools and Derry City Council in the early stages of the CSP. The viewpoint of some schools that development work in schools should commence at 3pm when the children were collected from the school gates was a major barrier. It was an initial challenge to bring schools together in order to get them to ‘buy in’ to the programme.

“Working with schools can be difficult as their emphasis is on academic education as opposed to overall education. Tommy’s role has been to fit within the academic curriculum and to try to encourage the teachers to integrate health within the work that they do.”

This issue has now been overcome in Derry, but it is acknowledged that this attitude still poses a problem for other areas.

Wide remit/limited resources

The groups that are targeted must be clearly identified.

“You could go in with a very wide remit but one person with a limited budget can’t achieve that much. A CSDO is a very limited resource, there’s only so much time and so much money and everybody wants a piece of it, everybody wants to do something - it is vital to have a clear focus.”

It was suggested that more guidance from the programme managers or SNI would be helpful in terms of indicating which direction the programme should take and providing examples of good practice that could be followed. One stakeholder confirmed that when people are trying to do too much then it’s easy for them to lose focus.

Build a role for Derry City Council within community sport

There was an initial requirement to develop the trust of the community, particularly because there was reported to be an intrinsic mistrust of authority. Derry City Council had not historically been viewed as proactive in the realm of sport and healthy living. It was a big challenge to make a role for them within the community. The communities themselves were well organised and self-sufficient, often they were in a position to do things by themselves. Some people saw Derry City Council as ‘big brother’, as a higher authority that was not really in touch with the communities that it represented. Tommy explained:

“The big challenge at first was to integrate myself within all the good work that was already there, to forge a role within that.”

Another stakeholder added:

“It was a personal challenge for Thomas to break some ground within this area.”

5.2.4 Conclusion and acknowledgements

This case study illustrates the experiences of the Derry TRIAX CSP. There are a wide range of successes that can be attributed to this programme and as such many learning opportunities stem from the analysis above. In summary, the cornerstone of the Derry CSP has been the holistic approach undertaken and the effective partnerships that have been developed to aid the CSP delivery. The CSDO has worked hard to forge a role for himself within the community and over time has developed ‘buy in’ from all key organisations. The Derry CSP continues to develop and instigate a wider roll-out of the existing model to new target groups. The CSP funding has recently been extended for a further four years, until 2010. However, the challenge is to sustain the funding to the partner organisations, as within the current CSP format, the involvement of partner organisations is critical to the continuing success of the programme.

This information was compiled by interviewing the Derry CSDO Thomas (McCallion), and other key stakeholders including Deirdre McDaid who works for the Old Library Trust, Tony Doherty who is part of the Bogside and Brandywell Health Forum, Declan Devine who runs the Football in the Community programme, and Evelyn Donnelly who worked as a yoga teacher and coach in the seven primary schools. Many thanks to all involved for their insightful contributions.

5.3 Moyle Community Sport Programme: 'Try anything with anyone!'

5.3.1 Timeline and context

CSP 'Go ahead'	3 p/t CSDOs (12 hrs each)	1 p/t CSDO (12hrs) 1 p/t CSDO (24hrs)	1 f/t CSDO	End of CSP	CSDO employed by Council
Mar '04	Apr-May '04	May '05	Sept '05	Mar '06	Apr-May '06

The CSP in Moyle began in March 2004. The CSDO role was originally split into three posts, with each officer contracted to work 12 hours per week. The staffing structure appeared to be quite disjointed until September 2005, when the CSDO role was amalgamated into one full-time post. Grace (McCullan) started in this full-time role in September 2005, having worked on a part-time basis for the CSP (24 hours per week) since May 2005. The CSP in Moyle officially ended in March 2006, however, Grace worked for a further two months funded by Moyle Council. Her post ended on 31 May 2006.

The focus of the Moyle CSP was working within rural areas where previous sports development work was very limited. The geographical remit incorporated the rural wards of Armoy, Ballylough, Bushmills, Dunseverick, Glendun, Kinbane and Knocklayd – a total catchment population of 7,000 people. All wards were designated as New TSN areas. In order to achieve the 6% increase in participation, which was outlined in the CSP objectives, this would require 420 new people to participate in the Moyle CSP. The original profile of Moyle presented in the Addendum to the Strategic Business Case highlighted that Moyle had a strong club network comprising 49 clubs representing 17 sports.

It was reported that the early work of the CSP in Moyle was concentrated in schools, however, when Grace came into post this was not the route that she intended to pursue. This indicates that the direction of the CSPs may in part be a function of a CSDOs personality.

"I didn't see schools as the biggest need. All along I said to myself 'I want to hit people who don't normally get hit'. That was the essence of what I believed in."

Grace is from Moyle, she owned a gym in Ballycastle and was familiar with some local people through her GP referral work. She also started by doing a summer scheme which gave her an 'in' into every place that she was working:

"...from that prior knowledge I felt that I really had a good grasp of what was needed, where I'd like to go, I had a bit of insight into all the different areas."

The areas that Grace worked within were quite small and this enabled her to maximise the impact of the CSP on the individuals involved, as she could work closely with them and could undertake work on a more frequent basis. Grace considers Armoy a "resounding success", because she has worked with almost every child and teenager, both male and female, and most females aged between 20 and 50 years. Due to working with small target groups, the same people are involved through different groups time and time again. Therefore the establishment of relationships and getting to know people and their tastes is an easier process. She explained that it is not possible to cover big areas thoroughly and as such some people get left out.

5.3.2 The CSP approach

The approach undertaken by Grace focused on several key principles that are summarised below:

Meet community needs and develop ownership

"You can only build a successful community sports programme around what the community wants." The Moyle CSP was committed to putting individuals at ease and gaining their trust in order to establish what they really wanted. If Grace could work out how best to approach people, establish what they would feel comfortable with and understand their needs, then she could devise a programme to which they might adhere. Further to this, if Grace could

generate ownership of these programmes then the groups would become more progressive and self-sustainable.

