

THE VALUE OF SPORT AND PHYSICAL
RECREATION – CONTRIBUTING TO IMPROVED
PUBLIC HEALTH



FKB Consulting

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EXECUTIVE SUMMARY

INTRODUCTION

1. In December 2009, Sport Northern Ireland commissioned FKB Consulting and Dennis McCoy Consulting to 'review and demonstrate the contribution of Sport Northern Ireland Community Sport investment to improved public health since 1st April 2003'.
2. The evaluation undertook a review of the policy and strategic context for community sport and public health. It reviewed evidence on the health impacts of sport and physical activity, the extent to which it can deliver economic benefits and made an assessment of the utility of existing cost/benefit models.
3. The evaluation team consulted with internal and external stakeholders such as Sport Northern Ireland staff, the Public Health Agency, Playboard NI, Age Concern/Help the Aged NI and Disability Sports NI. Face to face interviews and focus groups with Sports Development Officers, Community Sport Development Officers, partner organisations, stakeholders and participants in community sport projects were undertaken in 5 case study areas.

THE COSTS OF OBESITY

4. Twenty five percent of men and 23% of women in Northern Ireland are considered to be obese. Obesity in Northern Ireland is estimated to cause 450 deaths per year, cost £14.2 million in lost productivity and £90 million in health and social care. In addition, there are 2,100 deaths each year from type 2 Diabetes, which is closely related to obesity and, in Northern Ireland, treating type 2 Diabetes is thought to cost around £1 million a day. The current cost to the Health Service of anti-obesity drugs is £2 million per annum.

SPORT AND PHYSICAL ACTIVITY LEADS TO BETTER HEALTH

5. Our review of the literature found that physical activity leading to a 10% reduction in weight can reduce cholesterol and blood pressure resulting in a 40% reduction in obesity-related cancer deaths. GP referrals to physical activity programmes which act as a primary health enhancement tool, lead to measurable reductions in weight and can reduce blood pressure and cholesterol.
6. Action Cancer reported that two thirds of cancer can be prevented through lifestyle changes such as taking more exercise or adopting healthier eating habits.
7. Sport and physical activity can also help improve mental health, lead to higher self esteem, greater levels of confidence, and better academic achievement.

MEASURING THE COST/BENEFIT IMPACT

8. The literature suggests that decreases in the incidence of obesity will lead directly to a reduction in the huge drugs bill for treatment, reduce health and social care costs and impact directly upon lost earnings and lost potential national output. British Medical Association figures suggest that tackling obesity could save the health service in Northern Ireland £8.4 million, reduce sickness absence by 170,000 days and add an extra ten years of life onto an individual's life span.
9. The literature provides a number of models that quantify the economic impact of the benefits of sport and physical activity outlined above. However, there is a lack of available data to populate these models either at a UK level or a Northern Ireland level. The model that may provide the best way forward is that of Health Impact Assessment and its multi-faceted approach. This model does not require large scale data gathering, relying instead on a basket of approaches both quantitative and

qualitative. If Sport Northern Ireland wishes to consider a model for the future, then this is the model that we would recommend.

FINDINGS FROM STAKEHOLDER CONSULTATION SESSIONS

10. Our stakeholder interviews produced universal support for the assertion that sport and physical activity can make a significant contribution to public health.
11. The consultees emphasised, however, that more resources need to be dedicated to measuring the impact of sport and physical activity programmes upon public health and on providing programmes which focus more on sustaining participation. For children and young people with disabilities, schools and community centres are a pathway to sustainable participation and community sport interventions should continue to work in partnership with them.
12. Increasing levels of participation amongst those who have a disability requires resources to be spent on facilities to make them accessible, support mechanisms to engage with carers and better transport provision.
13. Engaging older people in physical activity requires breaking down barriers about exercise amongst the older persons themselves. Many older people have never entered a leisure centre or have never before undertaken any form of physical activity or exercise since leaving school. Leisure centre staff have a key role to play and need to work from the basis that older people's needs can be different to others. For example, the social aspect of physical activity is often as important as the physical benefit itself. Other issues that need to be addressed included concerns about safety and a lack of experience amongst leisure centre staff in dealing with issues around older people being involved in exercise. Furthermore the facilities and built environment needed some adaptation for older people, for example, privacy in changing rooms.

14. There has been no doubt that there has been an increase in the numbers of older people involved in physical activity in leisure centres and that this activity has impacted not only on physical but on mental health. Frequent comments such as “it’s good for my circulation and keeps me warm” or “it keeps my bones supple and stopped the stiffness” and “it has boosted my self confidence” are clear anecdotal indicators of such positive impacts.

CASE STUDIES- KEY FINDINGS

15. One of the most striking findings from the case studies is the amount of partnership engagement and networking that takes place. This is having substantial benefits in terms of linking need to activity, connecting projects to facilities, as well as bringing in appropriate leaders, coaches, volunteers and their expertise. Partnership and networking has levered in considerable extra funding to community sport and physical activity projects and, as a result, many more people are having opportunities to participate in sport and physical activity than would otherwise have been the case.
16. A further important enabler to getting projects up and running is having community based staff who are known and trusted by their communities and who, in turn, understand the nature of the everyday lives of the people and the needs of the area. Proactivity amongst community sport staff and project staff has also been an essential enabler to getting, and keeping, participants involved.
17. At project level there is a lack of objective measurement of basic health factors such as weight, Body Mass Index, blood pressure and so on. Where evidence does exist it is often not collected both pre and post the project intervention. However, some evidence does exist. An external assessment of the “Fit Futures in Schools Programme’ found significant increases in measured fitness levels, increased physical activity levels and an improvement in energy intakes. Measurements taken by project staff show that the 35 participants in the 12 week Walk Challenge programme

run by Foyle Active Futures lost over 10% of body fat throughout the project. Data from a health forum in the Bogside and Brandywell shows reduced cholesterol readings and significant weight loss after physical activity programmes. In the Active Choice project in Larne, one woman lost 10 kilos and reduced her blood pressure over a 12 week period of being involved in the project. Another Active Choice participant's blood pressure went down from 150/87 to 116/71 and her feelgood score improved from 4 to 9. Another participant lost 3 stone and commented "my blood pressure and heart rate have reduced and my lung capacity has increased".

18. There is also some evidence that the community sport projects have contributed to economic gain. One work-based project, supported by the Investing for Health Officer for Craigavon and Banbridge, focuses on the health and well being of participants and includes sport and physical activity, healthy eating and better lifestyle. There is evidence from the project of improved productivity, reduction in absenteeism as well as a range of health benefits identified in an annual health check undertaken on employees.
19. Whilst these data are persuasive that the community sport interventions have a positive outcome on general measures of health and fitness, they are not collected consistently enough for us to make definitive statements about the impact of the community sport spending in general. However, such hard data as do exist do point in the direction of positive health outcomes and positive economic impact.
20. The strongest evidence of health impacts comes from the words of people who participated in projects. The quotations, below, are also presented in the context of their projects within the case studies. Here we let them speak for themselves:

"I am a person with a physical disability.....The opportunity to take part in any physical activities has been very limited. (Through Foyle Active Futures) I have undertaken a wide range of physical activities...I have

developed both physically and mentally...I have gotten stronger...I now have more stamina...I feel better about myself....more confident in myself."

"I have better mobility and I now go up to the forest and walk on my own....I feel more confident...feel less of an outcast"

"Deaf people could not get involved in physical activities before Foyle Active Futures. The barriers have been removed! ...There have been so many health benefits, such as losing weight and improving blood pressure."

*"now I go swimming regularly... I was so heavy I never went (before)".
(participant who had lost 10 stone)*

"I would never have gone to a gym at all...this gave me a stepping stone...now I have confidence to go to other gyms and try out other things"

"I used to sit at home all the time, now I enjoy going to the gym and taking my children. My daughter was obese, now we are both losing weight because of the exercise and we eat better."

*"I was very depressed before, but now I am completely off the medication"
"I lost over two stone and I feel so much more confident about myself"*

"Now they (taxi driver participants) can bend down enough to tie their shoelaces!"

"(The yoga) makes me confident and proud"

"I don't get bullied as much as used to because I stand up to them"

"I couldn't have walked the length of myself or climbed the stairs, but now it's no problem to do those things"

"My psoriasis has even cleared up thanks to being active".

"It loosens you up and I can walk much further than I used to"

'I have actually managed to lose some weight... it's not easy when your mobility is limited'.

'I have had MS and arthritis and for many years I had nowhere to go, I had nothing, no interaction with other people – interaction is important for your health too – I was isolated then but now with the sport I have fun – without it I don't know what I would do, I would be lost'.

(physical activity has) "acted as a relief, a distraction from some of the everyday problems. 'We have fun, that's why we do it"

'one guy, living at home with his elderly mother, wasn't coming out of the house – he indicated that he used to be interested in going to the gym but had become totally inactive and looked scruffy– the first day he came to the Fit 4 U project he had cleaned himself up, he now is a regular and he has made loads of friends'.

CONCLUSIONS

21. There is considerable evidence from UK sources and elsewhere that sport and physical activity delivers positive health benefits. These benefits come in a variety of forms and include reductions in obesity, reduced incidence of type 2 Diabetes, decreased risks of cancer, coronary heart disease and other illnesses, improvements in fitness and stamina, and improved mental wellbeing.
22. There is also strong evidence from the literature that health benefits derived from sport and physical activity are capable of delivering economic gains. These arise primarily from a reduced demand for health and health related services and the consequent savings in delivery. They also arise from the increased productivity that can be achieved through reduced sick absence from work.
23. There are models that can quantify the economic savings gained from sport and an increase in physical activity. At this point in time, however, these models cannot be directly applied to Sport Northern Ireland's community sport investment, because there is a lack of suitable data. Large scale data exercises would be necessary to collect the appropriate information.

24. We would argue that community sport is not alone in being unable to demonstrate the economic impact of its investment at the macro level at this point in time and that the data required will not be available in the short term.
25. In the absence of data for a macro level cost/benefit analysis, Sport Northern Ireland should accept and utilise the highly persuasive evidence that comes from the micro level of project evaluation. This fits with our conclusion that the Health Impact Assessment model is the most fruitful for Sport Northern Ireland to pursue and we see this evaluation as being in the spirit of such an assessment.
26. There are many individuals who took part in community sport funded projects who would not otherwise have taken part in physical activity and by their own reports and, in a number of cases by hard data, we have been able to show that their health and wellbeing has benefitted significantly from participation.
27. This evidence shows very persuasively that Sport Northern Ireland community sport investment delivers significant improvements in both physical and mental health.
28. Notwithstanding the evidence that we have been able to gather, objective project level measures, such as weight, height and blood pressure, needs to become much more widespread and its practice needs to be standardized and applied consistently. The best evidence of health impacts currently available comes from projects
29. Firstly, there are self reported changes in physical indicators, such as weight loss, decreased blood pressure, improved strength, fitness and stamina, and increased mobility.
30. There are also many reports of positive psychological changes, for example, increased confidence, improvement in mood and lifting of depression, increased self esteem, improved body image and decrease in feelings of social isolation.

31. Behavioural changes include healthier eating, taking exercise proactively and engaging in a wider range of social activities because of increased fitness and improved self esteem.

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SECTION 1 INTRODUCTION

1. In December 2009, Sport Northern Ireland commissioned FKB Consulting and Dennis McCoy Consulting to 'review and demonstrate the contribution of Sport Northern Ireland Community Sport investment to improved public health since 1st April 2003'.
2. The terms of reference for the review set out 5 key tasks for the assignment:
 - To review and analyse all available information/data relating to the contribution of sport and physical recreation to public health;
 - To evaluate and compare the Northern Ireland cost of investing in community sport against the cost of treating preventable illness;
 - To design and conduct a survey involving identified partners and stakeholders involved in the delivery of health based Community Sport projects;
 - To develop and produce agreed six¹ in-depth project level evaluations, which will identify the key enablers of success; and,
 - To produce a review report detailing the information collected and a comprehensive analysis of the data, alongside recommendations for action.

In the following pages we present our methodology, detail an overview of related literature before moving on to consider the key findings from the consultation with key stakeholders.

¹ This was later changed by the steering group to 5 case study areas.

SECTION 2 APPROACH TO THE ASSIGNMENT

3. Our approach to this assignment has been to undertake desk research on:
 - The policy and strategic context for community sport and public health.
 - existing evidence that suggests that the health impacts sport and physical activity delivers economic benefits in terms of fewer lost days through sickness, lower burden upon health services etc.
 - existing economic cost/benefit models that could quantify how the impacts of sport and physical activity delivers economic benefits in terms of fewer lost days through sickness, lower burden upon health services etc.
 - whether any of these models could readily be populated with data from Northern Ireland to give an economic cost/benefit analysis of community sport investment across Northern Ireland.
 - what data models would be best suited to an economic cost/benefit analysis of community sport investment across Northern Ireland and what data would need to be collected in order to populate it.
4. Consult with internal and external stakeholders such as Sport Northern Ireland staff, Public Health Agency, Age Concern/Help the Aged NI, Playboard NI and Disability Sports NI.
5. Undertake field research within 5 case study areas. This involved face to face interviews and focus groups with Sports Development Officers (SDO), Community Sport Development Officers (CSDO), partner organisations, stakeholders and participants in community sport projects examining:
 - Project enablement by SDO, CSDO, Partners and other funders

- The capacity of organisations to run projects
- Barriers to getting projects and activities off the ground
- Catalysts and enablers to getting projects and activities off the ground
- Objective measurement of health impacts
- Participants' self reporting on health impacts
- The impact on underrepresented groups and
- The sustainability of community sport projects that impact upon health.

What is Public Health?

6. Before we proceed into the main body of the report it is useful to consider what we mean by the term public health. A frequently used definition is that by Sir Donald Acheson (1988, then the UK's Chief Medical Officer)², who described it as:

"The *science* and *art* of preventing disease, prolonging life and promoting *health* through the organised efforts of society."

7. The UK Public Health Association³ suggests that public health:
- is an approach that focuses on the health and well being of a society and the most effective means of protecting and improving it
 - encompasses the science, art and politics of preventing illness and disease and promoting health and well being
 - addresses the root causes of illness and disease, including the interacting social, environmental, biological and psychological dimensions, as well as the provision of effective health services

² Acheson, D (chair) (1988) Independent Inquiry into Inequalities on health. HMSO.

³ <http://www.ukpha.org.uk/about-us.aspx>

- addresses inequalities, injustices and denials of human rights, which frequently explain large variations in health locally, nationally and globally.
- works effectively through partnerships that cut across professional and organisational boundaries, and seeks to eliminate avoidable distinctions.
- relies upon evidence, judgement and skills and promotes the participation of the populations who are themselves the subject of policy and action.

8. The report '**Public Health Function Review in Northern Ireland: The Policy Context**' (2004), offered a new extended definition of public health as *'the science and art of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society, organizations, public and private, communities and individuals'*. It is this definition which we have adopted within this report.

SECTION 3 STRATEGIC AND PROGRAMME REVIEW

9. This section of the report contains:
- Review of Sport Northern Ireland Strategic and Policy Publications
 - Strategic Review of Sport, Physical Activity and Health

SECTION 3A - REVIEW OF SPORT NORTHERN IRELAND STRATEGIC AND POLICY PUBLICATIONS

10. **The Sport Northern Ireland Corporate Plan 2008-2011 and Business Plan 2009-2010** set out Sport Northern Ireland's key principles, approaches and priorities within which community sport operates. It considers the strategic context and influences on Sport Northern Ireland's investment in sport, including broader government agenda such as public health. It notes that '*sport plays a crucial role in improving health, education and confidence*' and that '*sport's greatest contribution to other government objectives is its positive impact on public health*'. With reference to the new Sports Strategy, **Sport Matters: The Northern Ireland Strategy for Sport and Physical Recreation, 2009 - 2019** it is noted that the investment from the strategy will help deliver a range of sporting, education and health outcomes⁴. Sport Northern Ireland have also produced '**Improving Physical Literacy**'⁵ which highlights evidence that physical literacy programmes have outcomes beyond physical including personal, social and cognitive; for example Henderson, May and Umney (1989) demonstrated that:

'...children who are proficient in skills such as running, throwing, skipping and balance are more likely to have higher self esteem and

⁴ Further consideration of the strategy will be provided in the next section.

⁵ Sport Northern Ireland, (2008) Improving Physical Literacy
<http://www.sportni.net/documents/ImprovingPhysicalLiteracy.pdf>

self-confidence. In addition, responsibility and discipline, coping with success and failure, and developing a sense of community, loyalty and cohesion, can flow from appropriate physical activity experiences (Australian Sports Commission, 2003)⁶.

11. The importance of regular physical activity and the benefits of it for maintaining good health and well-being were re-emphasised by the Health Promotion Agency for Northern Ireland (HPA⁷) and Sport Northern Ireland when the organisations signed an agreement entitled '**The Northern Ireland charter for enhancing health through sport and physical activity**'⁸ which tasks both bodies with the aim of promoting the significance of physical activity and sport at all levels for the good health and well-being of the population.

Community Sport Policy

12. The development of the community sport policy and the associated programmes of Community Sport and Sport in Our Community grew out of recognition by Sport Northern Ireland that targeted work was needed to engage with communities in areas where sports participation was low:

Through work conducted over the past 20 years, Sport Northern Ireland has learned that the kind of benefits that can accrue from upholding these values [active participation, improved health, active citizenship] 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 the same self confidence and capacity and who at the same time, lack

⁶ Sport Northern Ireland, (2008) Improving Physical Literacy, P20

⁷ Now the Public Health Agency

⁸ The Health Promotion Agency for Northern Ireland (HPA) and Sport Northern Ireland (Sport Northern Ireland), '*The Northern Ireland charter for enhancing health through sport and physical activity*'

*the levels of resources of already well established sporting networks*⁹.

13. Community sport policy first received significant attention in the early part of this decade when Sport Northern Ireland approached the Department of Culture, Arts and Leisure (DCAL) with a funding plan for a Northern Ireland wide community sport programme, although individual community sport projects had been in operation in various areas prior to this. The proposal for a community sport programme was later submitted in May 2002 as a Strategic Business Case to the Programme for Governments Executive Programme Funds (EPF)¹⁰. The programme, costed at £4.3m proposed the creation of 40 community sports development programmes in areas of deprivation throughout Northern Ireland. However following suspension of the Northern Ireland Assembly and Executive In October 2002 and the closure of the Exchequer Programme Funds progression on the business plan submission was halted.
14. DCAL in recognition that the proposed programme fitted well with its reform plan theme of sport, as detailed in its business plan, requested Sport Northern Ireland to scale back on its original plans and to submit an addendum to the original business case in March 2003. As a result the original programme was implemented on a pilot basis, with a fund of £600,000 made available to fund six community sports development officers and six community co-ordinator posts in identified areas.
15. In the years that followed community sport became embedded within the Sport Northern Ireland's strategic and business plans, and the programmes that followed the original pilot programme increased both the reach of community sport in Northern Ireland, building on experience gained by programme staff as well as learning gained from review and evaluation exercises. This development was set within the context of significant political instability, with the Northern

⁹ http://www.sportni.net/Publications/documents/Phase2Report_Mar06.pdf

¹⁰ http://www.sportni.net/research/documents/SCNIREPORT_Draft_Nov05.pdf

Ireland Assembly in suspension on several occasions in the last decade, the longest being between October 2002 and May 2007. Alongside this the economic climate in recent years has resulted in an increase in unemployment levels (although NI levels still remain lower than the UK as a whole¹¹) and a failure in meeting the government targets in reducing poverty levels¹².

16. In addition to this obesity in Northern Ireland and the UK as a whole has seen significant increase¹³, with most recent data from the Continuous Household Survey (CHS) indicating that people are becoming more sedentary (the data shows a 10% decrease in the last 10 years of people who take part in physical activity at least once in the previous 12 months¹⁴). Research carried out by DCAL suggests that increasingly busy lifestyles and the ageing nature of the population are key barriers to participation¹⁵. The economic barriers to participation in sport and physical activity are aptly identified in a study by Barnardos on childhood poverty¹⁶:

17. *Karen is a lone parent with four girls, aged between seven and two. She survives on weekly benefit of £240 and finds it difficult to cover the costs of food, heating and clothes. She usually has to borrow money at the end of each week. 'My children have never been swimming. I would love to take them but I can't afford it and could not afford the transport to the pool... I want my children to be happy, well educated and for them to have goals which they think that they can achieve and for them not to think that they are not good enough.'*
Karen – Tullycarnet Family Project, Belfast

18. It is against this background that the two programmes of interest to this research were developed and implemented.

¹¹ <http://www.northernireland.gov.uk/news/news-deti-201010-latest-economic-and>

¹² http://www.barnardos.org.uk/it_doesnt_happen_here_ni-2.pdf

¹³ <http://www.foresight.gov.uk/OurWork/ActiveProjects/Obesity/Obesity.asp>

Committee for Health, Social Services and Public Safety, Inquiry into Obesity

http://www.niassembly.gov.uk/health/2007mandate/reports/report10_09_10R_.htm

¹⁴ http://www.dcalni.gov.uk/sports_preliminary_output_bulletin_07_08_chs_final_version.pdf

¹⁵ DCAL (2003) 'Barriers to Participation in Culture, Arts and Leisure'

¹⁶ http://www.barnardos.org.uk/it_doesnt_happen_here_ni-2.pdf

The 'Community Sport Programme' and 'Sport in Our Community Programme'

19. The Community Sport Programme was first piloted by Sport Northern Ireland during the period 2003 to 2005. The aims of the pilot programme were:
- To increase levels of sustained participation in sport and physical activity in areas of high social and economic disadvantage and among those groups traditionally marginalized through the development and delivery of programmes.
 - To improve the health and well-being of programme participants through involvement in sport and physical activity programmes.
 - To develop capacity and build community participation and cohesion through coordinated training programmes and activities.
 - To establish and support the development of structures to sustain the longer term provision of the Community Sport Programme across Northern Ireland.
 - To effectively implement and manage the overall delivery of the Community Sport Programme.
20. Sport Northern Ireland as part of the programme design also commissioned the development of a monitoring and evaluation framework and the completion of a baseline study to enable an in-depth assessment of the impact of the programme. The report detailing the framework and baseline study noted that consideration of the development of a Health Impact Assessment was included in the framework following work undertaken by the Institute of Public Health which had identified a number of key stages required to conduct an Health Impact Assessment – Screening; Scoping; Appraisal and A Statement of Influence. The Community Sport programme was found to have a potentially positive impact on health

and the tool was expected to be employed retrospectively as part of the evaluation in 2006¹⁷.

21. The impact of the pilot programme with respect to participants is detailed in subsequent reports, which found that adults and children monitored in the study engaged in frequent and intensive physical activity, had low Body Mass Index (BMI) values, ate healthily, consumed minimal levels of alcohol and tobacco and had high social capital and self-esteem, more so than the average population of Northern Ireland¹⁸. These findings were identified at phase 1 of the study (at early stages of participants engagement with the programme) and again at phase 2, six months later.

22. The **Community Sport Programme Impact Review 2005-2008** notes that in 2003, Sport NI '*secured £2.4 million from Big Lottery Fund to deliver Sport NI's Community Sport Programme with the specific aim of improving the health and well-being of those communities most at risk of low levels of participation in sport and physical recreation*'¹⁹. The programme aimed to improve the health and well-being of individuals and build community cohesion through increased participation of children, young people and adults in areas of high social need and groups traditionally marginalised in sport and physical activity and in particular:

- To increase levels of sustained participation in sport and physical activity among under-represented groups;
- To improve the health and well-being of programme participants;
- To develop capacity and build community participation and cohesion; and

¹⁷ The Community Sport Pilot Project Evaluation mentions that it had been envisaged that a Health Impact Assessment report was originally envisaged but was not pursued due to insufficient evidence.

¹⁸ http://www.sportni.net/Publications/documents/Phase2Report_Mar06.pdf

¹⁹ Sport Northern Ireland (2008). Community Sport Programme Impact Review 2005-2008. Sport Northern Ireland

- To establish and support the development of structures to sustain longer term provision for the Sport Northern Ireland Community Sport Programme across Northern Ireland.
23. The review report on the Community Sport Programme reflected on the value of sport and physical recreation in contributing to improved health, particularly through Sport Matters, linking key targets in ‘Participation’ as particularly relevant to public health. The report noted that:
24. *‘The benefits of a physically active society extend beyond the health sector, bringing economic benefits in terms of reduced health care costs, increased productivity, healthier physical and social environments, better performing schools and worksites, stronger participation in sport and physical recreation and greater sporting achievement’.*
25. The report stated that achieving this may also involve ‘the widespread use of physical recreation as a primary health improvement tool within the healthcare profession’.
26. In the Foreword of **The Sport in Our Community Investment Programme Report**²⁰, the contribution made by the projects towards the achievement of Sport NI’s core business objectives and other key governmental targets including tackling obesity and addressing other public health issues, increasing social capital, alleviating community tension and reducing crime, is noted. For example, with reference to health referrals, in Year 2 of the programme, *‘projects reported a significant increase in the number of referrals to sport and physical activity as a primary health enhancement tool. A total of 258 participants were referred by a health professional as part of a treatment programme’.* In the Challenges and Next Steps section, with reference to Sport Matters, it states the Sport Northern Ireland *‘will continue to assist in developing the workforce through the continuing support of Community Sport Development Officers and*

²⁰ <http://www.sportni.net/Publications/documents/SportinOurCommunityfinal.pdf>

through an ongoing programme of training, and the implementation of the Active Communities Programme. To support the development of sport and physical recreation as a primary health tool Sport Northern Ireland will continue their partnerships with other bodies including Health Promotion Agency (now part of the Public Health Agency for Northern Ireland) to deliver further training'.

27. The comprehensive review of the Sport in Our Community programme, completed in 2009 by FKB Consulting utilised a case study approach to assess the impact of the programme, the review noted that in terms of project benefits, the participants reported significant achievements relating to physical, social and emotional improvements including:

- improved health and wellbeing;
- better sleep patterns;
- significant levels of extended family involvement in physical activity;
- changes in diet and nutrition;
- reductions in alcohol consumption;
- positive impacts on confidence and positive body image; and
- a desire to be seen as role models.

28. Many participants highlighted the fact that participation in the programme, for them, had been genuinely life changing.

SECTION 3 B

STRATEGIC REVIEW OF SPORT, PHYSICAL ACTIVITY AND HEALTH²¹

29. In terms of the strategic environment the key document currently is **Sport Matters: The Northern Ireland Strategy for Sport and Physical Recreation, 2009-2019**²², which outlines the Government's commitment to sport and physical recreation. The ten year strategy underpins the development of sport and physical recreation in Northern Ireland. In the Foreword by the Acting Chair of Sport Northern Ireland it is noted that '*Sport improves our health and well-being*'; later in the strategy the need for a cross departmental approach is highlighted, particularly those responsible for health, education and regeneration.
30. **Sport Matters** proposes a vision of 'a culture of lifelong enjoyment and success in sport'. To achieve this vision, the draft strategy recognises the importance of increasing participation in sport. For example, targets within the Strategy include:
- By 2012, to have stopped the decline in adult participation in sport and physical recreation;
 - By 2019 to deliver at least a 3 percentage points increase in adult participation rates in sport and physical recreation (from the 2011 baseline);
 - By 2019 to deliver at least a 6 percentage points increase in participation rates in sport and physical recreation (from the 2011 baseline) for the following target groups:
 - ❖ women
 - ❖ socio-economically disadvantaged groups
 - ❖ people with a disability
 - ❖ older people

²¹ This section of the report has been informed by a series of unpublished papers from Sport Northern Ireland, focusing on the the impact of RPA, the role of Sport Northern Ireland with regard to physical activity and promoting workplace health.

