

APPENDIX B PATHWAYS PROGRAMME THE EVIDENCE BASE AND ANALYSIS

The following chapter will summarise the research, data and insights that link macro issues, such as population trends, economics, poverty and income inequality to a prevalence of mental health, obesity and health related issues, noting correlates in the disparities in participation levels in sport and physical activity for specific groups; to inform Sport NI's next corporate planning cycle.

This will also inform the logic mapping of the value of sport (measured by the Social Return of Investment and Economic Importance of Sport studies) and its use by Sport NI to impact the most impacted groups and realise an increase in their sustained participation trends and health, social and economic outcomes.

The following **Table F represents a highlighted summary of the evidence that provides a call to action for Sport NI in co-ordination with partners.**

Table F

Population trends: an aging population with estimated increases in young immigrants, and people with disabilities.

- NI population is estimated to be **1,949,269 by 1st July 2025**.
- Census 2021 population is recorded at **1,903,175 people**, which was increased from 1,810,863 people in 2011.
- The number of people **aged 65 or more rose by over 60,000**, to nearly one-third of a million people in Census 2021; a **near 25% increase on 2011**.
- The **ageing of the population** can also be seen in the median age of the population (the age at which half the population are above or below), which over the last decade has increased by two years from 37 in 2011 to 39 in 2021.
- **3.4% of the population, or 65,600 people, belonged to minority ethnic groups**. Within this classification, the largest groups were Mixed Ethnicities (14,400), Black (11,000), Indian (9,900), Chinese (9,500), and Filipino (4,500) residents. This is around double the 2011 figure (1.8% – 32,400 people) and four times the 2001 figure (0.8% – 14,300 people). This increasing diversity is evident to a greater or lesser degree across all 11 Local Government Districts. **The most diverse Local Government Districts are Belfast (7.1% of the population with a minority ethnic group), Mid Ulster (4.0%) and Lisburn and Castlereagh (3.9%)**.
- The School Census showed there are nearly **21,000 ‘newcomer’ pupils**, compared with 8,700 in 2011. In some primary schools, the proportion of such pupils exceeds **50 per cent of the total school population**.
- **Net migration is projected to cause a population increase of 53,800 while natural change is projected to cause a population decrease of 32,400 people** between mid-2022 and mid-2047.
- There are 463,500 projected births and 495,900 projected deaths over the period. While birth rates continue to fall, death rates are rising sharply, and by 2035, **the number of deaths is expected to exceed the number of births**.
- **With an ageing population, and a growing shortage of young people moving into the labour market, a regular flow of young international migrants will be essential to maintain public services and the economy**.
- The **proportion of disabled people is likely to increase** with an ageing population and if the increase in obesity and related health issues is not corrected, **this will increase further, with mobility impairment representing over half of the reported disabilities**.

OLDER PEOPLE, DISABLED PEOPLE AND CULTURALLY DIVERSE GROUPS, EXAMINED IN SPECIFIED LGDS SHOULD BE A KEY FOCUS OF PROGRAMMES

Poverty, inequitable income is high, impacting single parents most and affecting affordability of sport and physical activity.

- **Poverty is higher in NI** than in any other part of the UK.
- We have **one the highest levels of multiple deprivation** in the UK.
- NI has a consistently **higher economic inactivity rate** than the rest of the UK.
- Over the last 15 years, the **NI employment rate has been consistently below** the UK rate.

- NI has the **lowest median earnings** in the UK, the smallest median increase in monthly pay.
- **15% of individuals in NI, approximately 291,000, were in absolute poverty in 2023/24.**
- 17% of individuals in NI, 331,000 were in relative poverty in 2023/24.
- **Single parents are at highest risk (35%) of relative poverty.**
- **90,000 children/20% in NI are in absolute poverty in 2023/24.**
- 104,000 children/23% in NI are relative poverty in 2023/24.
- **NI lowest earning households are 6% lower than the UK, although income from social securities is 70% in NI while 61% in the UK.**
- Spending on basics for the same period is £229.77 in NI and £297.92 in the UK, of which **4.6% is spent in recreation and culture, equating to £10.57, of which part may be used for sport.**
- The costs of child poverty in NI were estimated to be **£825 million per annum**, of which £420 million were the direct costs of services seven years ago.
- **30% of parents could not afford the equipment and clothing** needed for their children to part in sport or physical activity.
- **35% of parents reduced spending on sport and physical activity** for their children.
- **37% of parents reported that their children had missed out** on sport or physical activity because of the costs.

A FUNDAMENTAL CONSIDERATION OF LOW-COST SPORT IS CRITICAL TO ENSURE SUSTAINING AND INCREASING PRESENT PARTICIPATION LEVELS. THE CONSIDERATION OF NATIONAL CAMPAIGNS TO INCREASE ACCESSIBLE AND AFFORDABLE PHYSICAL ACTIVITY INTO SPORTING OPTIONS SHOULD BE DEVELOPED TO IMPACT MARCO TRENDS.

THE MOST DEPRIVED SUPER OUTPUT AREAS, LOW INCOME FAMILIES, CHILDREN IN POVERTY AND SINGLE PARENTS SHOULD BE PRIORITISED WITHIN PROGRAMMES OF WORK.

Obesity, health inequalities – deprivation and physical activity

- **65% of adults in NI** are classified as living with overweight or obesity.
- The annual cost of obesity to society in Northern Ireland is estimated at **£500m** annually.
- Rates are also **higher in the most disadvantaged communities (68%)** compared to the least disadvantaged (62%).
- There are markedly higher rates of **premature mortality in the most deprived areas**.
- **Just over one in four children and young people in NI** are living with overweight (20%) or obesity.
- **Obesity is 94% higher for year eight primary pupils in the most deprived areas.**
- **Childhood obesity rates at Year One are 1.5 times higher among children from the most deprived areas** than those from least deprived and **over twice as high in Year 8 in 2018/19.**
- **More men (71%)** than women (60%) are living with overweight or obesity in NI.
- Diabetes diagnosis **has doubled in 15 years, with 108,000 people** living with diabetes in Northern Ireland, **90% of which will have type 2 diabetes** and the biggest preventable risk factor is obesity, which accounts for 85% of the overall risk of developing type 2 diabetes.
- Those living with overweight or obesity **are at a higher risk of a range of major health conditions including heart disease and stroke; type II diabetes; some cancers, including postmenopausal breast cancer, orthopaedic problems, and complications in pregnancy.**
- **Obesity can also impact negatively on disability** in the wider population; restricting people's ability to engage in physical activity, potentially negatively impacting quality of life, and mental health.
- Recent estimates suggest that **overweight and obesity is the fourth most common risk factor for non-communicable diseases**, after high blood pressure, wider dietary risks and tobacco.
- Obesity was the **second main preventable cause of cancer**, after smoking.
- Weight stigma can influence future weight gain and negatively impact on physical and mental health and vice versa.

COSTS OF OBESITY

- Overweight and obesity harms related healthcare and productivity costs are estimated at **£425 million per year.**
- **Over £1million per day** is estimated to be spent on diabetes-related complications or 10% of HSC budget which is **projected to rise** to 17% by 2035.

OBESITY – PHYSICAL ACTIVITY, DIET AND THE ENVIRONMENT

- Increased availability of processed energy dense foods and **decline in physical activity** has led to increased levels of overweight and obesity. Drivers are poor diet, **physical inactivity**, biological susceptibility, **the environment impact on individual choices.**
- The **physical, social, economic, and commercial environment** in which people are born, grow, develop, live, work, and age plays a key role in **shaping behaviours** (including the influence of cultural norms around food, **activity** and body weight) and opportunities and ability to make healthy choices. Along with **ethnicity, genetics, poverty, and age**, these factors influence body weight outcomes.
- There is a disconnect that can mean there is more support for measures that seek to change individual behaviour, rather **than measures that change the wider food or physical activity environment** and culture and which are likely to be more effective.
- **23% of people (estimated to be 448,332 people) are inactive** and **43% (estimated to be 838,186 people) do not meet the physical activity guidelines.**

- In 2019, boys (29%) were twice as likely as girls (15%) to do more than seven hours of physical activity per week.
- People who are insufficiently active have a 20% to 30% increased risk of death across the life course compared to people who are sufficiently active .
- **HEALTH INEQUALITIES**
- Children in deprived areas are expected to live 11 to 15 fewer years.
- Men from areas of deprivation live 7.2 years less and women from areas of deprivation live 4.8 years less in 2022.
- Prescriptions for mood disorders increased by a rate 66% higher in most deprived areas in 2022.
- The suicide mortality rate in the most deprived areas was more than two and a half times the rate observed in the least deprived areas in 2022.
- Mortality from alcohol and drug related indicators is almost six times higher in the most deprived areas in 2022.
- The proportion of mothers smoking is five times higher in the most deprived areas in 2022.
- Male and female life expectancies were lowest in the Belfast LGD (75.8 years and 80.4 years respectively).

Mental health

- NI has a 25% prevalence of mental health problems than England, with debt cited as a key risk factor. Income inequality is a key driver of mental health problems - Carers, disabled people, people with health conditions, and LGBTQIA+ people, minority ethnic groups, refugees and asylum seekers are at higher risk.
- NI is 25% higher than in other UK nations for children and young people in Northern Ireland experience common mood disorders such as anxiety and depression.
- Around a fifth (21%) of the population scored four or more on the GHQ-12 indicative of probable mental ill-health (2021/22).
- NI's most deprived areas had a suicide rate that was almost twice that of the least deprived areas in 2020 (19.7 deaths per 100,000 in the most deprived areas, 10.8 per 100,000 in the least deprived). The suicide mortality rate in the most deprived areas was more than two and a half times the rate observed in the least deprived areas in 2022.
- Prescriptions for mood disorders increased by a rate 66% higher in most deprived areas in 2022.
- Cases of disability discrimination, followed by sex and race discrimination are most prevalent and affect mental health.
- Young people in the most deprived areas were 59.9% likely to have experienced an Adverse Childhood Experience compared to those in the most deprived (36.0%).
- Children whose parents had current mental health problems were twice as likely to have an anxiety or depressive disorder themselves.
- Only 31% of females compared to 49% of males said their mental health and wellbeing was 'excellent' or 'very good'.
- Sport NI were acutely aware of the psychosocial, mental health and personal demands often required of those involved in sport, and the need to provide adequate support

from grassroots upwards. **The Wellbeing Action plan** provided for more mental health and wellbeing support for those engaged in sport, at both a community and competitive level. The Action Plan set out a shared vision for how mental health awareness raising and support is crucial to the sustained development of those involved in sport. **It concluded in 2025.**

- **Physical activity undertaken outdoors in natural environments is more beneficial for a range of psychological outcomes compared with urban environments. The outdoors strategy is under development.**

Disparities in participation

- Over half of all adults (51%) participated in sport at least once within the last year (2023/24), (If we take the 2021 population of 1,903,100 people and deduct 0-14 years of 365,200 = 1,537,900; we can apply 51% which equates to **784,329 people**) and **49% or 753,571 that did not participate in the last year.**
- Over four out of every ten adults (44%) had participated in sport in the previous four weeks (2023/24) (estimated using the same calculation as 676,676 people, meaning **six out of every ten adults or 56% or 861,224 did not participate in the previous four weeks.**
- **An estimated 27% or 415,233 adults** were a member of a sports club or organisation within the previous year meaning 73% or 1,122,667 adults that are not.
- LGD differ significantly in participation: Lisburn and Castlereagh (60%), Ards and North down (58%), Belfast (57%) and Armagh City, Banbridge and Craigavon (57%). In contrast **Derry City and Strabane had the lowest proportion of adults participating** in sport in the previous year (35%).
- **Adults living in the most deprived areas in Northern Ireland were 24% less likely** to have participated in sport within the previous year (41%) and **19% less likely within the last 4 weeks (35%)** than those adults living in the least deprived areas (63% and 54%, respectively).
- **Adults living in the most deprived areas were 14% less likely to be a member of a sports club (18%)** than those living in the least deprived areas (32%).
- **Women (44%) were less likely to have taken part in sport at least once within the last year than men (58%) (2023/24).** Under two-fifths of women (38%) stated that they had taken part in sport in the previous four week compared to just over half of all men (51%) (2023/24).
- **Sport participation declines with age among adults commencing at 35 years plus.**
- An estimated **541,518 women do not participate in sport (2023/24).** 44% of women participate estimated to be 425,480 (2023/24). **An estimated 599,540 women did not participate in the last four weeks.** 38% or 367,460 women participated in the last four weeks. 18% of women or 174,060 were members of sports clubs. **An estimated 792,940 women are not members of sports clubs,** therefore this is clearly one of our target groups for increased membership of sports clubs and the data is readily available on the barriers they articulate clearly.
- **Adults aged 45 and over were less likely to have participated in any sport** within the last year (37%) or within the last four weeks (32%) compared to adults aged 16-44 years (64% and 55% respectively) (2023/24) **The participation rate decreased for those aged 35-44 years (59%)** and was similar for those aged 45-54 years (55%). (2023/24) The participation rate then decreased with each subsequent age group to **26% of those aged 65 and over. (2023/24).**
- **Disabled adults were 29% less likely to have taken part in sport** at least once within the last year (30%) compared with those who do not have a disability (59%). **23% of disabled adults took part in sport compared in then last four week compared to over half of 53% adults who do not have a disability. 13% of disabled adults were**

members of a sports club compared to adults who do not have a disability 32% (2023/24) – a differential of 19%.

- Adults with dependants were more likely to participate in sport in the previous year than those without dependants (50% and 46% respectively). Similar proportions of adults with dependants and those without had participated in sport in the previous 4 weeks (41% compared to 40%).
- Walking for recreation is not included in the overall sport participation figures yet is a mobilisation activity that can aid for base cardio fitness and strength to transition into sport. It is clearly more accessible for our target groups and so is a touch point for conversion of those engaged in physical recreation and activity into sport.
- **There is little to no data on ethnically diverse groups participation** but extensive qualitative data on their experiences pertaining to sport and recommendations. Hate crime is more prevalent in Northern Ireland than generally realised, with **the number of racist incidents and crimes regularly exceeding the number of sectarian crimes. Clashes between communities have resulted in a closed, single identity community exhibiting high stress and anxiety levels.** This translates to how racism might be expressed.
- There is **limited data on LGBTQIA+ participation in sport.**
- Children's participation

The Economic Importance of Sport:

- DCMS official statistics, based on previous SSA proportions, showed that sport contributed £43.3 billion (£48.2 billion in 2021 prices) to the UK's 2016 GVA (equivalent to 2.44% of the UK's total GVA).
- Although not directly comparable due to changes in definitions, the latest estimate of £53.6 billion from this research project represents a real terms increase in the region of 13% over 5 years to 2021. *Sport-related GVA has risen from 2.44% of total UK GVA in 2016 to 2.48% in 2019 and to 2.6% of total UK GVA in 2021, demonstrating relative growth in the size of the sport sector as a proportion of the UK over the period.[footnote 1]
- Between 2019 (pre-COVID-19) and 2021, the value of sport-related GVA dropped slightly in real terms by around 2%. However, this is a lower decrease than the UK's overall GVA, which fell by 7% over the same period.
- This indicates that sport-related industries have performed more strongly than the UK economy as a whole, which contracted to a greater extent during the COVID-19 pandemic. This highlights the sport sector's contribution to the Government's Growth mission.
- Comparing sport to other sectors can help to put results into context. The £53.6 billion that sport characteristic and connected goods contributed to the UK's GVA in 2021 was higher than other industries, such as 'construction of buildings' (£40.2 billion), 'food and beverage services' (£36.5 billion), and 'telecoms' (£33.3 billion). NI results are:
 - Sport-related output (direct): £2.3 billion
 - % of total output (direct); 2.7%
 - Sport-related GVA (direct): £1.2 billion
 - % of total GVA (direct): 2.6%
 - Sport-related employment FTE (direct): 21,000 jobs
 - Sport-related % of total FT employment (direct): 3.4

2019 Economic Importance of Outdoor Sport found:

- GVA for voluntary sector is £27.40m (not including volunteers)
- GVA for the commercial outdoor recreation sector is £37.4m

- GVA for the commercial non outdoor recreation sector is £51.3m
- The generated GVA for outdoor recreation in Northern Ireland is £131.3m, associated with 4,804 full time equivalent employees
- Overall, there were 5,000 volunteers and 256 part-time employees working in the clubs. Volunteers and parttime employees work for an average of 2.0 hours per week, and 19 hours per week respectively.
- In terms of employment the clubs employed 138 people on a full time equivalent basis; this figure expanded to 401 if volunteering is taken into account (263 volunteers on a full time equivalent basis).
- There were 137 institutions that are involved in the provision of a range of outdoor education and recreation activities in Northern Ireland.
- Typically a centre would employ 5 people on a full-time basis, 9 on part-time basis, and 12 volunteers.
- The domestic consumption associated with parks is approximately £3.3million. This generates a full time equivalent level of employment of 170.
- Charities generate an income in excess of £1.8m which is typically utilised without leaving any surplus. From this, the vast majority, almost £1.1m comes from the consumer sector. The estimated GVA is almost £0.6m (associated with wages).
- Consumer spending on outdoor recreation adds up to just over £192m. This is a considerable increase from £137.5m in 2011 (2017 prices), corresponding to an increase of 40% in volume terms.
- Spending on bicycles is estimated to be £37.1m. This represented an increase of 42% compared to 2011, in 2017 prices.
- The central government spending of £18.6m is overshadowed by a generated income of £76.2m. Even if we include local authorities, the generated income exceeds spending.
- Overall, the outdoor recreation related spending by local authorities just exceeds £28m, its greatest part being wages and other input.
- Employment in water sports (at over 170) represents an increase of 79% compared to the year 2011. Overall the estimated number of full time equivalent employees within outdoor recreation in Northern Ireland is 4,804. This represented an increase of 36% since 2011.
- The generated GVA exceeds £131m, representing an increase of 28% in value terms from 2011.
- This study has evidenced a considerable increase in the economic impact of outdoor recreation in Northern Ireland with a generated GVA exceeding £131m, representing an increase of 28%. This has been brought about by improvements in the NI economy, greater participation rates, especially in recreational walking, and growth in the outdoor recreation business sector as testified by the increase in the numbers of outdoor recreation operators

1. Population trends

- 1.1** Based on estimates, Northern Ireland population may reach 1,949,269 by 1st July of 2025 (UK Population).
- 1.2** The Census 2021 population is recorded at 1,903,175 people, which was increased from 1,810,863 people in 2011. Population increase was greatest in the older age groups. The number of people aged 65 or more rose by over 60,000, to nearly one-third of a million people in Census 2021; a near 25% increase on 2011 and demonstrates the scale of population change due to ageing. All Local Government Districts showed an ageing population over the period 2011 to 2021. The share of the Northern Ireland population represented by people aged 65 years was 17.2% in 2021.