“Just by having your ear to the ground and seeing what’s going on you know what to do. People in the area will tell you, you just have to listen to them.”

At regular intervals everybody would sit down and discuss what people wanted. For example, when the Community Association sourced funding for another information evening, it was important to establish what the community wanted: ‘Is your young boy drinking too much? Is smoking a problem amongst the girls? Are people still inactive?’

Mini case study: ‘Developing Walking’

It is important to empower people and encourage them to start building some physical activity into their lives, maybe starting with a ten minute walk twice a week. Men are directly targeted as they do not seem to walk as much as women.

“They don’t think it’s for them, it’s very hard to get men involved. But through using people from the ‘Well Man’ project, utilising the contacts that have been built up and linking with existing clubs it becomes achievable.”

Each person is encouraged to bring along at least one person to each and every walk which helps to develop a good strong walking group. They become empowered and begin to feel that the walking group is theirs. There is lots of funding for walking groups in Northern Ireland, so it is possible to organise getaways and even overnight stays.

“In these areas there are some footpaths where you’ll take your life into your hands walking after dark so the CSP will organise funding to take a bus and go walking somewhere on a weekend.”

Try anything with anyone

Grace strongly believes that you should try anything with anyone, no matter what they come up with even if it goes against the grain. “They might want to try something different and I can see the potential for them.” It is essential to support and understand

individuals in order to help them take steps in the right direction. This emphasises the philosophy that ‘you get out, what you put in’. In essence this means that if you continue to do what you have always done, you will get what you have always got. The CSP in Moyle demonstrated an innovative focus.

Mini case study: ‘Sure Start’

Another real success story focuses on working with a ‘Sure Start’ group of young mothers. Traditionally they cannot get out much and often end up sitting in the house with the children. Some of these women were single mothers, most of them were no longer in the workplace, and in the majority of cases the women lacked confidence and were overweight. The project was suffering from a lack of funding so this work became integrated into the CSP. Grace ran an 18-week programme from very little funding. Grace suggested that there was an aerobic dance competition coming up in which they could take part. It took a great deal of persuasion but three of the participants finally agreed. They competed in a team of eight with Grace and won the silver medal. None of these girls with low self-esteem had got up before in front of a team of people, but they got up and danced. They had never done it before in their lives and were not likely to until they became involved in this programme.

“There are a lot of young women in these areas that fade into oblivion. They can end up suffering from depression and sometimes this can lead to marriages splitting and so forth. This example advocates making sure that women have a really good life. It often seems that the men hold onto theirs, but the women give up. I thought it was absolutely brilliant.”

Be at the disposal of the community

In order to be successful it is necessary to go out of your way to help. Grace explained that there have been many times when she could have turned around and said: "No sorry", for example, working until 12 midnight on the "Well Man" project was beyond her remit. She could have said that events focused around relaxation and healthy eating were not really her thing 'unless you are being physically active, it's no good to me'.

"If you're seen to be willing to help them in any way, shape or form, you're underneath their skins and they'll talk to you, they'll bounce things off you no matter how ridiculous they sound. It's about building up trust and respect from these people isn't it? "

The community now trust Grace, they know they only have to lift the phone and give her a call and she will be there to help them out, whatever it is that they need help with.

Mini case study: 'Small, but important steps'

Grace described how she was setting up for an aerobics taster session at the Tilly Molloy Centre in Armoy, when she noticed two individuals leaning over the railings outside their front doors directly opposite the centre. Grace tried to persuade them to join in the taster session but they said they could not do that kind of thing. When asked 'why not?' they just laughed and made jokes about themselves and exercise. They were mother and daughter and both were very overweight. Grace chatted to them and asked them to come to the centre to have a basic health check. They said: "No way", they appeared frightened and lacked the confidence to interact socially. Grace finally got them to agree to have their weight and blood pressure measured in their own home before the aerobics (she had to buy a bigger cuff in order to take a more accurate reading the following week). Grace explained what the blood pressure reading represented and what it could lead to if action was not taken.

Grace proceeded to set up the aerobics session and was approached by the daughter who was in tears. She explained whilst fighting back tears, that she wanted the piece of paper back with her age, blood pressure and weight on. She believed that her weight would be discussed at the leisure centre, or would become the butt of people's jokes. Grace calmed her down and returned the piece of paper. She continued to talk with her and eventually won over her trust. The reality of hearing her weight and blood pressure hit hard and proved to be the impetus she needed to change her lifestyle. Whilst she has not yet built up the confidence to come to an aerobics session, this woman attended the third 'Girls' Night Out' session that took place and really enjoyed it. She admitted that she had never made a fruit salad or used vegetables for cooking meals for herself, her partner and her son, but took with her all the nutritional information. Every week she shouts across the road to Grace to provide an update on how much weight she has lost. On the last visit to Armoy this was three stone. Grace simply took 20 minutes to help her out, to talk and to listen, and has remained a friendly point of contact since.

Run continuous/repeat programmes

Grace believes that rather than trying to number crunch (in other words to pursue high impact projects to get large scale participation increases), the focus should be on building good relationships, and making yourself very obvious in an area. "Working continuously, doing something over and over again." Grace goes as far as to say:

"Never do anything unless you can do a second or a third or a follow up or a back up, it's absolutely no good at all. For programmes to be successful they need somebody who is going to stay around for a while, who is going to go back, and who will continue to help those people out."

It was reported that people are used to council workers that just come along. "They're a flash in the pan and then they are gone. It's not enough to do a one-off."