²² Sport Matters: The Northern Ireland Strategy for Sport and Physical Recreation, 2009 - 2019, Department of Culture, Arts and Leisure and Sport Northern Ireland.

31. The Strategy sets out a range of commitments for Government working through Sport Northern Ireland, the lead body for the development of sport and physical recreation, and in partnership with a variety of public, private, sporting and community organisations. It states that the development of sport and physical recreation in Northern Ireland must take account of recent and significant advances in sports development thinking. In particular the strategy has at its core the Lifelong Learning in Sport and Physical Activity (LISPA) conceptual framework. The LISPA framework evolved from previous conceptual and planning models, building on lessons learned from these, notably:
- The traditional sports development pyramid – which did not recognise involvement beyond traditional structures;
 - The Physical Activity Spectrum – which did not recognise the interdependency of domains;
 - LTAD (Long Term Athlete Development) – a high performance oriented model.
32. Sport Matters also suggested that there needs to be a cultural shift in how we experience sport – *‘Increasingly there is an expectation that each of us must assume a greater degree of personal responsibility for our health and well-being’*. A key step for success identified was the establishment of *‘Active Schools Partnerships linking health, education and community sport’*.
33. The Strategy aims to ensure that for everyone, regardless of age, gender, disability, ethnic or social background, physically active lifestyles will be the ‘norm’, and that the value of sport and physical recreation’s contribution to improving health and community cohesion will become understood, accepted and supported.
34. A key theme in the Strategy is ‘the cost of doing nothing’. Making use of a wide evidence base the Strategy outlines the impact of increasing levels obesity and low levels of physical activity. The Strategy notes that many health and physical activity professionals

have begun to refer to the overweight / obesity rates as an 'epidemic'.

RELATED STRATEGIES

35. A range of related health strategies are pertinent when considering the relationship between sport and the public health agenda, in particular the **Fit Futures Task Force (2006)**²³ where the link between sport and academic achievement is identified and **Investing for Health (2002)** which noted the direction correlation between poverty, social disadvantage and health.
36. The 10 year strategy for Children and Young people in Northern Ireland **Our Children and Young People - Our Pledge**²⁴ emphasized the need to engage with children and young people through a series of six interdependent outcome areas, including being healthy; enjoying, learning and achieving; and contributing positively to community and society.
37. The strategy also commits to improving the play environment for children and provides access to play opportunities that will support children to realise their full potential. Linked with the strategy is a **Play and Leisure Policy Statement**, which states that its aim is to improve current play and leisure provision for all children and young people aged 0 – 18 years²⁵.
38. In the educational context the **revised curriculum** in schools has been designed to ensure that each child has an education through which they learn what they need to for life and work and that they enjoy their learning and see it as relevant to them. The compulsory elements of the revised curriculum have been reduced, but still cover all of the key learning areas including citizenship and physical activity.

²³ <http://www.dhsspsni.gov.uk/ifh-fitfutures.pdf> - Page 91

²⁴ <http://www.allchildrenni.gov.uk/tenyearstrategychildren1-2.pdf>

²⁵ <http://www.allchildrenni.gov.uk/index/play-and-leisure-policy.htm>

39. Other strategic areas include the strategy published by The Office of the First Minister and the Deputy First Minister (OFMDFM) entitled **Lifetime Opportunities** (2006) which addresses the issues of poverty and social exclusion. In accepting that government policy should focus on the different priority needs at different times in people's lives, Lifetime opportunities defines specific goals and targets for four key stages in life:- Early years (0–4); Children and young people (5–16); Working age adults and older citizens.
40. Of close interest to the Lifetime Opportunities strategy is **Ageing in an Inclusive Society: A Strategy for Promoting the Social Inclusion of Older People**²⁶. A review of the first year of the strategy acknowledged the role of Sport Northern Ireland in supporting the development of sport for "All Older People" module in conjunction with Coaching Northern Ireland, in order to extend the development of training opportunities in sport and physical activity for older people as well as noting the variety of initiatives aimed at increasing physical activity levels of older people²⁷.
41. It is also important to point out that the areas of operation in certain projects within Sport Northern Ireland programmes are co-terminus with **Neighbourhood Renewal Areas**, providing opportunities to link with such programmes and maximise the benefits of funding.
42. Aside from the health and well-being sectors sport and physical activity is also receiving recognition in relation to areas such as community safety. The recent consultation paper on the proposed **Community Safety Strategy for Northern Ireland**²⁸ noted that sport could be used as part of a mentoring programme for young people defined as 'at risk'. Indeed there are some examples of sport being used as part of diversionary programmes, particularly at times of heightened community tension²⁹.

²⁶ OFMDFM (2005) Older Peoples Strategy, 'Ageing in an Inclusive Society'

²⁷ <http://www.ofmdfmi.gov.uk/ageingreport-2.pdf>

²⁸ <http://www.communitysafetyni.gov.uk/documents/TOGETHERSTRONGER.SAFER.PDF>

²⁹ <http://www.youthjusticeagency.gov.uk/news/100/>

43. In terms of best practice **the National Institute for Health and Clinical Excellence**, in its guidance for increasing physical activity³⁰, it makes a series of recommendations including:
- Adults who are not physically active should be advised to be moderately active for at least 30 minutes, 5 days of the week. They should be provided with details of local opportunities and the GP or other practitioner should agree goals with them, bearing in mind their preferences.
 - Monitor whether or not this advice encourages people to be more physically active.
 - Exercise referral schemes, pedometers and walking and cycling schemes should only be endorsed to promote physical activity if they are part of a formal research study.

Review of Public Administration (RPA)

44. The **Review of Public Administration** was first initiated by the Northern Ireland Executive in 2002. It focused on delivery and organisation of public services provided by central government, local government and public bodies. At the same time the Department of Health Social Services and Public Safety (DHSSPS) also carried out a review of the remaining services not included in RPA.
45. RPA recommended a number of key structural changes as an enabler to joined up government. These included a reduction in the number of local authorities, from 26 to 11; and new regional bodies for Education and Health.
46. In relation to the Health Sector following RPA a series of changes to the delivery of health occurred including:
- The formation of five new integrated Health and Social Care Trusts
 - A single Regional Health and Social Care Board to replace the existing four Health and Social Services Boards.

³⁰ Four Commonly Used Methods to Increase Physical Activity <http://www.nice.org.uk/PHI002>

- A single Regional Agency for Public Health and Social Well-being (known as the **Public Health Agency**) that will subsume and build on the work of the Health Promotion Agency, but will have wider responsibility for:
 1. Health Protection;
 2. Health Improvement and Development; and
 3. Addressing existing health inequalities and public health issues.

47. For Sport Northern Ireland a key driver in RPA is the proposed new role of councils to target well-being, providing opportunities for Sport Northern Ireland's investments to be aligned to council's work programmes and other stakeholders through **Community Planning**. It is envisaged that Community Planning will be led by councils who will seek to facilitate closer and more effective working relationships with a range of sectors including statutory organisations, community and voluntary organisations, governing bodies of sport and sports clubs. The drive for community planning should be seen in the context of the process to create more responsive and effective public services for citizens. Community Planning will offer communities and their representatives the opportunity to sit at the table with service providers and budget holders in local areas to work out what services are needed in a holistic and joined up way.

48. Sport Northern Ireland has taken cognisance of the proposed changes and acted to ensure that new programmes such as Active Communities were aligned with the community planning process, by inviting consortia of local authorities to bid for the investment funds.

SECTION 4 PREVIOUS RESEARCH

49. In section 4 we consider the findings of previous research, firstly that which relates to the impact on health of physical activity and secondly the evidence related to obesity and non communicable diseases in relation to physical activity.

SECTION 4 A

REVIEW OF THE RESEARCH EVIDENCE ON THE HEALTH BENEFITS OF SPORT AND PHYSICAL ACTIVITY

50. As detailed in the previous section reviews of the Community Sport and Sport in Our Community Programmes funded by Sport Northern Ireland have determined a series of related impacts of participation in community sport which result in improved health. This included:
- improved health and wellbeing;
 - significant levels of extended family involvement in physical activity;
 - changes in diet and nutrition;
 - reductions in alcohol consumption; and
 - positive impacts on confidence and positive body image.
51. Project level evaluations have also found evidence of the positive impact on health of community sport programmes, examples of which are listed below:
- Participants of **Age Concern/Help the Aged NI Community Sports Development Initiative** stated that their key motivations for being active were to improve their physical and mental health.
 - An evaluation of **Derry City Council's Fit Futures Yoga Schools** programme noted that the evidence certainly points to

yoga being able to create an environment in which healthy lifestyles are encouraged, energising the children to become more active'. In addition parents who took part in the programmes stated that they were more agile, mentally stronger and that improvements had taken place in family relationships.

- A partnership programme between **Castlereagh Borough Council, Greater Village Regeneration Trust and Lower Ormeau Residents' Action Group for the Older and Active Programme** identified a range of health benefits identified including:

- ❖ Reduced risk of heart disease; stroke and Type 2 Diabetes
- ❖ Reduced mortality
- ❖ Improved strength
- ❖ Improved walking ability
- ❖ Reduction and control of high blood pressure
- ❖ Enhanced immune system
- ❖ Prevention of osteoporosis
- ❖ Weight control and management

- An evaluation **Strabane District Council's – Melvin Community Sport Programme** found that in the Men's Fitness Initiative became more aware of their personal fitness and how to lead a healthy lifestyle and that all participants indicated that their health and wellbeing had improved as a result of the programme

52. Some of the case studies detailed later in the report made use of physical activity referral schemes as part of their programme of activities. As the research below indicates the referral schemes are widely available in Northern Ireland. Both of the research reports outlined below point to positive health benefits of such schemes, as well as emphasising the need for appropriate support mechanisms for participants to maintain attendance.

53. In the ‘**Mapping physical activity referral schemes in Northern Ireland**’ report for the Health Promotion Agency³¹ a mapping exercise to assess the number of exercise referral schemes operating across NI and the mechanisms in place for training, delivery, and evaluation of these schemes was undertaken. Whilst just over 75% of GPs and 60% of Practice Nurses interviewed had made referrals there was a variation across the Province in terms of referral activity with those located in the Eastern Health and Social Services Board (EHSSB) more likely to be actively referring, possibly as a result of the Healthwise scheme (see below) that operates across the Board’s area. The report found that those located in the Southern Health and Social Services Board (SHSSB) are most likely to have never referred.
54. A number of perceived benefits of taking part in the scheme were noted including weight loss, increased self confidence, increased energy and for 16% a reduction in medication. A number of barriers were identified by GP practices to participating in the referral scheme including time constraints, a lack of motivation among patients, a lack of awareness of schemes and the ability of leisure centre staff.
55. Leisure Centres in the main had bought into the schemes though again there was variation in terms of ‘buy in’ to schemes e.g. dedicated project co-ordinators, whilst referral schemes varied in duration from 8-12 weeks and were in the main delivered free of charge followed by subsidised Leisure Centre rates on project completion. For Leisure centre managers and exercise co-ordinators the main benefits of participating in the scheme included increased revenue from membership and the promotion of a healthier lifestyle to those who do not regularly participate in physical activity.
56. The Eastern Health and Social Services Board (EHSSB) Eastern Area Physical Activity Coordination Group (EAPACG) Physical Activity Referral Scheme ‘**Healthwise**’ aimed to provide physical

³¹ Perceptive insight market research June 2008

activity referral for previously sedentary individuals with the aim of preventing or treating a range of health conditions known to be associated with physical inactivity. In the programme evaluation by the Sport and Exercise Sciences Research Institute at University of Ulster covering 1,459 patients, the main findings included:-

- Those who continued to week 12 showed decreases in body mass and Body Mass Index
- Small but significant improvements in cardiovascular fitness occurred among participants after 6 and 12 weeks
- Diastolic and systolic blood pressure both decreased as a result of participation in the programme
- Participants reported high levels of satisfaction with the scheme
- Majority of respondents had moved from sedentary to meeting current physical activity guidelines by week 12 of the scheme with almost half of respondents maintaining this increased activity level 6 months after the scheme.

57. Allied to the view that sport impacts positively on health is the view outlined in Sport Northern Ireland's '**Improving Physical Literacy**³²' which highlights evidence that physical literacy programmes have outcomes beyond physical including personal, social and cognitive. The report, whilst conceding that empirical correlations are difficult to establish, suggests there is evidence which suggests that in the case of young children, physical literacy programmes can lead to high self esteem, high levels of confidence, loyalty to school and teachers, positive reinforcement, parental support and good health, leading in turn to academic achievement.

58. The ability of sport to positively impact on health is also evident in a number of related health strategies and reports e.g. The Fit Futures Task Force (2006) and **the National Institute for Health and Clinical Excellence** in its guidance for increasing physical activity. In

³² Sport Northern Ireland (2008) 'Improving Physical Literacy'
<http://www.sportni.net/documents/ImprovingPhysicalLiteracy.pdf>

addition some of the submissions to the Northern Ireland Health Committees Obesity Inquiry, detailed in the following section, also point to the positive impacts of physical activity upon health. For instance the submission by **Action Cancer** reported that two thirds of cancer can be prevented through lifestyle changes (e.g. more exercise or changes to eating habits)³³.

59. In the UK numerous individual research articles and reports testify as to the positive benefits of sport and physical activity on health. As an example, one recently published (Milton et al 2009)³⁴ promoting **walking for families** in an urban area of high health inequality and deprivation, identified an increase in physical activity levels, weight loss, improved social interaction and increased confidence amongst participants. This study is particularly useful as it contains key lessons learned in implementing the programme, discusses the challenges of doing evaluations with the target groups and also discusses issues related to the transferability of the programme to other types of areas.

60. A review of evidence by the British Heart Foundations National Centre for Physical Activity and Health completed in late 2009³⁵ highlighted a number of key studies which provided evidence for the health benefits of physical activity including:

- Reduced the risk of premature mortality
- Reduces the risk of cardiovascular disease
- Reduces the risk of developing some cancers
- Reduces the risk of developing type II diabetes
- Helps prevent or reduce hypertension

³³ Committee for Health, Social Services and Public Safety, Inquiry into Obesity
http://www.niassembly.gov.uk/health/2007mandate/reports/report10_09_10R_.htm

³⁴ Milton, K. Kelly, P. Foster, C. (2009) Evaluation of the Ramblers Family Walking Programme – Furness Families Walk4Life. British Heart Foundation National Centre for Physical Activity and Health.

³⁵ <http://www.bhfactive.org.uk/downloads/PAandHealthfactsheet2010.pdf>

- Helps prevent or reduce osteoporosis
- Helps to control weight and lower the risk of becoming obese
- Promotes psychological well-being
- Enhances and protects brain function
- Can help in the management of painful conditions.

61. These findings are similar to those of the World Health Organisation (WHO) in its consideration of the relationship between **Health and Physical Activity in Europe**³⁶. It carried out an extensive review of related evidence on the relationship between physical activity and health. The authors asserted that *“Physical activity is a fundamental means of improving people’s physical and mental health. It reduces the risk on many non communicable diseases and significantly benefits society by increasing social interaction and community engagement”*.

62. The publication draws on a wide range of academic research, noting that physical activity has major beneficial effects on most chronic diseases. Its summarises these benefits as follows:

Condition	Impact
Heart disease	Reduced risk
Stroke	Reduced risk
Overweight and obesity	Reduced risk
Type 2 diabetes	Reduced risk
Colon Cancer	Reduced risk
Breast Cancer	Reduced risk
Musculoskeletal health	Improvement
Falls in older people	Reduced risk
Psychological well being	Improvement
Depression	Reduced risk

63. In addition the authors note that as well as positive social effects, *“physical activity tends to be associated with other types of positive*

³⁶Cavill, N, Kahlmeier, S and Racioppi F (Eds) (2006) Physical activity and health in Europe – Evidence for action. WHO Regional Office for Europe, Denmark.
http://www.euro.who.int/InformationSources/Publications/Catalogue/20061115_2

health behaviour, such as health eating and no smoking and can be used to help make other behavioural changes. Overall it is such a positive health behaviour - with so much potential to improve public health and so few risks - that it deserves to be central to any future public health strategy”.

64. The above report is also informed by the global strategy by WHO on **Diet, Physical Activity and Health**³⁷ which noted that “...although the effects of diet and physical activity on health often interact, particularly in relation to obesity, there are additional health benefits to be gained from physical activity that are independent of nutrition and diet... that evidence for the links between these health behaviours and later disease and ill-health is strong. Effective interventions to enable people to live longer and healthier lives, reduce inequalities, and enhance development can be designed and implemented.”

SECTION 4 B

REVIEW OF THE RESEARCH EVIDENCE ON OBESITY

65. In terms of the focus on obesity the most recent local driver is the Northern Ireland Assembly’s Committee for Health, Social Services and Public Safety ‘**Inquiry into Obesity**’ which, following a period of consultation commencing in January 2009, published its full report in November 2009. Highlighting the fact that growing levels of obesity place an enormous strain on the local healthcare system and budgets the Committee Chairman stated at the launch of the report that ‘The Committee was shocked at the prevalence of obesity in our society. The health complications that are associated with it affect all of our people, both young and old’³⁸.

³⁷ http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf

³⁸ Committee for Health, Social Services and Public Safety, Press Release PN HSSPS 02/09/10

66. The Report highlighted a number of recommendations for action by Government departments:

- The need to develop and implement a broad and vigorous strategy to begin to turn the tide of obesity across the different population groups in Northern Ireland.
- Introducing an effective range of services to manage and treat the rapidly increasing number of people who currently suffer from serious and life threatening obesity-related illnesses.
- Taking into account the potential impact that a wide range of factors in the physical, socio-economic and cultural environment have on obesity.
- The importance of a strong partnership between researchers, stakeholders, communities, politicians and policy makers.
- Requesting the Department to examine how data collection can be improved through reform and better funding of the Child Health System.
- Learning from the examples of good practice in other jurisdictions, including the Healthy Weight, Healthy Lives strategy in England.

67. It is beyond the scope of this report to cover in any depth the detail covered in the Committee's 800 page report so instead we will provide a quick overview of some of the salient points below³⁹.

68. The Inquiry commended the work of the 2007 **Foresight Report**⁴⁰ commissioned by the UK Government, which warned that if trends in overweight and obesity continue to rise, there is a real prospect that by 2050, '*Britain could be a mainly obese society*'. It predicted that by that date, 60% of men and 50% of women in the UK could be obese. The DHSSPS Investing for Health Strategy in 2002 had estimated that by 2010 the cost of obesity to the NI Economy could exceed £500m per annum.

³⁹ A table summarising key facts is provided at the end of this section

⁴⁰ <http://www.foresight.gov.uk/OurWork/ActiveProjects/Obesity/Obesity.asp>

69. Foresight suggested five core principles that are critical to the development of a coherent, comprehensive strategy for tackling obesity:

- A system-wide approach, redefining the nation's health as a societal and economic issue;
- higher priority for the prevention of health problems, with clearer leadership;
- accountability, strategy and management structures;
- engagement of stakeholders within and outside Government;
- long-term, sustained interventions; and
- ongoing evaluation and a focus on continuous improvement.

70. It also suggested introducing 'health impact' as a criterion for the regulatory impact assessment of policies, along with economic and environmental impact assessments to reinforce this approach.

71. The top five policy responses assessed by Foresight as having the greatest average impact on levels of obesity across the scenarios were:

- Increasing walkability / cyclability of the built environment;
- Targeting health interventions for those at increased risk (dependent on ability to identify these groups and only if reinforced by public health interventions at the population level);
- Controlling the availability of / exposure to obesogenic foods and drinks;
- Increasing the responsibility of organisations for the health of their employees; and
- Early life interventions at birth or in infancy.

72. The Obesity Inquiry report noted that in Northern Ireland the Department of Health Social Services and Public Safety (DHSSPS) has moved away from the Fit Futures initiative, which focussed on

tackling obesity in children and young people, and has begun to develop a whole life course approach, similar to the Healthy Weight, Health Lives strategy in England.

73. In its submission to the Inquiry **Sport Northern Ireland** stated that ‘One of our concerns is that, if we do not act quickly, the problem will simply get bigger. That is why we are saying that Government must act now. The longer we delay, the more it will cost in future and the bigger the problem will be when we finally decide to act.’⁴¹ Sport Northern Ireland highlighted the potential value of Sport Matters saying that it *“will have a significant effect in increasing participation in sport and in increasing the physical activity of our young people, although not only of our young people. Properly resourced and implemented, it will go some way to addressing obesity levels”*⁴².
74. In the following table we summarise the key facts identified in the review of literature conducted for this research.

⁴¹ Sport NI submission to Inquiry

⁴² Committee for Health, Social Services and Public Safety, Inquiry into Obesity, (2009) paragraph 126

THE COSTS OF OBESITY

Impact	Source
<p>Estimated that obesity caused over 450 deaths per annum; equivalent to over 4,000 expected years of life lost; 260,000 working days lost each year; and the approximate cost to the economy of £500 million.</p>	<p>Investing for Health Strategy (2002)</p>
<p>Estimated that the total annual cost of obesity and overweight would be around £6.6–£7.4 billion. Of this total, around £991–£1124 million related to the direct healthcare costs of treating obesity and its consequences.</p>	<p>House of Commons Select Committee (2004)</p>
<p>In the United Kingdom by 2050, 60 per cent of males and 50 per cent of females could be obese, adding £5.5 billion to the annual cost of the National Health Service (NHS), with wider costs to society and business estimated at £49.9 billion.</p> <p>By 2050 we will be spending around £10 billion per annum on direct Health Service costs associated with obesity – additionally costs of £50 billion per annum will be associated with lost productivity and workforce issues.</p>	<p>Foresight Report (2007)</p>
<p>Estimated that lost earnings (lost potential national output) directly attributable to obesity £2350–£2600million.</p> <p>Around 34,000 deaths annually are attributable to obesity, one-third of which occur before retirement age. These account for an annual total of 45 000 lost working years.</p> <p>There were around 15.5–16 million days of certified incapacity directly attributable to obesity in 2002.</p>	<p>McCormick & Stone (2007)</p>
<p>Estimates have shown that more Coronary Heart Disease (CHD) deaths can be attributed to physical inactivity (37%) than to smoking (19%) or high blood pressure (13%).</p> <p>In 2003, CHD cost the U.K. health care system around £3,500 million, Stroke care costs the NHS about £2.8 billion per year. CHD is estimated to cost the UK economy just under £7.9 billion per year with around 45% of this is due to direct health care costs, 40% to production losses and 16% to informal care.</p> <p>For the Health Service; the direct costs of obesity in 2002 were estimated at £46-49 million per year and the costs of treating the consequences of obesity at approximately £945-£1,075 million per year. The treatment of diabetes and its complications costs the NHS 5% of its budget; £3.5 billion per year/£9.6 million per day.</p>	<p>British Heart Foundation National Centre (2007, 2010)</p>
<p>Obesity is estimated to cause 450 deaths per year, £14.2 million in lost productivity and £90 million cost to health and social care.</p>	<p>Institute of Public Health – Obesity Enquiry submission (2009)</p>

Facts	Sources
<p>The cost attributable to the lack of physical activity includes over 2,100 deaths each year. Northern Ireland Audit Office report, 'Obesity and Type 2 Diabetes in Northern Ireland', states that, throughout the UK, diabetes is thought to cost the Health Service around £1 million an hour. In Northern Ireland, that translates into around £1 million a day. Type 2 diabetes is closely related to obesity and has a huge economic impact.</p>	<p>Northern Ireland Audit Office (2009)</p>
<p>25% of men and 23% of women in Northern Ireland considered to be obese. Over 62,000 people (around five cent of the population over 20 years of age) have type 2 diabetes –this could rise to over 81,000 by 2015.</p>	<p>Northern Ireland Audit Office (2009)</p>
<p>Tackling obesity could save the health service in Northern Ireland £8.4 million, reduce sickness absence by 170,000 days and add an extra ten years of life onto an individual's life span.</p>	<p>BMA – Obesity Enquiry submission (2009)</p>
<p>Recent data that indicated nearly 60% of the adult population is either overweight or obese; nearly one quarter of children will be obese in the next few years.</p> <p>Between 2005 and 2015 the number of people in Northern Ireland with Type 2 Diabetes will rise by circa 17,000 to 84,000.</p>	<p>Institute of Public Health – Obesity Enquiry submission (2009)</p>
<p>Two thirds of cancer can be prevented through lifestyle changes (e.g. more exercise or changes to eating habits) - the links between cancer and obesity are not widely known or understood.</p>	<p>Action Cancer - Obesity Enquiry submission (2009)</p>
<p>According to the World Health Organisation about 7% of all diseases, about one third of coronary heart disease and stroke and almost 60% of hypertension disease are secondary to overweight and obesity.</p> <p>A 10% reduction in weight can have a series of positive benefits including a 40% reduction in obesity-related cancer deaths, reduced blood pressure and cholesterol.</p>	<p>The Northern Health and Social Care Trust- Obesity Enquiry submission (2009)</p>
<p>There is increasing evidence that the impact of obesity is similar to that of smoking 10 cigarettes a day.</p> <p>The current cost to the Health Service of anti –obesity drugs is £2 million per annum.</p>	<p>The Public Health Agency - Obesity Enquiry submission (2009)</p>
<p>One third of all deaths in Northern Ireland are caused by heart disease and stroke – 40% of strokes can be prevented.</p>	<p>The Northern Ireland Chest Heart and Stroke Association - Obesity Enquiry submission (2009)</p>

75. More encouraging data considered by the Assembly inquiry was reported in '**Obesity: Recent Trends in Children Aged 2-11y and 12-19y**' by the National Heart Forum Modelling Team. Their analysis shows the observed rate of increase in the proportion of overweight and obese using data from 1993-2000 is significantly higher than if the same rate is calculated using data from 2000-2007. The net effect of this slowdown is to alter, favourably, the trends for the healthy weight group. It was also found that there was a significant reduction in the overweight and obese proportions of the population compared to the initial study carried out for the Foresight report. At this stage it is too early to attribute this positive finding on public policy intervention.
76. Also of note is a report published in February 2010 by the NI Assembly's Public Accounts Committee, **Report on the Performance of the Health Service in Northern Ireland**, which examines the way health outcomes have improved over the past 10 to 20 years. The report noted that between 2000 and 2006, there has been a 28% drop in deaths from circulatory disease, including coronary heart disease, but in concurring with the evidence mentioned previously that the steep rise in the number of people who are overweight or obese has the potential to counter the gains made in relation to heart disease and cancer, and to increase the prevalence of Type 2 diabetes.⁴³ Of note is its first recommendation of a series of 25:
77. *"It is not difficult to understand how a project that diverts someone from unhealthy behaviors will spare taxpayers the healthcare costs of treating preventable diseases. Given typical budget constraints, the Committee recommends that DHSSPS must aim to invest in interventions that will at least pay for themselves while delivering the necessary services for people."*

⁴³ http://www.niassembly.gov.uk/public/2007mandate/reports/2009/report_35_09_10r.htm

SECTION 5 REVIEW OF MODELS OF COST BENEFIT ANALYSIS / HEALTH IMPACT ASSESSMENT

78. In terms of an approach which is relevant in the Northern Ireland context and in a sporting context, **The Health Promotion Agency's model**, developed in the early 1990s, is probably the most appropriate place to start⁴⁴. The report '*developed a model to evaluate and compare the cost of investing in physical activity programmes against the cost of treating preventable illness*' and was developed alongside the Northern Ireland Physical Activity Strategy, 1996-2002. Based on data from the 1994 Northern Ireland Health and Activity Survey, it was estimated that 20% of the adult population in Northern Ireland could be classified as sedentary. This baseline was used in the Strategy Action Plan, which set a target that by 2002 the proportion of men and women aged 16+ who are classified as sedentary should be reduced from 20% to 15%.
79. The model had limitations in that the figures employed in the analyses were estimates based on the best theories and data available and utilised a model developed in the USA which was adapted to the Northern Ireland setting using the latest available NI health statistics. A conservative approach was taken in relation to all figures and calculations, so the report stated '*that the costs attributable to physical inactivity may be substantially higher than these estimates*'. The model developed was based on that developed by Hahn R et al⁴⁵ and analysed the latest health statistics from the Department of Finance and Personnel, from the '78th Annual Report of the Registrar General 1999. Belfast'.
80. Based on a population sedentary figure of 20% the study selected coronary heart disease (CHD), stroke and colon cancer, as the

⁴⁴ A Health Economics Model – The cost benefits of the Physical Activity Strategy for Northern Ireland – A summary of key findings' – Health Promotion Agency and the Economics Branch DHSSPS, undated

⁴⁵ Hahn R et al. (1990) Excess Deaths from Nine Chronic Diseases in the United States, 1986. Journal of the American Medical Association,

evidence base suggested that these three conditions were the diseases most closely associated with lack of physical activity. Using an established statistical technique, the report calculated the numbers of deaths due to physical inactivity⁴⁶.