Population is estimated to be 1,949,269 by 1st July 2025. Census 2021 population is recorded at 1,903,175 people, which was increased from 1,810,863 people in 2011.

The number of people aged 65 or more rose by over 60,000, to nearly one-third of a million people in Census 2021; a near 25% increase on 2011.

The ageing of the population can also be seen in the median age of the population (the age at which half the population are above or below), which over the last decade has increased by two years from 37 in 2011 to 39 in 2021

- 1.3** NISRA Census 2021 Statistical Bulletin analyses population breakdown by age, as follows

Table 3: Usual residents by age band – Census 2021

Age band	Population	Percentage
0-14	365,200	19.2%
15-64	1,211,500	63.7%
15-39	594,400	31.2%
40-64	617,100	32.4%
65+	326,500	17.2%
65-84	287,100	15.1%
85+	39,400	2.1%
All ages	1,903,200	100%

- 1.4** On census day, there were 365,200 children aged 0 to 14, a 10,500 increase compared from the 354,700 children in 2011. In contrast the number of persons aged 65 and over has increased from 263,700 in 2011 to 326,500 in 2021. The ageing of the population can also be seen in the median age of the population (the age at which half the population are above or below), which over the last decade has increased by two years from 37 in 2011 to 39 in 2021.
- 1.5** Belfast remains the largest Local Government District by population with 345,400 people in 2021 and Fermanagh & Omagh remains the smallest by population with 116,800 people in 2021. Population growth was proportionately greatest in Lisburn & Castlereagh with 149,100 people in 2021 (up 10.6% from 2011). On Census Day 2021, there were 768,810 occupied households in Northern Ireland, up 9.3% from the 703,275 recorded in 2011. The following NISRA analysis outlines population by LGD:

Table 1: Usually resident population by LGD for Census 2021

Geography	All usual residents 2021	Percentage share of Northern Ireland population
Antrim and Newtownabbey	145,700	7.7%
Armagh City, Banbridge & Craigavon	218,700	11.5%
Belfast	345,400	18.1%
Causeway Coast & Glens	141,700	7.4%
Derry City & Strabane	150,800	7.9%
Fermanagh & Omagh	116,800	6.1%
Lisburn & Castlereagh	149,100	7.8%
Mid & East Antrim	139,000	7.3%
Mid Ulster	150,300	7.9%
Newry, Mourne & Down	182,100	9.6%
Ards & North Down	163,700	8.6%
Northern Ireland	1,903,200	100.0%

1.6 The following NISRA analysis outlines children population by LGD:

Table 4: Children (aged 0-14) population and usually resident population by LGD Census 2021

Geography	Population aged 0-14	Population	Percentage of population aged 0-14
Antrim and Newtownabbey	27,500	145,700	18.9%
Armagh City, Banbridge & Craigavon	45,400	218,700	20.8%
Belfast	62,300	345,400	18.0%
Causeway Coast & Glens	26,000	141,700	18.3%
Derry City & Strabane	30,000	150,800	19.9%
Fermanagh & Omagh	23,200	116,800	19.9%
Lisburn & Castlereagh	28,400	149,100	19.0%
Mid & East Antrim	24,200	139,000	17.4%
Mid Ulster	32,600	150,300	21.7%
Newry, Mourne & Down	37,800	182,100	20.8%
Ards & North Down	27,800	163,700	17.0%
Northern Ireland	365,200	1,903,200	19.2%

The percentage of the population aged 0 to 14 across each Local Government District is shown in the map at Figure 2.

1.7 The following NISRA analysis outlines people ages 65 and over population by LGD:

**Table 5: People aged 65 and over and usually resident population by LGD
Census 2021**

Geography	Population aged 65 and over	Population	Percentage of population aged 65 and over
Antrim and Newtownabbey	25,100	145,700	17.2%
Armagh City, Banbridge & Craigavon	35,000	218,700	16.0%
Belfast	50,800	345,400	14.7%
Causeway Coast & Glens	27,300	141,700	19.3%
Derry City & Strabane	24,200	150,800	16.0%
Fermanagh & Omagh	21,400	116,800	18.4%
Lisburn & Castlereagh	26,200	149,100	17.6%
Mid & East Antrim	27,300	139,000	19.7%
Mid Ulster	22,500	150,300	15.0%
Newry, Mourne & Down	30,300	182,100	16.7%
Ards & North Down	36,200	163,700	22.1%
Northern Ireland	326,500	1,903,200	17.2%

As can be seen, the percentage of the population who are aged 65 or more is lowest in Belfast (14.7%) and highest in Ards and North Down (22.1%).

- 1.8** The following NISRA analysis outlines ethnic group population, however based on data from the Department for Education and the Race and Racial Inequality Report this is expected to have grown significantly since 2021:

Table 1: Ethnic group of usual residents (Census 2021)

Ethnic Group	Number	Percentage
White	1,837,600	96.6%
Minority Ethnic Group	65,600	3.4%
Black	11,000	0.6%
Indian	9,900	0.5%
Chinese	9,500	0.5%
Filipino	4,500	0.2%
Irish Traveller	2,600	0.1%
Arab	1,800	0.1%
Pakistani	1,600	0.1%
Roma	1,500	0.1%
Mixed Ethnicities	14,400	0.8%
Other Asian	5,200	0.3%
Other Ethnicities	3,600	0.2%
All usual residents	1,903,200	100.0%

Projections

- 1.9** The School Census showed there are nearly 21,000 ‘newcomer’ pupils, compared with 8,700 in 2011. In some primary schools, the proportion of such pupils exceeds 50 per cent of the total school population.
- 1.10** Net migration is projected to cause a population increase of 53,800 while natural change is projected to cause a population decrease of 32,400 people between mid-2022 and mid-2047. There are 463,500 projected births and 495,900 projected deaths over the period.
- 1.11** Population projections therefore suggest that international migration is likely to become the dominant factor in population change in Northern Ireland. This is because present trends show that, while birth rates continue to fall, death rates are rising sharply, and by 2035, the number of deaths is expected to exceed the number of births. With an

ageing population, and a growing shortage of young people moving into the labour market, a regular flow of young, international migrants will be essential to maintain public services and the economy in general.

Net migration is projected to cause a population increase of 53,800 while natural change is projected to cause a population decrease of 32,400 people between mid-2022 and mid-2047. There are 463,500 projected births and 495,900 projected deaths over the period.

While birth rates continue to fall, death rates are rising sharply, and by 2035, the number of deaths is expected to exceed the number of births. With an ageing population, and a growing shortage of young people moving into the labour market, a regular flow of young international migrants will be essential to maintain public services and the economy.

- 1.12** The proportion of disabled people differed by age group: in 2022/23, 22% of working age adults were disabled compared to 54% of adults over State Pension age. The estimated percentage of all individuals who had a disability has gradually increased over time from 19% in 2012/13 to 24% in 2022/23. This proportion of disabled people is likely to increase with an ageing population and if the increase in obesity and related health issues is not corrected. A person is considered to have a disability if they report a long-standing illness, disability or impairment which causes substantial difficulty with day-to-day activities. This is the core definition of disability in the Equality Act 2010. In 2022/23, almost half of all disabled individuals reported a mobility impairment.

The proportion of disabled people is likely to increase with an ageing population and if the increase in obesity and related health issues is not corrected, this will increase further with

mobility impairment representing over half of the reported disabilities.

It is therefore logical that Sport NI works with the sporting sector and partners to improve accessibility and inclusion for the growing population of culturally diverse groups, disabled people and older people as these population subsets are expected to grow.

In addition, a geographical analysis against census data of governing body and club memberships, participants and applicant LGD projected performance indicators will facilitate a much improved and benchmarked assessment, in terms of levels of demographic group representation. This data is readily available. This will allow the optimisation of return on investment, for example a projected participation target of x no. of people from culturally diverse groups may be higher areas of Belfast LGD than others.

2. Economics

Labour Market

- 2.1** NISRA produces a monthly Labour Market Report, which provides an overview of key NI labour market statistics (and UK comparisons). Data are gathered from the Labour Force Survey (LFS), Quarterly Employment Survey (QES), and the Annual Survey of Hours and Earnings (ASHE). The LFS gathers information on the personal circumstances and economic activity of people in more than 2,000 households each quarter.
- 2.2** QES has a sample size of approximately 6,000 firms and covers all employers with 25 or more employees, all public sector employers and a representative sample of smaller firms. ASHE includes approximately 1% of all employees in NI who were covered by PAYE schemes, and relates to the pay period containing a reference date in April each year. The following are UK data sources employed:
- [Employment and employee types - Office for National Statistics](#)
 - [People not in work - Office for National Statistics](#)
 - [Earnings and working hours - Office for National Statistics](#)

Key data

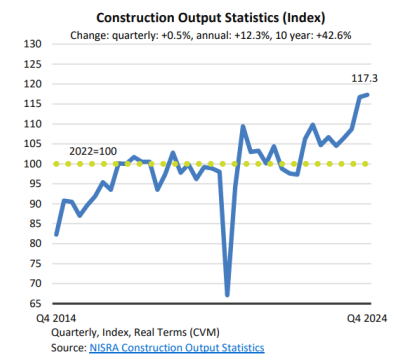
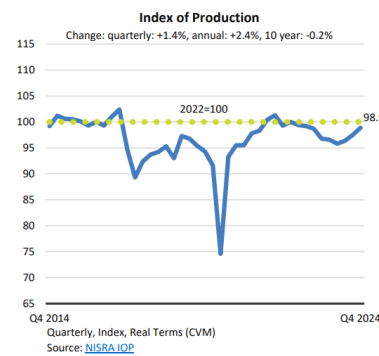
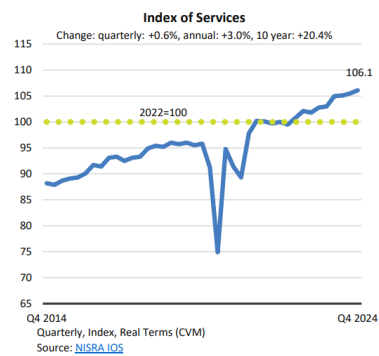
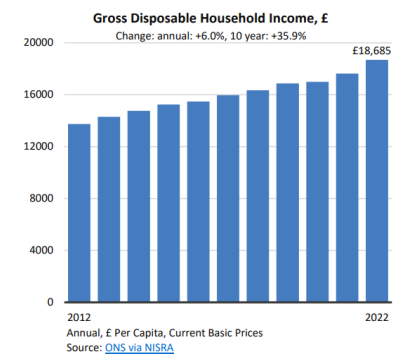
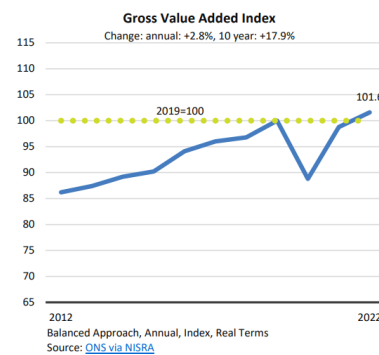
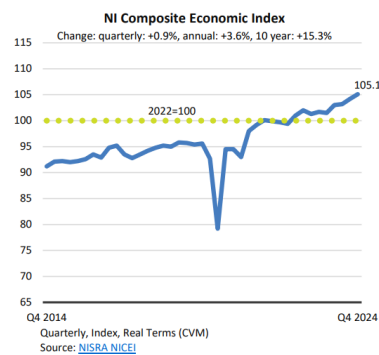
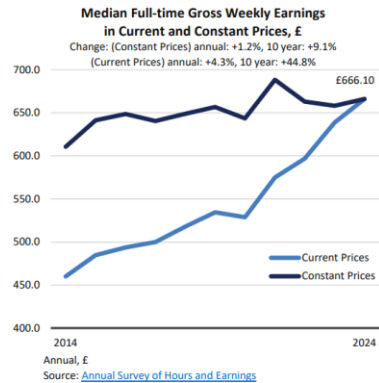
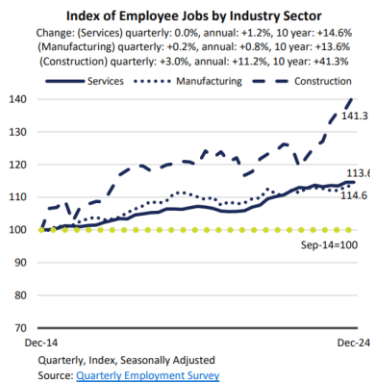
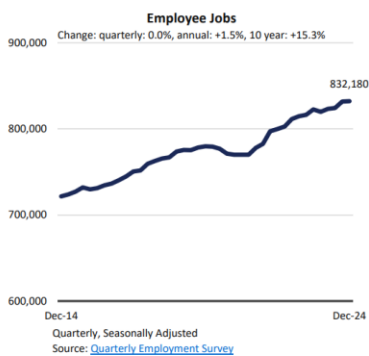
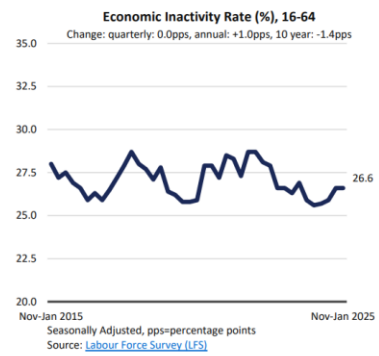
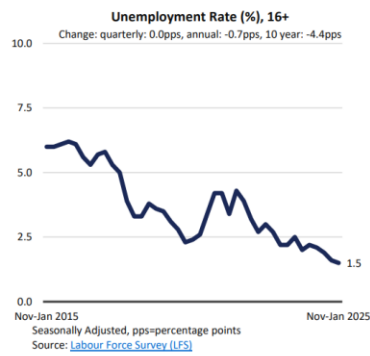
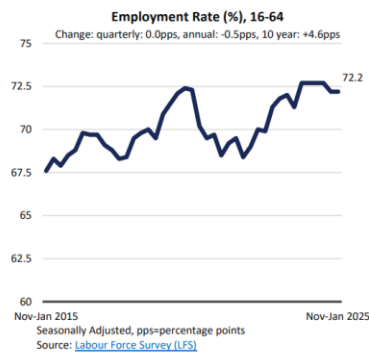
- 2.3** The seasonally adjusted unemployment rate (age 16 and over) for the period November-January 2025 was estimated at 1.5%.
- 2.4** The seasonally adjusted employment rate (aged 16 to 64) for November-January 2025 was estimated at 72.2%.
- 2.5** The seasonally adjusted economic inactivity rate (aged 16 to 64) for November-January 2025 was estimated at 26.6%.
- 2.6** The total number of hours worked in November-January 2025 was 29.2 million hour.

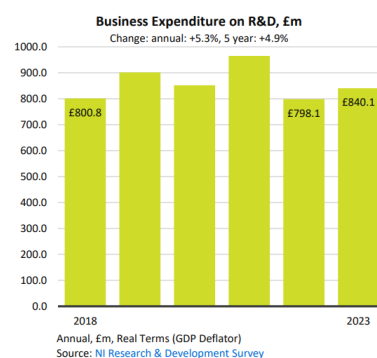
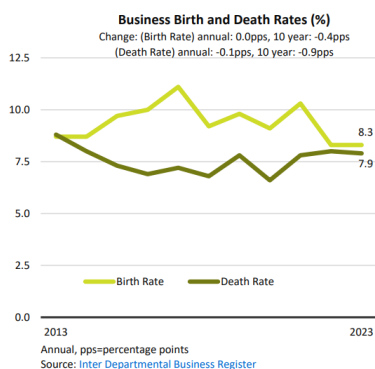
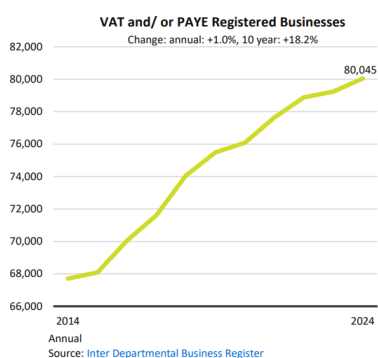
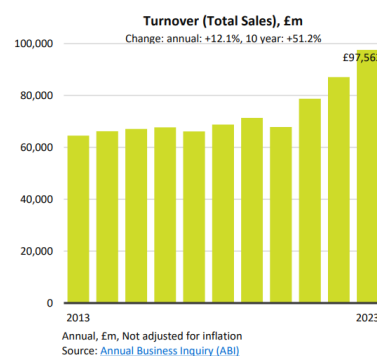
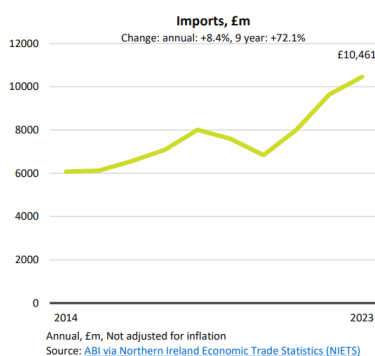
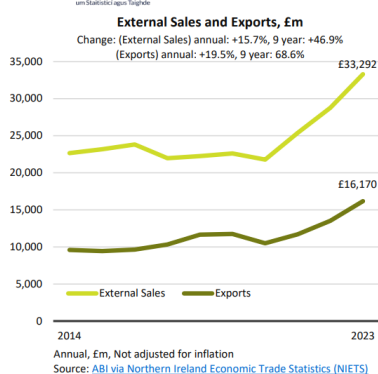
- 2.7** NI claimant count (experimental) was 40,800, an increase of 3.0% from the previous month.
- 2.8** In February 2025, 4.2% of the NI workforce was recorded on the claimant count.
- 2.9** 90 redundancies were confirmed in February 2025, taking the annual total to 1,880, which was approximately three-quarters of the figure for the previous year (2,430). There were 150 proposed redundancies in February 2025, taking the annual total to 3,060, which was around four-fifths of the figure for the previous year (3,920).
- 2.10** The number of employee jobs in December 2024 was estimated 832,180.
- 2.11** Median gross weekly earnings for full-time employees (“weekly earnings”) in April 2024 was £666, an increase of 4.3% from £639 in 2023. This is higher than the average annual increase over the last twenty years and follows an increase last year (7.0%) which was the second highest on record.
- 2.12** In real terms (that is, adjusted for inflation) weekly earnings in NI increased by 1.2% over the year to April 2024. This increase follows two years of decreases in real earnings, with the largest annual decrease in real earnings on record reported in 2022 (3.7%). For the UK as a whole, real weekly earnings also increased (2.9%) over the year, with decreases in the previous two year.
- 2.13** The total employment in Northern Ireland in September 2022 was 836,873. The largest proportion of working owners was in Construction (6,161 or 14% of total Construction employment).
- 2.14** The total number of employee jobs in Northern Ireland in September 2022 was 805,848, an increase of 13,222 (1.7%) since September 2021.