Taking an integrated approach/partnership working

Grace highlights the importance of understanding a range of different issues and trying to tackle these problems, rather than just trying to promote physical activity. There are a lot of stressed people and people

suffering from severe depression. People have illnesses and ailments such as angina or they may have suffered from a stroke or had very bad arthritis from a very young age and these factors can lead to depression, so these mental health issues need to be tackled.

Mini case study: 'Suicide prevention'

Suicide is very rife; there is now a girl in post in Ballymena to deal with suicide prevention and this is something else that needs to be brought in with everything that we are dealing with for the teenagers. It is important to bring something along that's not in your face, not 'tonight we're going to talk about not committing suicide'. A service is required where everybody can come along and talk and share their fears, a different way of getting round to it.

It is important to acknowledge that an integrated approach is required. Individual standalone projects are not sufficient, everything needs to be co-ordinated. An inclusive programme to provide information and increase awareness of the benefits of a healthy lifestyle, in terms of physical activity, nutrition and the consumption of tobacco and alcohol is required.

Preventative measures to enhance future health

Despite the amount of hard work involved in establishing some of the programmes and running the events, it is Grace's philosophy that doing just a bit extra now and working hard will save a lot of work in a few years time because there won't be as many people with health problems.

This principle is illustrated through an example taken from the 'Well Man' project:

"A guy in the golf club had just played a round and had elevated blood pressure and cholesterol, it turns out there was a history of cardiac problems in his family. We persuaded him to go and see the GP and have a full health check. He started medication and reduced his cholesterol and blood pressure. I would argue that this has probably saved the NHS a lot of money."

Grace provided a further example that something as simple as getting a neighbour to cook a good batch of dinners twice a week for a man and his family who were struggling to eat healthily, could help to prevent the children from having continuous health problems, caused by poor diet.

A further example of this approach is provided by the insight below into Grace's work with children aged under five years.

Mini case study: The Jack Horner Playgroup - Ballycastle

Grace persuaded every single playgroup to get kit bags through Top Start and to get the training to put this programme into place. However, she found that when groups were just left to their own devices they did not utilise the programme or use the equipment. Therefore Grace went around the groups doing six-week sessions for them and giving them different exercises and inspiring them with new ideas.

Grace ran programmes involving 23 children aged three or four years old, once a week from September to December 2005 and again in January and February 2006 at the Jack Horner Playgroup. The playgroup leader reported that the programme worked particularly well because of Grace's personal attributes, her personality, energy and willingness, and the fact that she related to the children so well:

"There were a wide variety of experiences for the children, and Grace showed the adults that they could go and do this with the children as well. She was very good with the pre-school children, we had some children with learning difficulties who didn't understand what she was trying to do and she had great patience and worked to integrate them into the group. I personally felt that Grace was brilliant and the kids loved her."

"If you can get kids young, give them the basic grasp of the fundamental movements that they need for sport, the chances are that in the years to come they'll adhere to it. I think they're a very important group of people to be working with."

Using physical activity as a tool for community development

It was evident that the approach adopted in Moyle was much wider than a traditional sports development approach.

"Community development is all about using the medium of physical activity, or something else, to get people along, but then introducing a lot of other stuff without the stigma attached. It's a way of opening doors and of addressing other things, a tool that helps to do that."

Complementary activities such as stress management, massage, nutrition, reflexology, and aromatherapy were used as a way to get people involved, to bring people together and to start to introduce serious health messages in a relaxed, understandable and non-threatening way.

Mary Burns who works for the Armoyle Community Association confirmed that this approach had been successful:

"I'm a GP and I know that patients from our practice went to this session [the 'Well Man' evening] but they wouldn't have come to a health review at the practice."

Personality/Charisma

It was very obvious that Grace loved her job and found the work that she did immensely rewarding. It is therefore not surprising that her enjoyment and infectious enthusiasm shone through. The following quotes provide a testimony of the work undertaken by Grace and the effects that she has had upon the communities within which she has worked.

"Grace has made an unbelievable difference to the sport in Armoyle. You just couldn't describe the difference, she's brought community sport alive. She's made people focus and think more on being healthy, doing things when they think that they can't do them, simple things like just doing a bit of aerobics or circuit training that everybody can do. She instils confidence in people to do that. It really has been great for our community."

"She has the ability to work with people, she is very practical, if something isn't working she'll look to see what the problem is and try to sort it out. Other council officials would have just written a report saying why and that would have been the end of it. Grace doesn't take no for an answer."

"It's wonderful to have someone with her enthusiasm behind the programme, she spoke briefly at our sports awards but what she said would inspire you to go out and do things. It's been a wonderful gift to have had her and hopefully the CSP will continue. It needs somebody like her to drive it, for so long we have just been doing boring stuff that nobody wants to do."

“Grace has a gift for communication and to encourage all of those young people. She gave them time, she has charisma, it wasn’t a coaching touch, it was a personal touch - ‘I want to see you succeed here’. She managed to bring the young people on board. The young people loved her and I hope she’s able to continue the good work, she’s opened a whole new door to our young people. We need to keep this door open. It’s hard to put

down on paper the difference that this has made to the young people’s lives.”

There are two projects which pull together many of these key principles and illustrate the holistic and individual approach taken to enhance the lives of people living within the Moyle communities:

The ‘Girls’ Night Out’

Overview

The project was advertised as something which would be fun, ‘a bit of a laugh’ and the underlying ultimate aims (of increasing physical activity and improving health) were played down. The initiative concentrated on providing a package of stress management, relaxation, pampering, health awareness, exercise and nutritional activities, and provided supporting information in a way that put the participants at ease.