81. According to the analysis at least 2,062 people in Northern Ireland die each year due to an inactive lifestyle; however it was noted that should the Physical Activity Strategy be successful in reducing inactivity in the adult population from 20% to 15%, expected deaths related to sedentary lifestyles would be expected to fall to 1,697; a reduction of 365 deaths each year. If the over 75s are excluded from the calculation, the number of lives saved as a result of decreasing the sedentary proportion of the population from 20% to 15% would be 121 each year. Based on life expectancies by age and gender, the potential years of life lost through the 121 avoidable deaths is estimated at 1,729 years⁴⁷. The cost to society of an individual death was estimated to be £1,082,409⁴⁸. If 121 lives were saved among those under 75 years as a result of a reduction in the sedentary proportion of the population from 20% to 15%, the value of the economic benefit would be approximately £131 million.

82. If the target reduction in inactivity was met the report estimated that:

- Coronary Heart Disease admissions related to inactivity could fall by 2%;
- Stroke admissions could fall by 6% ;
- Colon cancer admissions could fall by 5%.

83. The report noted that the costs to the health service for each case vary by treatment, but took an average cost of £1,256. In total,

⁴⁶ See appendices for detail on statistical technique

⁴⁷ Figure calculated using potential years of life lost discounted at HM Treasury's 1.5% pure time preference rate. This estimate includes: lost output (present value of the expected loss of earnings plus any non-wage payments made by the employer); medical and ambulance costs and accident related costs; the human costs of death (including the pain and suffering to loved ones).

⁴⁸ Department of the Environment, Transport and the Regions (DETR) Highways Economic Note No.1 1997, updated by using gross domestic product per capita as recommended by DETR.

therefore, avoidable cost to the health service of inactivity was estimated at £0.62 million each year. In conclusion the report suggested that if the Physical Activity Strategy met its target of reducing the sedentary proportion of the population in Northern Ireland from 20% to 15% then at least 121 lives could be saved each year among those under 75 years, the value of the associated economic benefit would be £131 million and the direct cost saving to the Northern Ireland health services would be £0.62 million annually.

84. As the report had employed conservative estimates throughout, it was suggested actual savings would be 'significantly higher'. Additionally the analysis was limited to CHD, stroke and colon cancer.
85. The development of many other conditions, such as diabetes, hypertension, overweight and obesity, osteoporosis and psychological wellbeing, is also influenced by physical activity levels, and therefore further cost savings would be achieved from increased physical activity due to corresponding reductions in these conditions⁴⁹.
86. The **Foresight models**, although limited to Britain, are useful in demonstrating the development of computer bases analyses of population characteristics in terms of a range of health related data. The Disease Cost Model⁵⁰ also allows for analysis of total NHS costs. In essence the Foresight approach aimed to project the growth, or otherwise, of obesity rates through to 2050 and to predict the consequences for health, health costs and life expectancy. The report considers the likely distribution of overweight and obesity across the population over the next 40 years; the likely health and cost consequences of these extrapolated overweight and obesity trends and how much these consequences might be altered by

⁴⁹ A Health Economics Model – The cost benefits of the Physical Activity Strategy for Northern Ireland – A summary of key findings' – Health Promotion Agency and the Economics Branch DHSSPS, undated

⁵⁰ Foresight (2009) Tackling Obesities: Future Choices – Modelling Future Trends in Obesity and Their Impact on Health ; 2nd edition

effective interventions to reduce Body Mass Index (BMI) across the population or in targeted subgroups. The microsimulation models the population of England from the mid-1990s to the end of the 21st century. It grows the population from its current age, gender and disease distribution and generates predictions of the future based on current birth and death rates. Obesity-related disease and death rates are allowed to change, consequent on changing BMI. Using the annual datasets of the Health Survey for England 1993–2004, the authors estimated the distribution of obesity, at all ages, for both genders as well as by ethnicity, social class group and geographical region.

87. A review was undertaken of the epidemiological literature and datasets of risk factors for obesity-related diseases were collated. These datasets include risks and relative risks of factors for acquiring and surviving various obesity-related diseases – type 2 Diabetes, coronary heart disease, stroke, arthritis and obesity-related cancer – as functions of age and BMI group. The risk of developing type 2 Diabetes, for instance, is circa 20–80 times more likely for people who are obese compared with lean people. Coronary heart disease (which itself is slightly more common among obese people) is 2–3 times more common among diabetic men and five times more common among diabetic women. Stroke is also more common among obese people (and also among those with diabetes) than in the general population, as are many cancers, particularly endometrial and kidney cancer, as well as osteoarthritis. The effect of this microsimulation is to allow individuals to accumulate health risks as they would normally do throughout their lives.

88. The data requirements of the Foresight approach are very specific and any similar approach will be heavily reliant on available and robust data. For instance, the Northern Ireland Audit Office's report on obesity and diabetes (NIAO, 2009) noted that *'no robust estimate of the overall health care costs of treating diabetes was available*

from the Department⁵¹. Given the importance of obesity as a health issue, the report noted that *'in general, there is a lack of comprehensive, up to date comparative data on this issue. In 2007, the Public Accounts Committee at Westminster reported on obesity among children in England. It also drew attention to a delay between the collection of data and the publication of results'*.

89. Sources of relevant data for Northern Ireland include **the Northern Ireland Health and Social Wellbeing Survey** commissioned by the DHSSPS to periodically monitor the health and wellbeing of the Northern Ireland population. The Survey was conducted in 1997, 2001 and 2006 by the Northern Ireland Statistics and Research Agency (NISRA). It has some similarities with the Health Survey for England (HSE) in terms of aims and content, but is operated on a smaller scale being run only once in four years rather than the annual basis of the HSE. The Health and Wellbeing survey focussed on a range of health issues including cardiovascular disease, mental health and ill-health, physical activity, smoking and drinking. The survey was designed to yield a representative sample of all adults aged 16 and over living in Northern Ireland.
90. The **Continuous Household Survey** (CHS) provides another possible data source. It is designed, conducted and analysed by the Central Survey Unit of NISRA and is based on a sample of the general population resident in private households. It has been running annually since 1983. The CHS provides a regular source of information on a wide range of social and economic issues relevant to Northern Ireland. Regularly produced data includes information on changing population trends, health and use of the Health Services and smoking and drinking trends. The nature and aims of CHS are similar to those of the General Household Survey (GHS), which is carried out by the Office for National Statistics (ONS) in Great Britain.

⁵¹ http://www.niauditoffice.gov.uk/pubs/obesity/8100_Obesity_Diabetes.pdf

91. The National Institute for Health and Clinical Excellence (NICE), in its **Obesity Guidance**, 2006, noted in the Health Economics sections that there is generally ‘a paucity of data on the cost effectiveness of interventions’.⁵² In a review of the literature some evidence was found to highlight cost effectiveness obesity interventions e.g. in the workplace and in the community. In its review of public health interventions, undertaken in the report by the University of York, no UK studies were found⁵³.
92. The NICE report produced a model to assess how a prevention strategy would work in a population that is representative of the population of England as a whole (as data are largely derived from the ‘Health Survey for England’). The model works by randomly selecting an individual whose characteristics are based on those of the population (for example, BMI, age, gender all determined by population data) and each individual is followed until death - their healthcare costs and outcomes are recorded at all stages. This process is repeated 10,000 times to provide a sample population that is broadly reflective of the English population as a whole. It should be noted that the population will include people of ‘normal’ weight as well as people who are overweight or obese in order to reflect the population of England.
93. Data to define the population are taken from a range of sources including the Office for National Statistics (demographic data); the British Heart Foundation (BMI data, children) and the Health Survey for England 2003 (BMI data, adults). In this model individuals would be assessed every six months for changes in BMI. The NICE report highlights a number of limitations to the model mainly relating to the absence of accurate data and the computational complexity of the

⁵² It is also worth noting, that a study commissioned by DCAL to identify the Social and Economic Value of Culture, Arts and Leisure in Northern Ireland (ValCal), was abandoned at phase 2 mainly to concerns of data availability and the complex nature of intervention in the Arts and Sport business areas.

<http://www.niassembly.gov.uk/io/research/2009/2609.pdf>

⁵³ NICE (2006) Obesity Guidance.

modelling exercise. Additionally the model only takes into account three key risk factors arising from obesity, namely diabetes, Coronary Heart Disease and colon cancer. The model also only calculates direct costs i.e. to the National Health Service.

94. NICE in 2006 produced a costing template (in Excel format) to help organisations in England, Wales and Northern Ireland to plan for the financial implications of implementing the NICE guidance on obesity which includes national and local estimates of cost impact. A sample calculation using this template showed that a Primary Care Trust population of 300,000 could expect to incur additional initial costs of about £322,000 and identify potential long term savings of £258,000⁵⁴.
95. In 2009 the Institute of Public Health in Ireland produced a **Health Impact Assessment Guidance**⁵⁵, the most recent iteration of the work which earlier had influenced Sport Northern Ireland's Community Sport Programme. Health Impact Assessment (HIA) is defined as 'a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population and the distribution of those effects within the population'. The approach to HIA is multi-faceted and the procedures, methods and tools used in HIA include policy analysis, demography, collation and analysis of evidence of health impacts, quantitative and qualitative research, and community consultation.
96. This model promotes a holistic approach to promoting health, is endorsed by both the DHSSPS and the Department of Health and Children (Republic of Ireland) and in policy terms it relates closely to the commitment in Investing For Health (2002) to develop a methodology to enable a range of government departments to identify and evaluate the health impacts of all new policy. Health impact assessment is also an approach supported by the World

⁵⁴ NICE Obesity Guidance, 2006, P5

⁵⁵ <http://www.publichealth.ie/publications/healthimpactsassessmentguidance2009>

Health Organisation⁵⁶ primarily as it supports a number of key values which link it to the policy environment including Democracy, Equity, Sustainable Development and the Ethical Use of Evidence.

97. The HIA approach suggested by the Institute of Public Health fits well with another approach devised in New Zealand. Devised by the Ministry of Health in 2006⁵⁷ the guide aimed to *'help people design and implement comprehensive, effective and measurable public health programmes that will deliver improved public health outcomes'*. A Health Equity Assessment Tool was produced in a further report⁵⁸. The following set of questions was developed to assist in the consideration of how particular inequalities in health have come about, and where the effective intervention points are to tackle them.

- What health issue is the policy/programme trying to address?
- What inequalities exist in this health area?
- Who is most advantaged and how?
- How did the inequality occur? (What are the mechanisms by which this inequality was created, is maintained or increased?)
- What are the determinants of this inequality?
- How will you address the Treaty of Waitangi?
- Where/how will you intervene to tackle this issue? Use the Ministry of Health Intervention Framework and the Treaty of Waitangi to guide your thinking.
- How could this intervention affect health inequalities?
- Who will benefit most?
- What might the unintended consequences be?
- What will you do to make sure it does reduce/eliminate inequalities? (to manage the consequences)
- How will you know if inequalities have been reduced/eliminated?

⁵⁶ <http://www.who.int/hia/tools/toolkit/en/index.html>

⁵⁷ New Zealand Minister of Health (2006) A Guide to Developing Public Health Programmes.

⁵⁸ New Zealand Minister of Health (2002) Reducing Inequalities in Health

COST OF COMMUNITY SPORT PROVISION

98. The information below was compiled by Sport Northern Ireland as part of its submission to the Assembly's Culture Arts and Leisure Committee on sport and participation. It outlines the cost per participant of related programmes aimed at increasing participation levels in sport and physical activity.

Table: Current Sport Northern Ireland revenue participation investments:

Programme	Year	Investment/ £	No. of Regular participants	Cost per participant
Community Sport Programme	2005/06	£2.173m	11,973	£60.50
	2006/07		12,107	£59.82
	2007/08		15,166	£47.76
Sport In Our Community Programme	2006/07	£0.740m	15,226	£48.60
	2007/08	£0.780m	24,295	£32.11
	2008/09	£1.215m	36,814	£33.00

99. Over the period 2005-2009, Sport Northern Ireland investments in participation programmes delivered by third party organisations has created over 100,000 regular participants in sport and physical activity. In 2005 each regular participant cost Sport Northern Ireland **£60.50**. By 2009, this cost was reduced to **£33.00**.

100. The new Active Communities programme will further build on the work on the previous programmes and is expected to provide more than 100,000 individuals per annum with new participation

opportunities over each of the next five years (2009-2014), and therefore reducing the cost per regular participant even further to **£31.53**.

Table: Planned Sport Northern Ireland revenue participation investments:

Programme	Year	Investment/£	No. of participants	Cost per participant
Active Communities	2009 – 2014	£13.40m	425,000	£31.53

101. The new Active Communities programme will be driven through district councils within the new 11B council model and will be delivered in partnership with a range of other key stakeholders in:

- Education;
- Health;
- Community/voluntary sector; and
- Governing bodies of sport.

102. Through the Active Communities investment programme, Sport Northern Ireland will work in partnership with key stakeholders to achieve the following Programme Outcomes:

- The creation of a network of community sports coaches and leaders to deliver sport and recreational activities in sports club and community settings;
- Increased participation in sport and physical recreation among underrepresented groups including young people, older people, women and girls, people with a disability, people from minority

ethnic groups and people from socio-economically deprived groups;

- The provision of opportunities that support lifelong participation in sport and physical recreation in sports club and community settings; and,
- The development of effective working partnerships within and between district councils, governing bodies of sport, schools, sports clubs, and statutory, community and voluntary organisations.

103. The data presented above indicate a year on year reduction in the costs per participant across Sport Northern Ireland programmes from £60.50 to £33.00 over a period 2005/6 – 2008/9 with a further reduction to £31.53 predicted over the period 2009/14 in the Active Communities programme. These data demonstrate that physical activity programmes can be delivered economically; however in the absence of a more sophisticated approach, for example Health Impact Assessment (as outlined above) with the collation and analysis of evidence of *health impacts*, the effect of participation in sport and the value of sport in positively impacting on health, cannot be *demonstrated* across whole programmes. Only a small number of specific projects, of which we see examples of in the next section, that have collected hard evidence provide an adequate evidence base, for the remainder information on the impact on participants is restricted to the collection of anecdotal evidence. To demonstrate the value of sport and its impact on health will take a paradigmatic shift away from a focus on increasing participation levels to a focus on health impact assessment built into every aspect of programme development from the policy arena through to project delivery.

SECTION 6 FINDINGS FROM CONSULTATION SESSIONS

104. In this section we reflect the views of stakeholders consulted for the research, as well as key findings from the case studies. Face to face interviews were conducted with individual stakeholders from key partner organisations including PlayBoard NI, Disability Sports NI and Age Concern/Help the Aged NI.

Stakeholders – Key Findings

105. From the perspective of the stakeholders in general it is evident that all agree that sport and physical activity can make a significant contribution to public health but that resources need to be dedicated to (a) measuring the impact of such programmes and (b) providing programmes which focus more on sustaining participation and not as one stakeholder commented “the bums on seats numbers game”.

106. Stakeholders noted that current and previous projects aimed at improving health of participants tended to adopt ad hoc approaches to measuring impact, such as a survey of participants to determine e.g. weight loss (Disability Sports NI, Fermanagh Project), or anecdotal evidence. For instance PlayBoard NI noted that children showing indicators of Attention-Deficit Hyperactivity Disorder (ADHD) behaved in a much calmer manner in a play setting if 30 minutes of outdoor play had preceded the indoor session. Groups who had taken part in Playboard NI’s Fit to Play programme, funded by Sport Northern Ireland, also reported children eating and drinking healthier foods, using less inhalers, as well as reporting increased activity levels amongst other indicators.

107. **Playboard NI** asserted that their programme was particularly suited to children reluctant to take part in sport because of its perceived

competitive value base. A play based approach to physical activity allowed for building of confidence, acquiring new skills, being more active, all in an environment where the 'rules' and boundaries were set by the children themselves.

108. PlayBoard NI have developed the initial programme funded by Sport Northern Ireland and are currently designing a training for trainers programme which is expected to be self-funded. Initiatives have also been targeted at under-represented groups such as those from minority ethnic communities, Travellers and children with a disability. Partnerships with organisations such as the Islamic centre, Mencap, Royal National Institute of Blind People and Face Inclusion Matters have all resulted in provision of play based physical activity programmes tailored to meet the needs of specific groups.
109. Other partnerships included work with Stranmillis Teacher Training College and the University of Ulster, focusing on physical literacy and its development through play.
110. PlayBoard NI stated that its recognised achievements and reputation had undoubtedly opened doors in engaging with stakeholders and in seeing play receive prominence in the strategic environment, with strategies such as Children and Young People, sport and physical activity as well as health and well-being policies and local authority policies all placing play as a key focus.
111. Challenges faced in implementing play programmes included the sector as a whole being seen as young in terms of its development, varying needs of groups in relation to their capacity and the low levels of accredited training programmes. PlayBoard NI's role in building the sector will undoubtedly contribute to the professionalisation of the sector.
112. For **Disability Sports NI** one of the key issues in impacting on public health in relation to sport and physical activity relates to the issue of sustainable participation. *"If we want to see an impact on health we need to see greater frequency of participation, not just programmes*

that offer one hour-long session once a week. For children and young people schools are clearly a pathway to sustainable participation, so too are community centres, but a big issue is the infra-structure, there is a raft of issues surrounding the cost of insurance, lack of multi skills coaches and training as well as facilities and accessibility”.

113. Increasing levels of participation amongst those who have a disability requires resources to be spent on facilities to make them accessible, support mechanisms to engage with carers as well as transport provision and so on. Identifying isolated individuals who do not belong to an established social network is also a particular challenge.
114. Disability Sports NI also noted that whilst there were a number of statutory sector resources for delivering sport and physical activity programmes that often they were seen as being too technical or inaccessible for teachers or group leaders in community settings. “We have been approached by teachers and group leaders to provide simple activities that they can use in their settings, such as boccia, new age curling and so on, some of the language used in resource packs is just not accessible”.
115. It was noted that Disability Sports NI had been contacted on several occasions by parents concerned about how their disabled child was unable to take part in PE in mainstream schools because of lack of appropriate facilities, transport as well as staff training. PE teachers too from mainstream schools have contacted the organisation seeking help and advice to deal with this issue. This suggests that accessing PE in mainstream schools is reducing some children’s ability to take part in organised sport and physical activity, contravening the UN Children Rights Convention as well as the UN Convention on Disabilities.
116. Disability Sports NI were clear that they welcomed new initiatives such as the Active Communities programme as the resources dedicated to coaching hours would clearly have an impact on participation levels. “The opportunities for true partnership working

with health and education are considerable. A more strategic approach is needed to tackle health challenges, not just between education and health but also looking at local authorities. True partnership addressing the challenges to public health is needed, we need the full engagement of all interested parties”.

117. **Age Concern/Help the Aged NI** runs a wide range of activities for older people including those in conjunction with Sport Northern Ireland’s community sport programmes. These included the Actively Ageing Well programme which lasted 5 years from 2002 to 2007, the Actively Older Programme which promoted physical activity and Ageing Well – Reach that reaches out to those people from deprived areas, those who are disabled, those from the Traveller community and older men who do not normally participate in sport.
118. The main issue for Age Concern/Help the Aged NI was to engage older people in physical activity and to break down barriers of perceptions about exercise amongst the older persons themselves. Many older people had never entered a leisure centre in their lives before or had never before undertaken any form of physical activity or exercise since leaving school. Comments such as “I can’t see myself taking up a new activity at my age” and “I’m too old” were common.
119. In getting physical activity off the ground for older people, Age Concern/Help the Aged NI worked with leisure centre staff to help them recognise that the goals and focus for older people could be different from a younger person’s. For example, the social aspect of the activity is often as important as the physical benefit. Other issues that needed to be addressed included concerns about safety and a lack of experience amongst leisure centre staff in dealing with issues around older people being involved in exercise. Furthermore the facilities and built environment needed some adaptation for older people, for example, privacy in changing rooms

120. Age Concern/Help the Aged NI worked with 60 groups across NI to build capacity within the groups by investing in training programmes for leaders of the groups. The leaders were identified from the groups themselves. Accredited courses were organised and leaders were trained to run courses such as dance, chair based aerobics, walking, healthy eating and nutrition, emergency life support and risk management. The leaders and groups were then networked to councils, leisure centres and other local groups. There is a concern that these programmes may not be sustainable in the longer term if funding is cut.
121. There has been no doubt that there has been an increase in the numbers of older people involved in physical activity in leisure centres and that this activity has impacted not only on physical but on mental health. Frequent comments such as “it’s good for my circulation and keeps me warm” or “it keeps my bones supple and stopped the stiffness” and “it has boosted my self confidence” are clear anecdotal indicators of such positive impacts. Age Concern/Help the Aged NI has undertaken some qualitative evaluation by asking people what they had got out of the programme, however there has been no formal evaluation of tangible health benefits.

Case Studies- Key Findings

122. A total of five case studies were undertaken covering the Western Health and Social Care Trust, the Northern Health and Social Care Trust, the Belfast Health and Social Care Trust, the South Eastern Health and the Social Care Trust and the Southern Health and Social Care Trust areas⁵⁹. The five case studies appear in full in sections 8 onwards. In this section we draw out some of the main points,

⁵⁹ Hereafter referred to as Trust areas

focussing particularly on the health and economic impacts of community sport in these areas.

123. One of the most striking findings from the case studies is the amount of partnership engagement and networking that takes place. This is having substantial benefits in terms of linking need to activity, connecting projects to facilities, as well as bringing in appropriate leaders, coaches, volunteers and their expertise. This approach also been effective leveraging in considerable extra funding to community sport and physical activity projects and, as a result, many more people are having opportunities to participate in sport and physical activity than would otherwise have been the case.
124. This networking is particularly strong in the North West and in Belfast, where the role of Sport Development Officers/ Community Sport Development Officers (SDOs / CSDOs) is particularly strongly embedded within a community development tradition. The Belfast based SDOs estimate that 80 / 90% of their work is in partnership programmes. The Fit Futures project in the north side of Derry/Londonderry is embedded in, and symbiotic with, the work of the Outer North Neighbourhood Partnership, Shantallow Community Residents Association, local community groups and schools.
125. In other case study areas, networking also plays a central role in bringing appropriate partners and funders on board. In Craigavon, for example, the Sport and Leisure Users Group (SLUG) is made up of individuals with a disability, disability group representatives and statutory agencies. In Larne local GPs and the Community Safety Partnership are involved in the Active Choice and Midnight Soccer projects.
126. These partnerships and strong working relationships have led to the development of strong bonds of trust between providers, agencies, project leaders and funders and a genuine sense of being jointly engaged in improving the health and wellbeing of participants. As stated above, it has also led to additional funding being levered into

community sport projects. For example, in the Northern Health and Social Care Trust area, SDOs have levered additional funding from Age Concern/Help the Aged NI, the Health Promotion Agency, and Community Safety Partnerships. In the Western Health and Social Care Trust area, Foyle Active Futures project secured £73,295 in additional funding from a range of partners including the Western Health and Social Service Board, the Health Promotion Agency, Sports Relief and the Western Health Action Zone. And in Craigavon more than £50,000 of additional indirect funding has been sourced for local community groups and clubs for sport and physical activity programmes as a result of the Sport in Our Community Programme.

127. The partnership working described above has been one of the main enablers to getting projects successfully off the ground. Another important enabler to getting projects up and running is having community based staff who are known and trusted by their communities and who, in turn, understand the nature of the everyday lives of the people and the needs of the area. Throughout the case studies it was evident that sports development staff understand the need to be rooted within the community and are very effective in doing so. For example, staff at the Old Library Trust are local to the area and have the confidence of their community. SDOs and CSDOs recognise the need to work from a community development perspective. This has been a major plank in the success of projects in the Outer North area of Derry/Londonderry. A third example is the Sport Development Network in Belfast which has become embedded across the city encouraging communities to 'buy into' the ethos and approach of the projects and communities, broadening their horizons, and creating the circumstances under which they are more prepared to work together and more prepared to engage in activities.
128. There is also evidence that the proactivity of CSDO/SDO has been an essential enabler to getting, and keeping, participants involved. Sports development workers have put a great deal of effort into demonstrating to potential participants and their carers the value of

getting people active and highlighting the benefits that physical activity can bring. Giving participants the confidence to take part is also important. For example, partners and practitioners in the Craigavon Young Persons Project, say that the biggest issue in getting projects up and running are getting people out of the house, supporting people with confidence building and nurturing individuals to the point where they are able to take up the opportunities for physical activity that are provided. Another example of this comes from the Old Library Trust in the Creggan area, one of whose (formerly obese) participants said that encouragement was vital at the start of his physical activity programme;

“G and T [programme staff] phoned me every day to support me to go (to the gym) so that in the end I really wanted to go”.

129. Access to good coaching is also an important enabler. This factor cannot be over emphasised,

“there are too many stories about people with physical / mental disabilities trying to access leisure centres or sporting opportunities only to have a bad initial experience due to inexperienced / undertrained staff members – one bad experience like that and you lose people”.

130. The availability of volunteers is an important enabler in some areas, particularly so in Belfast.

‘we couldn’t run half the programmes without volunteers, for example for the intervention programmes on a Friday night I rely on a number of people giving up their time – that’s people in the local area giving up their time because they want to help’.