- 2.15** The number of VAT and/or PAYE registered businesses operating in Northern Ireland in 2024 is estimated to have risen by 810 (1.0%) to 80,045. This marked the tenth consecutive year of increase following a period of decline from 2008 to 2014.
- 2.16** The NICEI indicates that economic output increased by 0.9% over the quarter to December 2024 and increased by 3.6% over the year.
- 2.17** The NI IOS increased by 0.6% over the quarter (October - December 2024), reaching a series high, and by 3.0% over the year.
- 2.18** NI Retail Sales Index output, a subset of the Index of Services, increased 0.3% over the quarter (October - December 2024); increased by 6.4% over the year; and increased by 3.6% over the most recent four quarters compared to the previous four quarters. Please note that the experimental Retail Sales Index is included in the NI IOS bulletin from Quarter 3 2023.
- 2.19** The NI IOP increased by 1.4% over the quarter (October - December 2024) and by 2.4% over the year.
- 2.20** In 2023, total sales by businesses in Northern Ireland (NI) were estimated to be worth £97.6 billion.
- 2.21** Sales within NI amounted to £64.3 billion, accounting for 65.9% of total sales.
- 2.22** In the fourth quarter of 2024, the total volume of construction output increased by 0.5%, increased by 12.3% over the year and increased by 5.5% on a rolling four quarters basis.

Tables F

NISRA Labour Market, Economic Output and Business Dashboards





2.23 The Northern Ireland economy has grown for four consecutive quarters for the first time in six years, but that sequence is likely to come to end imminently, with most indicators pointing to a contraction when figures for the first three months of this year are ratified, and business preparing for stringent tax hikes from April.

2.24 The latest Composite Economic Index (NICEI) from the Northern Ireland Statistics and Research Agency (Nisra) - basically a similar measure to gross domestic product (GDP) - shows that economic output in the region is currently 4.2% above its peak in this series, stretching back to the late summer of 2007. The 0.9% increase in the NICEI in the October-December period saw the largest contribution come from the services sector (it grew 0.3%), followed by agriculture and production (both up 0.2%). The services sector currently makes up 52% of the north's economy based on gross value added, followed by the public sector (23%), production (14%), construction (8%) and agriculture (2%).

- 2.25** Northern Ireland experienced stronger growth over the quarter than the UK as a whole (up 0.1%) and Scotland (flat), but at a rate way below that in the Republic. Indeed Ireland's GDP was up 3.6% in the last quarter and has increased by 30% since pre-Covid. Although the measures are not produced on a fully equivalent basis, comparisons with the UK show that Northern Ireland had stronger growth over the quarter (0.9% vs 0.1%) and over the year (3.6% vs 1.4%). And benchmarked against the pre-pandemic quarter (the last three months of 2019) economic activity in NI has shown stronger growth than the UK (10% vs 3.2%). But headwinds suggest the economic tide could be turning, especially given the sentiment within business ahead of the increase in employer national insurance contributions in April.
- 2.26** The latest Ulster Bank regional growth tracker (previously known as the PMI) showed in that employment in Northern Ireland dipped for first time in four years in February amid some concerns in the wider economy over inflation and global events.
- 2.27** The Institute for Fiscal Studies is predicting that more tax rises might come in the Autumn Budget, with director Paul Johnson saying **“there's a good chance that economic forecasts will deteriorate”**.
- 2.28** The impact of this forecast deterioration will be most felt where there is income inequality and poverty and the next chapter focuses on this and its impact to participation levels and health inequalities.

The Economic Importance of Sport

- 2.29** Sport NI has consistently referenced the economic importance of sport in its corporate plans, and following the 2013 Economic Importance of Sport ([ORB: Economic Importance of Sport in Northern Ireland](#)) showing sport contributes **£867m** to the Northern Ireland economy, Sport NI worked with other home country research leads and DCMS to undertake a further economic importance of sport study through ONS

satellite accounts. The following is a summary of the findings and further detail may be accessed at: [Sport Satellite Account for the UK 2024: Research into a new measure for estimating the value of sport - GOV.UK](#) and [Sport Satellite Account for the UK 2024: Research into a new measure for estimating the value of sport - GOV.UK](#)

- 2.30** The results estimated that £34.8 billion in wages are paid in sport-related occupations. This is equivalent to 3.1% of all wages in the UK. Based on previous SSA proportions, showed that sport contributed £43.3 billion (£48.2 billion in 2021 prices) to the UK's 2016 GVA (equivalent to 2.44% of the UK's total GVA). Although not directly comparable due to changes in definitions, the latest estimate of £53.6 billion from this research project represents a real terms increase in the region of 13% over 5 years to 2021. *Sport-related GVA has risen from 2.44% of total UK GVA in 2016 to 2.48% in 2019 and to 2.6% of total UK GVA in 2021, demonstrating relative growth in the size of the sport sector as a proportion of the UK over the period.
- 2.31** Between 2019 (pre-COVID-19) and 2021, the value of sport-related GVA dropped slightly in real terms by around 2%. However, this is a lower decrease than the UK's overall GVA, which fell by 7% over the same period.
- 2.32** This indicates that sport-related industries have performed more strongly than the UK economy as a whole, which contracted to a greater extent during the COVID-19 pandemic. This highlights the sport sector's contribution to the [Government's Growth mission](#).
- 2.33** Comparing sport to other sectors can help to put results into context. The £53.6 billion that sport characteristic and connected goods contributed to the UK's GVA in 2021 was higher than other industries, such as 'construction of buildings' (£40.2 billion), 'food and beverage services' (£36.5 billion), and 'telecoms' (£33.3 billion).

2.34 The below **Table G** shows the UK's direct sport-related output and sport related output as a share of total UK output, broken down by nation. The same information is also provided for GVA. The below table also shows the number and proportion of direct sport-related full-time equivalent (FTE) jobs, broken down by each Home Country. Further geographical breakdowns, including local authority estimates for GVA, are included in the full report.

	England	Wales	Scotland	Northern Ireland	UK
Sport-related output (direct)	£87.0 billion	£3.6 billion	£6.7 billion	£2.3 billion	£99.6 billion
% of total output (direct)	2.5%	2.6%	2.4%	2.7%	2.5%
Sport-related GVA (direct)	£46.7 billion	£1.9 billion	£3.8 billion	£1.2 billion	£53.6 billion
% of total GVA (direct)	2.7%	2.7%	2.5%	2.6%	2.6%
Sport-related employment FTE (direct)	749,000 jobs	38,000 jobs	69,000 jobs	21,000 jobs	878,000 jobs

	England	Wales	Scotland	Northern Ireland	UK
Sport-related % of total FT employment (direct)	3.5%	3.6%	3.4%	3.4%	3.5%

3. Poverty

- 3.1** If we determine an individual is considered to be in absolute poverty if they are living in a household with an equivalised income below 60% of the (inflation adjusted) UK median income in 2010/11. This is a measure of whether those in the lowest income households are seeing their incomes rise in real terms. In 2023/24 the absolute poverty threshold for a couple with no children was an income of £370 per week (BHC). For a couple with children the threshold would be higher and for a single person (without children) the threshold would be lower (£248). [Northern Ireland Poverty and Income Inequality Report, 2023/24](#)
- 3.2** In 2023/24 17% of individuals in Northern Ireland (approximately 331,000), were considered to be in relative poverty (BHC), although this is a decrease from 18% in 2022/23, in 2023/24 15% of individuals in NI (approximately 291,000), were considered to be in absolute poverty (BHC), which is an increase from 14% in 2022/23.

15% of individuals in NI, approximately 291,000, were considered to be in absolute poverty in 2023/24.

17% of individuals in Northern Ireland (approximately 331,000), were considered to be in relative poverty

- 3.3** Research by the Financial Conduct Authority in 2018 found that the levels of personal debt (excluding mortgages) in Northern Ireland were higher than in any other part of the UK. The report found that well over half (54%) of adults in Northern Ireland have either no cash savings, or savings of less than £2,000; compared with 46% in Wales, 45% in England and 43% in Scotland. This proportion is likely to have increased with the impact of the pandemic, the cost-of-living crisis, and other pressures.

Poverty is higher in NI than in any other part of the UK.

- 3.4** It is important to note that while combined low income and material deprivation has fallen from nine per cent to seven per cent, over the same timeframe, relative poverty levels have also remained stagnant. Falling poverty rates therefore do not necessarily reflect sustained improvements in standards of living.

Poverty and single parents

- 3.5** Of all family types, ‘couples without children’ had the lowest risk of being in relative poverty (BHC), at 9%. The family type at the highest risk of relative poverty was ‘single with children’, at 35%.

Single parents are at highest risk (35%) of relative poverty.

Poverty and children

- 3.6** We understand that poverty is a barrier to participation in sport, and a key driver of mental health problems, and the rates of poverty in Northern Ireland are persistently high, with one in four children in Northern Ireland living in poverty. The long term trend shows that children are at a higher risk of living in poverty than the overall Northern Ireland population in both relative and absolute measures.
- 3.7** A report published by Comptroller and Auditor General Dorinnia Carville (March 2024) highlights that children in deprived areas are expected to live 11 to 15 fewer years in good health than their more well-off peers, and that children receiving Free School Meals are twice as likely to leave school with no GCSEs. (Department for Health (DoH) statistics show that gap in healthy life expectancy between the most and least deprived has not significantly changed since 2016-18 and 2020-22, standing at 12.2 years for males and 14.2 years for females).

Children in deprived areas are expected to live 11 to 15 fewer years.

- 3.8** Poverty is therefore particularly experienced by children. The proportion of children in relative poverty (BHC) in Northern Ireland was estimated to be 23% (approximately 104,000) in 2023/24, which is lower than the estimate of 24% in 2022/23. However in 2023/24 the proportion of children in absolute poverty (BHC) increased to 20% (approximately 90,000), from 19% in 2022/23.

**90,000 children/20% in NI are in absolute poverty in 2023/24.
104,000 children/23% in NI are relative poverty in 2023/24.**

- 3.9** Over the last ten years, the proportion of children in relative poverty (BHC) has fluctuated between a high of 25% in 2014/15 and a low of 18% in 2021/22. The proportion of children in absolute poverty (BHC) generally showed a decreasing trend between 2013/14 and 2017/18 before beginning to fluctuate in more recent years. There has been little sustained reduction in childhood poverty in Northern Ireland in the last eight years.

Poverty and the cost of sport

- 3.10** In a recent study on the impact of the cost-of-living crisis on sport and physical activity opportunities for children and adolescents in Northern Ireland. Dr Maria O’Kane, Ms Roisin McCafferty, Prof Alison Gallagher, Prof Marie Murphy, Dr Ciara Fitzpatrick, Dr Angela Carlin considered the impact of the cost-of-living crisis on sport and physical activity opportunities for children and adolescents in Northern Ireland. While the majority of parents/guardians (85%) agreed that sport and physical activity were important for their children to manage worries, 30% were unable to afford the equipment and clothing that their

children needed to take part in sport or physical activity. The cost-of-living research found that more than a third of parents/guardians (35%) reduced spending on sport and physical activity for their children since the onset of the cost-of-living crisis in 2021. 37% of parents/guardians reported that their children had missed out on sport or physical activity because of the costs involved. Overall, 40% of parents/guardians felt their children had been impacted by the cost increases. Since 2021, 24% of parents/guardians used credit or borrowed money to cover sport and physical activity costs. The study findings, highlight specific population groups that have been more severely impacted by the cost-of-living crisis, including those with low household incomes, those living in areas of high deprivation, single parent families and households in receipt of benefits.

85% parents/guardians think sport and physical activity were important for their children.

30% could not afford the equipment and clothing needed for their children to part in sport or physical activity.

35% reduced spending on sport and physical activity for their children

37% reported that their children had missed out on sport or physical activity because of the costs.

24% of parents/guardians used credit or borrowed money to cover sport and physical activity costs.

Most severely impacted were low household incomes, those living in areas of high deprivation, single parent families and households in receipt of benefits.

Poverty and childhood mortality

3.11 The Department of Health reports markedly higher rates of premature mortality in the most deprived areas and that over the last five years

the inequality gap in the proportion of primary children classified as obese widened from 45 per cent to 93 per cent due to an increase in obesity rates in the most deprived areas while rates in the least deprived areas saw no notable change.

There are markedly higher rates of premature mortality in the most deprived areas.

The proportion of primary children classified as obese widened to 93 per cent in the most deprived areas.

The cost of child poverty

- 3.12** Several reports have estimated the wider societal costs of child poverty. The Anti-Poverty Expert Panel's report, referenced a report showing that seven years ago the costs of child poverty in NI were estimated to be £825 million per annum, of which £420 million were the direct costs of services. This is because children growing up in poverty typically require a range of compensatory measures because of the disadvantages they face. For example, more intervention from social services and greater NHS expenditure to tackle poor health. The remaining costs stem from the fact that adults who grew up in poverty tend to earn less, have a higher risk of unemployment and therefore they pay less tax over their lifetime and are more likely to need public support.

The costs of child poverty in NI were estimated to be £825 million per annum, of which £420 million were the direct costs of services seven years ago.

- 3.13** The Department for Work and Pensions (DWP) has recently resumed work developing an experimental measure of poverty based on the

Social Metrics Commission's work. This will account for the negative impact on people's weekly income of inescapable costs such as childcare and the impact that disability has on people's needs; and includes the positive impacts of being able to access liquid assets such as savings, to alleviate immediate poverty.

- 3.14** The authors suggest that this is due to the fact that Northern Ireland has fewer high-income households, and cheaper housing (mortgage and rent). However, Northern Ireland still has one of the highest levels of multiple deprivation in the UK and although housing costs have been lower than other nations, they are rising.

We have one the highest levels of multiple deprivation in the UK.

- 3.15** Economic inactivity is defined as not being in employment, or not seeking work within the last four weeks, and/or being unable to start work within the next two weeks. The Labour Force Survey finds that Northern Ireland had a consistently higher economic inactivity rate than the rest of the UK. From October to December 2022, the rate was 26.3% in Northern Ireland, compared to 21.4% in the UK as a whole. Economic inactivity rates (aged 16- 64 years) were higher for women than men (30.6%, compared to 21.8%).

NI has a consistently higher economic inactivity rate than the rest of the UK.

- 3.16** The Labour Force Survey (February 2023) showed that the seasonally adjusted unemployment rate for those aged 16 and over, was 2.5%. This is lower than the UK unemployment rate, which was 3.7%. The Labour Force Survey (February 2023) also showed that the seasonally adjusted employment rate (for those aged 16 to 64 years) was 71.9%.

This is also lower than the UK employment rate, which was 75.6%. The report highlighted that, over the last 15 years, the NI employment rate has been consistently below the UK rate.

Over the last 15 years, the NI employment rate has been consistently below the UK rate.

- 3.17** sing HMRC data, the same survey showed that the median monthly pay for people in Northern Ireland was £2,012 in January 2023. Northern Ireland had the lowest median earnings in the UK, while London had the highest (£2,635). Northern Ireland also had the smallest median increase in monthly pay of the 12 regions in the reporting period.

NI has the lowest median earnings in the UK, the smallest median increase in monthly pay.

- 3.18** Since early 2022 increases in the costs of living and specifically utility costs have impacted on both domestic households and non domestic settings. The sport and recreation sector has also seen adverse impacts that have become more acute coming into the Autumn with continued inflationary pressures and darker evenings, where additional heat or light requirements are needed. To help assess the situation, the NI Sports Forum launched an online survey to gather evidence of impacts and challenges the sector was facing. The online survey opened in October and was closed on 6th November 2022 with Governing Bodies (NGBs) encouraged to share the survey with clubs and organisations in order to gather data for that period. Feedback was also gathered by direct input to the Sports Forum over the summer and autumn period. The timeframe spanned a period when the UK Government announced a series of measures to help both domestic

and non domestic settings, however the impact of this had not yet been registered and remains unknown until first bills are received. In September the UK Inflation rate rose to 10.1%, up from 9.9% in August. All responses were gathered in October and up to 6th November 2022.

- In total, 36 responses were received from 10 different sports to the online survey. 9 additional inputs from 5 other sports were received by the NI Sports Forum through direct feedback.
- 60% of leased/ hired facilities reported an average increase in fees of 17.45%.
- Owned facilities reported an increase in heating bills of 30% - 200%+.
- A high proportion of clubs/ organisations reported electricity costs rising by over 100%.
- In dealing with the costs, most organisations were looking to a number of options.
- Fundraising and seeking other funding sources were the cited two main methods to try and offset costs. 6% reported they were not in a position to address this.
- 48% of responses outlined that membership/ participation had already been impacted to date with just under 21% citing this as 'significant'.
- 69% highlighted it was clear they would lose more members/ participants.
- 58% of organisations reported that there were adverse impacts taking place on volunteers/ staff.
- A number of responses highlighted that young people in particular were being adversely impacted.

[Utility-Impact-Survey-Report-November-2022-final.pdf](#)

Poverty and expenditure.

- 3.19** The Northern Ireland Household Expenditure Tracker, publishes data quarterly that shows what households in Northern Ireland are experiencing financially, including changes to their income, expenditure and in which areas they are spending most of their money. The Northern Ireland Household Expenditure Tracker from July to September 2024 indicates NI lowest earning households are 6% lower than the UK, although income from social securities is 70% in NI while 61% in the UK.

The Northern Ireland Household Expenditure Tracker from July to September 2024 indicates NI lowest earning households are 6% lower than the UK, although income from social securities is 70% in NI while 61% in the UK.

Northern Ireland's lowest earning households

Discretionary income per week

$$\text{£281.22} - \text{£229.77} = \text{£51.45}$$

Income after tax Spending on basics Discretionary income

This is an increase of £1.51 per week (3%) compared to Q2 2024 (April to June).