The aim was to focus on the principles of treating and being good to yourself, working towards the objective of generating a ‘feel good’ factor. The ‘Girls’ Night Out’ format also incorporated exercise to get everybody physically active for half an hour. This included the provision of chair-based activity. Furthermore the project linked with a programme called ‘Cook it’ supported by the Health Promotion Agency. There was already funding in place for people to go out into rural areas to run cooking schemes with the aim of training volunteers to cook healthily with an added emphasis on good low-cost nutrition.

The healthy eating element had a significant impact. Everybody helped to prepare, cook and taste the healthy food. Many of those involved admitted that they did not cook at all and ate mainly microwave meals; others stated that they rarely ate any fruit and had never made a fruit salad in their lives.

Objectives/Rationale

The ultimate project aim was to increase physical activity and improve the overall health of participants. This included getting people involved, bringing people together and looking to identify the best way to increase the confidence, self-esteem and social capital of local women.

One focus of the project was to attract women to take part in some exercise. ‘Physical activity’ or ‘exercise’ could not be mentioned directly as the women would have decided that it was not for them and they would not have come. Another implicit aim was to recruit volunteers but again this objective could not be advertised as it was perceived as a deterrent which would have affected attendance.

Funding

The project received funding from the Health Action Zone (HAZ) via the Arroy Community Association. The project used HAZ funding to pay for massage sessions, a beautician and stress management treatments, including Indian head massage, aromatherapy and reflexology.

Target group

The project was aimed at women from deprived areas. Most of these women suffered from low self-esteem and a lack of confidence, a great many were overweight or obese, and the majority felt under a lot of pressure.

The 'Girls' Night Out' (contd)

In terms of physical activity, people who were already active and enjoyed fitness were not the people at which the 'Girls' Night Out' was targeted. The aim was to do something less vigorous in order to get people into the thought pattern, 'You don't have to kill yourself to be physically active. You don't have to be a Lycra queen'.

The approach

One of the successes behind the 'Girls' Night Out' was tackling issues in a way that was not 'in your face' so people felt comfortable. Somebody could perform a treatment on somebody's hands and say 'Look at your skin, it is quite dry and there's the start of a rash, are you feeling stressed at the minute?' There are techniques for introducing topics in the right way so people do not really know that it is being done. This is what community sport is all about, using physical activity or something else to get people along but then introducing a lot of other stuff without them having a stigma of joining in. It's a way of opening doors and of addressing other things, a tool that helps to do that.

These achievements came from sitting people down and opening their minds and making them feel so comfortable that they could actually come out and talk and communicate what they wanted.

Tangible outputs

To recruit volunteers to help out with the operation of the Armoy Community Centre. To get as many local people as possible involved (a realistic target would be 35-40 due to the size of the venue).

Strategic outcomes

There were a number of positive outputs which stemmed from the 'Girls' Night Out' project. The evening enabled Grace to find out that the parents wanted aerobic dance for their kids, especially girls. From this the CSP introduced aerobic dance and got further funding through HAZ. This aerobic dance class is ongoing. The evening facilitated the arrangement of a walk which people who had attended the 'Girls' Night Out' participated in. It was Grace's view that these individuals would not have come along if it was not for their involvement in the 'Girls' Night Out' evening. Furthermore by the end of the night, the Armoy community Association had recruited ten women as volunteers to help with the running of the centre. In terms of increasing social capital there were many people that attended who had never been inside the community building before and really enjoyed it, and the project brought people together across the religious divide. It united a group of ladies in a small parish who had been living in close proximity to each other for 30 years but who had never actually met. They had no desire to meet up with each other across the religious divide. Normally it is through churches or church groups that people meet or through the sports that they play either rugby (Protestant) or hurling (Catholic) so there is nothing that ever actually brings the two groups together. However, the 'Girls' Night Out' project achieved this.

Future development

To date there have been three 'Girls' Night Out' evenings held in Armoy. It is hoped that the initiative can be continued on a two-monthly basis.

The 'Well Man' project

During the 'Girls' Night Out' evening all the women present were told about a 'Well Man' project that was planned to take place at the local rugby club. Every woman was encouraged to bring along or

send their husbands, their brothers, their uncles, their fathers etc. to this 'Well Man' evening. It is acknowledged that the women are outliving the men, and women obviously do not want to spend the rest of their lives without their partners, brothers, or in the worst case scenario, without their sons.

The 'Well Man' project

Overview

The evening provided a health check for men. Everybody who attended had their blood pressure taken, cholesterol measured, and blood sugar levels tested. There were presentations regarding blood pressure and cholesterol that were delivered in a way that ensured they were easily understood. There were discussions and information available related to smoking cessation and smoking issues. The project was designed to get a snapshot of people's health.

Objectives/Rationale

The idea was that something was needed because there was a lack of initiatives to tackle men's health in the community. If you are sick you go to the doctor, but because of the way the GP practice is run, the logistics of a GP visit and the stigma attached, men were reluctant to visit a GP to tackle their own health issues.

Funding

Funding came from the local authority health trusts.

Target group

Grace began the recruitment for this project by attending a training session at the rugby club. She sat down with each young person individually, including the ones that were not training but were smoking at the sidelines, and gradually introduced the subject of the 'Well Man' project. She explained that it wasn't them at which the project was aimed but that she needed their fathers, grandads, uncles, etc. "It was difficult but when I finally got them to look up or stop smoking or sit still for two seconds, I got each one to take two forms home and asked them to bring two people each over the age of 30. It was amazing actually, on the night each and every one of those lads came with their families and we were there until 12 midnight."

The approach

The project used the Armoyle Rugby Club because it was important to use a 'man's place' where only other men could see them, so they could congregate without any stigma attached.

Tangible outputs

In total 28 men were tested. At least ten of them had high blood pressure and many of them had high cholesterol. Each man was persuaded to get a doctor's appointment to ensure that things were attended to. In total four 'Well Man' evenings have taken place, using the golf club, hurling club, football club and most recently the rugby club. They catered for upwards of 110 men.