131. Finally, and perhaps self evidently, Sport Northern Ireland funding is seen as the underlying, keystone, enabler, without which there would not be sport development staff to create partnerships, lever additional funding, roll out projects, engage participants and keep momentum in community sport activities.

Impacts – Objective Measurement

132. Whilst the projects that we looked at primarily target health and fitness, there is a lack of objective measurement of basic health factors such as weight, BMI, blood pressure and so on. Where evidence does exist it is often not collected both pre and post the project intervention. However, there are some measures available which provide evidence of health benefits from participation in community sport programmes.
133. One of the projects running under Fit Futures is the school-based physical activity programme ‘Fit Futures in Schools Programme’ was the subject of an external assessment. This programme was found to have resulted in significant increases in measured fitness levels of participants, increased physical activity levels and an improvement in energy intakes.
134. Measurements taken by project staff show that the 35 participants in the 12 week Walk Challenge programme run by Foyle Active Futures lost over 10% of body fat throughout the project.
135. Data from a health forum run in the Bogside and Brandywell areas shows that participants, who undertook a range of physical activities and received talks on healthy lifestyles, reduced their average cholesterol reading from 5.14 to 4.6 over a period of 12 weeks and also evidenced significant weight loss.
136. Anonymised sample records from the Active Choice project in Larne show for one woman a weight loss of 10 kilos and considerable reductions in blood pressure and resting heart rate over the 12 week period of being involved in the project. Another participant’s weight dropped from 150/87 to 116/71 and a feelgood score improvement from 4 to 9.
137. Another participant in Larne’s Active Choice, having *“tried every diet and every weight loss programme going”* has lost 3 stone since

joining the project. She commented *“my blood pressure and heart rate have reduced and my lung capacity has increased”*.

138. There also some evidence that the community sport projects have contributed to economic gain. One work-based project, supported by the Investing for Health Officer for Craigavon and Banbridge, focuses on the health and well being of participants and includes sport and physical activity and healthy eating and better lifestyle advice e.g. stress reduction / relaxation / smoking cessation. There is evidence from the project of improved productivity, reduction in absenteeism as well as a range of health benefits identified in an annual health check undertaken on employees.
139. Whilst these data are persuasive that the community sport interventions have a positive outcome on general measures of health and fitness, they are not collected consistently enough for us to make definitive statements about the impact of the community sport spending in general. However, such hard data as do exist do point in the direction of positive health outcomes and positive economic impact.

Impacts - Participants' Views

140. The strongest evidence of health impacts comes from the words of people who participated in projects. The quotations, below, are also presented in the context of their projects within the case studies. Here we let them speak for themselves:

“I am a person with a physical disability.....The opportunity to take part in any physical activities has been very limited. (Through Foyle Active Futures) I have undertaken a wide range of physical activities...I have developed both physically and mentally...I have gotten stronger...I now have more stamina...I feel better about myself.....more confident in myself.”

"I have better mobility and I now go up to the forest and walk on my own....I feel more confident...feel less of an outcast".

"Deaf people could not get involved in physical activities before Foyle Active Futures. The barriers have been removed! ...There have been so many health benefits, such as losing weight and improving blood pressure."

"now I go swimming regularly... I was so heavy I never went (before)". (participant who had lost 10 stone)

"I would never have gone to a gym at all...this gave me a stepping stone...now I have confidence to go to other gyms and try out other things".

"I used to sit at home all the time, now I enjoy going to the gym and taking my children. My daughter was obese, now we are both losing weight because of the exercise and we eat better."

"I was very depressed before, but now I am completely off the medication".

"I lost over two stone and I feel so much more confident about myself".

"Now they (taxi driver participants) can bend down enough to tie their shoelaces!

"(The yoga) makes me confident and proud".

"I don't get bullied as much as used to because I stand up to them".

"I couldn't have walked the length of myself or climbed the stairs, but now it's no problem to do those things".

"My psoriasis has even cleared up thanks to being active".

"It loosens you up and I can walk much further than I used to".

'I have actually managed to lose some weight... it's not easy when your mobility is limited'.

'I have had MS and arthritis and for many years I had nowhere to go, I had nothing, no interaction with other people – interaction is important for your health too – I was isolated then but now with the sport I have fun – without it I don't know what I would do, I would be lost'.

(physical activity has) "acted as a relief, a distraction from some of the everyday problems. We have fun, that's why we do it".

'one guy, living at home with his elderly mother, wasn't coming out of the house – he indicated that he used to be interested in going to the gym but had become totally inactive and looked scruffy– the first day he came to the Fit 4 U project he had cleaned himself up, he now is a regular and he has made loads of friends'.

SUSTAINABILITY

141. There is now a cohort of people who participate in sport and physical activity that would not have existed prior to the community sport funding and the focus groups and interviews demonstrate a willingness to continue. On the demand side, therefore, there is sustainable and ongoing need. The networks, linkages and partnerships that have been created should provide a continuing vehicle for sport and physical activity, though the lack of facilities in some area still remains a problem.
142. However, demand and infrastructure are insufficient to enable sustainability unless they are matched by investment in staff to drive projects forward, to match need to activities and continue to create and sustain the partnerships and linkages that can deliver successful projects. Continuing investment is also needed in projects themselves to enable the purchase of equipment, the hire of venues and the payment of coaches and project staff. Community sport activity is likely to dissipate over time if these investments do not remain in place.

SECTION 7 WESTERN AREA CASE STUDY⁶⁰

Case Study Details

143. This case study consists of 3 overarching projects: Foyle Active Futures (part of Derry Healthy Cities) the Old Library Trust Healthy Living Centre and Fit Futures. It also covers a number of projects run under the auspices of these three.
144. **Foyle Active Futures** (FAF) is a component of Derry Healthy Cities, which was established in 1992 to help people make full use of their physical, mental and emotional capacities. Foyle Active Futures' aim is to increase the involvement of people with disabilities in physical activity. It operates as a joint venture between Derry, Limavady and Strabane Councils.
145. **Fit Futures** is a Derry City Council project that operates in partnership with the Outer North Neighbourhood Partnership. On a local level, this involves working with the Shantallow Residents Association, local schools and other community groups in the area. Its main area of operation is in the 30,000 person catchment area mainly comprised of Carnhill, Galliagh and Shantallow.
146. **The Old Library Trust Healthy Living Centre** is a neighbourhood health project based in the Creggan estate in Derry, but serving also the wider Creggan, Brandywell, Bogside and Fountain areas. The Trust works in partnership with residents, schools, community groups, statutory health service providers and others to improve the health and well-being of local residents.

Typical projects within the case study area are:

⁶⁰ Detailed data on all health related projects across funded programmes is provided in Appendix 3.

147. Foyle Active Futures supported **Limavady Ageing Well**. Initially an Age Concern/Help the Aged NI Project, this project specifically caters for people aged over 50. Its objectives are to encourage older people to become more physically active, to encourage them into the local facilities and, thereby, to increase levels of fitness and physical activity. The Limavady project offered weekly physical activities that included armchair aerobics, aqua-aerobics and yoga.
148. The **Fit Futures Yoga Schools Programme** operated within a cluster of seven primary schools delivering yoga to over 300 young people within the Outer North area of Derry. The Yoga Schools Programme entails one 30 minute session per week with each class of Primary Sevens. The programme was aimed at encouraging healthy lifestyles and energising the children to become more active.
149. The Old Library Trust ran a project to encourage taxi drivers to become more physically active and to be aware of unhealthy eating practices. The **Driving 2 Health Course** involved 20 local drivers over a six-month period. They devoted three hours a week to the programme at first, with one hour in a circuit class at the gym, one hour in a nutritional class and one hour with a personal trainer. The programme offered group exercise sessions and tailored individual gym sessions.

ENABLING PROJECTS

Partners and other funders

150. One of the big successes of community sport projects in the Western Health and Social Care Trust area is the amount of partnership working that has been delivered. It was clear from our interviews and focus groups that there are effective linkages operating at local and at area level. For example, the work of Fit Futures in the north side of Derry/Londonderry is embedded in, and symbiotic with, the work of

the Outer North Neighbourhood Partnership, Shantallow Community Residents Association, local community groups and schools.

151. In the Bogside, Brandywell and Creggan, the Old Library Trust operates in an area where there appears to be a high level of social capital, where local people are reachable through their friendship and kinship networks. This has enabled the Trust to build up a considerable profile as a community hub around which it delivers sports and physical activity. The project also works closely with Derry City Council, in particular the Community Sport Programme within the Triax area in developing and delivering joint programmes.
152. Across the wider geographic area that encompasses Derry, Strabane and Limavady Councils, the Foyle Active Futures project has focussed very effectively on linking projects and resources together in a way that enables resources to be better used, good practice to be shared and a sense of joint achievement to be engendered.
153. Whilst this strong community ethos and networking activity has enabled a wide range of sports and physical activity projects to reach an even wider range of people, partnerships also brought considerable economic benefits. For example, the Foyle Active Futures project has received considerable extra funding by working in partnership with other organisations and providers.

EXEMPLAR: FOYLE ACTIVE FUTURES LEVERAGE OF ADDITIONAL FUNDING.

In 2005, Derry Healthy Cities received support from Sport Northern Ireland through the Big Lottery Fund Community Sport Programme for the Foyle Active Futures project (FAF). Sport Northern Ireland also contributed further investment through Sport in Our Community Programme to support FAF until March 2010. In total, Sport Northern Ireland’s investment was £181040.

Partnership and networking between providers and other partners has been key to FAFs success and up until October 2009, the FAF project has been successful in leveraging additional funding of £73,295 from a range of partners:

Fund Source	Activity
Community Pharmacy £2,000	Support for a Healthy Lifestyles programme
Foyle Trust £6,000	Delivery of physical activities for people with a disability and training of carers and staff
Health Promotion Strategy £3,280	Fit Futures
St. Stephens Trust £4,270	Support to Hands That Talk
Health Promotion Agency £500	Destined Project for Boccia and New Age Kurling
Local Health and Social Care Group £10,000	Physical activity projects for people with: profound/severe disabilities, mental ill health and visual impairments
Western Health and Social Services Board £14,250	Delivery of physical activities for people with disabilities
Sport Relief £1,200	For e Step Challenge with Destined and Foyle Trust
Tele Community £1,805	Boccia tournament for people from Derry, Limavady and Strabane
Western health Action Zone £29,000	Older Men’s Physical Activity and Healthy Lifestyles Programme

Source: FAF Evaluation Report: Holywell Consultancy, October 2009.

Capacity of organisations to run projects

154. There was an agreed view across the case study area that smaller community groups and organisations that promote projects are often in a weak position in terms of skills and membership. Thus, the networking activities referred to above, have been crucial to project success. Derry Healthy Cities and Foyle Active Futures focussed energy on networking groups together and promoting partnerships between them. The Old Library Trust's approach has been to focus on becoming an effective community hub, creating confidence and trust within the communities in which they are based.

Barriers to getting projects and activities off the ground

155. There have been a number of barriers in the Western Health and Social Care Trust Area to getting projects off the ground, some of which have been overcome and some of which remain as obstacles. For example, the Old Library Trust had to expend considerable efforts to get their Exercise Referral Scheme off the ground creating appropriate relationships with medical staff and participants alike to gain their confidence and trust. This was achieved through the skilful efforts of the Old Library Trust staff.
156. Whilst there are good examples of finding and gaining the trust of partners and participants, the lack of facilities in some areas has been more difficult to overcome. In the Shantallow and Galliagh areas there is a lack of facilities in which to undertake sport and physical activities. Whilst an application from the area for capital funding has been prepared, at the time of this evaluation no appropriate capital funding programme was open for applications. The continuing lack of facilities, particularly in the Galliagh area, remains a barrier to the amount and nature of community sport and physical activity that can take place.

Getting projects off the ground – catalysts and enablers

157. Gaining trust and understanding from partners and participants is the kind of barrier that good coordination and skilled community work can overcome. One very important enabler, therefore, is having community based staff who are known and trusted by their communities and who, in turn, understand the nature of the everyday lives of the people and the needs of the area. The members of staff at the Old Library Trust are local to the area and have the confidence of their community. This has acted as a strong enabler in getting projects off the ground and in attracting participation from people in the area.
158. As we have stated above, good networking and strong partnerships have been major enablers to the success of projects in the Western Health and Social Care Trust generally. As one member of the Foyle Active Futures Steering group put it,
- “collectively we have more “thinking power” and can use each other’s expertise. The needs of projects are often similar, (transport, facilities, access for people with disabilities), and networking organisations together helped us find joint solutions”.*
159. To take full advantage of these enablers, staff who have good networking and partnership skills are vital. Foyle Active Futures staff clearly recognised the importance of networking at an early stage and their efforts in this regard has built a strong sense of joint working and sharing.
160. Rooting sport and physical activity firmly in local need and working closely with local groups has also been a positive enabler for the Fit Futures project in the Outer North Neighbourhood Partnership area. These relationships are best described as symbiotic with the CSDO, the Neighbourhood Partnership, the Shantallow Resident’s Association, local schools and other community groups being interdependent upon each other to deliver sport and physical activity that meets the needs of the local population. The recognition by

Sport Northern Ireland supported staff of the need to work from a community development perspective has been a major plank in the success of projects in the Outer North area.

161. There is also evidence that proactivity of community sport staff and project staff has been an essential enabler to getting, and keeping, participants involved. To quote one example from a formerly obese participant whose involvement in his exercise programme waxed and waned at first;

“G and T phoned me every day to support me to go (to the gym) so that in the end I really wanted to go”.

Impacts

Objective Measurement

162. Whilst the projects that we looked at primarily target health and fitness, there is a lack of objective measurement of basic health factors such as weight, BMI, blood pressure and so on. Where evidence does exist it is often not collected both pre and post the project intervention. Thus, the strongest evidence of impact comes from statements of the participants themselves and we report a selection of these below. However, there are some objective measures available which provide evidence of health benefits from participation in community sport programmes in the case study area.
163. One of the projects running under Fit Futures is the school-based physical activity programme ‘Fit Futures in Schools Programme’ for 8-9 year olds and involves 15min of education based on a health theme followed by 1hr physical activity which supports the theme. This programme was found to have resulted in significant increases in fitness levels of participants, increase physical activity levels and an improvement in energy intakes.
164. Measurements taken by project staff show that the 35 participants in the 12 week Walk Challenge programme run by Foyle Active Futures lost over 10% of body fat throughout the project. Participants also

reported positive changes to their eating patterns as a result of improvements in healthy eating awareness. The project evaluation reports participants as saying:

"I learned to look after myself better. I gave up eating chips every day".

"I enjoyed walking and learning to keep fit, I lost some weight and I now eat less fatty foods".

165. Data from a health forum run in the Bogside and Brandywell areas shows that participants, who undertook a range of physical activities and received talks on healthy lifestyles, reduced their average cholesterol reading from 5.14 to 4.6 over a period of 12 weeks and also evidenced significant weight loss.
166. Whilst these data are persuasive that the community sport interventions have a positive outcome on general measures of health and fitness, they are not collected consistently enough for us to make definitive statements about the impact of the community sport spending in general. However, such hard data as do exist do point in the direction of positive health outcomes.

Participants' Views

167. The strongest evidence of health impacts comes from people who participated in projects. We interviewed and undertook focus groups with a wide range of participants. Overall, the outcomes have ranged from physical impacts: such as improved fitness and weight loss; psychological impacts such as improving self esteem and confidence; and social impacts, for example a decrease in social isolation and an increase in independence.

EXEMPLAR: EAMONN AND HIS FAMILY

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

Eamonn's mother was instrumental in getting him involved in the Old Library Trust Healthy Living Centre's obesity programme and in taking regular exercise. Eamonn took exercise classes and received advice on nutrition and diet.

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

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

Eamonn has become known in the local area as a visible example of how physical activity and healthy eating can reduce obesity. He has also become a role model and young people ask him how he has lost weight and seek his advice on healthy eating and exercise. Because of his success, other obese young people have started along the same exercise and healthy eating path.

Eamonn's mother has now joined the exercise and healthy living programme along with her 5 other children. As a result, another of her children has lost 5 stone and she says that "we buy much more healthy food and we eat much better". Furthermore, as a result her own and her family's progress, her depression has improved to the degree that she has been able to cease taking her medication.

Evidence from other participants

168. One participant in activities organised by the Foyle Disability Resource Centre as part of Foyle Active Futures, commented:

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

169. Another person, who participated in the activities of the MS Society, also supported by Foyle Active Futures said:

“I have better mobility and I now go up to the forest and walk on my own....I feel more confident...feel less of an outcast”.

170. A participant who benefitted from a third Foyle Active Futures project called “Hands that Talk”, which provided interpreter services to enable people with hearing disabilities to take part in physical activities, said:

“Deaf people could not get involved in physical activities before Foyle Active Futures. The barriers have been removed! ...There have been so many health benefits, such as losing weight and improving blood pressure.”

171. Participants from the Old Library Trust were similarly enthusiastic about the impacts that activities had upon them (see also “Eamonn’s story”). Another participant said that Eamonn was an inspiration to others to get similarly involved in weight loss and healthy eating. She said:

“I used to sit at home all the time, now I enjoy going to the gym and taking my children. My daughter was obese, now we are both losing

weight because of the exercise and we eat better.” She also reported “now I buy a lot of fruit and veg’ and we enjoy good healthy eating”.

172. The leader of the Driving 2 Health course for taxi drivers reported that all had improved their BMI and that there were visible improvements in their physical characteristics. He commented in a humorous, but nonetheless revealing way:

“Now they can bend down enough to tie their shoelaces!

173. The Fit Futures project in the Outer North Partnership area ran a yoga programme for primary seven children that had big impacts on participants’ self esteem. Impact assessment of this programme has been reported elsewhere (FKB Consulting 2009), but are also a relevant illustration here:

“(The yoga) makes me confident and proud”.

“I don’t get bullied as much as used to cos I stand up to them”.

174. Throughout our interviews and focus groups with participants there were personal stories of weight loss, improved eating habits, improved self image, increased self esteem and decreases in social isolation. “K”, a mother who took part in a number of Old Library Trust activities said:

“I lost over two stone and I feel so much more confident about myself”.

175. Finally there is also evidence that many people who were introduced to sport and physical activity through these projects are now continuing to participate of their own volition. As one participant in Old Library Trusts’ Exercise Referral Scheme said:

“I would never have gone to a gym at all...this gave me a stepping stone...now I have confidence to go to other gyms and try out other things”.

EXEMPLAR: PAULINE BECOMES TAI CHI INSTRUCTOR

Pauline Doherty from Limavady is 50 years old and has been deaf since birth. She is a qualified sign language teacher and, nowadays, she works as the information Officer for “Hands That Talk”, a registered charity that supports people who are deaf or who have a hearing impairment. Hands That Talk was supported by Derry Healthy Cities through the Foyle Active Futures Programme and has helped numerous people with hearing impairments to enjoy physical activity. As another participant, James, told us:

“It has helped people get involved in different activities...deaf people need projects like this to gain equality”

Through Hands That Talk, James learned about healthy eating and now cooks healthy meals for himself.

Coming back to Pauline, she first discovered Tai Chi through a 12 week Hands That Talk course held in Limavady. At first she was just another member of the class, but the instructor, Danny Butterfield noticed that she had a real flair for it. Pauline, herself really enjoyed the activity. As she told the local newspaper, the Derry Journal,

“I just really connected with it. It was a beautiful feeling. I could feel the blood circulating through my body. I felt as if it gave me inner strength....It's really helped me relax, and given me inner strength on days where I might have felt a bit down. My life has got a lot better”.

But participating as a member of the class was not enough for Pauline, she wanted to help other people from the deaf community to learn and share the enjoyment that she gets from Tai Chi. So she took the necessary training and became the first deaf Tai Chi

instructor in Northern Ireland. Now she is fully qualified to teach the Qigong, a holistic Tai Chi system of self-healing exercise and meditation, to members of the deaf and hearing impaired community. Pauline points to the numerous health benefits of Tai Chi:

“There are so many health benefits that we weren’t aware of, for example, losing weight, lowering blood pressure and so on”

Thanks to the partnership between Foyle Active Futures and Hands That Talk, deaf people and those with hearing impairments can now enjoy Tai Chi instructed in sign by Pauline. As Pauline says:

“Deaf people could not get involved in activities like this before...barriers have been removed”

Underrepresented Groups

176. Many underrepresented groups have benefitted from the community sport investment in the area and from the sport and physical activity that has been made possible. The Foyle Active Futures project, for example, is specifically aimed at increasing involvement of people with disabilities and has delivered a wide range of activities to more than 1500 people.
177. Fit Futures has worked with Traveller children through the schools programme and with children generally. Fit Futures has also targeted women and older people who traditionally are underrepresented in sport and physical activity.
178. The GP referral programmes and general fitness programme run by the Old Library Trust specifically target people with health needs and disabilities. All of the projects in this case study target people whose social or geographical isolation has hitherto prevented them from participation in organised physical activity.

Sustainability

179. Clearly, there exists a legacy in the Western Health and Social Care Trust area in terms of the networks, linkages and facilities that have been forged and these should provide a continuing vehicle for sport and physical activity. There is now a cohort of people who participate in sport and physical activity that would not have existed prior to the community sport funding and the focus groups and interviews demonstrate a willingness to continue. On the demand side, therefore, there is sustainable and ongoing need. On the supply side, there are now vehicles for delivery in terms of facilities, equipment and networking infrastructure, though the lack of facilities in some area still remains a problem. However, there is a universal view amongst those we spoke to that continuing investment is essential in sustaining projects. Furthermore, the continuance of community sport personnel is essential in providing an engine to drive projects forward, to match need to activities and continue to create and sustain the partnerships and linkages that can deliver successful projects.

SECTION 8 NORTHERN AREA CASE STUDY

Case Study Details

180. This case study consists of 6 projects spread across Larne, Ballymoney and Coleraine.
181. **Active Choice** is a GP Referred project in Larne for people with ongoing and serious health problems such as depression, heart disease and obesity. Local GP practices are partners in the project, they refer participants to the project who then take part in a 12 week programme following an assessment of their physical activity needs. Key health measurements are taken during the initial assessment by a physical activity consultant and at intervals throughout the project. Each participant is given a tailored programme of exercise to undertake, usually consisting of a combination of swimming and fitness training. Participants meet with their physical activity consultant regularly throughout the 12 weeks to discuss their progress and receive advice and support.
182. **The Larne Ladies Morning** is designed to attract women of any age into the Leisure Centre in Larne, particularly those who have not taken physical exercise in the recent past. The women were targeted because they traditionally have a lower participation rate and because mixed sessions were thought to be a barrier to them becoming active users of the leisure centre. A special low £1 entrance rate was offered initially, though this has since increased to £3. The women have access to all centre activities such as swimming, fitness room, aerobics class, sauna, Jacuzzi, as well as having the opportunity to play sports such as badminton. Tea, coffee and fruit are provided during breaks between activities. The project was advertised initially in the local area with news of its development also spreading rapidly by word of mouth, resulting in an average of 40 to 50 regular attendees from all over the Borough.

183. **Larne Midnight Soccer** is run as a partnership project jointly funded by the community sport budget and the local Community Safety Partnership with the local PSNI also involved in the project. The project caters mainly for young males, although some young females have also participated in activities. Larne Midnight Soccer is seen largely as diversionary project, allowing young people to undertake healthy activity that may replace the opportunity for anti-social or unhealthy behaviour. In addition to the exercise offered by playing soccer, the participants also discuss healthy eating practices. To help engender better intergenerational relations, a group of local women come along and serve refreshments. This is seen as helping the young people to develop more respectful relationships with the older people and, consequently, has contributed to their own self esteem.
184. **Northern Health and Social Care Trust** – The Coast project - This was aimed at people aged 18 and over with mental health problems, some of whom were in residential accommodation, others living in the community. Some participants came from the Ross Thompson Unit which caters for people suffering from depressive illness. The objectives of the project were to build up confidence, lift mood levels, improve self esteem and raise general fitness levels.
185. **Coleraine Ageing Well Project** - This project is specifically for people aged over 50. Its objectives are to encourage older people to become more physically active, to encourage them into the local gym and leisure facilities and, thereby, to increase levels of fitness and physical activity. The project offered weekly physical activities that included swimming, sauna, spin classes, and Jacuzzi. The project originally drew on partner funding from Age Concern/Help the Aged NI, but is now a mainstream project paid for from the Council's community sport programme costs.
186. **Ballymoney Midnight Soccer** - The midnight soccer project was introduced to the Coleraine area by the CSDO. It utilised the multi-use pitches that had been installed in the local housing estates.

There is a league night and a knock out competition, with local communities responsible for organising their own teams. The objectives of the project were aimed at diverting young males (aged 14 to 17) from unhealthy levels of alcohol/drug use and its associated risky behaviours (including violence, accidental harm and underage sex) and antisocial behaviour. The project has since spread to Moyle and Ballymoney council areas.

ENABLING PROJECTS

Partners and other funders

187. All stakeholders stated that Sport Northern Ireland's funding of the SDO and CSDO posts in Coleraine, Larne and Ballymoney and their accompanying programme costs have been a major enabler to getting community sport projects initiated in each area. Additional funding for the example projects highlighted above has come from sources such as Age Concern/Help the Aged NI, for the Ageing Well Project, the Health Promotion Agency for the Coast project and the Community Safety Partnership for the Midnight Soccer schemes. The North Eastern Education and Library Board has also been an active partner and has provided good support to the work of the Sport Northern Ireland funded staff in projects aimed at young people. It was also noted that the PSNI have also been supportive partners, especially in midnight football projects and local Community Safety Partnerships have helped with funding too.
188. The sports development staff that we interviewed all emphasised the need to have good general links into communities in the areas that they serve and see this as essential to getting projects accepted and off the ground. Therefore, they expend considerable efforts in this direction. For example, in Larne it was necessary to invest time in building and maintaining good relationships with stakeholders such as local GPs and the Community Safety Partnership so that the Active Choice and Midnight Soccer projects were well founded within

a supportive partnership arrangement that helped ensure good levels of referral and participation. In Ballymoney, the CSDO works closely with community groups and local clubs to ensure that the Midnight Soccer is structured around existing links into communities. In Coleraine, the SDO has extensive linkages into the local community infrastructure and is a known point of contact for local groups who wish to develop sport or physical activity.

Capacity of organisations to run projects

189. Those consulted for the research commented that some of the community associations in the area organise and plan well, with these usually being groups with more experienced people on their committees. The over 50's groups tend to be best organised. The stakeholders found that less well organised groups tend to be poor at communicating their needs and do not give the CSDOs / SDOs much feedback about the success or suitability of projects that have been run for/by/with them.

190. Most of the community sport projects are initiated by the Councils and the CSDO / SDO staff, often in partnership with established agencies or other professionals, therefore, low capacity within communities is not necessarily a barrier. However, in the case of Larne Midnight Soccer it was clear from the community leader involved that communities vary in their capacity to take on and take ownership of projects. "The more disadvantaged the community, the less well placed it is to take ownership and sustain a project". The community leader was uncertain whether the local communities would continue with the project if he had to direct his energies to projects elsewhere.