Gross household income per week

NI = £287.18 **UK = £305.83**

6% lower than the UK

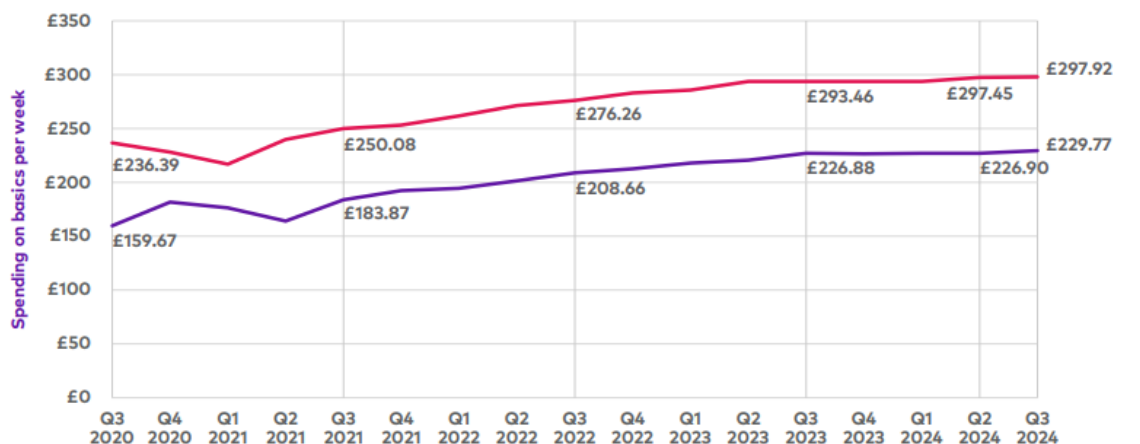
Income from social securities (benefits)



3.20 Spending on basics for the same period is £229.77 in NI and £297.92 in the UK, of which 4.6% is spent in recreation and culture, equating to £10.57, of which part may be used for sport.

[Northern Ireland Household Expenditure Tracker | Consumer Council](#)

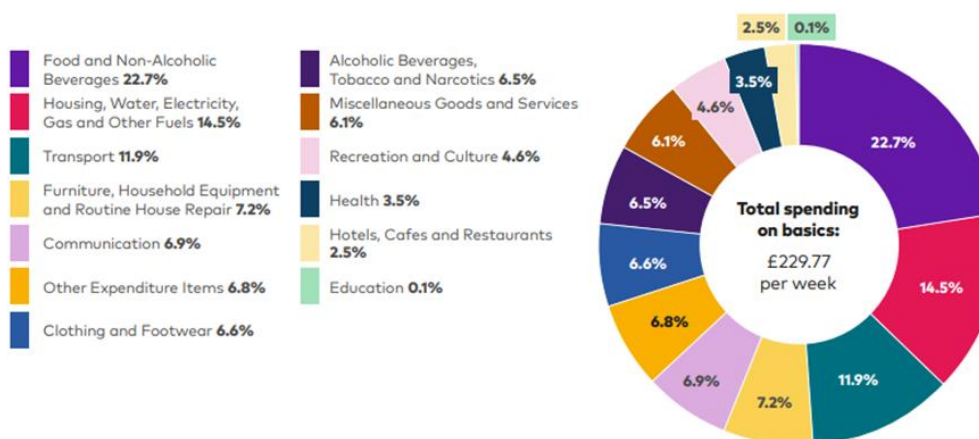
Lowest earning households NI vs UK: Spending on basics



UK vs NI, Q3 2020 to Q3 2024

— NI — UK

Lowest earning households NI: Spending on basics



Only part of £10.57 (recreation and culture spend @4.6%) a week may be spent on sport for low income families with a £229.77 budget for spend on basics.

Impacting poverty through investments and partnerships

- 3.21** The challenge is therefore to ensure that low-income families, children in poverty, single parents, are engaged, supported and empowered to become physically active and sustain participate in sport. It is fundamental that the new corporate plan addresses within its programmes of work the outreach, engagement, support and empowerment to families in areas of high social need or low-income families outside these areas.
- 3.22** Measures that describe the spatial distribution of deprivation or disadvantage have been developed and used by Government and others in Northern Ireland since the 1970s. Indeed, these were used by Sport NI in previous investments funds, such as Building Sport and Everybody Active. They have played a pivotal role in both informing the

targeting of our resources to the most deprived areas in Northern Ireland and monitoring the spatial impact of our policy interventions.

- 3.23** The 2017 Multiple Deprivation Measures (NIMDM2017) replace the NIMDM 2010 as the official measure of deprivation in Northern Ireland. There are currently no plans to update these Measures. They are available here:

[Northern Ireland Multiple Deprivation Measure 2017 \(NIMDM2017\)](#)
The updated deprivation measures released on 23rd November 2017 - replace the NIMDM 2010 as the official measure of deprivation in Northern Ireland.

- 3.24** The NIMDM 2017 provide information for seven distinct types of deprivation, known as domains, along with an overall multiple deprivation measure (MDM). The NIMDM 2017 comprises of 38 indicators in total. The NIMDM 2017 provide a mechanism for ranking areas within Northern Ireland in the order of the most deprived to the least deprived.

- 3.25** In considering the relative ranks of areas, it is important to acknowledge that there will be:

- Areas which have been ranked as the most deprived, which have people living there who may not be regarded as deprived; and
- Areas which have been ranked as the least deprived, which have people living there who may be regarded as deprived.

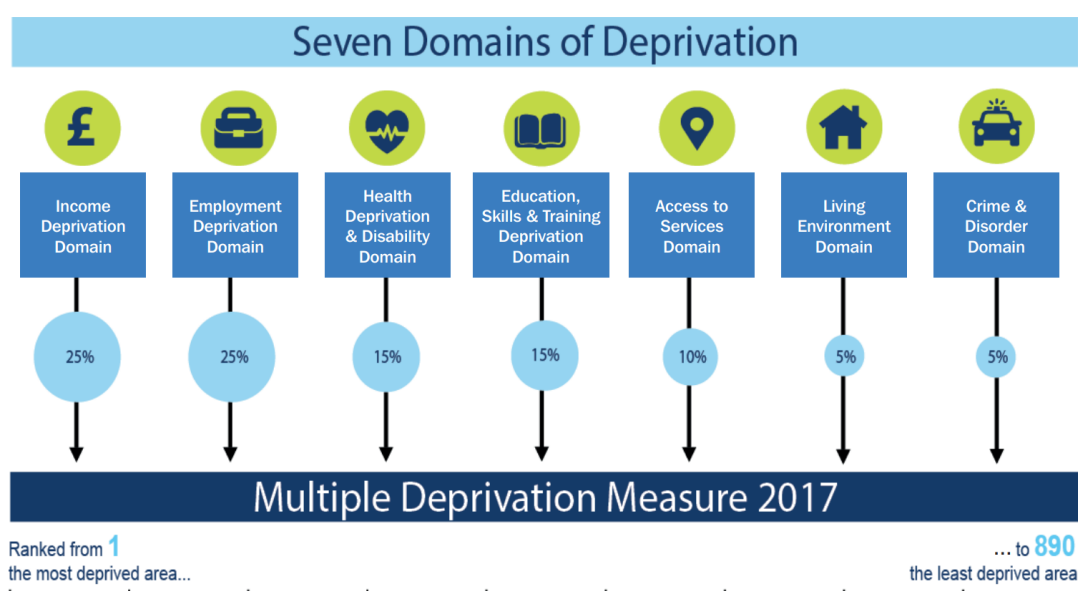
For each domain and the overall MDM, the booklet highlights the 10 most deprived Super Output Areas (SOAs) and shows the distribution of the 100 most deprived SOAs across the 11 Local Government Districts (LGDs). It should be read in conjunction with the supporting information provided on the NISRA and NINIS websites, where the data for all SOAs and domains are available.

- 3.26** Northern Ireland is split into 890 spatial areas known as Super Output Areas (SOAs), with an average population of around 2,100 people. The number of SOAs in each of the 11 Local Government Districts (LGDs) varies, ranging from 49 in Fermanagh and Omagh to 174 in Belfast. Through interaction with a range of organisations, expert groups and the general public, a total of 38 indicators were identified to capture different types of deprivation while conforming to a number of agreed criteria that had to be met. Distinct types, or domains, of deprivation

are made up from one or more indicators. The seven domains of deprivation are:

- Income Deprivation Domain
- Employment Deprivation Domain
- Health Deprivation & Disability Domain
- Education, Skills & Training Deprivation Domain
- Access to Services Domain
- Living Environment Domain
- Crime & Disorder Domain

The indicators in each domain were analysed to produce a domain specific deprivation ranking of the 890 SOAs in Northern Ireland, from one (most deprived) to 890 (least deprived). The ranks of the seven domains were weighted and combined, to provide a ranking of multiple deprivation (MDM) for the 890 SOAs.



Guidance and prioritised investments to address poverty and sport.

The provision of a mapping framework and guidance assets to applicant organisations and partners, the development of the prioritisation and assessment methodology to include SOA targets, with associated quality indicators pertaining to interventions to low income households, single parent families and young people in poverty to be applied, along with replicated monitoring and evaluation criteria will ensure that investments are focused on low income households or in areas of deprivation.

Strategically lead development of low cost best practice, and access to low cost options. There is a critical challenge that also must be placed with the sporting sector, led by Sport NI; to address the cost of sport for low-income families and successful case studies have been evidenced from phased and supported entry into golf clubs, to low cost sport and physical activity options, such as improved access to outdoor spaces and reduced club or leisure rates. A collaborative think tank approach by the sporting sector to provide recommendations is proposed.

An Outcome Based Accountability approach to investment funds, partnerships, services and projects. The further creation and measurement of employment skills and opportunities through for example, coaching qualifications should also be explored.

Guidance and prioritisation of investments that address poverty and social exclusion. In terms of influencing and leading the sector, governing bodies and clubs may be provided with guidance and assessed in applications as an eligibility criterion how they outreach, engage and manage transitions routes from the highest areas of deprivation, for low income families, single parent families and children in to the sporting system. They should be guided and assessed how they have considered the cost of living crisis in their policies as a minimum requirement. For instance: guidelines or best practice may be produced pertaining to kit and equipment that builds on best practice from the Department for Education. With regard to uniform/kit/club expenses policy, current guidance states that schools should:

- Consult widely on proposed policies and changes to established policies
- Consider the effect the policy might have on various groups in the school
- Consider the concerns of any groups about the policy
- Consider the timeframe for introducing a new kit/equipment policy
- Consider cost and availability of non-standard sizes
- Consider the cost of including branded items or unusual colours/shades
- Review cost of items of ongoing basis
- Consider cost of maintaining the items
- Consider how comfortable and practical the clothing is
- Consider the seasonable suitability/ flexibility during periods of extreme weather
- Consider how safety can be built in
- Keep records of consultation process
- Describe the policy and publicise it
- Consider carefully any request for an exemption
- Link the policy to other relevant policies
- Choose a uniform that is practical, comfortable and appropriate to the activity, and consider the cost of clothing and kit.

The proposals should centre around six key principles, whereby uniforms and kit should be:

- Affordable
- Comfortable
- Sustainable

And uniform/kit policies should be:

- Developed in partnership with pupils and their parents/carers
- Published
- Regularly reviewed

4. Obesity

- 4.1** Obesity continues to be one of the most important public health challenges facing Northern Ireland. The worldwide prevalence of obesity nearly tripled between 1975 and 2016, and it is estimated that by 2030 over 1 billion people globally will be living with obesity.
- 4.2** The WHO Health Service Delivery Framework for Prevention and Management of Obesity states that obesity is “... a chronic complex disease defined by excessive adiposity (having too much fatty tissue in the body) that can impair health. It is in most cases a multifactorial disease due to obesogenic environments, psycho-social factors and genetic variants”⁷
- 4.3** Obesity is usually measured by Body Mass Index (BMI), which is calculated and is defined as the weight in kilograms divided by the square of the height in metres (kg/m^2). The BMI categories for defining obesity vary by age and gender in infants, children and adolescents. For adults, obesity is defined by a BMI greater than or equal to 30 kg/m^2 . There are three levels of severity of obesity – Class I BMI $30.0\text{--}34.9 \text{ kg/m}^2$, Class II BMI $35.0\text{--}39.9 \text{ kg/m}^2$, and Class III BMI greater than or equal to 40.0 kg/m^2 – in recognition of different management options.⁸
- 4.4** As set out above, obesity is one of the key risk factors for Non-Communicable Diseases (NCDs) such as type 2 diabetes, cardiovascular diseases, and certain types of cancer, as well as pulmonary, digestive, renal, endocrine, musculoskeletal, neurological, and mental health disorders. In 2019, there were an estimated five million obesity-related deaths from NCDs across the world, which corresponds to 12% of all NCD deaths⁽³³⁾. This combination of rising prevalence and significance as a risk factor for other NCDs means that obesity now represents one of the major public health challenges of our time.

Obesity and mortality

- 4.5** Being overweight or obese increases the risk of life-threatening disease, and its costs extend far beyond the public sector affecting

individuals, families, communities, the economy and society as a whole. Those living with overweight or obesity are at a higher risk of a range of major health conditions including heart disease and stroke; type II diabetes; some cancers, including postmenopausal breast cancer, orthopaedic problems, and complications in pregnancy. In addition, obesity can also impact negatively on disability in the wider population; restricting people's ability to engage in physical activity, potentially negatively impacting quality of life, and mental health.

Those living with overweight or obesity are at a higher risk of a range of major health conditions including heart disease and stroke; type II diabetes; some cancers, including postmenopausal breast cancer, orthopaedic problems, and complications in pregnancy.

Obesity can also impact negatively on disability in the wider population; restricting people's ability to engage in physical activity, potentially negatively impacting quality of life, and mental health.

- 4.6** The harms related to living with obesity, having poor diets or not being physically active, are recognised by the World Health Organisation (WHO) as one of the most serious global health challenges we face. The WHO European Regional Obesity Report 2022 states the “Recent estimates suggest that overweight and obesity is the fourth most common risk factor for non-communicable diseases, after high blood pressure, wider dietary risks and tobacco”.

https://s3-eu-west-1.amazonaws.com/wof-files/World_Obesity_Atlas_2022.pdf

Recent estimates suggest that overweight and obesity is the fourth most common risk factor for non-communicable diseases, after high blood pressure, wider dietary risks and tobacco.

- 4.7** Estimates by Cancer Research UK showed that obesity was the second main preventable cause of cancer, after smoking. and there are a number of other research reports on the links between body fat, weight gain and the risk of cancer.

https://www.wcrf.org/wp-content/uploads/2021/01/Body-fatness-and-weight-gain_0.pdf

Obesity was the second main preventable cause of cancer, after smoking.

- 4.8** For our young people, children who live with overweight or obesity are at a greater risk of poor health in adolescence, as well as in adulthood. Indeed, a systemic review in 2016 (26) showed that 80% of children who are living with obesity at 4/5 years old will continue to live with obesity into their adulthood.
- 4.9** Living with overweight and obesity can also impact on our body's resilience and ability to deal with other issues that can impact on our health. For example, evidence from the early days of the COVID-19 pandemic demonstrated that excess weight was associated with an increased risk of the following for COVID-19: a positive test, hospitalisation, advanced levels of treatment (including mechanical ventilation or admission to intensive or critical care) and death²⁷.

Extent of obesity in NI

- 4.10** According to the Health Survey Northern Ireland (11), 65% of adults are classified as living with overweight or obesity. More men (71%) than women (60%) are living with overweight or obesity and rates are also higher in the most disadvantaged communities (68%) compared to the least disadvantaged (62%). Just over one in four children and young people in Northern Ireland are living with overweight (20%) or obesity (6%). (12)

65% of adults are classified as living with overweight or obesity in NI.

More men (71%) than women (60%) are living with overweight or obesity in NI.

Rates are also higher in the most disadvantaged communities (68%) compared to the least disadvantaged (62%) in NI.

Just over one in four children and young people in NI are living with overweight (20%) or obesity.

- 4.11** The annual cost of obesity to society in Northern Ireland is estimated at £500m annually. Source – R. Johnston (2023) “The Economic Impact of Smoking, Alcohol Consumption and Obesity in Northern Ireland”.

The annual cost of obesity to society in Northern Ireland is estimated at £500m annually.

- 4.12** The following infographics, sourced from the Health Survey Northern Ireland (130), seeks to summarise the position in relation to these issues in Northern Ireland:

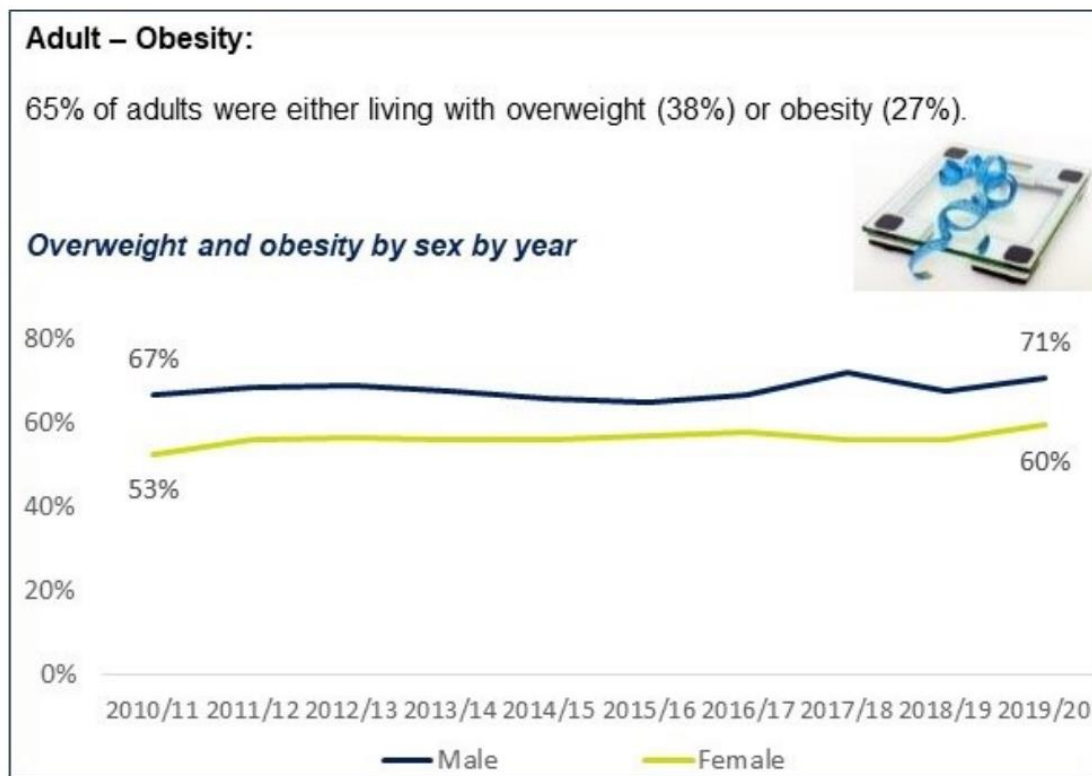


Figure 1: Adult overweight and obesity prevalence - 2010/11 to 2019/20

4.13 There are currently 108,000 people living with diabetes in NI. Approximately 90% of people with diabetes will have type two diabetes. Diabetes diagnoses have almost doubled in the last 15 years (23), largely due to the number of cases of type two diabetes. While there are several risk factors for type two diabetes, including age and ethnicity, the biggest preventable risk factor is obesity, which accounts for as much as 85% of the overall risk of developing type two diabetes.