The 'Well Man' project (contd)

Strategic outcomes

There are plans to put on circuit training and basic fitness classes for men only. Grace has stopped doing the gym now but has plans to buy a trailer and use her equipment, including the spin bikes and bars to put on sessions. The spinning appears to be very popular with men so there are plans to invite all 28 men back and run a six-week free of charge programme through the rugby club to get them all started. There are further plans to establish rugby and hurling teams for the older men, called something like, 'The Has-beens', and this will include the teams playing each other for charity events and 'for a bit of a laugh'.

Future development

Four 'Well Man' evenings have been held to date. It is hoped that funding will be awarded to continue this programme in the future.

An example: 'making a difference'

The first man to arrive at the rugby club turned up at quarter to seven with his son. He said: "We don't eat very well you know", and he was obviously concerned for his children. He was asked who did the cooking and he said his daughter did some but that he struggled because he worked long hours farming. It turned out that his wife had died from a rare form of meningitis and that he was working long hours and bringing up the children. His son was with him that night because there was nobody at home to look after him. He acknowledged that his boy was 'quite tubby' and that he knew he was not feeding him as he should. "We eat out a lot and have a lot of pizzas." He explained that when he came in from the farm each night he didn't want to start cooking so they had the quickest thing they could get.

Grace sat with this man and offered to think of a few recipes that they would be able to cook at the beginning of the week and freeze, and then use the dinners one by one as the week went on. About three or four weeks later Grace bumped into the boy and he said: "You haven't been up to our house yet - when will you come up to show us how to cook?" Grace confirmed that they are still waiting on her going up to the house to cook and that she still intends to do this because she believes that this simple bit of help will prevent this boy from growing up obese [although the end of the CSP funding may mean that this is now not possible].

"I know somebody that I'm going to get to cook for them, I know that they would do it. But if I wasn't in these communities working with all these different groups, because it's a really close knit community, I wouldn't be able to source that person. Something as simple as getting a neighbour to make them a good batch of dinners twice a week could help that child from having continuous health problems all his days."

Grace was influential in making links with groups like this to make them think about their health. The evening at the rugby club was a great success. As a result of Grace's involvement, not only was good feedback received but through Grace's follow up some of the men actually did something about improving their health.

5.3.3 Challenges/Lessons for the future

Amazingly, given the scope of the task required of Grace, she rarely touched upon any challenges during the interviews or focus group. It was clear that Grace is motivated by the good work that has been undertaken and focuses solely on the achievements of the CSP. A synopsis of the main challenges involved in the development and delivery of the CSP have been derived from the stakeholder interviews, this is provided below.

Timescale

The problem with a lot of programmes is that the funding is provided for a short period of time: "When funds run out, you're back to square one again." Two years or 18 months is not long enough to get things into people's psyche so they know they need to be more active and eat better to live healthier lifestyles. There needs to be a programme over a number of years so it becomes part of people's lives.

People are now attending aerobics in Armoyle who would not have been expected to get involved; Grace's enthusiasm got them there. Through her aerobics Grace also got attendance at the 'Girls' Night Out' which got people thinking about healthier lifestyles. "It's not rocket science, it's very simple and one thing feeds off the other." To get people involved from traditionally hard to reach target groups requires innovation and Grace has provided this: "She's been like a breath of fresh air". Reaching those with the greatest need takes a lot of time and requires a relationship to be developed and trust to be formed. This requires a large investment of time, which is likely to have been difficult with the original staffing structure of three part-time CSDOs.

In Moyle a lot of time was initially dedicated to building infrastructure before programmes could be successfully run and the community could begin to engage and eventually develop ownership of these programmes. The problem is that the community is not yet ready to 'go it alone' and the CSP funding has ended. The CSP requirement was for programmes to take place over a longer period of time, to reach the level of maturity required to sustain themselves.

"If it [the CSP] stops at the moment it will have been a good experience but the potential will be lost. If the CSP is not sustained it will have been like a white elephant, a waste of money, although it benefited people at the time it won't have been enough."

One lead person

The stakeholder interviews reported that the CSP needs somebody to lead it, somebody that has earned the trust and respect of the community. The programme requires somebody who is widely known, somebody who will be around for a reasonable length of time (is not a 'flash in the pan'), somebody who is accessible, willing to help and that will listen to the community and respond accordingly.

As discussed previously the building of trust and the development of relationships takes a long time to achieve and if there is a change in personnel it is akin to 'starting again from scratch'. If this theory is correct, due to the extensive changes in personnel, this CSP did not really start until May 2005.

"There needs to be one central person in every programme, somebody to represent it and to act as a figurehead. Moyle have been fortunate in having a CSDO that lives and breathes their job, she loves it and cares wholeheartedly about the community and her work."

Remit too wide

Grace strongly believed that to be successful her work needed to be focused and concentrated. She acknowledged that you cannot possibly cover some of the big areas thoroughly and as such some people will get left out, because it takes time to build up a strong network. The original delivery method of three part-time CSDOs was to take account of these factors.

When Grace started working on a full-time basis, Glendun also became one of her regions; however, she has not launched any programmes in this area. The rationale behind this was because Grace has been so busy with the programmes that she had already started in other areas, she felt it would have been impossible (in essence time wasted) to endeavour to start something new in such a large area. There was a great deal of groundwork that needed to be done which would have diluted the impact that she was already having in other key areas and would have compromised what could

be achieved. It is important to note that Moyle is a rural area and as such the population is very widely distributed. Grace took the decision to focus on 'quality over quantity' and there is substantial evidence to support the success of this approach.