Barriers to getting projects and activities off the ground

191. From our interviews in the Coleraine area, it was clear that competition and antagonism between some local groups and their representative associations can sometimes foil attempts to get projects off the ground. This can stem from an unwillingness to join with other communities in joint projects and from an attitude of wanting separate and equal provision at all times.
192. In some communities within the Larne area, there is an unwillingness to get involved in things that are run by the Council. This antipathy towards the Council was seen as a potential barrier to, for example, Midnight Soccer.
193. Active Choice required considerable financial resource as the qualified physical activity consultants (Wright Foundation level 3 fitness instructors) charge around £25 per hour. The community sport budget has carried all the cost. Even though participants clearly benefit from improved health and fitness, no funding comes from health bodies for this project. There are also a limited number of accredited consultants, so their availability is limited. There are currently many more people wishing to join the project than can be financially afforded.
194. The Coast project is dependent upon transport being available to take participants to the facilities, who by the nature of their illnesses are unlikely to go out on their own. At this stage, transport is unavailable and project staff are using their own vehicles to ferry participants to and fro.

Getting projects off the ground – catalysts and enablers

195. As we discussed above under “Partners and Funders”, the efforts of Sport Northern Ireland funded staff in encouraging partnerships and working within their own networks is a considerable enabler to projects getting off the ground. Well organised partners such as

schools have made it much easier to get projects going in the area. Schools have opened up their facilities and the North Eastern Education and Library Board (NEELB) has been a very effective partner in this regard. Successfully finding partners who have similar health and fitness objectives to the community sport programme has been essential, e.g. the Northern Health and Social care Trust, Age Concern/Help the Aged NI and so on. Identifying partners who have some “start up” funding available has also been beneficial.

196. The Ladies Morning in Larne is a good example of enabling a project by ensuring that it meet people’s needs, in this case helping them to get onto the first step of the physical activity ladder by addressing the barriers that prevented them previously; cost, confidence, availability. The project specifically addresses issues of privacy and confidence. The women found it easier to become involved in a women only group: it was less threatening, offered a more supportive environment and provided them with greater privacy. The cost barrier was addressed by offering a special low entrance fee for the project, though the project now charges £3 which does not now seem to be a barrier.
197. The Coast Project in Coleraine and surrounding area is another example of how good partnership working enables people to gain access to sport and physical activity. This was a joint approach with the Northern Health and Social Care Trust linking in with their mental health programmes. The Health Promotion Agency provided initial financial support and human resources in terms of organisation were readily found. The participants undertake a range of activities including Boccia, new age curling, 5 a-side soccer and spin classes. Participants all have mental health problems including depressive and schizophrenic illnesses.
198. The Ageing Well Project was a partnership originally between Age Concern/Help the Aged NI and the CSDO with Age Concern/Help the Aged NI providing start up funding. Initial planning meetings focussed on the facilities that would be needed, the level of coaching

support and what the participants would want from the programme. A pilot day was held in Coleraine Leisure Centre. Acting on the feedback from that day, a 12 week block of activities was set up, tailored to the needs of the age group. These include Boccia, boxercise, spin, dancing and new age curling. The latest “run” of the project covers a 10 week period of activities before Christmas 2009 and a further 10 week period after. For many participants, participation in the programme enabled their first ever visit to a leisure centre.

199. The midnight soccer projects in Larne and Coleraine were set up following on from the success of midnight soccer projects in Belfast. The CSDOs initially approached the PSNI who offered support through making officers available to help with activities. The local Community Safety Partnerships agreed to provide funding in both cases. In Larne, advertising in schools helped to find participants, whilst in Ballymoney the local contacts of the CSDO were used to identify participants and teams.

Impacts

Objective Measurement

200. As has been the case in other areas, hard objective data are hard to come by. One exception is Active Choice, which is specifically designed to improve the basic health and fitness of participants. Anonymised sample records show for one woman a weight loss of 10 kilos and considerable reductions in blood pressure and resting heart rate over the 12 week period of being involved in the project. Her consultant report states “She has also overcome a lack of confidence in swimming and now swims regularly as a form of cardiovascular exercise” Another participant’s weight dropped from 150/87 to 116/71 and a feel-good score improvement from 4 to 9. Her consultant commented that “She feels much healthier and capable, and her general mood has improved”.

Participants' Views

EXEMPLAR: THE STORY OF LARNE WOMEN'S GROUP

The Sport Development Officer and the Community Sport Development Officer have actively targeted older women in the Larne area to encourage participation in physical activity. They had identified certain "chill factors" that were inhibiting women from using the leisure centre. Chief among these were cost, embarrassment at being seen by others, especially men, and a perception that the leisure centre was for fit males only.

Using local media, the project was launched offering reduced entrance fees of £1 for a women only physical activity group. That was four years ago. There are now 45 regular participants undertaking a range of activities in Larne Leisure Centre who, most importantly, would not have been undertaking physical activity otherwise. The entrance fees have now reverted to their normal level of around £3 per head.

The participants undertake a range of activities including aerobics, Pilates, badminton, squash, dancing and general fitness training.

Focus group participants from the Ladies Morning group in Larne report very positive impacts. Most reported significant weight loss, an improvement in energy levels, improved fitness and greater strength. One woman reported that her GP had commented on her improved back strength after she had been taking the Pilates module of the course. Another commented that her general vigour had improved "I'm a go-getter now - not as lazy as I was before". A further participant said "I can walk up the hill to my house now, I couldn't do that before"

Being a participant also provides social support. A number of women commented how they were able to share problems with one another and support each other in difficult times. "I have made new friends and improved my social life". Another reported that when her

husband died she found great support and caring from the members of the group.

The Ladies group is a good example of how sport and physical activity can deliver benefits to groups in society who would not otherwise have participated. The key to success here has been the proactivity of the Sports development staff in identifying the barriers to participation and actively addressing them.

201. One participant in the Larne GP Exercise Referral Scheme Active Choice project, and who described herself as a “recovering chocoholic” said that she is “not as lazy” as she used to be and now walks to the shops instead of taking the car. She said that previously:

“...I couldn’t have walked the length of myself or climbed the stairs, but now it’s no problem to do those things”.

202. Other participants in Active Choice have commented in an article in the local media that:

“My psoriasis has even cleared up thanks to being active”.

203. Another participant, having “*tried every diet and every weight loss programme going*” has lost 3 stone since joining the project. She commented:

“my blood pressure and heart rate have reduced and my lung capacity has increased”.

204. Feedback from the health professionals suggest that the Coast project had positive impacts in lifting the mood of people suffering from depressive illnesses. Participants were mostly male, living in the community. As a result of their mood states, many of them were likely to remain housebound, without routine, encouraging a lack of exercise, poor eating and sleeping habits. Observations on home visits and on ward bound patients show noticeable improvements in mood states following their participation in the Coast project.

205. Participants from the Ageing Well Project report increases in activity levels:
- “It loosens you up and I can walk much further than I used to”.*
206. Participants enjoy the activities and have been pursuing other opportunities for physical activity outside of the project.
207. Whilst there is no hard data on health improvements from either the Ballymoney or Larne Midnight Soccer projects, the leaders report changes in smoking behaviour amongst some participants as they become fitter and realise the impact that smoking was having on their health and on their soccer performance. The leaders also argue that the diversionary element keeps young people away from risky behaviour that could otherwise be injurious to their health.

Underrepresented Groups

208. Women have benefitted from the Ladies Morning project. These are people who would not have participated otherwise. Disadvantaged youth benefit from midnight soccer and other community based projects. People with long-term health problems and disabilities have benefitted from the Active Choice project and the Special Olympics group has also benefitted people with disabilities. People with disabilities have benefitted from the Coast project. Older people benefit from the Ageing Well project. Some unemployed people have gone through community sport projects and moved on to get their coaching badges from the Irish Football Association, which could lead to paid employment. Another project is the Asian 50plus forum that does chair based curling (Boccia). This involves around 25 participants. Collectively the projects in this case study have thus been able to engage with all the under-represented groups in sports and physical activity participation.

Sustainability

209. The Larne GP Referral Scheme, Active Choice is expensive in terms of the physical activity consultants, though it is hoped to have this expertise in house from early 2010. Beyond March 2010 the programme may not be funded. The Larne Ladies Morning is now self financing through the £3 weekly charge and is sustainable in the longer term both financially and in terms of membership.
210. Larne's Midnight Soccer's sustainability depends a great deal on whether the communities involved can develop the capacity and volunteering necessary to keep it going. The manager for the project reports that he needs to move on and establish midnight soccer schemes in other areas. He fears that the existing schemes may then fall away, though he is working hard with them to get volunteering going so that the project can continue. In Coleraine, the Council has taken the Midnight Soccer project into its mainstream community sport programme. It is well attended, has built up a good infra-structure and a set of people who run it. As a result the programme will be sustained into the future as long as the community sport budget exists.
211. To date there have been 3 blocks of the Coast Project activities and it is viewed as a model of good practice by stakeholders. The sustainability of the project depends on the continuing involvement of the SDO and CSDO, the health professionals involved and the community sport funding stream. The Coleraine Ageing Well Project is now funded wholly from the Council's community sport budget. It is well attended and is likely to run well into the future, but only as long as the community sport budget continues to exist.

SECTION 9 SOUTHERN AREA CASE STUDY

Case Study Details

212. From 2006/7 up to September 2009 there were 3,947 participants across the whole programme of community sport activities in the Craigavon area (1,586 female; 2,361 male). In terms of partnership the Sports Development Unit works with over 70 organisations. The members of staff consulted for this research were uniform in their view that being asked to identify projects that had a focus on health / health impact was difficult in the sense that they could not identify any programme activity that did not impact on health. Impacting on health, in the widest sense and widest definition of health is a primary focus of all programme activity.
213. This case study focuses primarily on 6 projects in the Southern Health and Social Care Trust area: SLUG (Sport and Leisure Users Group), Multiple Sclerosis Activity Group, DV8 Youth Sports Projects, Childhood Obesity, Aspergers Saturday Club, Community Health Challenge. The case study also draws more widely on the experience of other partners, project leaders and participants.
214. **SLUG (Sport and Leisure Users Group)** - This group has been meeting for over 4 years. The main aims of the group are: to develop new opportunities and promote existing physical activity opportunities for people with a disability; provide a voice for the disabled sporting community; identify and challenge access issues; and strengthen working relationships between agencies and sectors. Although having been meeting for over 4 years, the group has only recently become constituted and formalised.
215. The Sport and Leisure User Group have a strong board of disabled office bearers and have undergone committee training. Recently the group were successful in a funding application to Awards for All and

received £5,995 to deliver a range of disability sports projects throughout 2009/10.

216. **Multiple Sclerosis Activity Group** - This was a 6 week pilot programme, funded by Sport Northern Ireland through the Sport in Our Community Programme, offered to adult clients in the Craigavon area who have been diagnosed with Multiple Sclerosis. The programme, which included both higher mobility and lower mobility groups, took place throughout February and March 2009 at Waves Leisure Complex.
217. The programme allowed clients to be reintroduced to a leisure centre setting and offered a number of new games and activities, including Pilates, Boccia, Curling, Chair Based Activity, Yoga and Relaxation, which would teach them new skills that could allow them to contribute to the self management of their life long health condition. Funding was also secured through SLUG and from Awards for All, to deliver two 6 week Introductory Courses in September 2009 and February 2010. It is also hoped that an ongoing participation group will be established for clients who completed the pilot.
218. **DV8 Youth Sports Projects** - First developed in 2004, the DV8 Sports Project has now become a well branded umbrella term for a variety of projects that aim to provide sports participation, training and education, and personal development opportunities for young people aged 14-18yrs. The participants are selected in consultation with local youth, community, and voluntary organisations. The young people selected will have been identified by their organisation as being 'at risk' of anti-social behaviour and therefore associated poor health, but also that they are willing and open to taking part in a personal development programme.
219. **Childhood Obesity** - A number of initiatives are being developed by the Southern Health and Social Care Trust and supported by the councils' Sports Development Unit to target children and young people at risk of childhood obesity. A toolkit is being developed to

assist health professionals to advise families how to eat more healthily and to be more active, giving supportive information to motivate families and practical tips, for example, on how to set goals, reducing time spent in front of TVs and Computers, and on family games and activities. The Dietetics Department of the Trust are also delivering sessions for young people in Cascades Leisure Centre around healthy choices and a centre instructor will lead an activity session, each week for a 7 week period. Parents will be invited to join some of the sessions and will receive advice on choosing the healthy option when doing the weekly shop.

220. **Aspergers Saturday Club** - this initiative began as a pilot programme over a 6 week period, encompassing arts and sports activities for children with Aspergers aged 8 to 11. It is based at the Taghnevan Community Centre, with 8 teenagers who attend the centre involved in the project as buddies to the young people.
221. Once the pilot six weeks had been completed it was evident that there was an ongoing demand from participants and as a result the club now meets on the first Saturday of each month to take part in a range of sports including Multi-Skills, Tri-Golf, Soccer, Boccia and New Age Kurling. A steering group as well a parent support group has also been established through this programme to oversee the development of the club.
222. **Community Health Challenge** The Community Health Challenge is held over a period of 6 weeks in October and November each year. During the Challenge, 13 teams of 5 people, ate at least 5 portions of fruit and vegetables a day, had a proper breakfast and did as much exercise as possible. Teams received 1 point for each portion of fruit or vegetables consumed 1 point for eating a good breakfast and 1 point for every 10 minutes of exercise they perform. This leads up to a presentation evening where trophies are presented to the participating teams.

ENABLING PROJECTS

Partners and other funders

223. Stakeholders consulted for this research stated that Craigavon Council based SDOs work hard at building and maintaining partnerships and have established strong working relationships with many groups and organisations. For example, the Active Inclusion project has acquired new partners in the health sector leading to work with a range of mental health groups. Engaging with the Health sector was noted as being as much a key challenge as well as a key achievement, due to the investment in time needed to build trust and relationships.
224. Partnership working also lies at the heart of community sport generally in the Craigavon area and the six sample projects listed above are good examples of this. SLUG is made up of individuals with a disability, disability group representatives and statutory agencies. The MS Activity Group was a partnership initiative with Community Physiotherapy from the Southern Health and Social Care Trust. The DV8 projects have been funded by the Department of Social Development, Peace II, the local Community Safety Partnership, the Southern Investing for Health Partnership, and Big Lottery. Partners in the Aspergers Saturday Club include the Children with Disabilities Team at the Southern Health and Social Care Trust, Taghnevan Community Centre, the Youth Service and Aspergers Charities. The Community Health Challenge is run in partnership with Banbridge District Council and the Southern Health and Social Care Trust.
225. Partnership working has also enabled SDOs and CSDOs to work with local community groups and sports clubs to assist them in securing additional funding to run community sports programmes. A total of £50,600 additional indirect funding has been sourced for local community groups and clubs for sport and physical activity programmes as a result of the Sport in Our Community Programme.

Barriers to getting projects and activities off the ground

226. The lack of suitable facilities has been a barrier to engaging disabled people in community sport and physical activity. SLUG brings together a range of statutory sector representatives and service users and aims to break down such barriers to participation for disabled users.
227. Stakeholders commented that the availability of facilities generally and a lack of suitable transport to and from them was one of the main barriers to engaging people in sport and physical activity for many communities in the Craigavon area. Others commented that whilst there were a number of facilities available that the cost of accessing facilities was prohibitive (e.g. £50 per hour or £250 for a half day session). For programmes delivered over a 8-12 week period, the cost of venue hire was one of particular concern.

Getting projects off the ground – catalysts and enablers up to here

228. To encourage the development of a range of projects sports development staff have invested a great deal of effort into demonstrating to potential participants and their carers the value of getting people to become more active. They have worked at highlighting the benefits that physical activity can bring to the medical problems experienced by target groups.
229. ‘Treatment has traditionally been hospital based but if we can get people into Leisure Centres then we can make greater impact on recovery and lifestyle’.
230. Giving participants the confidence to take part in activities is also seen by stakeholders as an enabler to sustained participation. For example, partners and practitioners in the Craigavon Young Persons Project, which works with people who have a physical/sensory disability, state that the biggest issues in getting projects up and running: are getting people out of the house; supporting people with

confidence building; and nurturing individuals to the point where they are able to take the opportunities for physical activity that are provided.

231. A further enabler is knowledge of where the greatest need is and matching that need to provision by identifying and engaging with suitable partners. Stakeholders asserted that SDOs have played a vital role in mapping out provision in the area, in developing appropriate partnerships with other providers in health, leisure and sport sectors.

232. Access to good coaching was also seen by stakeholders as an important enabler. One stakeholder believed that the quality of coaching could not be over emphasised enough:

“There are too many stories about people with physical / mental disabilities trying to access leisure centres or sporting opportunities only to have a bad initial experience due to inexperienced / undertrained staff members – one bad experience like that and you lose people”.

233. Coaching delivered to a high standard was also seen as a significant enabler for those whose initial experiences of participation spurs them on to become more fully involved in sport and physical activity.

234. Stakeholders recognised that often the role of projects was to motivate participants to the point where they are ready to engage with sport and then others, for example, coaches provide the skills and encouragement to take part in a sport and/ or physical activity.

235. Those consulted for the current research stated that the funding from Sport Northern Ireland is always a vital enabler in that it gives projects access to experienced CSDO /SDOs and coaches and that without these resources sports provision at project level would be restricted or curtailed. CSDOs / SDOs were also seen as playing an important role in helping with funding applications, particularly within the current restricted funding environment.

Impacts

Objective Measurement

236. As we have found in the other case study areas, there is a paucity of hard data on the health impacts of community sport interventions. Good qualitative information is available and these are reported in the next section. Some hard data is collected through continual assessment of some projects programmes and through participant feedback, but much of the information is, again, qualitative and anecdotal.
237. One project, which did have hard evidence was an initiative promoted by the Investing for Health Officer for Craigavon and Banbridge. The project, based with a local employer focuses on the health and well being of staff and includes sport and physical activity; advice on healthy eating, and advice on healthier lifestyles such as stress reduction / relaxation / smoking cessation. Community sport staff are involved in the delivery of sport and physical activity within the programme. There is evidence from the project of improved productivity, reduction in absenteeism as well as a range of health benefits identified in an annual health check undertaken on employees.

Participants' Views

EXEMPLAR: Susan's Story

Susan, who is 60 years old, became involved with the Multiple Sclerosis Group in 2008 when she was introduced to the group by her physiotherapist. Until that time she was unaware of any community based initiatives or projects that she could participate in. The MS Group is now a member of the Sport and Leisure Users

Group (SLUG) in Craigavon.

Susan is now active in a number of sports...

'and I absolutely love it – I play Boccia, New Age Curling' mainly in Brownlow Recreation Centre but I recently travelled to the Antrim Forum to participate in the Northern Ireland championships and we have now bought our own equipment to practice'.

The MS Group also runs a yoga programme which has had a major impact on Susan's mobility (she uses a wheel chair)

'I have actually managed to lose some weight, not a great deal, but it's not easy when your mobility is limited'.

Whilst health is a key consideration for Susan, particularly increasing mobility, the social interaction is the main attraction and being part of a much larger group – the MS Group has 90 registered members.

Susan's improved fitness has, in part, been driven by the support she has received from the group. She has been encouraged to push herself and to set a target of becoming fitter and more active.

'Without the MS Group we would have nothing and nowhere to go – I have MS and arthritis and for many years I had nowhere to go, I had nothing, no interaction with other people – interaction is important for your health too – I was isolated then but now with the sport I have fun – without it I don't know what I would do, I would be lost'.

Susan is certain that she will continue at this level of activity and is also likely to increase her involvement with the aim of improving her mobility.

'I would try nearly anything, any activity – I hope we get more opportunities to try more sports'.

Susan was keen to emphasise that sport had improved both her physical and mental well being.

238. As a result of the MS Activity Group programme a number of physical and social benefits were more widely evident, with some clients improving their overall mobility, manual dexterity and walking speed. As well as this many clients commented that they had gained greater confidence, balance, self esteem, improved function and enjoyed the opportunity to meet other people with Multiple Sclerosis.
239. The ability for community sport projects to influence social isolation also has impacts upon people with mental health problems. Two participants from a group from Praxis who had become involved in sport and physical activity reported that sport has: "...acted as a relief, a distraction from some of the everyday problems. 'We have fun, that's why we do it'".
240. Both had found it difficult to access other groups, difficult to feel a part of a group and both reported increased self confidence and generally improved well being after participating in the project.
241. Improvements in mental health and confidence were also reported by leaders and participants in the Craigavon Young Person's Project:
- 'Working with people with physical disabilities I have come to realise just how important the mental health aspect is through sporting activities – I had a recent example where one guy, living at home with his elderly mother, wasn't coming out of the house – he indicated that he used to be interested in going to the gym but had become totally inactive and looked scruffy– the first day he came to the Fit 4 U project (associated with SLUG) he had cleaned himself up, he now is a regular and he has made loads of friends'.*
242. Some people who had their first opportunities to improve their health through community sport initiatives in the area have gone on to have wider involvement. For example, one member of the MS group has now been active in a number of sports:

'I absolutely love it – I play Boccia and New Age Curling mainly in Brownlow Recreation Centre and I recently travelled to the Antrim Forum to participate in the Northern Ireland championships.

243. Another interviewee, who had been involved in a range of community sport projects is now a volunteer with a number of the programmes delivered through the community sport officers and the Council. Whilst staying fit was one reason he got involved in the activities he realised that sport was an important contributor to health.

“Without the range of activities delivered through community sport I’m not sure that I would have been involved in sport”.

244. Six of the participants in the Fit 4 U project, delivered in association with SLUG, have now taken out gym memberships themselves and continue to go to the gym outside the project. Some participants who took part in the cycling offered by the project bought themselves bikes so that they could further develop their interest.

Underrepresented Groups

245. Stakeholders noted that with the greater coordination between SLUG and the community sports officers a range of under-represented groups have been successfully targeted, in particular people with disabilities an included many health outcomes. For example, the Disability Access Programme which is delivered to young people with a learning disability in a partnership between the 18-25 project in Craigavon and the Southern Health and Social Care Trust, includes personal development, alcohol awareness and sexual health.

246. It was also evident from stakeholders that whilst much of project activity is open to participants from across Craigavon, under-represented groups have been a particular focus of community sport, with tailored programmes developed to target those who are underrepresented – in terms of gender, socio-economic breakdown etc.

SUSTAINABILITY

247. Whilst many effective partnerships have been established through the work of CSDOs / SDOs, the community sport activity is likely to dissipate over time if these officers do not remain in place and continue to invigorate this work. The broad view is that individual projects are limited and the role of the CSDO/ SDOs in coordination, attracting further funding, accessing coaches and networking is key to continued success.
248. Stakeholders asserted that piecemeal funding, short termism makes sustainability very difficult.

SECTION 10 BELFAST CASE STUDY

CASE STUDY DETAILS

249. This case study focuses primarily on 3 projects, Midnight Soccer, Older and Active Programme and the Active Communities Programme which are delivered in partnership with the Lower Ormeau Residents Action group and the Greater Village Regeneration Trust. The latter two are overarching programmes, each running a number of projects.
250. Midnight Soccer The Midnight Soccer project aims to tackle anti-social behaviour in young men and to divert them into activities that are supportive of fitness and healthier lifestyles. The project also addresses alcohol and drug abuse amongst participants and is aimed to impact also on the wider community which benefits from a much quieter Saturday evening when young men are involved in the project (between the hours of 9pm and midnight).
251. Older & Active Programme The Older and Active programme is a partnership between Greater Village Regeneration Trust (GVRT), South Belfast Highway to Health, Lower Ormeau Resident's Action Group (LORAG) and Castlereagh Borough Council. Funding for the programme has been sourced from Sport Northern Ireland and Belfast City Council. The programme consists of a number of eight week programmes which move around different partner venues during the year. The half day sessions cater for a range of activities including Boccia, new-age curling, community safety, home safety, therapy day, physiotherapy sessions, bus trips (e.g. a trip to Stormont) and social events.
252. Active Communities Programme Active Communities deploys sports coaches and leaders to deliver activities in community and club settings, with a view of increasing participation in sport and physical recreation, especially among underrepresented groups. In Belfast the partners are South Belfast Highway to Health, South Belfast Sports

Development Units (LORAG & GVRT), Local Community / Youth Groups in South Belfast, Ethnic Minority groups identified through the Highway to Health ethnic worker and Belfast Health and Social Care Trust. It aims to promote physical activity programmes amongst children in South Belfast, to raise awareness of having a healthy lifestyle through the promotion of balanced and healthy diets, to encourage a wider range of users in our youth and community centres through offering sport / physical activity and to encourage cross community relations and participation through the medium of sport and physical activity.

ENABLING PROJECTS

Partners and other funders

253. Those consulted for the research noted that a wide range of partners and funders have been involved in delivering community sport programmes in Belfast. Most of the funding applications go through the Belfast Community Sport Development Network which operates at the more strategic level and particularly in the last 12 /18 months has been successful in maximising the work of the SDOs across Belfast.
254. Within the last year 6 Physical Activity posts have been secured, delivering for 20/25 hours a week through Sport Northern Ireland's Active Communities Programme and Belfast City Council. It was noted that this partnership and strategic working has been able to open doors to funding that individual SDOs and CSDOs could not access.
255. Partnership working was emphasised by those we spoke to in the Belfast area, particularly over the last 18 months when the work of the first few years and the effects of partnership working has shown positive results in terms of successful funding applications and successful programme delivery.

256. Stakeholders commented that new partnerships are being continuously created. For example, one new programme in January 2010 is the COPD (Chronic Obstructive Pulmonary Disease) programme. The aims of the COPD programme are: to promote the 'COPD Awareness' programme and physical activity programmes amongst COPD patients in South Belfast, to raise awareness of COPD and healthy lifestyle through the promotion of exercise and balanced and healthy diets; and to encourage a wider range of users in leisure / community centres.
257. The SDOs estimate that 80 / 90% of their work is in partnership programmes - that reflects the fact that both SDOs have been in post for four years and have provided continuity. The links developed with partners across the city are seen as key also in attracting new funding i.e. funding applications are made jointly with partners.

Barriers to getting projects and activities off the ground

258. The main barriers to getting projects off the ground in Belfast are matching need to funding and ensuring that the right staff, including coaches, are available. Many of the sport and physical activity projects require a large amount of networking with local communities, engendering trust between projects and host communities and raising the profile of sports development staff.

Getting projects off the ground – catalysts and enablers

259. The SDOs are seen as a vital enabler in the delivery of a whole range of projects and programmes. As the Belfast Community Sport Development Network has become more embedded across the city, communities have begun to 'buy into' the ethos and approach of the projects and communities are reported to be broadening their horizons, are more prepared to work together and more prepared to engage in cross-community activities.