Diabetes diagnosis has doubled in 15 years, with 108,000 people living with diabetes in Northern Ireland, 90% of which will have type 2 diabetes and the biggest preventable risk factor is obesity, which accounts for 85% of the overall risk of developing type 2 diabetes.

Cost of obesity in NI

- 4.14** The financial costs related to the harms caused by overweight and obesity are substantial. A study (30) focusing on estimating both the healthcare and productivity costs of overweight and obesity in Northern Ireland put this at £425 million (at the October 2023 GBP: EUR exchange rate) every year.

Overweight and obesity harms related healthcare and productivity costs are estimated at £425 million per year.

- 4.15** It is also estimated that approximately 10% of Northern Ireland's HSC budget is spent on diabetes-related complications, which is over £1m per day. Further estimates suggest that, without intervention, this could rise to 17% of HSC expenditure by 2035 24.

Over £1million per day is estimated to be spent on diabetes-related complications or 10% of HSC budget which is projected to rise to 17% by 2035.

Obesity and mental health cycle

- 4.16** People living with obesity regularly face weight bias and stigma from a variety of sources, including education, workplace, healthcare and social/sporting settings. This is often the result of a lack of understanding about the complex drivers of obesity and lack of appreciation that addressing the issue of obesity is much more than simply 'eating less and moving more'.
- 4.17** Experiencing weight stigma can directly and indirectly influence future weight gain and negatively impact upon physical and mental health. It is therefore really important that we recognise that obesity, and weight stigma, can also contribute to mental health issues such as depression, and vice versa.

Weight stigma can influence future weight gain and negatively impact on physical and mental health and vice versa.

Determinants and causes of obesity

- 4.18** It is generally accepted that obesity occurs when an energy imbalance is created by an individual taking in more energy through the food and drink they consume than they expend. Over the years the increased availability of energy dense food processed foods at relatively cheap prices, along with a decrease in being physically active, has contributed to increasing levels of overweight and obesity in Northern Ireland.

Increased availability of processes energy dense foods and decline in physical activity has led to increased levels of overweight and obesity.

- 4.19** The Foresight Report on Obesity published in 2007 (31) outlined the causes of obesity as multiple, complex, and interlinked and reaching far beyond public health. The research that underpinned the report revealed that the causes of obesity are embedded in an extremely complex biological system, set within an equally complex societal framework. The report successfully highlighted the contributions of a poor diet and physical inactivity as drivers of excess weight gain, it also brought an awareness that some individuals are biologically more susceptible to weight gain; recognised the impact of the environment on personal 'choices'; and provided a much greater acknowledgement of the interactions between the environment and the individual.

Drivers are poor diet, physical inactivity, biological susceptibility, the environment impact on individual choices.

- 4.20** Other research shows that there are also genetic and epigenetic factors at play, which can make it challenging for individuals, and means we need to ensure that we create a supportive environment and that we intervene at early stages of life, and even pre-conception. The WHO Health Service Delivery Framework for Prevention and Management of Obesity (32) also supports this and states that “... risk of obesity is influenced not only by genetic predispositions, biological factors and behaviours, but by upstream social, economic and commercial determinants such as poverty, employment, urbanization and food production and marketing that impact the environments in which eating and physical activity behaviours are learned and reinforced. These upstream determinants have the effect of limiting individual agency.”

Obesity is influenced not only by genetic predispositions, biological factors and behaviours, but by employment, urbanisation and food production and marketing that impact the environments in which eating and physical activity behaviours are learned and reinforced.

- 4.21** In light of this, it is vital that we understand that, while individual choices can play a role in overweight and obesity, through decisions made around diet and nutrition and participation in physical activity, the physical, social, economic, and commercial environment in which people are born, grow, develop, live, work, and age plays a key role in shaping behaviours (including the influence of cultural norms around food, activity and body weight) and opportunities and ability to make healthy choices. Therefore, these factors, along with ethnicity, genetics, poverty, and age, influence body weight outcomes, and we need to think in these broad systemic ways if we are to address this issue.

The physical, social, economic, and commercial environment in which people are born, grow, develop, live, work, and age plays a

key role in shaping behaviours (including the influence of cultural norms around food, activity and body weight) and opportunities and ability to make healthy choices. Along with ethnicity, genetics, poverty, and age, these factors influence body weight outcomes.

- 4.22** The outcome of this is demonstrated in the inequalities we see in health outcomes, for example rates of childhood obesity are consistently higher in the most deprived areas – with the rates at Year One being 1.5 times higher among children from the most deprived areas than those from least deprived and over twice as high in Year 8 in 2018/19. Therefore, with obesity as with other population health outcomes, it is important to address the wider social and economic determinants of health linked to deprivation and opportunity.

Childhood obesity rates at Year One being 1.5 times higher among children from the most deprived areas than those from least deprived and over twice as high in Year 8 in 2018/19.

32 <https://www.who.int/publications/i/item/9789240073234> 23

- 4.23** NESTA's Report on the focus of Obesity Interventions (34) highlights that when it comes to reducing obesity, evidence shows that at the population level changing food environments is more effective than measures that try to educate or change the behaviour of individuals. However, the general public perceive that individual behaviour makes the most difference. This disconnect can mean there is more support for measures that seek to change individual behaviour, rather than measures that change the wider food or physical activity environment and culture and which are likely to be more effective.

There is a disconnect that can mean there is more support for measures that seek to change individual behaviour, rather than

measures that change the wider food or physical activity environment and culture and which are likely to be more effective.

4.24 At present the draft strategic framework regarding obesity focuses on four main long-term population level outcomes across the life course:

- Reducing the percentage of people in Northern Ireland who are living with overweight and/or obesity;
- Improving the population's diet and nutrition;
- Increasing the percentage of the population who participate in regular physical activity; and
- Reducing the prevalence of overweight and obesity related Non Communicable Diseases (NCDs)

Obesity and physical activity

4.25 Around 57% of the population of Northern Ireland met the physical activity guidelines, with 23% reporting they were inactive. Based on estimates, Northern Ireland population may reach 1,949,269 by 1st July of 2025 (UK Population) this equates to 448,332 inactive people, or 838,186 people not meeting the guidelines and 1,111,083 people meeting the guidelines.

23% of people (estimated to be 448,332 people) are inactive and 43% (estimated to be 838,186 people) do not meet the physical activity guidelines.

4.26 The most disadvantaged communities have a lower proportion meeting the guidelines (39%) than the least disadvantaged (46%).

11 <https://www.health-ni.gov.uk/topics/health-survey-northern-ireland> 12 Using the International Obesity task Force (IOTF) cut off points.

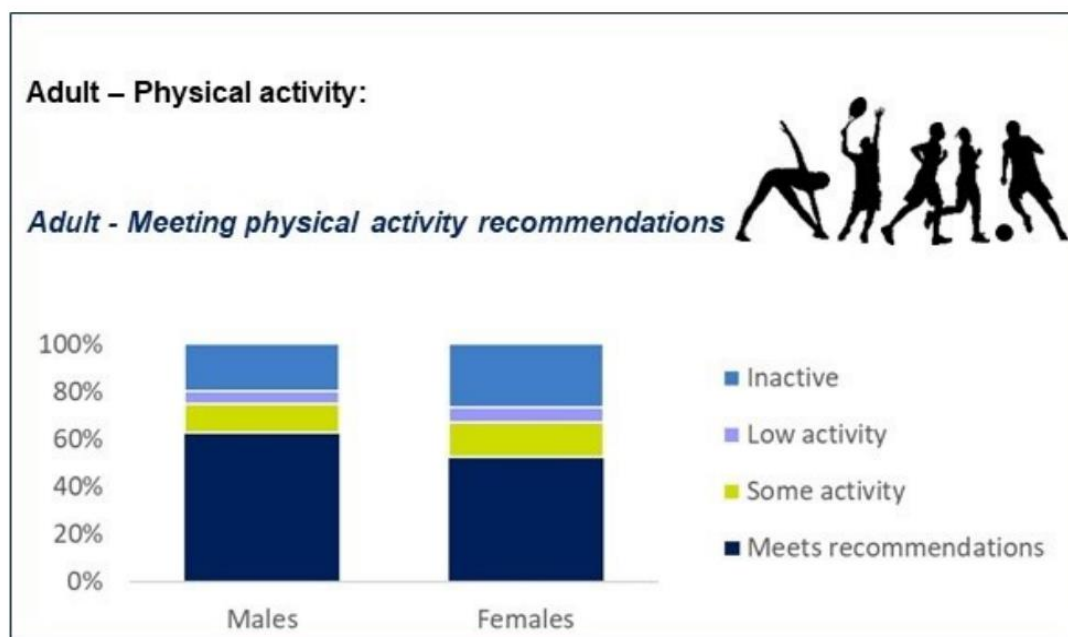


Figure 3: Adult rates of meeting Chief Medical Officers physical activity recommendations

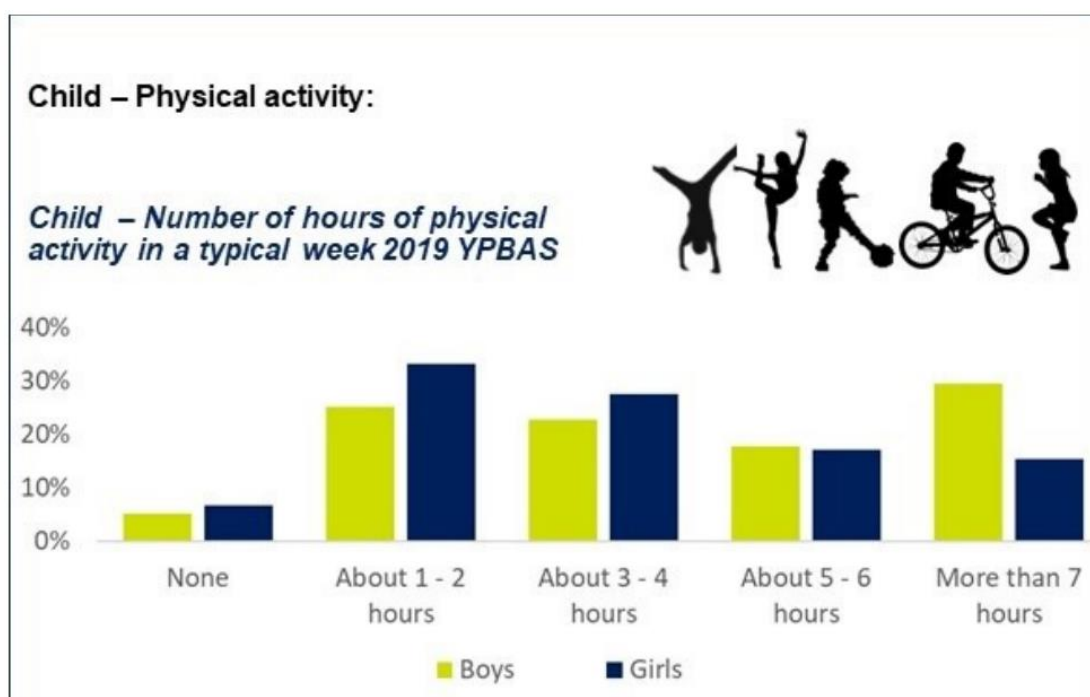


Figure 6: Child number of hours of physical activity per week 2019

<https://www.health-ni.gov.uk/topics/health-survey-northern-ireland>

[Health Survey Northern Ireland | Department of Health](#)

<https://www.nisra.gov.uk/publications/young-persons-behaviour-and-attitude-survey-2022>

4.27 In 2019, boys (29%) were twice as likely as girls (15%) to do more than seven hours of physical activity per week. A third (32%) (20) of children described themselves as ‘very active’ and ‘eat healthily’ and 41%

thought they were 'very active' but 'don't eat healthily'. Almost two thirds (62.4%) of children stated that they enjoyed doing sports or physical activity a lot, with a third (32.3%) saying they enjoyed it a little, and the remaining 5.3% stating that they didn't enjoy it at all.

In 2019, boys (29%) were twice as likely as girls (15%) to do more than seven hours of physical activity per week.

4.28 Physical inactivity is one of the leading risk factors for noncommunicable diseases mortality. People who are insufficiently active have a 20% to 30% increased risk of death across the life course compared to people who are sufficiently active (28) .

People who are insufficiently active have a 20% to 30% increased risk of death across the life course compared to people who are sufficiently active (28) .

4.29 Increasing levels of physical activity, and reducing sedentary behaviour, can also help achieve the UN Sustainability Goals (29) , which are a collection of seventeen interlinked objectives designed to serve as a "shared blueprint for peace and prosperity for people and the planet, now and into the future."

4.30 Regular physical activity can provide significant health benefits. Some physical activity is better than doing none. Being physically active on a regular basis can:

- improve muscular and cardiorespiratory fitness
- improve bone and functional health
- reduce the risk of hypertension, coronary heart disease, stroke, diabetes, various types of cancer (including breast cancer and colon cancer), and depression

- reduce the risk of falls as well as hip or vertebral fractures; and
- help maintain a healthy body weight.

Health inequalities

4.31 The [Health Inequalities Annual Report 2024](#) summarises a range of statistical data that demonstrates health inequalities by gender, area of deprivation, disability and so on.

4.32 Deprivation gaps for male and female life expectancies at birth saw no change since 2016-18 with the most-least deprivation gaps stood at 7.2 years for males and 4.8 years for females in 2020-22.

Men from areas of deprivation live 7.2 years less and women from areas of deprivation live 4.8 years less in 2022.

4.33 While female life expectancy at birth remained similar in all areas over the last five years, male life expectancy decreased in 2020-22 in NI and the most and least deprived areas.

4.34 Inequality gaps narrowed for both male and female disability-free life expectancies (DFLE) following improvements in the most deprived areas. There were no changes in inequality gaps observed for male or female healthy life expectancies (HLE) since 2016-18, with the most-least deprived gaps in HLE stood at 12.2 years for males and 14.2 years for females in 2020-22.

4.35 Large inequality gaps continue to highlight markedly higher rates of premature mortality in the most deprived areas, with none of the gaps showing a notable change over the analysed period, with the exception of preventable mortality where the gap widened as the rate in the most deprived areas increased to now treble the rate in the least deprived areas.

4.36 Large inequality gaps continue to exist for mental health indicators. Prescription rates for mood and anxiety disorders increased regionally and for the most & least deprived areas between 2018 and 2022, with

the rate in the most deprived areas 66% higher than in the least deprived areas.

Prescriptions for mood disorders increased by a rate 66% higher in most deprived areas in 2022.

- 4.37** In 2020-22 the suicide mortality rate in the most deprived areas was more than two and a half times the rate observed in the least deprived areas.

The suicide mortality rate in the most deprived areas was more than two and a half times the rate observed in the least deprived areas in 2022.

- 4.38** Alcohol and drug related indicators continue to show some of the largest health inequalities monitored in NI. The deprivation gap for drug misuse deaths widened over the analysed period and showed the largest inequality gap, where mortality in the most deprived areas was almost six times that of the least deprived.

Mortality from alcohol and drug related indicators is almost six times higher in the most deprived areas.

- 4.39** While improvements were observed regionally and in the most and least deprived areas with the under 20 teenage birth rate, in addition to regionally and in the most deprived areas for the proportion of mothers reporting smoking, the relative inequality gaps remain very large; with rates in the most deprived areas being over five times that in the least deprived in 2022.

The proportion of mothers smoking is five times higher in the most deprived areas in 2022.

- 4.40** In 2022/23 the percentage of primary one pupils in the most deprived areas affected by obesity was more than double the proportion in the least deprived areas. The inequality gap in year eight pupils affected by obesity was slightly lower, with the proportion in the most deprived areas 94% higher than in the least deprived areas.

Obesity is 94% higher for year eight primary pupils in the most deprived areas.

- 4.41** Male and female life expectancies were lowest in the Belfast LGD (75.8 years and 80.4 years respectively). Male life expectancy was highest in Lisburn & Castlereagh LGD (80.4 years), and female life expectancy was highest in Lisburn & Castlereagh and Mid Ulster LGDs (83.1 years).

Male and female life expectancies were lowest in the Belfast LGD (75.8 years and 80.4 years respectively).

- 4.42** Similar to the regional picture, deprivation related inequality was most prominent in indicators relating to alcohol, drugs, self-harm, smoking during pregnancy and teenage births, which were among the five largest inequality gaps for the majority of Trusts and LGDs. Drug misuse mortality was the largest inequality gap in three of the five HSC Trusts. In the Western Trust, the rate in its most deprived areas was almost two and a half times (145%) the Trust average.
- 4.43** Drug related deaths was the largest inequality gap in five of the 11 LGDs, and in the Mid & East Antrim LGD the rate of drug related mortality in the most deprived areas was more than treble (220%) the LGD average.

- 4.44** Large inequality gaps for alcohol related admissions also exist in the majority of Trusts and LGDs. The rate in their most deprived areas was at least double the Trust/LGD average for the Western Trust (115%), Belfast Trust (100%), Derry City & Strabane LGD (116%), and Mid & East Antrim LGD (120%). Alcohol specific mortality showed the largest in the Causeway Coast and Glens LGD (111%), and Newry, Mourne & Down LGD (68%) whilst alcohol related admissions showed the largest gap in the Mid Ulster LGD (59%).
- 4.45** The under 20 teenage birth rate was the largest inequality gap in two LGDs: Armagh City, Banbridge & Craigavon (134%) and Lisburn & Castlereagh (155%). Drug related admissions was the largest inequality gap in the Ards & North Down (97%) and self-harm admissions was the largest inequality gap observed in the Fermanagh & Omagh LGD (67%).

35 indicators had inequality gaps that **showed no notable change** over the analysed period.