5.3.4 Conclusion and acknowledgements

This case study illustrates the experiences of the Moyle CSP. There is a wide range of successes that can be attributed to this programme and as such many learning opportunities stem from the analysis above. In summary, the commitment and charisma of the CSDO, the willingness to try new ideas and to take risks (deviating from people's comfort zones), the holistic approach, the concentrated nature of the target areas and effective partnership working have been identified as the key enablers behind the success of the Moyle CSP.

This information was compiled by interviewing the Moyle CSDO Grace (McCullan), and other key stakeholders including Mary Burns who works for the Armoy Community Association and is also a local GP, James McCaughan, a community pharmacist who runs the McCaughan Pharmacy in Ballycastle, Ann McIlroy who works on the Greenlight and Moyle Gateway projects, and Betty Wilkinson who runs the Jack Horner Playgroup in Ballycastle. Many thanks to all involved for their insightful contributions.

The purpose of this concluding section is to highlight at a strategic level the challenges involved in the development and delivery of the pilot CSP and to identify characteristics that are common to successful projects.

The pilot CSP had two main objectives: to reduce barriers and increase participation in sport and physical activity; and to use sport as a mechanism to achieve broader societal outcomes. These two key aims are used as a structure for this concluding section.

6.1 Sporting outcomes

The main sporting objectives of the pilot CSPs are:

- To remove barriers to participation in sport within the community;
- To create innovative opportunities to progress and to develop sporting skills and experience;
- To provide new opportunities to move from recreational participation to competition or excellence;
- To generate a network of skilled leaders and coaches; and
- To establish links between schools, sports clubs and the wider community.

A combination of qualitative and quantitative techniques have been utilised to investigate the progress of the pilot CSP against each of these sporting aims. It is important to note that without a 'true' baseline measure it is not possible to quantify change against any outcomes, as the starting position is unknown. A summary of the core methods used and critical success factors are provided below.

To remove barriers to participation

The stakeholder interviews and case study analysis provide examples of substantial efforts to eradicate barriers to participation. In this context the term 'barriers' can mean specific sport-related constraints such as a lack of provision and social barriers such as those created by sectarianism. The requirement to develop strong partnerships, take a proactive and holistic approach and to undertake focused work amongst small and clearly defined target groups was substantiated by the stakeholder surveys.

To create innovative opportunities

The stakeholder interviews and case study analysis provide considerable examples of innovative approaches to community development work. The key learning opportunities were generated through wider acknowledgement of the power of sport as a tool to bring people together, create common ground, and to drive lifestyle changes. A holistic approach integrating relaxation, stress management, nutrition and oral health, with physical activity initiatives packaged together with the emphasis on fun was identified as a successful formula. Successful innovation often requires taking risks and CSDOs need to have the confidence and support to try out new ideas – particularly if these ideas have come from the community. The work of Grace McCullan in Moyle is identified as a good example of how innovative schemes can have positive outcomes on both sporting and social levels. Not all ideas will work and there needs to be an acceptance that failure is one side of the innovation coin.

To provide new opportunities to move from recreational participation to competition or excellence

No evidence of progress towards this aim was identified by the main research techniques employed. It is however a possibility that the research techniques were not appropriate to identify progress within this field, likewise because of the wide remit of the pilot CSP this aim may have been formally or informally downgraded or removed as an objective of the programme.

To generate a network of skilled leaders and coaches

Neither the remit of the participant survey nor the stakeholder survey incorporated the objective of investigating progress against this aim. The logical way to monitor progress in this respect would be through the records maintained by the CSDOs. The participant database and registration forms were provided as tools to aid the collection of this data. In principle it should be possible to ascertain accurate data relating to how many leaders and coaches have been developed through the CSP, what the focus of these leadership and coaching courses has been, and possibly, how many leaders and coaches are now active in their local communities. The tools and data to undertake this analysis had not been supplied to SIRC but should be readily available from the CSDOs.

In reality this vital capacity building work was conducted relatively early on in the CSPs. This was precisely the time that registration forms and the participant monitoring databases were not being used. Consequently, operational realities prevented this valuable information from being documented with any degree of authority.

To establish links between schools, sports clubs and the wider community

The stakeholder interviews and case study analysis provide considerable examples of the importance of partnership working and of taking a joined up approach to community development work. Links with schools were identified as a key element of successful programmes especially as working with children of primary school age helps to build good habits. This is widely acknowledged by the CSDOs as being a much easier task than trying to change deep rooted bad habits in the future – arguably one of the key frustrations of working with adults. Links with schools were also viewed as fundamental in developing trust within communities and building strong relationships with the wider community.

6.2 Societal outcomes

Due to the abstract nature of some societal outcomes it can be extremely difficult to operationalise and measure the impact of the CSP against these objectives. The nature of societal outcomes is such that it is not possible to generate a fixed list of tangible objectives against which progress can be measured. The qualitative method employed in the final evaluation has been instrumental in identifying the wide reaching impacts of the CSPs. Through the stakeholder interviews and case study analysis, progress against some societal outcomes has been illustrated. This includes subtle differences in behaviour that have occurred and the progress that has been made towards reducing inequalities, addressing social exclusion and promoting personal and community development.

The CSP was tasked with contributing towards the objectives of reducing crime, improving health, healthy living and reducing health inequalities, encouraging active citizenship, tackling social need and social exclusion, reducing participation inequalities, encouraging people to get involved

and stay involved with sport, contributing to the prevention of drug and alcohol related harm and improving education and training opportunities. None of these required outcomes were operationalised formally in the participant survey and would be unlikely to have been identified using broad brush quantitative techniques. To measure these potential outcomes requires small scale, long-term, bespoke research methods that are tightly focused on given outcomes.