260. The links that SDOs have developed with partners across the city are seen as key also in attracting new funding i.e. funding applications are made jointly with partners from a range of sectors, including the Health sector. A number of those whom we interviewed made the point that the SDOs work through the Network to spearhead the delivery of programmes, and as a result were an essential enabler of programmes. It was also noted that without this the funding would not be as effective and that the targeted areas would not see the full benefits of the programme.
261. In conducting this research it was evident that the Belfast Community Sport Development Network can enable projects to get started very quickly in Belfast. As a result of this the work of the broader network in Belfast is valued by a range of funders, particularly when smaller amounts of funding are available.
262. A comparatively high level of volunteering in Belfast projects is also a key enabler. For example, in Midnight Soccer there are 10 teams each with a volunteer leader. As one interviewee said.
- ‘We couldn’t run half the programmes without volunteers, for example for the intervention programmes on a Friday night I rely on a number of people giving up their time – that’s people in the local area giving up their time because they want to help’.*

Impacts

Objective Measurement

263. Stakeholders noted that there has never been a requirement in any of the Sport Northern Ireland programmes to collect health related. The general view is that this would be extremely difficult and would require a major baseline exercise at project / programme commencement to provide opportunities to demonstrate impact.

264. Up until now, the widespread collection of quantitative information has been restricted to input or process indicators such as participation rates, age and religion in keeping with the information needed for Sport Northern Ireland's Sport in Our Community Programme database.
265. In programmes involving the Belfast Health and Social Care Trust there were a number of projects that did collect some data, referred to as 'feel good factor data', during 12 week programmes e.g. walking programmes funded through the Lottery – after the funding for these programmes finishes that data is no longer collected.
266. All those consulted stated that collecting health data would pose many difficulties, for example, confidentiality or stigmatising people with weight issues.

Participants' Views

EXEMPLAR Sean, 18 year old male from South Belfast

I became involved in this programme first as a participant. The programme is well known in our area, I did a few programmes as a participant and then over time, working with Ronan I got interested in getting a job working in community sport when I left school. I now go to the local college, I suppose I am a bit like an apprentice. I go to college to get the theory and then I do my placement back at the centre. I co-deliver stuff with Ronan, mostly after schools sports and activity sessions at night. You have to work with young children. At first it was hard working with them, but it gets easier, they respect you, you can see the kids are motivated to be there, determined, they know me from the area, you get to see the same kids again and again so they get to know you even more. I am building up new skills and I am enjoying this, I am fitter cos I am always on the go.

267. The bulk of information on the health impacts of sport and physical activity come from project leaders and participants. It was noted that the SDOs and sport project deliverers have an in depth knowledge of many of their participants because they are from the same communities. There is also direct knowledge of participant's families so the impact of project delivery can be informally monitored. An example of such health impacts observed by SDOs comes from a project which provides access to a sports hall for children two or three times a week for 45-60 minutes, during which they are able to run around and have fun without much structure other than supervision. The impact of this provision includes more physically active children (many of whom have no other access to play opportunities – no gardens to play in – too young to be let out to play) and evidence from parents that the children are going to bed earlier as they are

physically tired by the exercise. Around this exercise is built an environment where the kids have access to healthier eating, such as water instead of fizzy drinks.

268. The view of a leader from the North Belfast Play Forum, who is involved in Midnight Soccer, is that the project not only benefits health and fitness in participants, but also addresses alcohol and drug abuse which, in some of the young people, can be injurious to their health. Beyond the direct impacts on physical health there are other impacts:

'participants show greater confidence and higher self esteem'.

269. Stakeholders noted that the impacts of Midnight Soccer can spread well beyond the project itself, into the wider lives of participants and their communities. For example, the same leader argued that the project enabled some young people to start down a lasting path towards a different life.

'Participants get the chance to have a better life, more opportunities, it is our job to pick out one or two of those young people and develop them in to young leaders'.

270. And the wider community can also experience health benefits from a project like Midnight Soccer:

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

271. There is anecdotal evidence of the impact on mental health of the Older and Active Programme, as well as evidence of barriers broken down between communities, relationships being built, improved mental health, and improved physical well being e.g. through the dancing programmes. At the most basic level the programme gets

people out of their house and gets them involved with their community – otherwise for many older people their life can be limited to the house. Stakeholders reported that for many participants in the programme the chance to participate has led to much more participation in the community generally - ‘so we are sure that issues like isolation are being addressed and we are sure that referrals to GPs in the area are reduced through the programmes we deliver such as aerobics and relaxation’.

272. The Active Communities Programme aims to get people of all ages physically active which positively impacts in their cardio-vascular well being with additional benefits including socialisation and mental well-being. Further benefits also accrue from the cross community delivery of programmes involving LORAG and GVRT which promotes macro physical and mental health in two communities which previously were mutually suspicious are now working and socialising together, promoting community wellbeing. Sport is the medium which is used to achieve building relationships between the communities.

Underrepresented Groups

273. As evident throughout the case study many underrepresented groups have benefitted from the community sport investment in the targeted areas and as a result many have benefited from the sport and physical activity that has been made possible. The groups in the case study operate in areas of significant deprivation, with health inequalities evident in the community. The age range of participants includes the very young through to the elderly.
274. Specific initiatives have also targeted those with a disability and minority ethnic groups through Highway to Health. The Body Image programme has been specifically designed to engage with 13 to 19 year old girls in 7 specific areas across Belfast to address issues related to body image and eating disorders.

SUSTAINABILITY

275. Clearly, with so much partnership working having been generated, there is an element of sustainability in the Belfast area. However, this very much depends on the continuing work of SDOs and CSDOs without whose energising, networking and sport development skills, the level of community sport will inevitably diminish, as too would the health impact for the targeted communities.
276. According to a number of partners, the impact of losing CSDOs / SDOs would be immediate. For example the Midnight Soccer leader reported that the Midnight Soccer project in Olympia Centre would stop immediately and the schools programme which has been running for the last 3 or 4 years would stop. The Good Relations programme which runs Belfast wide would end in south Belfast because the SDOs are the only contacts in south Belfast. This project was seen as helping build bridges between communities, reducing social exclusion, increasing access to sport and physical activities for a wide range of target groups. Any withdrawal of the SDO and CSDO posts would, partners argued, undermine the momentum developed over the years and undermine the networks that have been developed. Not only would there be impact of project and programme delivery but there would also be major impact on local communities. For example, without the Midnight Soccer young people would start hanging around the street corners and this would negatively impact on the older residents in the area, increasing their stress and reducing their sense of well-being. The CSDOs / SDOs posts are seen as essential in rolling out the Old Firm Alliance project and a Peace III project – projects in total circa £1 million reliant on the SDOs, aimed at increasing participation within areas of deprivation.

Belfast Sports Development Network / Funders

277. The SDOs in the Network have been engaged with a range of funders about strategic funding issues. Initial discussions have taken place with Belfast City Council, the Belfast Health and Social Care Trust, Department of Social Development, Belfast Regeneration Office and other agencies. The initial feedback is that whilst partners are supportive their view is that Sport Northern Ireland should have a funding package in place for April 2010 on. The SDOs believe that there needs to be a range of funders for whom sport impacts on their key indicators. It is not necessarily a case of Sport Northern Ireland funding salaries, but a funding package covering all aspects of community sport delivery needs to be developed, led by Sport Northern Ireland.

SECTION 11 SOUTH EASTERN AREA CASE STUDY

Case Study Details

278. This case study consists of 3 projects in the greater Lisburn area, Bring Your Parent to School Day, the Young Mother and Toddler Group and Midnight Soccer.
279. **Bring your Parent to School Day** was run by the Sport Development Unit of Lisburn City Council in conjunction with the South Eastern Education and Library Board and the South Eastern Health and Social Care Trust. Parents visited their children's schools and were given talks and information on such areas as dental health and hygiene, healthy eating and exercise. The aim was to give parents practical advice. They were also shown multi skills games that could be employed to teach their children physical literacy. School nurses identified children that were obese so that their parents could be targeted with specific information about improving their health and physical literacy.
280. **Young Mothers and Toddlers Group/Brook Activity Centre Exercise Classes.** As there was an ongoing exercise class in the Brook Centre, Twinbrook, and there were spaces available in the crèche in the nursery school, a partnership was formed where parents who wanted to exercise could leave their children in the crèche whilst they attended classes in the Brook Centre. The 6 young mothers who have been able to take advantage of this would have been unable to participate in the exercise classes without the crèche facilities. The project was funded from the Community Sport budget and the crèche facility is also supported by the Surestart programme. Participants take part in aerobics classes, boxercise and dancercise. Some further programme content, such as "Cook It" and "Way to Health" are delivered by The Colin Neighbourhood Partnership.

281. Young people in the Lisburn area have the opportunity to attend **Midnight soccer** on a Friday night either at Laurelhill Sports Zone or the Brook Activity Centre. The purpose of the Midnight Soccer programme is to reduce the incidence of anti-social behaviour and to involve young people in exercise who would not normally access it. The Colin Midnight Soccer scheme, chosen for this case study, is for 14 to 17 year olds operated at the Brook Activity Centre between the hours of 9.00pm and midnight. Around 100 young people take part organised into teams of 10. Partners in the scheme include Lisburn City Council, the Police Service of Northern Ireland (PSNI) and Big Lottery.

ENABLING PROJECTS

Partners and other funders

282. Generally, most community sport activity is delivered in partnership with a range of sectors that include PSNI, Health and Social Care Trusts and the Education and Library Board plus range of community and voluntary sector groups / organisations. Partnership underlines all aspects of project delivery. The Council has been deliberately proactive in seeking out partners, developing relationships in general, particularly within the Sport in Our Community Programme, building on the fact that in Lisburn there are many well developed community and voluntary groups, many with full time staff members in addition to a strong volunteer base.
283. The development of good working relationships and strong partnerships has also been a major enabler to getting the example community sport projects initiated in the area. These have included the South Eastern Education and Library Board (SEELB), South Eastern Health and Social Care Trust, Surestart, the Lisburn Community Safety Partnership the Colin Neighbourhood Partnership and Big Lottery. Additional funding for the example projects have also been levered from these sources.

284. Surestart commented that the Mother and Toddler group was an example of true partnership working. The Colin Neighbourhood Partnership has also worked alongside this project and has delivered parts of the programme.
285. The PSNI and the Colin Neighbourhood Partnership were said to be extremely supportive of the midnight soccer programme, and the latter were a very good point of contact for networking in the area.
286. The Sport Development Officers also commented on the strong partnerships that have been formed with the SEELB, the health trust, and parents. Regarding the last mentioned, 10 parents are regular volunteers at the midnight soccer schemes.

Barriers to getting projects and activities off the ground

287. Stakeholders stated that there were no particular barriers to getting projects off the ground, once partnerships had been established. However, maintaining the programmes once they have started was at times problematic. Most problems encountered were to do with attitudes and general commitment to programmes. For example, in the Bring your Parent to School Day “parents either wouldn’t or couldn’t get along to it. This did not stop the programme happening but it did impact on its success.”
288. The midnight soccer scheme drew some young people as “hangers on”. Policing the scheme was made difficult by this. It resulted in some unrest amongst staff and volunteers as they were “waiting for an incident to happen”. This caused some resistance amongst volunteers and staff in continuing the programme.

Getting projects off the ground – catalysts and enablers

289. As we discussed above the efforts of Sport Northern Ireland funded staff in encouraging partnerships and working within their own

networks is a considerable enabler to projects getting off the ground in this area. The Midnight Soccer is a good example of this. Whilst other areas have worked to draw down funding from Community Safety Partnerships (and the Lisburn Sports Development officers is no exception), one of the keys to the Colin Midnight Soccer has been the enablement through the Brook Community Association. This has proved to be a “hands on” partnering with the local community being fully engaged through volunteering and recruitment of participants.

290. Spotting a gap in the market and networking projects together has also been an enabler. The Mother and Toddler group is a good example of this. The Sport Development Officer wanted to recruit more people for his ongoing exercise class in the Brook Centre and the Crèche manager wanted more people to use the crèche facilities that she had available in the nursery school. They formed a partnership where parents who wanted to exercise could leave their children in the crèche whilst they attended exercise classes in the Brook Centre. The women who have thus been enabled to participate in the exercise class would have been unable to take advantage of any classes without crèche facilities.

291. Having funding available from the community sport budget has enabled projects to be kick started. When the projects have been successful, elected members show considerable interest and this help to draw Council support and further funding in. Showcasing successes to Council and using the local press to highlight good projects has proved useful in achieving the support of elected members.

Impacts

EXEMPLAR: COLIN MIDNIGHT SOCCER

Midnight soccer schemes act as diversionary activities, filling young people's time with a healthy activity that contributes to their fitness, confidence and self esteem. They keep young people occupied during evening hours when they might otherwise be involved in anti-social behaviour.

The Colin Midnight Soccer scheme for 14 to 17 year olds operated at the Brook Activity Centre between the hours of 9.00pm and midnight. Around 100 young people took part, organised into teams of 10. Before the midnight soccer scheme came along, some of the activities that the young people said they did in the evening were constructive and included, talking with friends or attending a youth club. However, some said that they would otherwise have been "just hanging about", "getting into trouble", and "street drinking".

Whilst some said that they attended other youth groups, more than 6 out of 10 would not have been part of any youth group if they had not been involved in midnight soccer. 8 out of 10 said that they would otherwise have been walking the streets and drinking.

In spite of the tendency for young people not to admit such things, 2 out of 10 said that they would have been involved in drugs misuse if they had not been involved in the midnight soccer scheme.

292. Around half of the participants in the Midnight Soccer Scheme said that they felt more confident about themselves and had a healthier lifestyle than would have been the case without their involvement in the midnight soccer project. Half also said that they had made new friends and could see greater opportunities for positive things to do with their time. The young people have been applauded by the local neighbourhood partnership:

These young people need to be commended for their commitment (to participation in the scheme) especially during cold and wet weather

293. The manager of the crèche that looks after young children whilst their mothers take part in the Brook Activity Centre's exercise class believes that the programme has "made a tremendous difference" to those who have participated. When the parents arrive back from classes they are, she says,

"...pumped with adrenaline and are so enthusiastic... they really appreciate the time that the crèche allows them to do exercise. They enjoy being together and have built up relationships with other mums and have started to go walking together."

294. As a direct result of the exercise project participants in the Brook Activity centre have become interested in better dietary practices and have joined a 6 week "Cook It" programme which focuses on healthy eating. Also on the same day as the exercise class they attend a "Way to Health" programme that looks at different ways of cooking food as a way of losing weight and becoming healthier.

295. The programme has had further impacts on their mental health. The crèche leader points to a building of confidence and has given a boost to self esteem.

"They come back from the class and are full of life. Through exercise they have become more outgoing and chatty – they have developed friendships and have become involved in other projects"

296. The Bring a Parent to School Day received a very positive response from parents. The Community Sport Development Officers report an increase in physical activity amongst those who participated. The schools report feedback from pupils that their diets and lifestyles have become more healthy.

Underrepresented Groups

297. Women have benefitted from the Brook Activity centre project. These are women who would have had difficulty in creating time to engage in physical activity, because of the demands of having young

children. The availability of the crèche places has enabled them to participate where they otherwise would not.

- 298. Young disadvantaged youth benefit from the Midnight Soccer scheme in Twinbrook, an area of high deprivation.
- 299. Work with disability groups continues through local Special Schools. This includes a summer programme and work with the Special Olympics Club in Lisburn which caters for 4 / 5 different sports including swimming, badminton, two soccer clubs (youth and senior) and Boccia, covering 100+ members.

Sustainability

- 300. In general terms, the continuance of community sport funding from Sport Northern Ireland is critical to the sustainability of the example projects and the wider community sport activity in the case study area. There appears to be an underlying apathy amongst some potential participants, that can only be overcome by the proactive engagement and opportunities that the work of the Community Sport and Sport development staff.
- 301. The Midnight Soccer schemes are resource intensive, both in terms of facilities and coaches. Whilst there is good evidence of volunteering in the Midnight Soccer, this alone is unlikely to sustain it, if funding for facilities and coaches becomes unavailable. However, in the event of continuing funding, the demand and take up is such that these projects will remain popular.

SECTION 12 DISCUSSION OF EVIDENCE FROM REVIEW OF LITERATURE AND COST/BENEFIT MODELS

302. Our literature review provides a range of both empirical and anecdotal evidence showing that sport and physical activity can deliver demonstrable health benefits including reductions in obesity and preventing death from diabetes. We have also reported on evidence that cancer can be prevented through lifestyle changes that include more exercise and better eating. Other evidence shows that coronary heart disease, stroke and hypertension disease can be prevented through increased physical activity and consequent weight reduction. The review also shows that increased physical literacy can also increase self esteem, confidence and academic achievement.
303. The improvements in health outlined above are first and foremost evidenced in the improved wellbeing of individuals, but there are also significant economic gains. Reductions in type 2 diabetes will help to save some of the one million pounds a day expended in Northern Ireland in treating the disease. The literature suggests that decreases in the incidence of obesity will lead directly to a reduction in the huge drugs bill for treatment, will reduce health and social care costs and will also impact directly upon lost earnings and lost potential national output.
304. The literature provides a number of models that quantify the economic impact of the benefits of sport and physical activity outlined above. However, there is a lack of available data to populate these models either at a UK level or a Northern Ireland level. The data required would range across a broad array of issues and a wide range of disciplines and organisations. They would include, and we list these only as examples, the costs of treating preventable illness, large scale data on the numbers of people diverted from illness because of specific sport and physical activities, the value of losses in earnings, ambulance costs, the opportunity costs of investing in

sport and many more. An approach to calculating the full economic costs and benefits of sport and physical activity using these kinds of global, macro level, models is likely to be a huge undertaking requiring policy coordination, an agreed data gathering strategy and the establishment of protocols for sharing information.

305. The model that may provide the best way forward is that of Health Impact Assessment and its multi-faceted approach that includes policy analysis, demography, collation and analysis of evidence of health impacts, quantitative and qualitative research, and community consultation. This model does not require the large scale data gathering of others, relying instead on a basket of approaches both quantitative and qualitative. If Sport Northern Ireland wishes to consider a model for the future, then this is the model that we would recommend.

306. As we reported above, this model has 6 stages: screening, scoping, appraisal, forming then disseminating recommendations and monitoring and evaluation. In a sense, this assignment can be considered to be in the spirit of the Health Impact assessment approach. The screening stage has already been covered by Sport Northern Ireland's decision to evaluate the health impacts of sport and physical activity. The scoping stage was covered by the terms of reference for this assignment and this evaluation report is akin to stage 3, the appraisal stage, where evidence of potential health impacts is gathered, considered and prioritised. The chief evidence from this appraisal stage comes not from macro level statistics, but from our consultation sessions, comprising the case studies and our interviews with stakeholders. The next section discusses this evidence.

SECTION 13 DISCUSSION OF EVIDENCE FROM CONSULTATION SESSIONS

307. The best available evidence of health impacts comes from projects and we have identified a wide range of positive health impacts through our interviews and focus groups with projects and programmes. We list the main impacts here and discuss them below. The impacts are at a number of levels.

308. Firstly, there are self reported changes in physical indicators, such as:

- weight loss
- decreased blood pressure
- improved strength, fitness and stamina and
- increased mobility.

309. There are also many reports of positive psychological changes, for example:

- Increased confidence
- Improvement in mood and lifting of depression
- Increased self esteem
- Improved body image and
- Decrease in feelings of social isolation

310. Changes in socialization:

- Increase in social and community participation
- Widening of social and support networks

311. Behavioural changes include:

- More healthy eating
- Taking exercise proactively

- Engaging in a wider range of social activities because of increased fitness and improved self esteem.

312. It is clear that participation in community sport activities has a positive impact upon people's physical health. They lose weight and they feel fitter and stronger. Their ambulatory functions improve so that they are better able to undertake everyday activities such as climbing the stairs or walking to the shops. They are more physically able to engage in activities such as walking and swimming, which, in turn, keeps them active and sustains their new found fitness and stamina.

313. The psychological and social impacts are also evident, especially when talking to participants, whose enthusiasm in their new found confidence is, at times, infectious. This confidence appears to stem from very simple things. Their worst fear, that people might laugh at them when they first go into the gym or enter a fitness class proves unfounded. They find that the other people there are like themselves and gain a sense of 'if they can do it, so can I'. The visible changes that occur, like an improvement in their waistline or feeling fitter and stronger, make them feel that they can control some aspects of their health and this appears to lift their feelings of self worth and self esteem.

314. Many participants told us about how their mood generally had lifted since they had been more physically active. In some cases this stemmed from simply getting enjoyment out of being with others in their sport or physical activity classes, whilst in other cases participation was clearly having a positive impact upon depressive illnesses.

315. There was clearly a big impact upon feelings of social isolation. For many of those to whom we spoke, participating in sport or physical activity was a way of widening their social networks, and of engaging in a communal activity. Whilst it could be argued that any social event, not just those involving sport or physical activity, might bring about the same impacts, there is a social effect here that comes from

people witnessing each others weight loss or their improvements in fitness. People are seeing the impacts of their physical activity not only upon themselves but also upon others. They are commenting to each other, giving approval to each other's achievements, spurring each other on, feeding each other's self esteem and contributing to the mood elevations and that we discussed above.

316. There are also important behavioural changes amongst participants that contribute to better health. One of the most evident is a change in food buying and eating habits. Since becoming fitter and, in some cases as a result of dietary advice from community sport funded projects, many participants are buying more healthy food and now practice healthy cooking and eating practices.
317. Further, the participation in projects was for many, their first foray into sport and physical activity. In many cases this has led to people proactively seeking other opportunities to play sport or to take exercise or fitness training. In some cases this has simply been to go for walks more often, for others it has been to go independently to the gym and to take up active participation in organized sport. Without the opportunity to get a 'first foot on the ladder' through community sport programmes, most of these people not now have been engaged in the level of physical activity or sport that they now enjoy.
318. Whilst the evidence described clearly shows that there are considerable positive health benefits, it is not systematic enough, nor consistent enough or robust enough, to be other than suggestive of impact at the moment. To demonstrate health impacts at a project level there would need to be much greater priority placed upon collecting health measures before and after participation.

SECTION 14 CONCLUSIONS

319. From our discussion of the literature, above, we conclude that there is considerable evidence from UK sources and elsewhere that sport and physical activity delivers positive health benefits. These benefits come in a variety of forms and include reductions in obesity, reduced incidence of type 2 diabetes, decreased risks of cancer, coronary heart disease and other illnesses, improvements in fitness and stamina, and improved mental wellbeing.
320. There is also strong evidence from the literature that health benefits derived from sport and physical activity are capable of delivering economic gains. These arise primarily from a reduced demand for health and health related services and the consequent savings in delivery. They also arise from the increased productivity that can be achieved through reduced sick absence from work.
321. Whilst the above conclusions are based upon a range of literature conducted in other parts of the UK and elsewhere, we see no reason why these broad findings should not apply to Northern Ireland.
322. Our review of the literature also suggests that there are models that can quantify the economic savings gained from sport and an increase in physical activity. At this point in time, however, these models cannot be directly applied to Sport Northern Ireland's community sport investment, because there is a lack of suitable data. Large scale data exercises would be necessary to collect the appropriate information.
323. We would argue that community sport is not alone in being unable to demonstrate the economic impact of its investment at the macro level at this point in time and that the data required will not be available in the short term.
324. Our view is that, in the absence of data for a macro level cost/benefit analysis, Sport Northern Ireland should accept and utilise the highly

persuasive evidence that comes from the micro level of project evaluation. This fits with our conclusion that the Health Impact Assessment model is the most fruitful for Sport Northern Ireland to pursue and we see this evaluation as being in the spirit of such an assessment.

325. There are many individuals who took part in community sport funded projects who would not otherwise have taken part in physical activity and by their own reports and, in a number of cases by hard data, we have been able to show that their health and wellbeing has benefitted significantly from participation. This evidence shows very persuasively that Sport Northern Ireland community sport investment delivers significant improvements in both physical and mental health.

326. Notwithstanding the above, if objective project level measures, such as weight, height and blood pressure, are to be relied upon then its collection needs to become much more widespread and its practice needs to be standardized and applied consistently.

327. We conclude overall that :

- The literature suggests that sport and physical activity delivers considerable health benefits.
- Examination of the case studies shows that this is very definitely the case in relation to the Sport Northern Ireland community sport investment.
- The evidence from the case studies is very strong and is delivered from the participants themselves.
- However, the kinds of data that we have been able to collect in this evaluation do not allow a quantification of the costs and benefits of community sport investment because the necessary data are not available.

328. We suggest that Sport Northern Ireland should make effective use the case study data to support its case that the investment made in

community sport across Northern Ireland is delivering significant health benefits, adding the argument that these benefits have been shown elsewhere to make considerable economic gains.

329. For the future, project level data needs to be collected on a much more consistent and, where possible, standardized manner. This applies to the collection of both qualitative and quantitative material. Should Sport Northern Ireland wish to demonstrate, with precision, the costs and benefits that are specific to its investments and their outcomes, then it should consider the development of data streams that could populate the cost benefit model that we recommend.

330. **Finally we would wish to highlight the considerable range and scale of projects funded which have set out to improve the health and well-being of a very diverse set of target groups. From those targeting the young, to those targeting teenagers to those targeting older people; those that aimed to be preventative to those that aimed to improve the quality of life for people with a disability and/ or long term limiting illness; those operating in areas of high social need and/or rural areas; to those targeting minority ethnic groups, at risk youth and other socially excluded groups – the spread and diversity of activities detailed in Appendix 3 is considerable, highlighting the commitment of both programme and project staff to improving public health and increasing physical activity levels amongst those traditionally under-represented in sport and physical activities.**

SECTION 15 RECOMMENDATIONS

331. The coordinating work of Sport Development Officers (SDOs) and Community Sport Development Officers (CSDOs) is having substantial benefits in terms of linking need to activity, connecting projects to facilities, as well as bringing in appropriate leaders, coaches, volunteers and their expertise. They also play an important role in accessing additional funding from partners. It is vital that this role is allowed to continue and Sport Northern Ireland should ensure that these posts continue to be funded.
332. Given the evidence of positive impact, Sport Northern Ireland should continue supporting projects in the community that are capable of delivering health benefits.
333. Where projects are believed to have the potential for health impacts they should be required to demonstrate that these impacts are achieved.
334. The recommendation above should be supported by appropriate additional resource / staffing to facilitate the collection of information in partnership with the CSDOs/ SDOs and key stakeholders in the health sector. This should be explicitly recognised as a key area of work.
335. Sport Northern Ireland should give consideration to developing a Health Impact Assessment approach to provide evidence of the health impact of sport and physical activity in the future.
336. In support of the above, Sport Northern Ireland should develop a range of protocols and tools that can be used at programme and project levels that to capture systematic information on the health status of participants before and after participation in sport and physical activity.

337. The recommendations above should also be supported by the necessary resources that would support SDOs, CSOs and project staff in the collection of appropriate information that would feed into Health Impact Assessments.
338. The potential health impacts of community sport projects and programmes should be brought centre stage by encouraging all projects to develop health related output measures. This will need to be supported by Sport Northern Ireland through the provision of advice and simple tools for assessment.
339. These health related output measures should be gathered systematically and collated by Sport Northern Ireland into a growing body of evidence capable of directly linking community sport spending to health outcomes.
340. In order to provide evidence of economic impact that are specific to Sport Northern Ireland projects and programmes, Sport Northern Ireland should commission a series of monitoring studies that work in depth with selected projects to assess a range of factors amongst participants including objective measures of: general health, self-esteem, lifestyle, diet, sickness absence, frequency of visits to GP, changes in medication use etc. These monitoring studies would provide exemplars to demonstrate the linkage between Sport Northern Ireland spending and economic benefit.