Most-Least Deprived Inequality Gaps that Showed No Notable Change over the Analysed Period

	Change in Health Outcome		
	Northern Ireland	Most Deprived Areas	Least Deprived Areas
Male Life Expectancy at Birth			
Female Life Expectancy at Birth			
Male Healthy Life Expectancy			
Female Healthy Life Expectancy			
Standardised Death Rate – All Deaths			
Potential Years of Life Lost			
Standardised Death Rate - Treatable			
Standardised Death Rate - Avoidable			
Standardised Death Rate - Circulatory U75			
Standardised Death Rate - Respiratory U75			
Standardised Death Rate - Cancer U75			
Standardised Death Rate - All Cause U75			
Standardised Admission Rate - Circulatory	↓	↓	↓
Standardised Admission Rate - Circulatory U75	↓	↓	↓
Standardised Prescription Rate - Antihypertensive			
Standardised Prescription Rate - Statin			
Standardised Admission Rate - Respiratory	↓	↓	↓
Standardised Admission Rate - Respiratory U75	↓	↓	↓
Standardised Incidence Rate - Cancer			
Standardised Admission Rate - All Admissions	↓	↓	↓
Standardised Attendance Rate - Emergency Care	↓	↓	↓
Standardised Admission Rate - Elective Inpatient Admissions	↓	↓	↓
Standardised Admission Rate - Day Case Admissions	↓	↓	↓
Crude Death Rate - Suicide			
Standardised Prescription Rate - Mood & Anxiety			
Standardised Death Rate - Alcohol Specific			
Standardised Incidence Rate – Lung Cancer			
Standardised Death Rate – Drug Related Causes			
Smoking During Pregnancy			
Teenage Birth Rate U20			
Standardised Dental Filling Rate	↓	↓	↓
Standardised Dental Filling Rate (U18)	↓	↓	↓
Standardised Dental Extraction Rate	↓	↓	↓
Standardised Dental Crowning Rate	↓	↓	↓
Standardised Dental Registration Rate (U18)	-	-	-

Key:

Negative Change	No Notable Change	Positive Change
↑ Increase	▬ No Notable Change	↓ Decrease

5. Mental health and Sport and physical activity

Poverty and mental health

- 5.1** The Mental Health Foundation surveys and research undertaken by other organisations show that the “Cost-of-Living Crisis” is affecting the mental health of many people. Debt is a risk factor for poor mental health, especially unsecured (short-term) debt such as credit cards and personal loans. However, there is a lack of specific data on levels of personal debt in Northern Ireland.
- 5.2** Northern Ireland has the highest prevalence of mental health problems in the UK, with a 25% higher overall prevalence of mental health problems than England.

NI has a 25% prevalence of mental health problems than England, with debt cited as a key risk factor.

- 5.3** We recognise that mental health is shaped by the wide-ranging characteristics (including inequalities) of the social, economic and physical environments in which people live. We know people on low incomes have higher rates of mental health conditions, particularly severe and enduring problems, than high-income groups. In addition, we know people with mental ill health have a higher risk of economic hardship. The legacy of the Troubles is also recognised as having a significant impact on mental health in Northern Ireland. The impact of the violence, fear, bereavement, political unrest and the associated economic hardship are correlates of poor mental health and have had a significant and long-term effect on our population’s collective wellbeing. The report identifies important groups who are at higher risk, including carers, disabled people, people with health conditions, and LGBTQIA+ people. The report helps us understand the needs of those from minority ethnic groups, refugees and asylum seekers.

Carers, disabled people, people with health conditions, and LGBTQIA+ people, minority ethnic groups, refugees and asylum seekers are at higher risk.

- 5.4** Poverty is a key driver of mental health problems, and the rates of poverty in Northern Ireland are persistently high. The Insight Report “Income and inequality: How does Northern Ireland compare to the UK (2023) as a whole?” shows that income inequality has been consistently lower in Northern Ireland compared with the UK in general, both before and after housing costs.

Income inequality is a key driver of mental health problems.

Employment status and mental health

- 5.5** Employment status is linked to mental health outcomes, with people who are unemployed or economically inactive having higher rates of common mental health problems than those employed. Employment is generally beneficial for mental health. However, the mental health benefits of employment depend on the quality of work; work that is low-paid, insecure or poses health risks can be damaging to mental health.

Discrimination and mental health

- 5.6** People who experience discrimination, for example, because of their race, gender, sexual orientation, disability, religion, age or other grounds, may be more at risk of developing mental health problems. Mental illness stigma intersects with and reinforces these other forms of stigma and discrimination, resulting in lower treatment uptake and poorer outcomes.
- 5.7** The Equality Commission publishes data annually on the types of enquiries it receives. In the year from 1 April 2022 to 31 March 2023, the Discrimination Advice Officers dealt with 2,899 enquiries. Of the

enquiries received that year: 48.3% were about disability discrimination; 20.81% were about sex discrimination; 10.32% were about racial discrimination; 7.93% were about religious/political discrimination; 6.7% were about age discrimination; 4.11% were about SENDO (Special Educational Needs and Disability Order); 1.83% were about sexual orientation discrimination.

Cases of disability discrimination, followed by sex and race discrimination are most prevalent and affect mental health.

- 5.8** Mental health is a general term used to describe everything from good mental health through to periods of distress, mental ill-health and severe mental illness. The prevalence data for adults in Northern Ireland is available through the Health Survey. Mental health is measured using the General Health Questionnaire-12 scale, where a score of 4 or more is indicative of probable mental ill-health. The results from 2021/22 indicate that around a fifth (21%) of the population scored four or more on the GHQ-12. This was significantly lower than the 27% found in 2020/21, and is similar to the pre-pandemic level of 19% in 2019/20. The 2019/20 figures were not statistically significantly different from the 2014/15 figures and there was a general stability in the prevalence rate over time, with the exception of 2020/2021, which was impacted by the COVID-19 pandemic.

Around a fifth (21%) of the population scored four or more on the GHQ-12 indicative of probable mental ill-health (2021/22).

- 5.9** The register for severe mental illness is reported in the annual raw disease prevalence rate report. The Quality Outcome Framework defines the rate of severe Mental Illness as the number of patients with schizophrenia, bipolar affective disorder, and other psychoses, and other patients on lithium therapy. The mental health register shows

that in March 2023, 9 per 100,000 patients in Northern Ireland General Practices had one or more of the conditions listed above. This is broadly consistent with other UK regions (England 0.9%, Scotland 0.94%, Wales 1%)

- 5.10** The Youth and Wellbeing Prevalence Survey using the GHQ-12, estimated the prevalence rate of parental mental health problems to be 22%, and noted that children whose parents had current mental health problems were twice as likely to have an anxiety or depressive disorder themselves. Parents and guardians help children to regulate their emotions throughout infancy. Research shows children with secure attachments to their caregivers are more likely to form adaptive emotional regulatory capabilities. Children with secure attachments are more likely to be emotionally competent and flexible when engaging with their environment, when compared to children with insecure attachments.

Children whose parents had current mental health problems were twice as likely to have an anxiety or depressive disorder themselves.

- 5.11** Adversities are any cause of excessive or chronic stress or trauma within a person's social, physical, or psychological environments. Research on adverse childhood experiences (ACEs) focuses on childhood maltreatment, neglect, abuse, parental mental ill-health, exposure to crime, violence or discrimination and unstable care environments. The mental health impact of multiple ACEs is cumulative.
- 5.12** The Youth and Wellbeing Prevalence Survey found that: close to one in two young people aged 11-19 years (47.5%) have experienced at least one ACE: one ACE (33.2%), two ACEs (8.6%) and three or more ACEs (5.7%). Females were significantly more likely than males to report 3+

ACEs (7.0% vs 4.6%). There was a clear association with deprivation, with young people in the least deprived areas more likely to have experienced no ACEs compared to those in the most deprived (59.9% vs 36.0%). 43

Young people in the most deprived areas were 59.9% likely to have experienced an Adverse Childhood Experience compared to those in the most deprived (36.0%).

Mental Health in Northern Ireland: Fundamental Facts. October 2023. Northern Ireland: Mental Health Foundation; Office of Mental Health Champion.

- 5.13** We also know that 12.6% of children and young people in Northern Ireland experience common mood disorders such as anxiety and depression, which is around 25% higher than in other UK nations, reflecting a similar trend in adults here, according to the Northern Ireland Youth Wellbeing Survey*.

NI is 25% higher than in other UK nations for children and young people in Northern Ireland experience common mood disorders such as anxiety and depression.

- 5.14** A wide range of child, family and socioeconomic factors are known to be associated with increased levels of depression and anxiety. Exposure to family trauma and adversity, poor child health and disability, having special educational needs, living in a household in receipt of social security benefits and parental mental health, were the strongest predictors for having a common mood or anxiety disorder. In particular, older teenage girls have the highest rates of anxiety and depression. However, rates were also particularly high for young boys aged 5-10 years old.

Source: [Youth Wellbeing](#)

Older teenage girls have the highest rates of anxiety and depression.

- 5.15** This concurs with findings in the Kid's Life and Times and Young People Life and Times survey, where male respondents assessed their mental health more positively than females, and that the proportion of females assessing their mental health and wellbeing as 'fair' or 'poor' was significantly higher than among males. Almost half of the males (49%) said their mental health and wellbeing was 'excellent' or 'very good', compared to fewer than one in three females (31%).

Almost half of the males (49%) said their mental health and wellbeing was 'excellent' or 'very good', compared to fewer than one in three females (31%).

- 5.16** Suicide deaths in Northern Ireland are defined using the UK National Statistics definition which includes deaths from Self-inflicted Injury for persons aged 10 and over as well as Events of Undetermined Intent for those aged 15 and over. The annual average reduction in suicides over the three year period 2015-2017 is almost 30 per cent compared with previously published figures. The later years of the review saw lower reductions in numbers; a 23 per cent fall in 2018 and a 17 per cent fall in 2020.

Table 1: Previously published Suicide totals by intent: 2011 - 2020

A	B	C	D	E
Registration year	Total number of suicides	Of which: Self-inflicted	Undetermined intent	Proportion of undetermined deaths (col D) which are drug related
2011	289	220	69	81%
2012	278	203	75	81%
2013	303	243	60	78%
2014	268	191	77	82%
2015	318	204	114	96%
2016	298	149	149	71%
2017	305	173	132	78%
2018	307	184	123	93%
2019	197	187	10	88%
Provisional 2020	263	198	65	52%
Provisional 2021	233	220	13	

5.17 Prior to the review it was believed that NI had the highest age-standardised rate in the UK (18-19 suicides per 100,000 population, next to Scotland at 13- 16 per 100,000). The revised figures show that NI had a lower suicide rate than Scotland in the last few years. For the latest year, 2020, NI had an age-standardised rate of 13.3 suicides per 100,000 population compared to Scotland at 15.0.

5.18 However Northern Ireland's most deprived areas had a suicide rate that was almost twice that of the least deprived areas in 2020 (19.7 deaths per 100,000 in the most deprived areas, 10.8 per 100,000 in the least deprived). In 2020-22 the suicide mortality rate in the most deprived areas was more than two and a half times the rate observed in the least deprived areas.

NI's most deprived areas had a suicide rate that was almost twice that of the least deprived areas in 2020 (19.7 deaths per 100,000 in the most deprived areas, 10.8 per 100,000 in the least deprived).

The suicide mortality rate in the most deprived areas was more than two and a half times the rate observed in the least deprived areas in 2022.

- 5.19** Large inequality gaps continue to exist for mental health indicators. Prescription rates for mood and anxiety disorders increased regionally and for the most & least deprived areas between 2018 and 2022, with the rate in the most deprived areas 66% higher than in the least deprived areas.

Prescriptions for mood disorders increased by a rate 66% higher in most deprived areas in 2022.

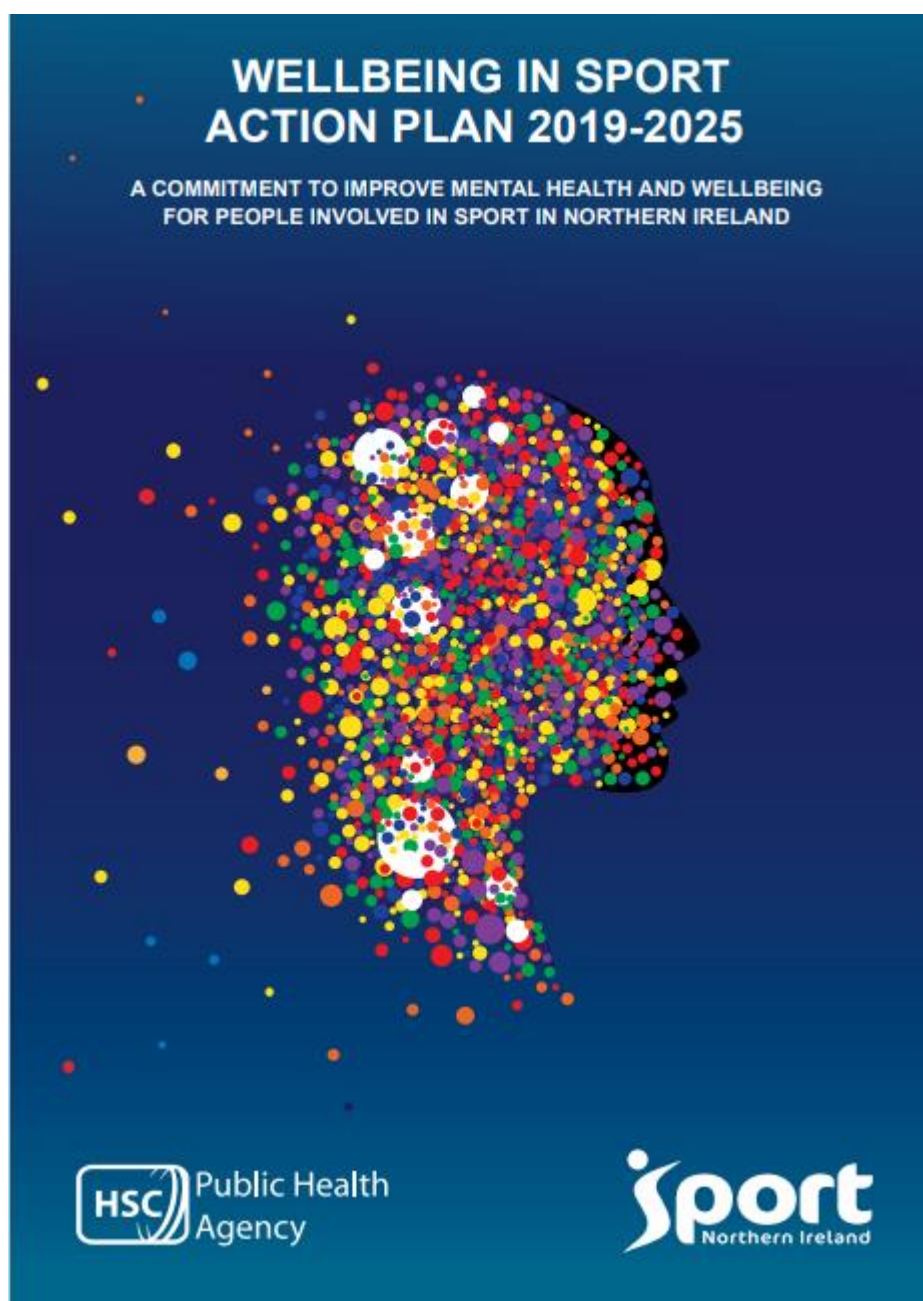
[Alcohol specific deaths in Northern Ireland 2020](#)

[Alcohol specific deaths in Northern Ireland 2020](#)

[NI-Wellbeing-in-Sport-Action-Plan-2019-2025_Final.pdf](#)

Wellbeing Action Plan

- 5.20** In January 2016, Sport Northern Ireland invited a number of key stakeholders to discuss mental health and wellbeing in sport across Northern Ireland. After a series of meetings and consultations with the sector it was agreed that a Strategic Action Plan should be developed to provide direction, focus efforts and create a framework for investment in mental health and wellbeing in sport. The meetings and consultations subsequently resulted in a Mental Health and Wellbeing in Sport Strategy Group being formed to lead the development of this Plan.



5.21 Sport NI were acutely aware of the psychosocial, mental health and personal demands often required of those involved in sport, and the need to provide adequate support from grassroots upwards. The plan provided for more mental health and wellbeing support for those engaged in sport, at both a community and competitive level. The Action Plan set out a shared vision for how mental health awareness raising and support is crucial to the sustained development of those involved in sport. With the successful delivery of the actions contained within the Plan, there was measured impact on the lives and shared experiences of those involved.

5.22 The Vision for Wellbeing in Sport was that everyone involved in sport was aware of the importance of looking after their mental health, and that of others, leading to a healthier lifestyle and positive wellbeing. The Vision was delivered by: Increasing awareness, understanding and knowledge of mental health and wellbeing in sport, working with partners in both mental health and sport sectors. The purpose of the Action Plan was to:

- Give direction to the development of mental health and wellbeing awareness and knowledge in sport settings across Northern Ireland;
- Encourage strategic and joined-up working to have real impact;
- Establish what the sector will look like by 2025 and provide a set of actions to get us there; and
- Provide a framework for strategic investment in mental health and wellbeing in sport.

The benefits of outdoors SAPA

5.23 The impact of environmental context on the psychological benefits derived from physical activity have compared effects of indoor versus outdoor exercise. Others have compared the effects of physical activity undertaken in outdoor green natural environments versus outdoor urban environments on psychological health outcomes in adult general populations.

5.24 The meta-analyses revealed large or moderate effects in favour of the natural environment for anxiety, fatigue, positive affect and vigour, and a small effect for depression. Results were subject to high risk of bias and heterogeneity.

5.25 Physical activity undertaken outdoors in natural environments is more beneficial for a range of psychological outcomes compared with urban environments. The various effect sizes evident in the meta-analyses may be explained by differing mechanisms through which psychological gains are experienced during physical activity in nature.