The link between physical activity and wider healthy living initiatives has been demonstrated to be a key facilitator in enhancing community engagement and reducing inequality in provision. The stakeholder interviews generated several examples of cross-community work that had been carried out in such a way as to reduce anti-social behaviour and crime. A focus on nutrition and oral health has been effective in increasing awareness and improving the health and lifestyles of people within the target communities, and several initiatives have linked up with drugs and alcohol awareness programmes.

The participant survey provided a longitudinal measurement of participant self-esteem and social capital during a six-month period of involvement with the CSP. The research design resulted in limitations of the data generated, particularly the fact that only participants involved in the CSP between May and July 2005 were included within the survey, and the fact that on average survey participants had only been involved in three CSP activities during the six-month period. It is unlikely that the survey results provide a true representation of the impact of the CSP; however, the results can be viewed as indicative that the social capital of some individuals on the CSP appears to have increased. For example, in Phase I of the survey 82% of respondents reported having some trust for people in their neighbourhood, a finding which increased to 90% in the Phase II survey.

The timescale of the monitoring and evaluation had a significant impact on the measurable outcomes of the CSP. A commonly accepted characteristic of community development work is the time intensive investment required before achievements can be recognised. This is particularly true for Northern Ireland where there is the added challenge for

CSDOs to work not only with some of society's most disadvantaged people but also across a religious divide. The stakeholder survey suggested that the community development work may take between five and ten years to reap tangible benefits. The theory of change model, which was identified by the M&E Framework to underpin this research, confirmed this by indicating that the necessary timeframe for measuring changes and outcomes was between two and five years and that between five and ten years would be needed before impacts could be assessed.

6.3 Lessons for the future

A bespoke approach

The diverse nature of the CSPs and the differences in demographic factors, existing infrastructure, capacity to deliver, and personnel and management structures within each CSP area, highlight the need for bespoke planning and delivery rather than a standardised approach. This principle is not only applicable to the monitoring and evaluation framework but also the management of the programmes themselves. The diverse nature of the individual CSPs requires a bespoke approach to operation, management, and support and objective setting, to account for these factors. In the same way as the community development work is community-specific, so too effective research needs to be intervention-specific.

Realistic and focused targets

There is a requirement to set focused targets to be achieved within a feasible timescale, which take into account the existing baseline measures, infrastructure and the capacity for delivery. A 'true' baseline measure must be available to enable the assessment of any programme outcomes. It was recommended that CSDOs should work within a narrow remit, concentrating their efforts on small and specific target groups. It was acknowledged that one person with a limited budget cannot achieve everything and reach every individual, and that by trying to do too much it is easy for people to lose focus and achieve very little. A further consideration is that targets should be prioritised. In the pilot CSPs there was an implicit assumption that all targets were of equal merit.

Successful programme management

There needs to be clear guidance and direction from within effective management support structures to enable the achievement of objectives. There was agreement amongst the stakeholders that community development work needs to be conducted over a greater period of time than two years (the average length of CSDOs posts). Therefore longer planning horizons are essential. Extending the duration of funding increases both the stability and security of the programmes. Five years was the timescale suggested by the majority of stakeholders. Had the original Business Case been supported, the programme would have enjoyed a five-year period in which to become established and to begin making a difference. It is widely accepted that community development initiatives often require five or more years before they can demonstrate meaningful outcomes. To ensure that the necessary structures are in place to enable successful programme delivery and to increase accountability it is recommended that the CSP adopts the principle of 'challenge funding'. The pilot CSPs were undervalued by some recipients because they were perceived as being gifts with no strings attached and little or no downstream accountability. Accurate record keeping requires the CSDOs to engage with the monitoring and evaluation process. A lack of accurate records and databases is problematic from a monitoring perspective. Monitoring needs to be proportionate and management information systems such as the CSP databases need to be fully functioning if they are to inspire confidence in their use.

An integrated approach

The stakeholder survey and case study analysis identified that a holistic approach to influencing lifestyle was required. The case studies highlighted the importance of not tackling issues in isolation and of providing an integrated programme to address a range of health issues collectively. It was suggested that programmes focusing solely on physical activity are insufficient to have a significant effect on community development. A repeatedly stated critical success factor was to implement community focused programmes and to be sensitive to the needs of individuals. The case studies demonstrated that successful partnership working is fundamental to achieving the CSP objectives. The benefits of taking a joined up



approach and of working cohesively were apparent within the majority of the case study examples.

The synthesis of quantitative and qualitative techniques within the M&E Framework enabled a rounded analysis of the influence of the pilot CSP within the target communities. The stakeholder interviews and case study analysis facilitated the identification of significant progress and a positive impact on individuals that could not be measured through the participant survey. It is important that the lessons learned from the pilot CSP research are used to improve the monitoring of subsequent programme iterations so that actual performance against planned performance can be demonstrated more transparently.