BIBLIOGRAPHY

Acheson, D (chair) (1988) Independent Inquiry into Inequalities on health. HMSO.

Barnardos Northern Ireland (2007) It doesn't happen here. Child Poverty Briefing. http://www.barnardos.org.uk/it_doesnt_happen_here_ni-2.pdf

British Heart Foundation National Centre (2007). Physical Activity and Health Fact Sheet.

British Heart Foundation National Centre (2010). Physical Activity and Health Fact Sheet.

Cavill, N, Kahlmeier, S and Racioppi F (Eds) (2006) Physical Activity and Health in Europe – Evidence for action. World Health Organisation - Regional Office for Europe, Denmark.

Committee for Health, Social Services and Public Safety (2009). Inquiry into Obesity. Northern Ireland Assembly.

Comptroller and Auditor General, NI Audit Office (2009). Obesity and Type 2 Diabetes in Northern Ireland.

Copius Consulting (2008) Melvin Community Sport Programme – Evaluation Report. Sport Northern Ireland.

Copius Consulting (2008) Community Sport Programme, Older and Active Project Level Evaluation Report. Sport Northern Ireland.

Department of Culture, Arts and Leisure (February 2003) Barriers to Participation in Culture, Arts and Leisure.

Department of Culture, Arts and Leisure (2009) Participation in Sport and Physical Recreation in Northern Ireland. http://www.dcalni.gov.uk/sports_preliminary_output_bulletin_07_08_chs_final_version.pdf

Department of Culture, Arts and Leisure (2009) Sport Matters: The Northern Ireland Strategy for Sport and Physical Recreation, 2009 – 2019.

Department of the Environment, Transport and the Regions (1997) Highways Economic Note No.1.

Department of Health, Social and Personal Safety (2002) Investing for Health.

Department of Health, Social and Personal Safety (2004). Public Health Function Review in Northern Ireland: The Policy Context.

Department of Health, Social and Personal Safety (2006) Investing for Health – Update Report.

Fit Futures Task Force (2006) Fit Futures: Focus on Food, Activity and Young People. Report to the Ministerial Group on Public Health.

FKB Consulting (2008a) An Impact Evaluation of Derry City Council's Fit Futures School Yoga Programme. Sport Northern Ireland.

FKB Consulting (2008b) An Impact Evaluation of Age Concerns Community Sports Development Initiative. Sport Northern Ireland.

FKB Consulting (2009) An Impact Evaluation of Sport Northern Ireland's Sport in Our Community Investment Programme. Sport Northern Ireland.

Foresight (2009, 2nd edition) Tackling Obesities: Future Choices – Modelling Future Trends in Obesity and Their Impact on Health.

Hahn RA, Teutsch SM, Rothenberg RB, Marks JS. (1990) Excess deaths from nine chronic diseases in the United States, 1986. Journal of the American Medical Association 264:2654-9.

Health Promotion Agency for Northern Ireland (HPA) and Sport Northern Ireland, (2008) The Northern Ireland charter for enhancing health through sport and physical activity.

Health Promotion Agency (2008) Mapping physical activity referral schemes in Northern Ireland'. (Report by Perceptive Insight Market Research).

Health Promotion Agency and the Economics Branch DHSSPS (2003). A Health Economics Model – The cost benefits of the Physical Activity Strategy for Northern Ireland – A summary of key findings.

Holywell Consultancy (2009) Foyle Active Futures Evaluation Report.

House of Commons Select Committee (2004) Obesity. HMSO.

Institute of Public Health in Ireland (2009). Health Impact Assessment Guidance.

McCormick, B and Stone, I, (2007) Economic Costs of Obesity and the Case for Government Intervention. Obesity Reviews. 8(Supp/1): 161-164

Milton, K. Kelly, P. Foster, C. (2009) Evaluation of the Ramblers Family Walking Programme – Furness Families Walk4Life. British Heart Foundation National Centre for Physical Activity and Health.

Ministry of Health, New Zealand (2002) Reducing Inequalities in Health.

National Audit Office (2001) Tracking Obesity in England. HMSO.

National Heart Forum Modelling Team (2009) Obesity: Recent Trends in Children Aged 2-11y and 12-19y - Analysis from the Health Survey for England 1993 – 2007.

National Institute for Health and Clinical Excellence (2006) Four Commonly Used Methods to Increase Physical Activity.

National Institute for Health and Clinical Excellence (2006) Obesity Guidance.

Northern Ireland Assembly Public Accounts Committee (2010) Report on the Performance of the Health Service in Northern Ireland. HMSO.

Northern Ireland Audit Office (2009) Obesity and Type 2 Diabetes in Northern Ireland. HMSO

Northern Ireland Office, Community Safety Unit (2008). Together. Stronger. Safer. Community safety in Northern Ireland: A Consultation Paper'.

Northern Ireland Statistics and Research Agency (2007) Northern Ireland Health and Social Wellbeing Survey 2005/06.

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

Office of the First Minister/ Deputy First Minister (2006) Our Children and Young People – Our Pledge – A Ten Year Strategy for Children and Young People in Northern Ireland, 2006 – 2016.

Office of the First Minister/ Deputy First Minister, (2005). Older Peoples Strategy, 'Ageing in an Inclusive Society.

Sport Industry Research Centre (2006) Community Sport Programme Participant Survey - Phase II Report. Sport Northern Ireland.

Sport Northern Ireland (2008) Community Sport Programme Impact Review, 2005-2008.

Sport Northern Ireland (2008) Corporate Plan 2008-2011 and Business Plan' 2009-2010

Sport Northern Ireland (2008) Improving Physical Literacy.

Sport Northern Ireland (2008) Sport in Our Community Investment Programme Report.

World Health Organisation (2007) Global Strategy on Diet, Physical Activity and Health.

Unpublished papers

Sport Northern Ireland (2009) Physical Activity: The role of Sport Northern Ireland. SNI/09/111

Sport Northern Ireland (2009) Promoting Workplace Health. SNI/09/21

Sport Northern Ireland (2008) Review of Public Administration- Implications for health, Community Planning and Sport. SNI/08/198

APPENDICES

APPENDIX 1 LIST OF CONSULTTEES

Individual or joint interviews were conducted with the following **projects**:

Name	Position	Organisation
Kevin O Neill	Development Manager	Disability Sports NI
Gillian McClay	Fit for Play Programme manager	Playboard NI
Pauline McGeown	Ageing Well Project Manager	Age Concern/Help the Aged NI

Belfast Case Study

Name	Position	Organisation
Glen McCrum	Community Sports Development Officer	Greater Village Regeneration Trust (GVRT)
Ronan McKenna	Community Sports Development Officer	Lower Ormeau Residents' Action Group

Craigavon Case Study

Name	Position	Organisation
Michael Ruddy	Community Sports Development Officer	Craigavon Borough Council
Colleen Murray	Sports Development Manager	Craigavon Borough Council
Daryn Greene	Health and Physical Activity Co-ordinator	Craigavon Borough Council

North East Case Study

Name	Position	Organisation
John Fall	Community Sports Development Officer	Ballymoney Borough Council
Stephen McCartney	Community Sports Development Officer	Coleraine Borough Council
Steven Mills	Community Sport Development Officer	Larne Borough Council
Niall Curneen	Community Sports Development Officer	Larne Borough Council

North West Case Study

Name	Position	Organisation
George McGowan	Community Sports Development Officer	Old Library Trust
Teresa Bradley	Community Sports Development Officer	Derry City Council
Fiona Teague	Manager	Derry Healthy Cities
Cathal McAuley	Chairperson	Shantallow Community Residents Association
Darren Kirby	Project manager	Outer North Neighbourhood Partnership
Fiona McCann	Community Sport Development Officer	Derry Healthy Cities

South Eastern Case Study

Name	Position	Organisation
Kelly Dougan	Sports Development Officer	Lisburn City Council
Kevin Madden	Community Sport Development Officer	Lisburn City Council
Karen O'Brien	Manager	Brook Activity centre

APPENDIX 2

A Health Economics Model – The cost benefits of the Physical Activity Strategy for Northern Ireland – A summary of key findings’ – Health Promotion Agency and the Economics Branch DHSSPS, undated

Statistical technique

Levin’s formula for attributing risk to the total population, which is otherwise referred to as the population attributable risk (PAR), is used to estimate percentages of CHD, stroke and colon cancer, due to inactivity:

$$\text{PAR (\%)} = \frac{p(\text{RR} - 1)}{\{p(\text{RR} - 1) + 1\}}$$

(where RR = relative risk; and p = proportion of population exhibiting the risk)

APPENDIX 3 DETAILS OF APPLICATIONS AND AWARDS

PROJECT TITLE	PROJECT PARTNERS	ADDITIONAL FUNDED PROVIDED BY	TOTAL ADDITIONAL FUNDING GENERATED	PROJECT TARGET GROUP	PHYSICAL/MENTAL HEALTH OUTPUTS	ANY ASSOCIATED OUTCOMES
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Western Health and Social Care Trust

DERRY CITY COUNCIL – FIT FUTURES

Fit Futures Schools Intervention Research Programme	<ul style="list-style-type: none"> Waterside Community Sport Programme The University of Ulster Coleraine – Biomedical Science's Department. 	<ul style="list-style-type: none"> Chest Heart Stroke 	<ul style="list-style-type: none"> £11,297 	P5 pupils	20 week integrated physiological, physical exercise & nutrition-based programme.	4 year programme has been evaluated by the University of Ulster Coleraine Biomedical Sciences Department. Results being published by the University of Ulster Coleraine.
Walking 4 Health Programme	<ul style="list-style-type: none"> Shantallow Strollers GP Health Centre's 	<ul style="list-style-type: none"> Healthy Towns Initiative Health Promotion DSD Active Citizenship 	<ul style="list-style-type: none"> £1,700 	People with Mental Health problems	10 week programme Improving physical and mental health.	
Re- Apply (A practical Physical Learning Programme for Youth.	<ul style="list-style-type: none"> Off The Streets 			Disengaged young people	8 week programme targeting 15 young people at a time. Themes included: sexual health, sexual abuse awareness, drugs, alcohol & solvents, healthy eating & smoking.	Improved self esteem and confidence.
Fit Futures Yoga Schools Programme The Fit Futures Yoga Programme	<ul style="list-style-type: none"> 7 local Schools 	<ul style="list-style-type: none"> Extended schools 		P7 pupils	4 year yoga programme. Increased flexibility	Improved self-esteem, increased physical literacy and academic improvements in school 11 plus results.

PROJECT TITLE	PROJECT PARTNERS	ADDITIONAL FUNDED PROVIDED BY	TOTAL ADDITIONAL FUNDING GENERATED	PROJECT TARGET GROUP	PHYSICAL/MENTAL HEALTH OUTPUTS	ANY ASSOCIATED OUTCOMES
Men's Skills Health & Fitness Programme	<ul style="list-style-type: none"> • Leafair Community Association • Shantallow Community Residents Association (SCRA) • Outer North Neighbourhood Partnership Board. 	<ul style="list-style-type: none"> • DSD Active Citizenship 	<ul style="list-style-type: none"> • £730 	Sedentary men	<p>20 male participants, 15 week programme involved a tailored physical activity and health-eating programme.</p> <p>Increased physical activity.</p> <p>Weight loss.</p>	Improved self esteem and confidence.
Women's Multi Skills Health & Fitness Programme –	<ul style="list-style-type: none"> • Outer North Neighbourhood Partnership Board • SCRA Women's Group 	<ul style="list-style-type: none"> • DSD Active Citizenship Programme 	<ul style="list-style-type: none"> • £973 	Sedentary women	<p>20 female participants, 15 week programme delivered a number of key messages around the importance of Healthy Eating & Physical Activity.</p> <p>Increased physical activity.</p> <p>Weight loss.</p>	Improved self esteem and confidence.
Healthy Lifestyle Week in Steelstown Primary School	<ul style="list-style-type: none"> • Steelstown PS, • St Bridget's Ps Carnhill • Bunscoile Ps. • SCRA 	<ul style="list-style-type: none"> • Steelstown PS (Extended Schools Budget, • SCRA 		Families	<p>Short workshops on Healthy Eating & the benefits of physical activity, dangers of using drugs, alcohol and smoking.</p> <p>Health checks and activity taster sessions for parents.</p>	<p>Workshops on:</p> <p>Anti-bullying</p> <p>Problem solving</p> <p>Meditation</p>
Friday Night Kick Around	<ul style="list-style-type: none"> • Outer North Neighbourhood Partnership Board, • SCRA • Off the Streets • Shantallow Controlled Youth Club. 	<ul style="list-style-type: none"> • DSD Active Citizenship Programme 	<ul style="list-style-type: none"> • £1,945 	Young people	<p>60 participants, 10 week programme to engage in physical activity to improve their health and well being and tackle sedentary lifestyles and obesity.</p>	Tackling anti-social behaviour

PROJECT TITLE	PROJECT PARTNERS	ADDITIONAL FUNDED PROVIDED BY	TOTAL ADDITIONAL FUNDING GENERATED	PROJECT TARGET GROUP	PHYSICAL/MENTAL HEALTH OUTPUTS	ANY ASSOCIATED OUTCOMES
Men's Football 4 Health Programme	<ul style="list-style-type: none"> Outer North Neighbourhood Partnership Board Community Associations. 	<ul style="list-style-type: none"> DSD Active Citizenship Programme 	<ul style="list-style-type: none"> £486 	Men	20 inactive men	The programme impacted on their lifestyle choices and has assisted in improving their quality of life and encourages them to keep up an active lifestyle.
Pennyburn Fit Futures – Fit Kids Programme		<ul style="list-style-type: none"> Pennyburn PS Extended Schools Programme 		Inactive, sedentary & overweight school children	After schools club aimed at children within the school who did not take part in any sport or physical activity at all. Introduction to physical activity in a fun and inclusive way. Tackling obesity & sedentary lifestyles.	Improved self esteem and confidence.
Young Teenage Girls Personal Development Programme Outer North	<ul style="list-style-type: none"> Off the Streets Initiative Shantallow Controlled Youth Club 			Teenage girls	10-week block twice a year aiming to build their self-esteem and confidence by utilising yoga. also educates on current issues such as drug and alcohol awareness, sexual health and healthy eating.	Improved awareness of health and fitness, and the importance of an active lifestyle in maintaining and improving quality of life.
Boxercise programme for young Teenage Mums.				Young Teenage Mums	Increased participation in sport & Physical Activity and educated them on how to lead an healthy and active lifestyle.	Improved awareness of health and fitness, and the importance of an active lifestyle in maintaining and improving quality of life.
Youth Educated in Health & Safety & Sport.	<ul style="list-style-type: none"> SCRA YES project Housing Executive 	<ul style="list-style-type: none"> DSD Awards for All 	£10,000	Primary 6 pupils	13 primary schools participate in 11 safety workshops on health & safety and sport and physical activity.	Improved awareness of health and fitness, and the importance of an active lifestyle in maintaining and improving quality of life.
Belmont Fit Kids Inclusive Games Programme	<ul style="list-style-type: none"> Belmont Special School 			Primary 6 pupils with a disability	8 Week programme targeted at children with a disability that attend Belmont School. The programme provided the children with a inclusive physical activity programme.	The programme helped the children to interact and build their self-esteem and improves their physical activity levels and interest to stay engaged in sport and physical activity.

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DERRY CITY COUNCIL - WATERSIDE

Cook It Programme for Parents	<ul style="list-style-type: none"> • Caw Nelson Drive Action Group • Extended Schools cluster Group • Health Promoting Homes Initiative 	<ul style="list-style-type: none"> • Extended schools 		Parents of school children	3x 8 week Healthy Eating evening programmes educating parents on the benefits of eating healthily through practical and theory demonstrations.	2 community facilitators trained in the delivery of Cook It
Intergenerational & 50+ physical activity programmes	<ul style="list-style-type: none"> • Caw Nelson Drive Action Group • C.O.S.Y Club • Irish St Youth & Community Ass • Tullyalley District Development Group • Semour House (Alzheimers & Dementia) 	<ul style="list-style-type: none"> • DSD Active Citizenship 	£2,450	Older People	<p>The intergenerational Dance programme is a cross community activity that has been delivered for the past 4 years of the community sport programme.</p> <p>Significant increases in mental health and physical well being.</p>	The Intergenerational Dance programme has secured additional monies and ownership and sustainability is being provided by the community groups involved
Child's Play the Healthy Way	<ul style="list-style-type: none"> • First Housing Aid & Support Services (FHASS) 	<ul style="list-style-type: none"> • FHASS 		Women and children (aged 0-5)	4 week programme Participants learned about the value of physical activity & play for children and the importance of healthy eating & dental hygiene. The programme also provided music & dance movement, storytelling, soft play, arts & crafts linked to healthy eating, puzzle corner and visit from WHSSB Dental Hygienist.	Improved awareness of dental hygiene, health and fitness, and the importance of an active lifestyle.

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Health promoting homes initiative & Smart Parents Programme	<ul style="list-style-type: none"> • Caw/Nelson Drive Action Group • Bogside & Brandywell Initiative 	<ul style="list-style-type: none"> • Extended schools programme 		Mothers	18 week programme for women provided a physical activity element which included tai chi & yoga, personal development, stress management, workshops with WHSSB health visitors, breast awareness	<p>Provided a forum for participants to discuss health related issues with professionals and with each other.</p> <p>Further initiatives and programmes were developed through the success of this programme such as the smart parents programme.</p>
Exercise Referral Scheme	<ul style="list-style-type: none"> • Altnagelvin Hospital Chronic Disease Management 			Patients with new and existing diabetes.	10 participants completed this tailored exercise referral programme delivered in partnership with the exercise professional for diabetes	Increased awareness of importance of an active lifestyle in managing diabetes.
Health Information Days	<ul style="list-style-type: none"> • Top of the Hill • Whistle Project • Caw/ Nelson Drive Action Group • Gingerbread NI 			General population	5 health information days providing fitness testing and information on physical activity	
Women's Health & Fitness Programmes	<ul style="list-style-type: none"> • Caw/Nelson Drive Action Group • Top of the Hill • Irish Street 	<ul style="list-style-type: none"> • DSD Active Citizenship 		Women	Activities such as water aerobics, community gym programmes, walk n weigh clubs, intergenerational dance, cook it programmes, information sessions on breast awareness & nutrition	Significant benefit to self-confidence and self esteem as well as their physical fitness. Delivery in a local setting removed one of the barriers to participation

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Young People Summer Intervention Programmes	<ul style="list-style-type: none"> • IFA Grassroots Development Grassroots • Judo Development • DCC Community Relations • PSNI • Health Promotion Unit 	<ul style="list-style-type: none"> • DCC Community Relations • DSD Active Citizenship 		young people (aged 6-20)	Summer and holiday programmes involving young people participating in sport and physical activity as well as workshops on community relations, drug awareness in sport, dental hygiene, nutrition bullying and mental health and well being	Increased awareness of the benefits of sports to diet, health, improved self confidence and self esteem.
DERRY CITY COUNCIL – OUTER WEST						
Bridging the gap to Health	<ul style="list-style-type: none"> • Bogside & Brandywell Health Forum • Rosemount PS 	<ul style="list-style-type: none"> • Awards for All 	<ul style="list-style-type: none"> • £1,750 		11 participants completed 11 week healthy lifestyle course including stress & mental health, healthy cooking, physical activity and oral & nutrition sessions	
Model PS Health & Fitness week	<ul style="list-style-type: none"> • Model PS 				276 participants completed the week long programme where all pupils participate in range of sports and experience Health & Nutrition workshops	<p>Increased awareness of the benefits of sport to diet, health, improved self confidence and self esteem.</p> <p>Programme provided annually by the school</p>
Water 4 Life	<ul style="list-style-type: none"> • Holy Family PS 	<ul style="list-style-type: none"> • Awards for All 	<ul style="list-style-type: none"> • £750 		435 participants each receive sport and physical activity programme and a water bottle and workshop on hydration	<p>Increased awareness of the benefits of sport and hydration to diet, health, improved self confidence and self esteem.</p> <p>This programme has been repeated in 2 additional primary schools.</p>

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Parent & Toddler Healthy lifestyle programme	<ul style="list-style-type: none"> Glen Development Initiative 			Parents and children (0-5 years)	19 participants completed 12 weeks Healthy Eating programme for parent participants and providing physical activity	
Nutrition & Oral Health Workshops	<ul style="list-style-type: none"> Holy Family PS, Bogside & Brandywell Health Forum 	<ul style="list-style-type: none"> Awards for All 	<ul style="list-style-type: none"> £150 		145 participants participated in topical demonstrations examining various food issues e.g. healthy lunchboxes, healthy desserts & oral health	This programme has repeated in 2 additional primary schools
Cook it	<ul style="list-style-type: none"> Rosemount PS, Bogside & Brandywell Health Forum 	<ul style="list-style-type: none"> Awards for All 	<ul style="list-style-type: none"> £700 		12 participants completed a 6 week programme of practical cooking concentrating on healthy eating	This programme has been rolled out in 2 additional schools

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DERRY CITY COUNCIL - TRIAX

Condition Management Programme	<ul style="list-style-type: none"> • Bogside & Brandywell Health Forum • Old Library Trust • Western Health & Social Services Board • Dept. Employment Learning 	<ul style="list-style-type: none"> • DEL 	<ul style="list-style-type: none"> • £75,000 	People suffering from life limiting conditions & those in receipt of incapacity benefits	Increase in participation in sport and physical activity	
Choices	<ul style="list-style-type: none"> • Bogside & Brandywell Health Forum • Old Library Trust 	<ul style="list-style-type: none"> • Bogside & Brandywell Health Forum • Old Library Trust 	<ul style="list-style-type: none"> • £3,000 	<p>Women with BMI >25</p> <p>Women suffering from mental health problems</p>	12 women, increase participation in physical activity	
Changes	<ul style="list-style-type: none"> • Bogside & Brandywell Health Forum • Old Library Trust 	<ul style="list-style-type: none"> • Bogside & Brandywell Health Forum • Old Library Trust 	<ul style="list-style-type: none"> • £2,000 	<p>People in need of nutritional advice & support</p> <p>6-month education and support programme</p>	<p>30 clients in BBHF</p> <p>26 clients in OLT</p>	Programme is now delivered as a component of ACES, Health + and Biggest Looser so that nutrition advice and exercise are equal components and not stand alone elements.
Biggest Looser	<ul style="list-style-type: none"> • Old Library Trust 	<ul style="list-style-type: none"> • Bogside & Brandywell Health Forum • Old Library Trust 	<ul style="list-style-type: none"> • £6,000 	sedentary women and men	20 men and women recruited onto the project.	Programme has recently been adopted by the North West Taxi Proprietors who have been funded by BIG to attract 60 local taxi men/women through the 6-month intense project.

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Drive 2 Health	<ul style="list-style-type: none"> • Bogside & Brandywell Health Forum • Old Library Trust 	<ul style="list-style-type: none"> • Bogside & Brandywell Health Forum • Old Library Trust • Awards for All 	<ul style="list-style-type: none"> • £12,000 	sedentary women and men	24 taxi man/women through the project	Programme has now changed to adopt the Biggest Loser format
Investing 4 Health In Schools	<ul style="list-style-type: none"> • Bogside & Brandywell Health Forum • Old Library Trust 	<ul style="list-style-type: none"> • Bogside & Brandywell Health Forum • Old Library Trust • Awards For All • Cluster Schools Extended Schools 	<ul style="list-style-type: none"> • £272,000 	Children (aged between 3 and 11)	<p>All children in every local school for over 5 years have participated in some element of this health, physical activity and nutrition programme</p> <p>Estimate = 3,000 children</p>	Programme is ongoing
DESTINED health project	<ul style="list-style-type: none"> • DESTINED • Brooke Park Leisure Centre • OLT 	<ul style="list-style-type: none"> • DSD 	<ul style="list-style-type: none"> • £900 	Adults with learning disabilities	14 adults completed the 16 week programme	
Kids Zone	<ul style="list-style-type: none"> • OLT • 9 local primary schools 	<ul style="list-style-type: none"> • WHSST 	<ul style="list-style-type: none"> • £3,000 	Children (aged between 4 and 11)	12 week after school physical activity programme attended by over 60 children.	Recently received £3,000 from WHSST to broaden the pilot to 3 other areas

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DERRY HEALTHY CITIES

Foyle Active Futures (FAF) Tai Chi Programme	<ul style="list-style-type: none"> Hands That Talk 			People who are deaf or hearing impaired	16 participants took part in a 12 week programme.	<ul style="list-style-type: none"> Improved balance. Deaf facilitator trained in Tai Chi
FAF Walk Challenge	<ul style="list-style-type: none"> Destined 	<ul style="list-style-type: none"> Sport Relief 	<ul style="list-style-type: none"> £1,200 	Adults with learning disabilities	35 participants completed the 12 week programme	<ul style="list-style-type: none"> Reduced weight Body fat loss Reduced BMI Reduction in Cholesterol
FAF Swimming	<ul style="list-style-type: none"> Ageing Well Roe Valley/Roe Valley Leisure Centre 			<ul style="list-style-type: none"> Older adults/ adults With medical conditions such as arthritis/ hypertension/ hip replacements. 	55 participants in total taking part with three programmes over 12 week periods	<ul style="list-style-type: none"> Reduced stress Improved mobility Reduced blood pressure. Improved mental health.
FAF Inclusive Games; Diet and Nutrition; and stress management	<ul style="list-style-type: none"> Chest Heart and Stroke FoyleA 			Young adults and adults who have survived a stroke.	66 participants in total taking part with 4 groups over 12 week periods.	<ul style="list-style-type: none"> Improved Mobility Reduced stress Increased Social Inclusion Improved Diet
FAF Holistic Health Programme	<ul style="list-style-type: none"> MS Foyle 	<ul style="list-style-type: none"> Community Pharmacy 	<ul style="list-style-type: none"> £2,000 	Adults suffering from MS	15 adults taking part over a 12 week period	<ul style="list-style-type: none"> Improved mobility

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						Reduced Stress Increased social inclusion
FAF Stress management programme	<ul style="list-style-type: none"> Hands That Talk 	<ul style="list-style-type: none"> St. Stephens Trust 	<ul style="list-style-type: none"> £4,720 	People who are deaf and hearing impaired	18 participants took part over an 8 week period.	Improved diet.
FAF Step Challenge	<ul style="list-style-type: none"> Valley Group 			Adults with learning disabilities	6 participants' took part over a 6 week period	Reduced weight Reduced body fat Educued cholesterol
FAF Step Challenge	<ul style="list-style-type: none"> Strabane Day Centre 			Adults with learning disabilities and Carers.	10 participants took part over a 12 week period	Reduced weight Reduced body fat Reduced Cholesterol
FAF Inclusive Games	<ul style="list-style-type: none"> CHS respiratory support group 			Adults with COPD	25 participants took part over a 6 week period.	Improved mobility
FAF Stress management	<ul style="list-style-type: none"> Strabane Day Centre 			Adults with learning disabilities	10 participants took part over a 6 week period	Reduced stress levels.
FAF Stress management	<ul style="list-style-type: none"> Strabane District Caring Services 			Adults with physical disabilities/ wheelchair users	7 participants took part over a 6 week period	Reduced stress levels
FAF Physical activity programme	<ul style="list-style-type: none"> Bogside and Brandywell Health Forum 	<ul style="list-style-type: none"> Western HAZ(IFH) 	<ul style="list-style-type: none"> £29,000 	Older men/ older men with disabilities	67 participants in total have taken part to date took part in two	Increased mobility, Reduced stress, improved mental

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Inclusive Games, Bowling, Golfing (alongside diet and nutrition, stress management and oral health sessions)	<ul style="list-style-type: none"> • Foyle Disability Resource Centre • Roe Valley Leisure Centre • Strabane Council 				programs.	<p>health.</p> <p>Increased social inclusion.</p> <p>Further programmes planned</p>
FAF Chair Based Exercise	<ul style="list-style-type: none"> • Strabane District Caring Services 			Adults with physical disabilities	10 participants took part over a 6 week period	<p>Staff trained to deliver chair based exercise.</p> <p>Improved mobility and flexibility.</p>
FAF Stress Management	<ul style="list-style-type: none"> • CHS Foyle 			Adults with COPD	10 Participants took part over a 6 week period	<p>Reduced stress levels.</p> <p>Improved awareness of stress triggers.</p>
FAF Stress Management	<ul style="list-style-type: none"> • STEER Mental Health 			Adults suffering from mental ill-health	10 participants took part over a 6 week period	Reduced stress and improved mental health
FAF Stress management/Chair based exercise/Yoga Physiotherapy	<ul style="list-style-type: none"> • Beacon House • Greenhaw Lodge • MS Foyle 	<ul style="list-style-type: none"> • Proteus 	<ul style="list-style-type: none"> • £15,000 	Adults suffering from mental ill-health, adults with dementia, adults with MS	60 participants in total taken part in over 6 12 week programmes	<p>Improved flexibility, improved mobility, reduced stress, improved mental health.</p> <p>Increase in concentration.</p>

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OLD LIBRARY TRUST

'Step Up' GP Referral	<ul style="list-style-type: none"> • Bogside & Brandywell • Health Forum • Old Library Trust, • Western Health & Social Services • Board 	<ul style="list-style-type: none"> • Derry Credit Union • Active Lifestyles • WHSSB • Awards 4 All 	• £100,000	People suffering from life limiting conditions	186 clients participated	Programme still operational
Health +	<ul style="list-style-type: none"> • Bogside & Brandywell • Health Forum • Old Library Trust 	<ul style="list-style-type: none"> • Bogside & Brandywell Health Forum • Old Library Trust 	• £1,000	People with BMI >35	Family of 5 recruited on programme	Programmes such as ACES and biggest loser now attract clients within this target group.
ACES	<ul style="list-style-type: none"> • Bogside & Brandywell • Health Forum • Old Library Trust 	<ul style="list-style-type: none"> • Bogside & Brandywell Health Forum • Old Library Trust 	• £2,000	sedentary women and men leading lifestyles, suffering from life limiting conditions, mental health problems	24 participants on programme	Programme has since developed into Biggest Loser, which has adopted a more intense exercise format whilst retaining the health and nutritional support element of the ACES project.
Older Peoples Activity Programme	<ul style="list-style-type: none"> • Bogside & Brandywell • Health Forum • Old Library Trust • Local Older Peoples groups 	<ul style="list-style-type: none"> • Awards for All • DSD 	• £42,000	Older people over 55.	Up to 300 older people have regularly participated in the physical activity programme held in local clubs including such activities as social dance, chair exercise, boccia and also kurling.	Programme is ongoing.