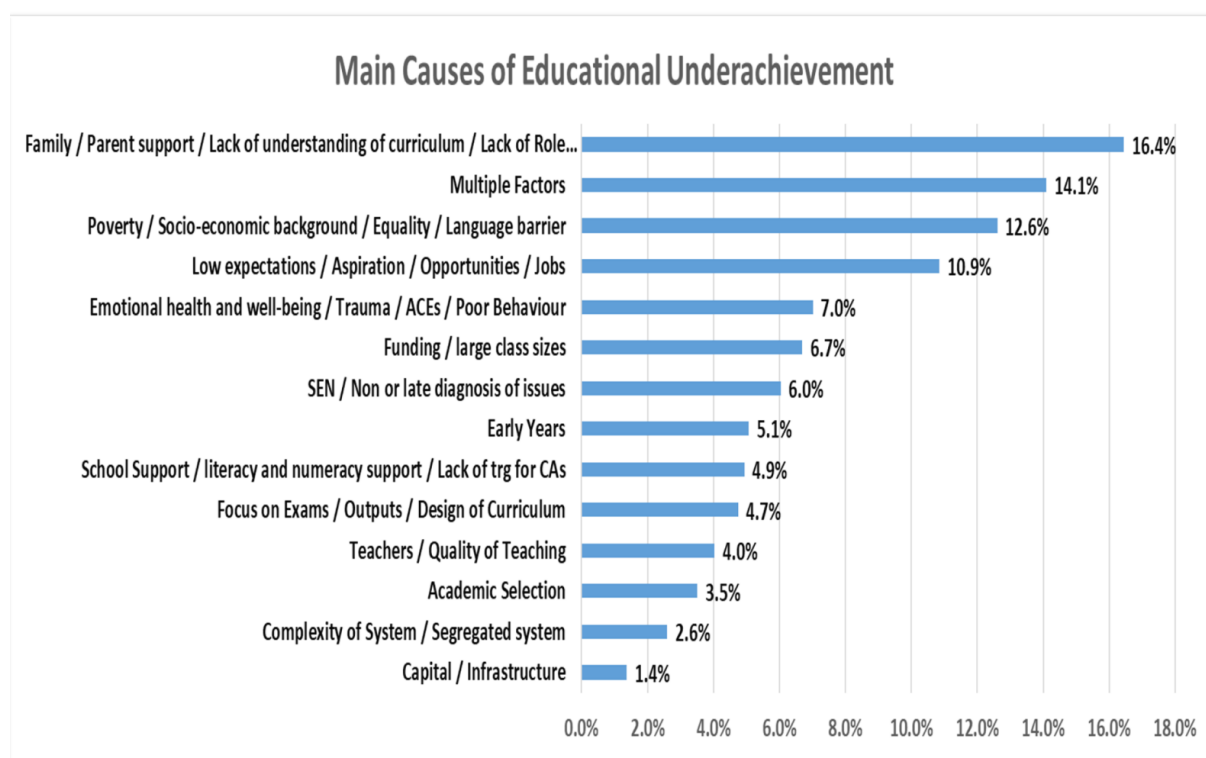
Physical activity undertaken outdoors in natural environments is more beneficial for a range of psychological outcomes compared with urban environments.

Sport NI valued their partnership with PHA and other partners and developed a Mental Health Action Plan for sport to underpin the corporate plan. This could be interlinked to the Outdoors Strategy which will underpin the corporate plan, which should also consider low-cost sport and physical activity. All should consider factors impacting areas of highest deprivation and address the barriers and environmental influences to impact sustained participation and the framework of social outcomes. Sport NI systemised this work and its principles through its investments, services and partnership to optimise impact. Sport NI recognises the link between inequality and the impact of discrimination on mental health and the benefits of inclusive access to the sporting system and particularly the outdoors , and green and blue spaces to provide connection and belonging. Wellbeing impact is mapped and supported within the outdoors strategy under development.

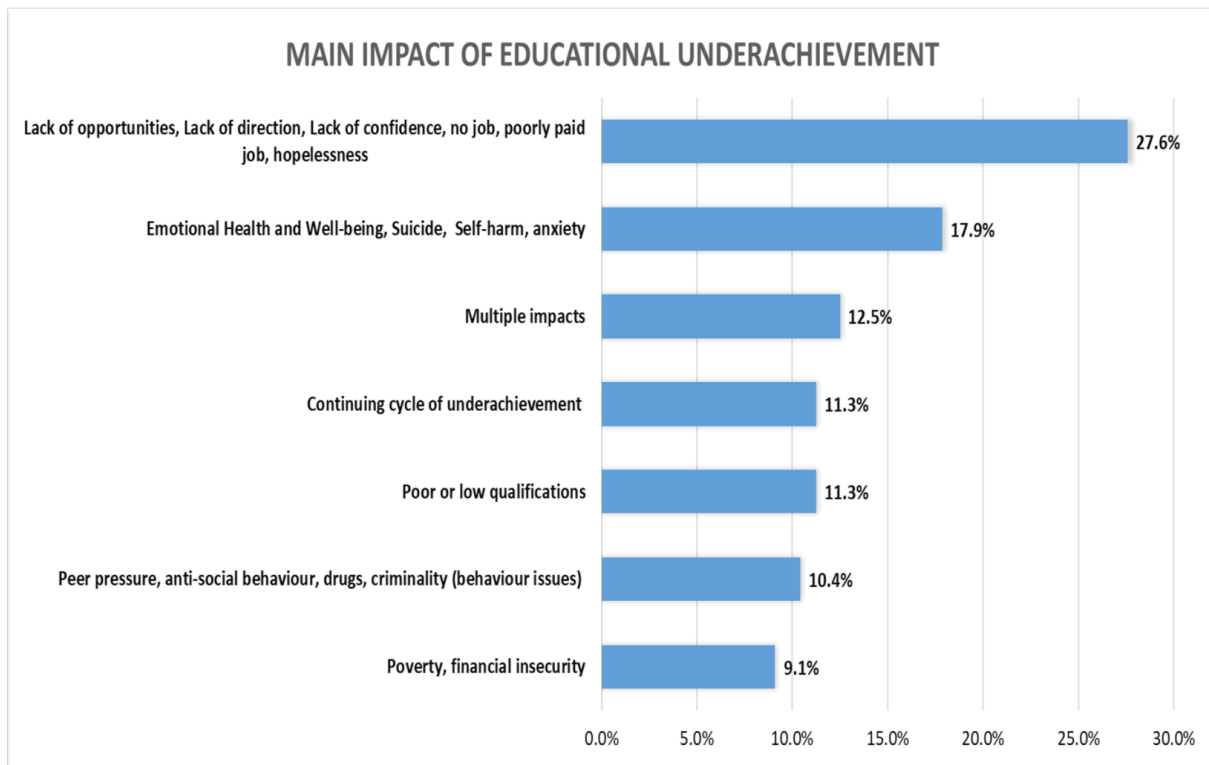
6. Deprivation Driven Educational Underachievement

[EPEUNI - Interim Report - 8 March 2021 - Final.pdf](#)

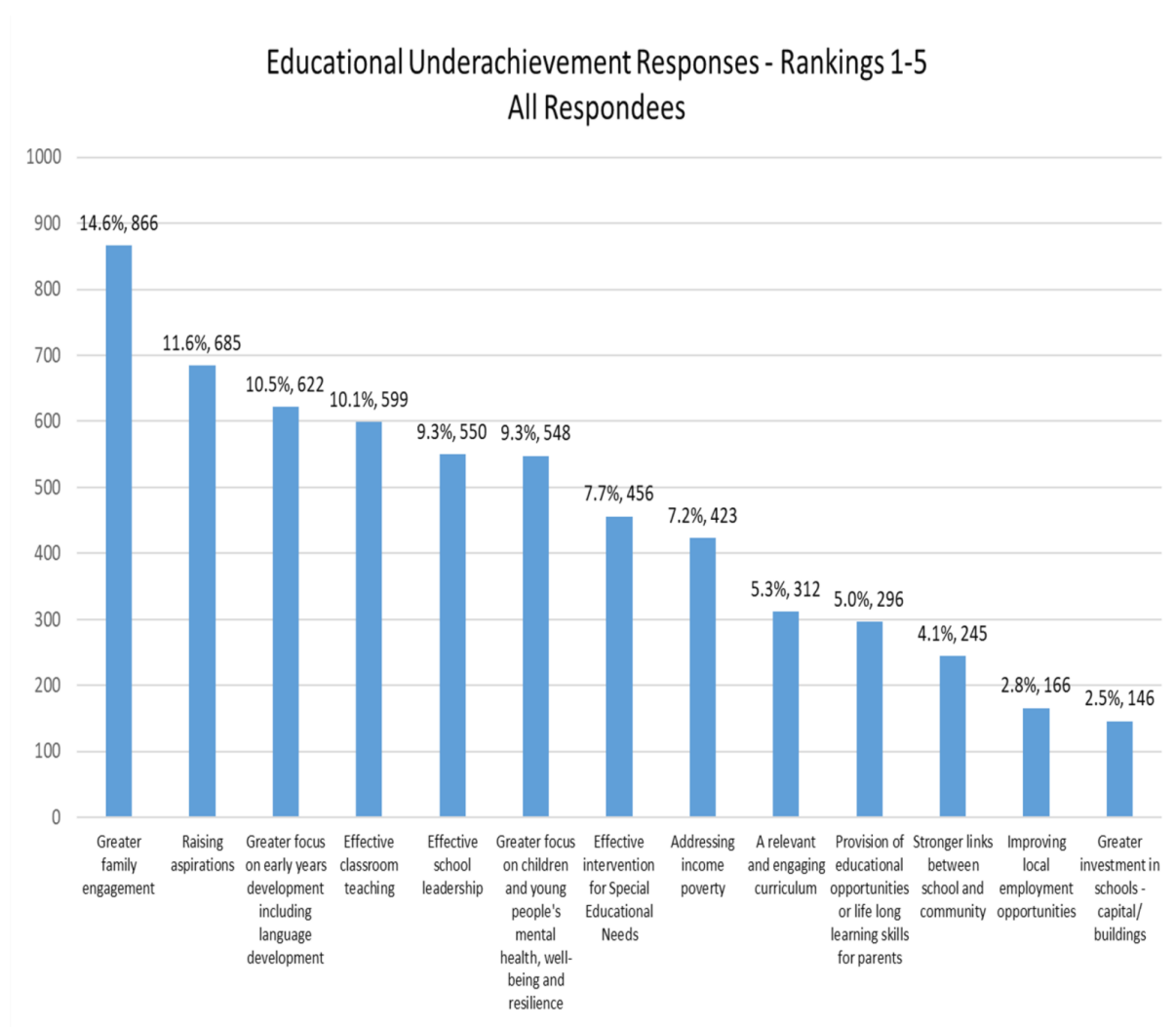
6.1 The Expert Panel on Educational Underachievement Interim Report outlines the work undertaken from September 2020 to March 2021. The panel commissioned the National Children's Bureau and Barnardos to engage directly with children and young people to ensure that their voices were heard as part of the engagement process. In terms of “main causes” of educational underachievement, the following were the most commonly expressed: “Family / parent support / lack of role models”, 16.4% (n=253); o “Multiple factors”, 14.1% (n=217); and o “Poverty / socio-economic factors”, 12.6% (n=194)



6.2 Responses to “Main impact” of educational underachievement were felt to be: “Lack of opportunities, Lack of direction, Lack of confidence, no job, poorly paid job, hopelessness”; 27.6%, (n=267); o “Emotional Health and Well-being, Suicide, Self-harm, anxiety”; 17.9%, (n=173); and o “Multiple Impacts”; 12.5%, (n=121).



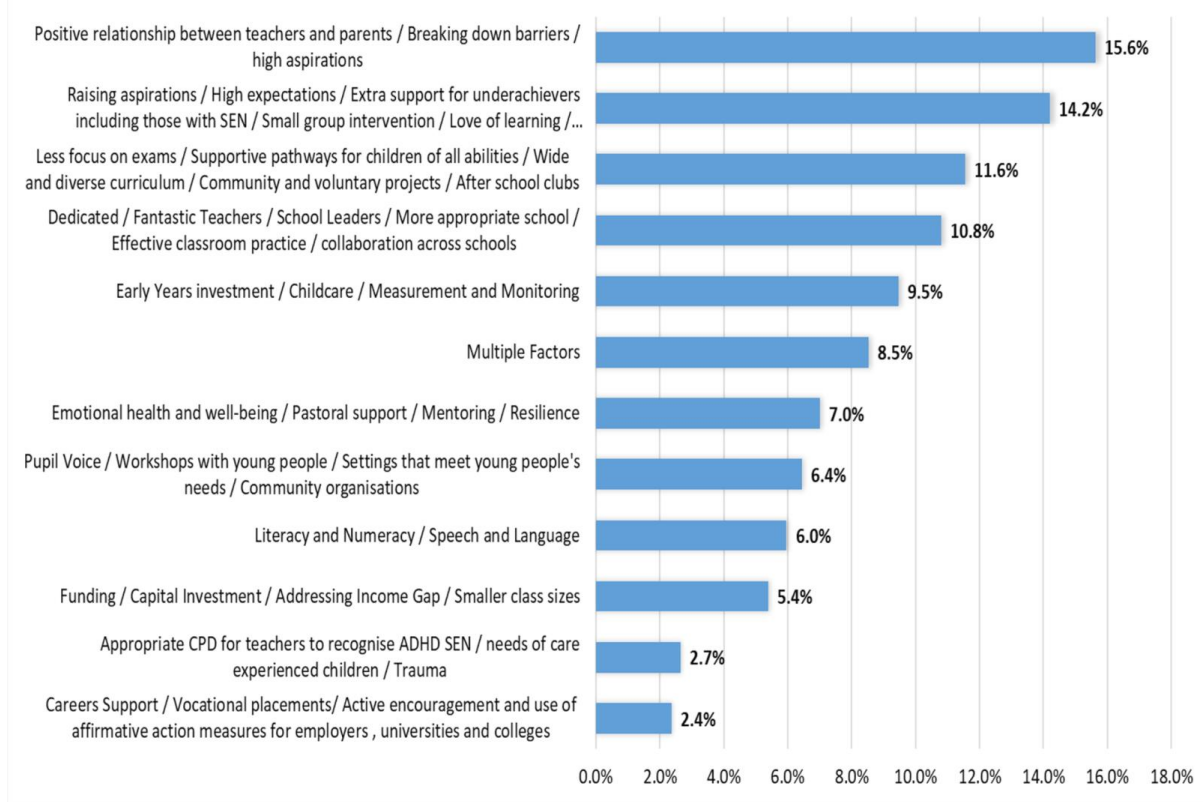
6.3 In terms of the “Top 5” interventions, the responses (from all respondents) were as follows: Based on all responses received to this question, the top ranking responses were: a. “Greater family engagement”; 14.6%, (n=866) b. “Raising aspirations”; 11.6%, (n=685) c. “Greater focus on early years development including language development”; 10.5%, (n=622) d. “Effective classroom teaching”; 10.1%. (n=599) e. “Effective school leadership”; 9.3%, (n=550).



6.4 Responses to the question “What has worked to address educational underachievement?” suggested the following:

- o “Positive relationship between teachers and parents...”; 15.6%, (n=165);
- o “Raising aspirations / High expectations / Extra support for underachievers including those with SEN...”; 14.2%, (n=150);
- o “Less focus on exams / Supportive pathways for children of all abilities...”; 11.6%, (n=122);
- o “Dedicated / Fantastic Teachers / School Leaders...”; 10.8%, (n=114);
- and o “Early Years investment / Childcare...”; 9.5%, (n=100).

WHAT HAS WORKED TO ADDRESS EDUCATIONAL UNDERACHIEVEMENT?



6.5 The National Children’s Bureau (NCB) and Barnardo’s NI were both asked to engage with children / young people and families from a socio-economically disadvantaged background. The main findings from those two separate pieces of work are outlined below.

6.6 In terms of “learning elsewhere” clubs, organisations and local facilities, including sports, art, religious and voluntary/community groups add to children’s learning experience.

6.7 Educational inequalities of disadvantaged pupils should be tackled not only at school level but also beyond the school gates. Building on the lessons learnt from research and evidence gathered by the expert panel, the Department of Education needs to establish a Northern Ireland wide project for raising the achievement of disadvantaged pupils, with a focus on the long-standing issues facing working class Protestant boys. It is suggested that policy makers and the expert panel should design strategies and programmes which would tackle the underachievement of disadvantaged pupils in Northern Ireland. This should include an estimate of the cost of targeted interventions

needed and the implementation of the action plan. There should be additional ring-fenced funding given to schools to tackle the underachievement of disadvantaged pupils on free school meals and to close the achievement gap between them and their peers. The targeted interventions and support proposed by the expert panel, to tackle underachievement, needs to be based on available proven research evidence that is effective in closing the achievement gap and delivering increased progress for disadvantaged children. Central to this, is using successful headteachers to support the improvement of disadvantaged pupils in other schools in Northern Ireland. Lessons from the London Challenge in England, and elsewhere, suggests that this strategy makes a huge difference in transforming schools in challenging areas. This would need to be costed as part of the initiatives for targeted intervention and support.

- 6.8** This is particularly relevant for this corporate plan and the need to embed physical literacy from each years and to connect school PE, after school sports, with community and club sport pathways. There is a role for physical literacy and quality coaching for the establishment of growth mindset, that along with other inherent qualities of sport improves educational attainment.
- 6.9** This is relevant to the priorities of: 1. Redirecting the focus to Early Years. 2. Championing Emotional Health and Well-Being. 3. Ensuring the relevance and appropriateness of Curriculum and Assessment. 4. Promoting a whole community approach to education. 5. Maximising boys' potential. 6. Driving forward Teachers Professional Learning (TPL). 7. Supporting the professional learning and wellbeing of school leadership. 8. Ensuring Interdepartmental collaboration and delivery. 35. It is clear that whilst educational underachievement linked to socio-economic background might be perceived by some as quite narrow in focus, the evidence gathering, engagement and consultation with key stakeholders has revealed just how broad the factors are in influencing educational underachievement, and how multi-faceted any solution to the challenge of addressing educational underachievement must be. Many of these factors and solutions lie

beyond education and the specific remit of the Department of Education.

- 6.10** Despite considerable work and investment there remains a stubborn and persistent income-related achievement gap in Northern Ireland.

EtiA Thematic Evaluation of Physical Education in Primary Schools 2022

- 6.11** It is up to each school to determine how much time is devoted to PE in the curriculum, but departmental guidance recommends that schools should provide children with a minimum of two hours curricular PE per week. The guidance emphasises the fact that primary school children should have opportunities to participate in daily physical activities, either indoors or outdoors, that include physical play along with regular well-planned, active, engaging and challenging PE learning experiences that encourage children to develop:

- positive attitudes to, and enjoyment of, physical activity;
- an awareness of the positive impact of physical activity on health and wellbeing; and
- positive sporting behaviour and a sense of fair play.

- 6.12** Extra-curricular physical activity (school and inter-school sport) provides additional opportunities for children to develop these skills and resilience in different contexts, including competitions within school and against other schools. In addition, schools often build effective relationships with the communities they serve through the medium of sport and many children pursue a community-based sport; for some, this may lead to performance sport.