Appendix 1: Interviewees

Intervention	Name	Title	Interview conducted
Moyle	Grace McCullan	CSDO	07-Apr
Moyle	Ann McIlroy	Greenlight / Moyle Gateway and Friends	11-Apr
Moyle	James McCaughan	Community Pharmacist / McCaughan Pharmacy Ballycastle	10-Apr
Moyle	Mary Burns	Community Association Armoyle	12-Apr
Moyle	Betty Wilkinson	Jack Horner Playgroup Ballycastle	10-Apr
Ballymena	Gary Boyd	CSDO	10-Apr
Ballymena	Colum Best	Ballymena Comm Sport Forum Ballymena Nth / Dunclug P/ship	10-Apr
Ballymena	Roy Heron	Ballymena Comm Sport Forum Ballykeel / CHIPS/ BEAT	10-Apr
Ballymena	Mark Smith	Ballymena Comm Sport Forum Ballykeel / NEELB	10-Apr
Newtownabbey	Dean Holmes	CSDO	31-Mar
Newtownabbey	David Hunter	Key Co-ordinator	07-Apr
Newtownabbey	Elizabeth McCann	Departed CSDO	12-Apr
East Belfast	Maggie Andrews	Partnership Manager	11-Apr
East Belfast	Nicky McCready	Departed CSDO	11-Apr
East Belfast	Peter Shaw	BCSDN	12-Apr
East Belfast	Orlagh O'Hagan	CSDO	12-Apr
DSNI	Aubrey Bingham	CSDO	10-Apr
DSNI	Keith Collen	SDO Manor District Council	11-Apr
DSNI	Colum Deehan	Foyle Disability Resource Centre	25-Apr
DSNI	Ken Taylor	Ulster Deaf Sports Council	02-May
DSNI	Libby Erskine	Knockevin Special School	26-Apr
DSNI	Daryn Green	SDO for Craigavon District Council	26-Apr
Derry	Thomas McCallion	CSDO	24-Apr
Derry	Deirdre McDaid	Old Library Trust	21-Apr
Derry	Tony Doherty	Bogside and Brandywell Health Forum	21-Apr
Derry	Declan Devine	Football in the Community	21-Apr
Derry	Evelyn Donnelly	Yoga teacher/coach	21-Apr
SNI	Paul Donnelly	CSP Project Manager	22-May

Appendix 2: SNI Training and Induction Schedule

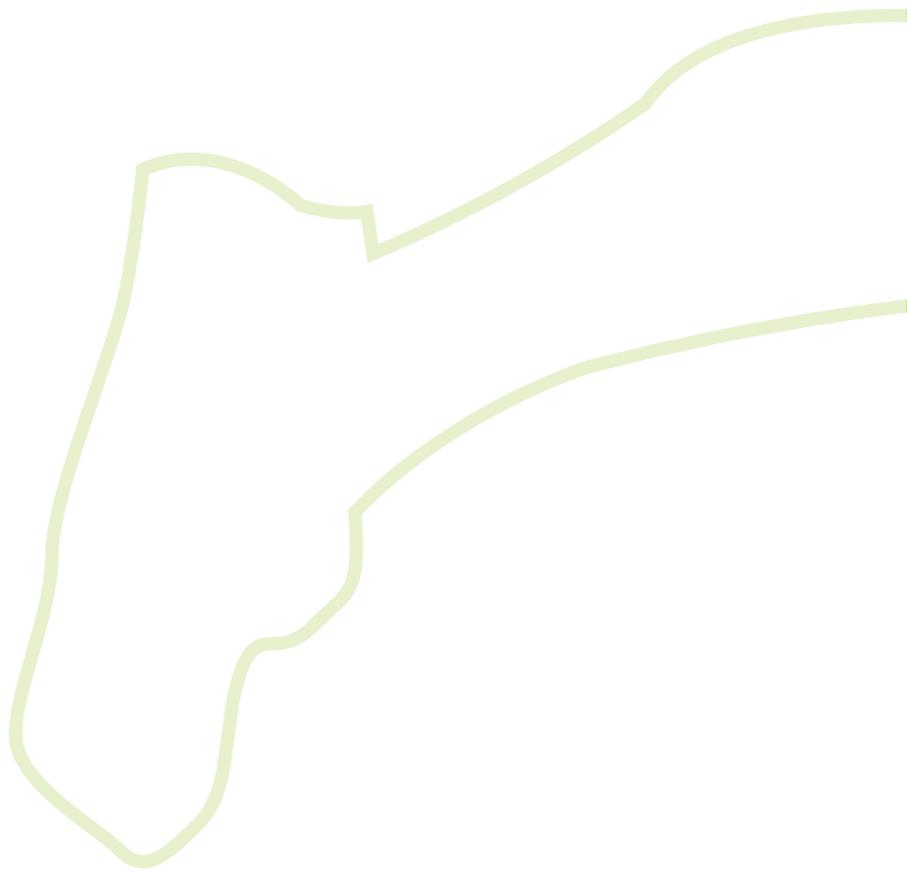
Recruiting Staff (Jenkinson Consultancy)	House of Sport	10 January 2005	Compulsory for Line Managers
Managing Staff (Jenkinson Consultancy)	House of Sport	16 or 18 March 2005	Compulsory for Line Managers
CSP Induction Residential (SNI Staff)	Burrendale Hotel, Newcastle	4 and 5 May 2005	Compulsory for Line Managers and CSDO
Foundation Sport Development Workshop (Tandy-Jane Haughey, Coaching NI)	Rosspark Hotel, Ballymena	9 and 10 June 2005 or 20 and 21 October 2005	Compulsory for CSDO
Marketing in Community Sports Development (Liam McStravick and SNI Staff)	House of Sport	25 August 2005	Compulsory for CSDO
Disability Awareness Training (Kevin O'Neill, DSNI)	Lagan Valley Leisure Plex	6 September 2005	Compulsory for CSDO
Application to Developing Sport in Communities (Peter Shaw, Greater Shankill Partnership)	Belfast Activity Centre (Malone House)	29 September 2005	Compulsory for CSDO
Inclusive Games Training Course (Kevin O'Neill, DSNI)	Loughside Rec. Centre	4 October 2005	Compulsory for CSDO
Database Training (SNI)	SNI, House of Sport	11 October 2005 UPDATE TRAINING May 2006	Compulsory for CSDO
New Start New Vision (SNI/Sheffield Hallam University)	Hilton Hotel Templepatrick	26 January 2006	Compulsory for Line Manager and CSDO
Finance Training (Ashley Whittle, SNI)	Ad hoc		Not compulsory
OnlineniComunities Training (Ashley Whittle, SNI)	Ad hoc		Compulsory for CSDO

Notes





Notes





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