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Boccia League	<ul style="list-style-type: none"> • Bogside & Brandywell • Health Forum • Old Library • Trust • Local Older Peoples groups 	<ul style="list-style-type: none"> • DSD 	<ul style="list-style-type: none"> • £2,000 	Older people over 55.	Up to 300 older people have regularly participated in the Boccia league and kurling league that has developed amongst 12 local older people's clubs.	Programme is ongoing.
Fighting Fit	<ul style="list-style-type: none"> • Holy Child PS 	<ul style="list-style-type: none"> • WHSSB 	<ul style="list-style-type: none"> • £5,000 	P7 pupils	28 pupils undertook 2-weekly kickboxing sessions with local kickboxing club and received an additional health and nutritional advice education programme and were base lined in terms of weight, flexibility, blood pressure, BMI and lung function before and after the project.	
Father & Son Mentoring Programme	<ul style="list-style-type: none"> • St Josephs Secondary School 	<ul style="list-style-type: none"> • St Josephs Secondary School 	<ul style="list-style-type: none"> • £3,000 	Secondary level boys and a male mentor of either an older brother, father, uncle or grandparent	12 pupils and 12 make mentors completed the project which involved diet and nutrition workshops, exercise sessions, group work sessions and social events	

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Northern Health and Social Care Trust

COLERAINE BOROUGH COUNCIL

Fun, Food & Fitness Programme	<ul style="list-style-type: none"> Northern Health & Social Care Trust 	Northern Trust		Children aged 7-11yrs with obesity	10 children and parents completed the full 6 week course including multi-skills sessions	Exit route for children into mainstream Wildcats clubs.
Northern Health & Social Care Trust Physical Activity Programme	<ul style="list-style-type: none"> Northern Health & Social Care Trust 	Northern Health Trust		People with depression and mental health difficulties	8 adults completed the full 10 week course physical activities included golf, football, kwik cricket, new age kurling, bowls, badminton, table-tennis, and boccia	Programme continued
Cedar Foundation Disability Programme	<ul style="list-style-type: none"> Cedar Foundation Trust 	<ul style="list-style-type: none"> Cedar Foundation 		Young adults with physical disabilities	12 participants attended a three week programme of inclusive activities including goal-ball, boccia and new age kurling	
Active Age Programme	<ul style="list-style-type: none"> Northern Physical Activity Partnership 	<ul style="list-style-type: none"> Northern Physical Activity Partnership 		Adults over 50yrs.	16 adults attended a 4 week programme including badminton, swimming, aerobics, walking.	Programme continued
New Age Kurling / Boccia Club	<ul style="list-style-type: none"> Blind Centre, Coleraine 	<ul style="list-style-type: none"> Blind Centre NI 		Blind people in the Coleraine area.	12 participants taking part in fortnightly physical activity sessions.	
Coleraine Ageing Well Club	<ul style="list-style-type: none"> Age Concern 			Over 50's in the Coleraine Borough	20 taking part in weekly sessions.	
COAST Mental Health Project	<ul style="list-style-type: none"> Northern Health Trust 	<ul style="list-style-type: none"> Northern Health Trust 	<ul style="list-style-type: none"> £1,000 	Patients with mild mental health difficulties	14 patients taking part in an 8 week physical activity programme.	

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Coleraine Disability Football Club	<ul style="list-style-type: none"> IFA University of Ulster 	<ul style="list-style-type: none"> Awards for All 	<ul style="list-style-type: none"> £1,000 	Children and Adults with a disability.	8 juniors and 15 senior taking part in weekly football coaching sessions.	
LARNE BOROUGH COUNCIL						
Full of Beans Activity Programme	<ul style="list-style-type: none"> Northern Investing for Health Partnership 	<ul style="list-style-type: none"> Northern Investing for Health Partnership 	<ul style="list-style-type: none"> £8,858 	P5 pupils	130 children from 6 local primary schools participated in this Childhood Obesity Prevention Programme	Request from more local schools to get involved in a similar programme.
Active Choice GP Referral Programme		<ul style="list-style-type: none"> Local GP's 		Adults with health difficulties eg. <BMI, Depression, Hypertension	40 Adults	Larne Leisure Centre considering employing a full time fitness instructor with GP referral training to cope with demand.
Ballyloran Sport & Physical Activity Programme	<ul style="list-style-type: none"> LSP 	<ul style="list-style-type: none"> DSD 	<ul style="list-style-type: none"> £4,190 	Craigyhill residents, OAP's and inactive females	50 adults friendly neighbours club – exercise programme, Linn Rd ladies group – light exercise programme, Tea Dance – light active recreation exercise programme, Linn Rd Walking Group – active recreation programme	These groups continued to organise these sessions
Craigyhill Community Soccer Programme	<ul style="list-style-type: none"> LSP 	<ul style="list-style-type: none"> DSD 	<ul style="list-style-type: none"> £4,053 	Inactive teenagers	50 13-18 year old participated in this Community Soccer Programme	Funding included capacity building of local individuals within the community allowing them to continue to organise and deliver the programme beyond the funding.

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Ladies Morning	• LSP		• £500	Women	40 participants each week. Programme runs all year round	Ladies group have created great friendships through the programme and have taken ownership of a lunch diary, when they all go out as a group for lunch several times a year.
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BALLYMONEY BOROUGH COUNCIL

Girls Night Out		<ul style="list-style-type: none"> • Health Promotion Agency • Health Action Zone 		Local females from a deprived rural area.	<p>The programme aimed to increase physical activity and improve health.</p> <p>To attract those who were not already active through providing package of stress management, relaxation, pampering, health awareness, and nutritional activities. Many suffered from low self esteem and a lack of confidence, a great many were over weight or obese and the majority felt under pressure.</p>	The need for other programmes including an aerobic dance programme for young people and a walking group was identified and established.
Well Man Project	• Armoy Rugby Club			Men	28 men had their blood pressure taken, cholesterol measured and blood sugar tested. Presentations were made regarding health issues and information on smoking cessation was available. Programmed aimed to tackle men's health issues without the need to visit their GP.	A further 3 'Well Man' evenings were held with a total of over 100 men benefiting.

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COOKSTOWN AND DISTRICT SPORTS FORUM

Outdoor Pursuits Programme	Cookstown District Council Sports Development Unit (CDC SD Unit)	Cookstown & Western Shores Area Network (CWSAN)	£2,100	Teenagers susceptible to mental health issues	16 participants took part in the 3 day programme which included a safetalk regarding issues related to mental health problems	Request from the participants and group leaders to run this programme annually
Inclusive Games	CDC SD Unit; The Base Drop In Centre; Cookstown Adult Centre	CWSAN	£1,550	People with disabilities - both physical and mental	Approximately 24 participating each week in this ongoing physical activity programme which helps raise awareness of the benefits of exercise and diet	Requests from this group to extend the programme. The initial 8 weeks have resulted in a further 6 weeks being added on thanks to funding secured again from CWSAN. If additional funding can be secured we hope to extend this programme until Easter.
Hip Hop Dance Programme	CDC SD Unit; Cookstown Leisure Centre (CLC); Holy Trinity College; Cookstown High School	CWSAN	£1,000	Females aged 14 years plus who do not generally participate in exercise and may be susceptible to mental health problems	30 females currently participate weekly in the dance programme and will take part in a mental health workshop as part of the programme	Due to the success it would be hoped to receive funding to develop this programme and present females with more participant opportunities on a more regular basis
Suicide Prevention Safetalk	CDC SD Unit; Cookstown District Clubs and organisations	CWSAN	£500	All staff, volunteers, coaches, leaders, carers, teachers, nurses, etc	To enable all 24 participants to follow a 4-step programme to help prevent suicide	This safetalk is due to take place in March 2010
Activity Programme	CDC SD Unit; Cookstown Community Health Team	NPPA	£500	Target those who do not normally participate in physical activity	To promote health & wellbeing. Increase self esteem and build confidence and thus increase participation	Other interested groups requesting the same programme

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Activity Programme	CDC SD Unit; Positive Steps Community Centre	NPPA	£500	Target those who do not normally participate in physical activity	To promote health & wellbeing. Increase self esteem and build confidence and thus increase participation	Other interested groups requesting the same programme
Activity Programme	CDC SD Unit; Woodlands Beacon Centre	NPPA	£500	Target those who do not normally participate in physical activity	To promote health & wellbeing. Increase self esteem and build confidence and thus increase participation	Other interested groups requesting the same programme. Possibility of holding another programme for the same group.
Strength & Conditioning – Reaching the next level	CDC SD Unit; Holy Trinity College; South West College	CDC Good Relations Unit	£1,500	16-18 year old boys and girls from cross community schools	16 teenagers participate weekly learning new techniques and benefit from nutritional advice	Development to a yearly programme
Disability Friday Club	CDC SD Unit; Cookstown Adult Centre; Children First Service, The Base Drop In Centre	CDC Sports Development Unit		Disabled individuals aged 13 years plus	Up to 30 participants weekly throughout the summer months take part in a variety of activities	Annual Programme with extension to Easter and Halloween programmes
Stewartstown & Moneymore 50+ Clubs	CDC SD Unit; Age Concern	CDC Sports Development Unit	£8,000	50+ male and females	Active ageing programme to promote healthy lifestyles	Weekly activities take place all year round

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Southern Health and Social Care Trust

SOUTHERN SPORTS PARTNERSHIP

Active4Life	<ul style="list-style-type: none"> Southern Health & Social Care Trust 	<ul style="list-style-type: none"> Southern Health & Social Care Trust 		Year 8 pupils who have recently been through BMI Measurement with overweight and obese levels.	26 participants completed 8 x 2 hour sessions 1 hour Physical activity 1 hour personal development: nutrition, self esteem etc. In 4 leisure centres within the Southern Health and Social Care Trust.	Programme being run as a pilot, with the trust using results to inform board of benefits of running such a programme on a bigger scale.
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CRAIGAVON BOROUGH COUNCIL

DV8 Youth Sports Project & DV8 Summer Splash		<ul style="list-style-type: none"> DSD CSP SIHP Big Lottery Peace II 	<ul style="list-style-type: none"> £84,000 	Youth at Risk (14-18yrs)	Over 100 young people have completed the programme over 5 years	All participants have gained coaching qualifications through the programme & a number of them are now mentors on the project
Portadown West Community Sport Project	<ul style="list-style-type: none"> SELB PLACE Initiative 	<ul style="list-style-type: none"> Northern Bank Awards for all 	<ul style="list-style-type: none"> £5,500 	Young People in areas of high social need	Over 150 participants per year	Lower levels of anti-social behaviour
Young Persons Project – Young Men's Group	<ul style="list-style-type: none"> SHSCT 	<ul style="list-style-type: none"> SHSCT 		Male Youth at Risk	30 young men per year each going through 10 week programme	6 of the young men established a soccer team to participate in a Midnight Soccer league

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Young Person's Project Mentor Programme	<ul style="list-style-type: none"> • Social Services • SHSCT 			Youth at Risk	2 young people per year	
Cherrygrove Children's Home	<ul style="list-style-type: none"> • SHSCT 	<ul style="list-style-type: none"> • Local community Fund 	<ul style="list-style-type: none"> • £1,500 	'Youth at Risk' living within an intensive secure unit	10 young people going through 20 week programme	
Deaf Swim Club	<ul style="list-style-type: none"> • SHSCT • Ulster Deaf Sports Council 	<ul style="list-style-type: none"> • Southern Investing for Health 	<ul style="list-style-type: none"> • £1,000 	People with a disability	12 young people went through 20 week programme	Several have competed at the NI Swimming Championships and 2 were selected to represent NI at the UK Disabled Swimming Championships.
Volunteer Walk Leader Training	<ul style="list-style-type: none"> • SIHP • SHSCT 	<ul style="list-style-type: none"> • Southern Area Implementation Group 	<ul style="list-style-type: none"> • £3,000 		300 people trained to deliver group walks	Walking Groups and Online Walking Directory established. Walking Festival held annually.
SLUG (Sport & Leisure Users Group)	<ul style="list-style-type: none"> • SHSCT 	<ul style="list-style-type: none"> • Awards for All 	<ul style="list-style-type: none"> • £5,995 	People with a disability		Annual events and programmes established
MS Activity Group	<ul style="list-style-type: none"> • SHSCT 			People in physical rehabilitation	12 higher mobility clients completed a 6 week Pilates Programme and 5 lower mobility clients completed a 6 week Inclusive Games Programme	Many of the participants reported improved mobility. Also 4 participants have joined the Boccia league and we are in the process of establishing a regular activity group
Get Active Day	<ul style="list-style-type: none"> • SLUG • SHSCT 			People with a disability	Over 100 participants have taken part in this event annually	

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Chair-Based Exercise Programme				Local volunteers and health workers from Care Homes in the area	12 participants from Cares and Sports Development completed the two day training course	Ability to deliver chair-based exercise in-house
Fit & Well Project	<ul style="list-style-type: none"> Banbridge District Council SHSCT 	<ul style="list-style-type: none"> Big Lottery 	<ul style="list-style-type: none"> £20,000 			
Shine Disability Summer Scheme	<ul style="list-style-type: none"> Mencap SHSCT 			Children aged 7-16yrs with a disability	Approximately 100 children have participated in the 2 week programme over the past three years	A number of children have now joined mainstream sports clubs
Senior Sportsfest	<ul style="list-style-type: none"> Age Concern 	<ul style="list-style-type: none"> Craigavon Sports Advisory Council 		Over 50s	Over 100 older people taking part in a competitive sports event annually	
Mental Health Golf Programme				People with mental health difficulties	10 clients completed the 8 week programme	A number of participants are now playing Golf independently
Gotcha Boccia League				People with mental health difficulties and/or a disability	Over 40 people are taking part in each monthly league	Many of the teams have competed in the NI Boccia Championships. At the past 2 Championships, Craigavon teams have won. A few participants have now been trained as Boccia Leaders and assist with refereeing on league days as well as delivering in-house
Asperger's Saturday Club	<ul style="list-style-type: none"> SHSCT SELB Youth Service Enable NI Autism NI 			Children aged 7-12yrs with Asperger's Syndrome	10 boys are taking part in regular sport and physical activity	Many of the boys have successfully made the transition into mainstream youth and sports clubs

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Community Health Challenge	<ul style="list-style-type: none"> Banbridge District Council SHSCT 			Local Community and Voluntary Groups	Approximately 15 teams complete the challenge annually	
Vote Disability Programme	<ul style="list-style-type: none"> AMH VOTE 			Children with a learning disability	30 young adults per year go through 9 month programme x 5 years	
Craigavon Travellers & Drumellan Young People Healthy Together Programme	<ul style="list-style-type: none"> Drumellan Family Learning Complex Craigavon Travellers Support Committee 	<ul style="list-style-type: none"> Local Community Fund 	<ul style="list-style-type: none"> £4,000 	Children from areas of high social need and minority ethnic group	42 children went through 12 week sports & healthy lifestyle programme	Better understanding of Travellers culture
Filipino Programme	<ul style="list-style-type: none"> Craigavon Filipino Support Network 			Minority Ethnic Community	42 adults took in a yearly programme	Filipino basketball team was established and now plays in the NI Filipino League
DV8 Strides Project		<ul style="list-style-type: none"> SIHP Big Lottery Local Community Fund 	<ul style="list-style-type: none"> £20,000 	'Youth at Risk' and from areas of high social need	25 young people go through 26 week programme per year x 5 years	A range of personal development courses have been run and a number of coaching qualifications
Disability Outreach Programme			<ul style="list-style-type: none"> £1,200 	People with a disability	Approximately 100 participants have completed the 6 week programme to date	

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Belfast Health and Social Care Trust

NORTH BELFAST PLAY FORUM

Sport 4 Schools - • North Belfast Play Forum	Primary Schools		£28,000	P5's	768 sessions delivered to 1500 different participants in 5 different sports	Requests from schools to continue programme
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GSP, GVRT, LORAG, USDT

Older And Active: • Castlereagh Borough Council • Greater Village Regeneration Trust • Lower Ormeau Resident's Action Group	• South Belfast Highway to Health			Older People	The programme was based around social inclusion and how to reintegrate older people using the medium of physical activity within local communities in South and East Belfast and Castlereagh. Address issues of concern that older people identify with to create a greater sense of safety and therefore helping to alleviate concerns that may cause social exclusion.	Increased opportunity for local communities to participate in sport and physical activity Increased awareness of the role/benefits of sport and physical activity, in terms of social, economic and health related issues.
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Active Communities • GVRT • LORAG	• South Belfast Highway to Health • Local Community / Youth Groups in South Belfast • Belfast Trust Community Nutrition & Dietetic Service • Sportopps.com			Young people in South Belfast	• 180 regular participants at 9 different sites for 6 weeks Plus Fair Play tournament • Fair play Tournaments for all programme participants at Queens PEC every 6 weeks • Raised awareness of healthy lifestyles through the promotion of balanced and healthy diets.	
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Summer Mobile				Children and young	Over 2,000 children and young	
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Sports Team (SMST): <ul style="list-style-type: none"> • GSP • Greater Village Regeneration Trust • Lower Ormeau Resident's Action Group • North Belfast Sports Forum • North Belfast Play Forum • Upper Springfield Development Trust 				people from NRA's across Belfast during school holidays	people have participated over the last 3 years. Multi sports / physical activity sessions delivered by coaches employed through sportopps.com (a social economy business) who also highlight a health message and disseminate 'Buddy' resources.	
NORTH BELFAST SPORTS FORUM						
Active Lifestyles <ul style="list-style-type: none"> • North Belfast Sports Forum 				Sedentary youths aged 8 to 16yrs living in North Belfast	Provide and encourage sedentary youths of North Belfast to become involved in sport and physical activities, whilst also receiving a Health message delivered by the coaches taking the sessions	Improved basic sport specific skills for participants and provide coaching opportunities through part time employment and training.
Gaelic4Girls	BCSDN LGFA	Barclays Spaces for Sport	£40,000 (3yr project) Across Belfast	Girls 8 to 14 yrs	Over 200 girls across Belfast participating in outdoor physical activities, meeting new friends, pathway for continued participation	Recruitment opportunity for local LGFA Clubs. Coaching courses (Fundamentals and Level1 LGFA) for coaches delivering programme.
Boccia	Boccia NI Health Trust	EPACG	£16,000	Older people and people with a disability Nursing Homes Sheltered Dwellings Community Groups	150 Participants (50x teams) in physical activity, competition, social occasion,	3x Level 1 Boccia courses, to enable those groups participating to sustain activity (Boccia) on a daily/weekly basis within their own settings

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CASTLEREAGH BOROUGH COUNCIL

Older and Active (Boccia, Archery, Tai Chi, Arm Chair Aerobics, Dance)	Castlereagh Sports Dev Association (CSDA)	Sport NI, CSDA	£1,000	Isolated Older people in Castlereagh	30 participants completed 12 weeks, became more confident leaving the house, and increased their physical activity for 12 weeks	Participants enjoyed so much, and are referred to C-SAW project for further programmes.
Midnight Street Soccer (weekly football league)	Community Safety Partnership	Community Safety Partnership	£30,000 for 2 years	13-17 year old boys and girls. Target anti social behaviour	60 boys and 20 girls participate in football league every Friday, increasing their physical activity and reducing anti social behaviour in Castlereagh	A trip sponsored by the George Best Foundation, taking 18 participants to Manchester to participate in George Best Trophy. Potential future funding.
Disability Multi Skills (fundamental movement skills/multi Skills)				7-15 year olds with physical of mental disabilities	10-12 children took part in 20 week programme, increased their fundamental movement skills and confidence with other children.	Participants enjoyed so much, and are referred to C-SAW project for further programmes.
Ballybeen Sports Dev Programme (peer mentoring, physical activity, first aid, healthy eating)	Dundonald Family and Community Initiative, SEELB,	District Policing Partnership	£1,200	11-16 year old youths in Ballybeen area	15 children taking part in 8 week programme	Potential programme development involving coaching badges
Wildcubs (multi skills)				6-9 year olds	20 children taking part in 20 week programme	
Wildcats (multi skills)		Awards for All,		9-11 year olds	25 children taking part in 20 week programme	

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Change Your Future	Big Lottery Fund	Big Lottery Fund	£128,000	16-25 year old, ex offenders/unemployed, school leavers	Over 60 young people taking part in programme over the three years, gaining new skills and qualifications in sports coaching	Young people securing employment and gaining work experience through or after the programme
Wildcats (multi skills)		Awards for All,		9-11 year olds	25 children taking part in 20 week programme	
Change Your Future	Big Lottery Fund	Big Lottery Fund	£128,000	16-25 year old, ex offenders/unemployed, school leavers	Over 60 young people taking part in programme over the three years, gaining new skills and qualifications in sports coaching	Young people securing employment and gaining work experience through or after the programme

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South Eastern Health and Social Care Trust

LISBURN CITY COUNCIL

ADHD Club	South Eastern Trust	South Eastern Trust	£1,750	Children aged 5-12 with ADHD	To provide sporting opportunities for kids with ADHD to increase physical activity in the identified target group	
Laganview Health and Well-Being Programme	South Eastern Trust Health Laganview Centre		£500	Over 50's men and women 6 week programme of varied activities	To increase physical activity in the identified target group and to provide sporting opportunities for older people in low socio economic areas	
Fresh	South Eastern Trust	South Eastern Trust	£1,750	School Nurse Referral scheme for kids aged 12-14 years who have been identified as obese	To increase physical activity in the identified target group and to provide education on healthy food and lifestyles for participating parents and children.	
Kids Active	SET Reach EPS	Both	£5,000	Primary School Children	Increasing awareness of physical activity and healthy eating by providing incentives for children to participate in project	
GP Referral Scheme	SET	Both		Patients with long-term health problems referred by local GPs	Improved health and well-being	
Inclusive Summer Scheme	Disability Network (SET)	LCC		Children aged 5-14 years	Inclusive Summer Schemes with qualified leaders	

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Active Communities	Investing in Health	Same	£10,000			
Midnight Soccer-Moira	SET	Both	£1,500	Young People aged 16-25	Improved health and well-being.	
Bring Your parent to School Day	South East Health Trust Colin Neighbourhood Partnership, 8 local primary schools			Primary One pupils and their parents/carers.	Educate parents & children on benefits of physical activity, dental hygiene, and nutrition To encourage and teach parents how to play with their children to improve physical literacy and create pathway to Multi-skills clubs and other health & physical activity programmes for both	
SPORT SOUTH EAST						
Seals Multi Skills Clubs2006-08	Local Authorities: <ul style="list-style-type: none"> • Castlereagh, • Ards • North Down • Lisburn • SEELB • Youth Sport Trust 	<ul style="list-style-type: none"> • Big Lottery Fund • EPACG 	<ul style="list-style-type: none"> • £2,000 	Children aged 5-11 yrs of age	220 children aged 5-11 yrs of age participating in a Fundamentals programme improving their core movement skills of agility, balance and coordination, aimed at LISPA or performance sport	Multi Skill environment established in SE area 35 coaches instilled with Multi Skill Concept and trained to effectively deliver Multi Skills

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Seals Multi Skills Clubs 2008-09	Local Authorities: <ul style="list-style-type: none"> • Castlereagh, • Ards • North Down • Lisburn • SEELB 	<ul style="list-style-type: none"> • EPACG 	<ul style="list-style-type: none"> • £2,000 	Children aged 5-11 yrs of age		Request from the HSC to incorporate SE Multi Skills into a mini-Fresh programme Linked to a Skills Festival Programme rolled out by Sport NI's Talent Systems Unit.
Wildcats Activ8 Clubs	<ul style="list-style-type: none"> • AP's – North East, Southern, Belfast • Boys Brigade • Fire IMC 	<ul style="list-style-type: none"> • EPACG 	<ul style="list-style-type: none"> • £2,000 	Children aged 5-11yrs of age		Involvement in FSA and Sport NI Activ8 and Eat Well Programme