- 6.13** In the publication, *Your School, Your Club*, Sport NI further promotes the integration of community sport and sports clubs into schools because of the many benefits to the community, the school and academic achievement. Primary school PE has, however, been impacted significantly by the COVID-19 pandemic.

- 6.14** The pandemic resulted in a significantly restricted PE programme across the schools due to: the initial DE 2021/2022 curriculum

planning recommendation advising schools not to teach PE indoors with more than fifteen children at any one time; the re-purposing of some multi-purpose halls; a limitation on facilities and equipment; reduced or no access to external facilities, such as swimming pools or community halls; increased cleaning responsibilities; a dependency on outside spaces; and, restricted or no access to extra-curricular activities.

- 6.15** Stranmillis University College's Home-schooling Report referenced the impact of COVID-19 on children's physical activity. In August 2021, DE issued additional guidance on curriculum planning for the 2021/22 school year. The guidance emphasises that both formal PE and daily outdoor physical activity have a central role to play in our schools and offer important opportunities for both active learning and increased children's engagement. Additionally, the guidance references studies which have shown that many children have had significantly reduced levels of physical activity during the COVID-19 pandemic.
- 6.16** The guidance again highlights the importance of children having access to at least two hours of PE each week within the curriculum on their return to school due to:
- the positive impact that physical exercise can have on children's health and wellbeing; and
 - the benefits in the development of resilience and progression of skills, knowledge and understanding in the range of activity areas that make up the PE curriculum.
- 6.17** To support the vital efforts of schools during the COVID-19 pandemic and subsequent period of recovery, all ETI inspections were paused on 18 March 2020. In line with the Minister for Education's priorities, and those of other commissioning departments, a wide range of ETI district inspector activity continued.
- 6.18** During the evaluation in March 2022, primary schools were still managing the complexities outlined above alongside a significant

number of COVID-19 healthrelated issues within the school community.

- 6.19** The report takes into account the relevant statutory guidance, including the NIC for primary, the Children and Young People’s Strategy, the Chief Medical Officers’ September 2019 guidelines and DE’s August 2021 guidance.
- 6.20** After considerable public consultation, in October 2022, Ministers from Northern Ireland and the Republic of Ireland collaborated with Sport NI and Sport Ireland to launch a new All-Island Physical Literacy Consensus Statement that aims to promote a culture of lifelong participation in physical activity and sport for all. The statement defines physical literacy as: “Physical literacy is the motivation, confidence, physical competence, knowledge and understanding that enables a person to value and participate in physical activity throughout life.” This statement advocates for the integration of this Physical Literacy definition into policy, practice and research and encourages collaboration between key organisations and sectors, including primary education, where the importance of learning fundamental skills is underlined. The findings and recommendations included within this report, align with the All-Ireland Physical Literacy Consensus Statement.
- 6.21** Vision and strategic planning In a significant minority (48%) of the schools, physical education is a highly-valued and prioritised aspect of the children’s learning and statutory curricular entitlement. In these schools, there is an experienced, knowledgeable and skilled curriculum leader in post to co-ordinate and oversee the provision and be an effective role model for high-quality learning and teaching in PE. Consequently, all of the staff share a coherent, regularly-reviewed vision for the delivery of PE, which inspires and enables effective whole-school planning to facilitate provision that affords the children opportunities to achieve high standards. Where the vision and strategic planning is of the highest quality, in 13% of schools, there are very well-embedded review processes whereby PE is identified

regularly as an area of priority on the school development plan (SDP) and rigorous systems are in place to monitor and evaluate the impact of the provision and drive further improvement. In the remaining schools (52%), the vision and strategic planning are underdeveloped and not effective enough.

- 6.22** The schools' prioritisation and perceived pressure to deliver literacy, numeracy and information and communication technology (ICT) outcomes, and recovery from post-COVID-19 lockdowns, are among the issues reported as impacting adversely on the development of the PE curriculum. The delivery of PE within the school curriculum is not sufficiently prioritised by all staff despite the DE guidance. Importantly, in most of these schools there is no trained, skilled and confident curriculum leader to lead and oversee the safe and effective delivery and development of the PE provision.
- 6.23** In most (81%) of the schools, there are teachers who are broadly aware of, and largely responsive to, the needs of the children in the class, including those with special educational needs. As a result, these children are provided with relevant learning experiences to develop their PE skills. A key strength of the learning observed was the expertise of the teacher in creating a safe, active and inclusive learning environment. The learning activities observed were challenging, encouraged commitment, built confidence and created high expectations.
- 6.24** The PE lessons are, however, too often discrete and do not take sufficient account of the children's developmental progression over time, and across all elements of the statutory PE curriculum.
- 6.25** Where learning experiences are of the highest quality, in 10% of schools, the children have very good opportunities to develop all key elements of the statutory PE curriculum, including access to at least two hours of PE each week. The learning strategies employed by the teacher also encourage the development of the children's transferable skills of: questioning; collaborative learning; independent learning; and, provided explicit connections across the children's other learning experiences. In these schools, children with additional needs,

including where relevant, those with physical disabilities or from within the Autism Support Class (ASC) and Learning Support Class (LSC), are well supported. Where necessary, the activities are modified to allow all children to engage fully in PE, extra-curricular activities and sports day.

6.26 While the evaluation has identified examples of effective learning and teaching in most of the schools, in the remaining minority (19%) of schools, the leaders report that teachers have insufficient capacity to ensure all children, including those with additional needs, have access to the minimum statutory entitlement. As a result, all children do not experience all of the key elements of the statutory PE curriculum. The development of the children's physical skills, through PE, is not included, when required, in individual education plans (IEP)/pupil learning plans (PLP), and PE activities are not adapted or modified sufficiently to ensure children with special educational needs, including those with additional physical difficulties, are included fully and able to make progress. In these schools, health-promoting initiatives, such as the 'Daily Mile', are too often viewed as being part of, rather than in addition to, the key elements of the statutory PE curriculum. Significantly, a majority (74%) of all schools visited report that they are unable to provide the children, across all key stages, with the DE recommendation of access to at least two hours¹⁴ of PE each week. This is largely due to other perceived curricular demands and logistical pressures, such as sufficient timetabled access to a multipurpose hall and the notable time required to travel to alternative facilities.

6.27 This is a calculation of hours engaged in active whole-class PE only and does not include foundation stage physical play, outdoor learning or time required for transportation to local amenities. Examples of best practice are where the school provides every child with frequent and progressive participation in all key elements of the PE curriculum and plans regular whole-school events that increase the children's understanding of the immense value and importance of a lifelong healthy lifestyle. The school consults with skilled and experienced

staff from the local special school to investigate and explore ways of adapting practice to ensure children with specific additional needs can integrate into and participate more fully in PE lessons. This ensures children from the ASC and LSC classes are included and make progress within mainstream PE lessons

6.28 In a majority (52%) of the schools, the teachers are confident in evaluating effectively the children's performance and tracking their progress within PE. As a result, the children: are highly motivated; engage enthusiastically; and, value the benefits of PE. They understand that it relates to their physical and emotional health and wellbeing. In these schools, the teachers reflect consistently on the children's learning throughout the lessons and modify appropriately the activities to ensure progression in learning. Where assessment and progression are most impactful, in 4% of schools, the teachers monitor regularly the children's understanding of PE and provide high-quality feedback to ensure the children have an accurate understanding of their progress and what they need to do to improve. In these schools, the active learning approaches create a climate of enquiry where the children ask relevant questions. The teachers also provide purposeful opportunities for them to self- and peer-assess their performance, so that the children recognise their own and other children's progress. Crucially, the children's individual achievements are leading to an increase in confidence, interest and motivation beyond PE and into wider aspects of their education. To maintain the children's progression, the teachers also communicate prior learning accurately to colleagues and parents/carers at the key stage transition points.

6.29 For the remaining schools (48%), where assessment processes are not well enough established or absent, the evaluation of the children's learning, including learning during sessions delivered by external organisations, is not effective enough. It is not being considered fully or used to modify delivery to ensure progression for all children. As a consequence, the children's prior learning is not communicated effectively and subsequent PE lessons lack sufficient opportunities for

the children to engage in new learning, be challenged and make sustained progress. Examples of best practice The enhanced use of digital technology to record aspects of PE lessons is increasing opportunities for self- and peer-assessment which are ultimately improving the children's own understanding of progress and areas for improvement. An appropriately trained and skilled gymnastics coach, who is also a parent in the school, works in a voluntary capacity, supporting teachers to plan and deliver increased challenge to further develop the skills of the higher-performing young gymnasts.

- 6.30** Teachers in a majority (62%) of the schools understand clearly all the elements and expectations of the statutory PE curriculum and are confident in planning and delivering PE. They review and evaluate regularly their own performance in the delivery of PE and identify opportunities to improve further their knowledge and development of relevant pedagogical skills. Where the teachers are very confident in the delivery of all elements of the PE curriculum, in 17% of schools, the staff are focused on building their expertise and capacity in the delivery of PE through career-long professional learning. Crucially, the curriculum leader models PE lessons, shares effective practice and upskills staff routinely, through team teaching or staff training, to ensure all colleagues' knowledge and skills of pedagogical development in PE are current, accurate and researchbased.
- 6.31** In the remaining schools (38%), the teachers who did not study PE as a main subject, report that due to limited PE training experiences during initial teacher training, and minimal ongoing professional learning opportunities, they lack the knowledge, skills and confidence to deliver fully the statutory PE curriculum. This includes teachers beginning or at the early stages of their career. Their reported deficiency in knowledge and skills is resulting in delivery of simple sporting activities or lessons only in the areas they feel confident to teach, rather than lessons that incorporate accurately all key elements of the statutory PE curriculum. Consequently, there are insufficient opportunities for children in the foundation stage to develop fully their fundamental movement skills and for the children in KS1 and 2 to

develop skills across dance and gymnastics. In a number of schools, where the staff report a significant lack of confidence, there is a reported dependence on external organisations for the ongoing delivery of PE.

- 6.32** Examples of best practice are where the PE curriculum leader is afforded time to: team teach; support colleagues in the review and update of schemes of work/lines of progression; and, provide staff development relating to the safe and creative delivery of PE. The school identifies and utilises staff who are trained and skilled in the delivery of a range of sports and uses their expertise and experience to improve whole-school planning for PE, upskill colleagues and support the school's extra-curricular provision.
- 6.33** A majority (70%) of the schools have access to adequately-sized indoor facilities and a grass or artificial grass area to accommodate the delivery of primary PE and extracurricular sporting activities. The children also have access to a sufficient number of resources that are well-organised, accessible and appropriate to their stage of development. This evaluation identifies that a significant minority of these schools are availing of local indoor and/or outdoor facilities to supplement school-based accommodation. Where the resources and accommodation are contributing very effectively to the school's delivery of PE, in 26% of schools, the use of resources is monitored closely by the PE curriculum leader to evaluate the benefits and the impact on the outcomes for the children. In addition, these schools are innovative in identifying and availing of alternative community-based facilities, such as, post-primary schools, recreation centres, parks and even beaches, to enrich further the children's experiences in PE. They are also creative in utilising all facilities available to maintain and increase the children's activity outdoors during break and lunch times.
- 6.34** In the remaining schools (30%), and often in spite of the best intentions of the teachers, the planning and delivery of PE is being impacted adversely by inadequate accommodation. This includes indoor facilities which are insufficient in size, and outdoor facilities

which are limited by poor drainage, sloped/uneven ground and/or insufficient fencing. In addition, the timetabling and use of multi-purpose halls for PE lessons is limited considerably by the need to accommodate school meals, other curricular activities and school events.

- 6.35** In a minority of schools, there is an absence of designated indoor space for the children to engage in PE and a small number of schools do not have access to either an indoor or outdoor facility. Some of these schools are not availing of other local schools' PE facilities, council and privately owned facilities which could support and improve their delivery of PE. In some cases, this is because of a lack of strategic planning, however, in most cases, it is because of the: uncertainty relating to indemnity insurance; prohibitive costs; and, the additional time required for transportation.
- 6.36** Examples of best practice include advanced planning by, and effective communication with, staff is ensuring that teachers consider other relevant activities and access alternative facilities when the multi-purpose hall is required for additional purposes. The school and Education Authority work closely with the local council to negotiate sole school-time use of the recently-constructed recreation centre, providing access to significantly improved indoor and outdoor facilities for PE.
- 6.37** Most (84%) of the schools have identified and established community links with suitably qualified community partners, including appropriately skilled and experienced coaches from local sports clubs and governing bodies¹⁶. Subsequently, the teachers have access to specialist local knowledge and skills which improve the quality of their planning for PE and extra-curricular physical activities. In most cases, a wide range of extra-curricular physical activities is also providing the children with regular opportunities to compete in inter-school competitions. Where there are highly-productive community links, in 38% of schools, there is a shared understanding that the aim of the external partnership is to contribute to developing the children's fundamental skills across a wide range of sporting activities, rather

than just their performance in one specific sport. These schools also engage proactively with former pupils who are now successful athletes and provide opportunities for them to share their experiences and skills with, and act as role models for, the children. The community links provide further opportunities for children to engage in physical and wellbeing activities, both within and beyond the school, and the opportunity to participate in a range of competitive sport. In most cases, the schools are committed to maintaining a tradition of sporting achievement within the local and wider community.

- 6.38** The remaining schools (16%), are not engaging appropriately, or not at all, with local clubs or governing bodies. Subsequently, the children do not have any opportunities to compete regularly against children from other schools and learn from skilled and experienced local coaches and players. These schools are also missing opportunities to encourage participation in sport outside of school and to celebrate the children's sporting success within the school and local community.
- 6.39** Examples of best practice are where over an agreed, time-bound period, Irish Football Association (IFA) and Gaelic Athletic Association (GAA) staff modelled the planning and delivery of physical development and movement to support the upskilling of foundation stage staff. Subsequently, the teachers can now plan and deliver PE independently and confidently. The school is proactive in identifying opportunities for the children to participate in termly inter-school competitions and the children express pride and pleasure from the opportunities they have to engage, co-operate and compete with others
- 6.40** The effects on various aspects of children's physical and emotional health and wellbeing as a result of the COVID-19 pandemic are very well documented. In particular, specialists report the prevalence of post-traumatic stress symptoms, sleep disorders and anxiety; and symptoms of depression have increased significantly for children, specifically relating to fears and concerns about the impact of the pandemic on their lives. The COVID-19 pandemic has, however, also

clearly re-emphasised the benefits of encouraging children to move their bodies regularly, not only for physical health, but also for emotional health and wellbeing and cognitive development. Well-planned and coherent PE is a statutory entitlement for every child. Children who engage in regular, high-quality PE: think in different ways; are more creative and imaginative; and, understand the relationship between physical activity and good health. Following a period of significant disruption to children's activity levels and education, it has never been more important that all stakeholders recognise and value the role that high-quality PE and sport can play in boosting the health and wellbeing of all our children. Regular, carefully-planned PE can significantly improve the behavioural health of children living with a range of emotional and stress related anxieties. It can also contribute positively to the behaviour of children with special educational needs, including those with autism and/or attention-deficit/hyperactivity disorder. It is clear that children facing these challenges are better able to pay attention after they have been physically active.

6.41 Based on the findings in this report, it is equally clear that many schools and stakeholders are still not recognising and/or realising the full potential of PE to contribute positively to the learning process and the children's emotional health and wellbeing. As a result, there are significant areas for improvement to be addressed.

- **Vision, Strategy and Leadership**
At the time of this evaluation, 52% of schools do not have a sufficient whole-school vision for PE and the strategic planning for the provision is underdeveloped. Notably, in most of these schools, there is no trained, skilled and confident PE curriculum leader to advocate for, lead and oversee the development of this crucial area of learning.
In contrast, it is clear from this evaluation that a school's provision for PE improves significantly when a PE curriculum leader is in position and engages internally and externally with colleagues to develop the safe and creative delivery of all elements of the statutory curriculum for PE. It will be

important therefore, in going forward, that school leaders value fully the role of PE within the curriculum and all schools have access to an adequately skilled PE curriculum leader to promote and support the development of the PE curriculum. Considering the potential for PE to improve physical and emotional health and to support children's learning, the UK's Chief Medical Officer has recommended children should be accessing at least 60 minutes of daily activity. When this recommendation is considered alongside the finding that 74% of schools are unable to provide their children with access to two hours of PE each week, critical questions are raised relating to the relevance, flexibility, balance and breadth of the curriculum being provided. In going forward, all stakeholders need to consider earnestly the curricular demands and logistical pressures being placed on primary schools. In addition, with the support and guidance of DE and the Council for Curriculum, Examinations and Assessment (CCEA), school leaders must take confident control of their curriculum to ensure their PE provision is relevant globally, nationally and locally, for their children.

- Learning and Teaching

Examples of effective learning and teaching were observed in 81% of the schools visited, which confirms that in most schools, there are teachers who are broadly aware of, and largely responsive to, the needs of the children in their class, including those with special educational needs. The PE lessons are, however, too often discrete and do not take sufficient account of the children's developmental progression over time, and across all elements of the statutory PE curriculum. Going forward, the learning experiences in PE need to reflect better the statutory PE curriculum and enable sufficient progression for every child. It will be equally important to: share the existing good practice across the sector; incorporate it appropriately in schools' development plans; and build upon it over time, in

order to improve the quality and consistency of the PE provision across all primary schools.

- **Initial Teacher Education and Teacher Professional Learning**
During this evaluation, 38% of schools reported that their teachers had insufficient experiences during initial teacher education and a lack of ongoing professional learning opportunities to prepare them for the effective delivery of all aspects of the statutory PE curriculum. Subsequently, in a number of these schools, healthpromoting initiatives are too often included as part of, rather than in addition to the key elements of the statutory PE curriculum. There is also an increasingly reported dependency on unregulated external organisations to support the delivery of PE and an overemphasis on athletics and games to the detriment of dance and gymnastics. Often, however, rather than improving the position, this dependency on external organisations is further undermining the importance of PE within the wider primary curriculum and accelerating a decline in teacher skills and confidence to plan for, and deliver PE. Consequently, for example, in 48% of schools, assessment and evaluation of the children's learning and development in PE are not being reviewed or used adequately in order to ensure appropriate levels of challenge and progression for all of the children. In going forward, it is imperative that all teachers acquire and develop the relevant skills and confidence to deliver an effective PE programme.
- **Accommodation and Facilities**
Seventy percent of schools have access to the appropriate facilities to support the delivery of PE. This includes a significant minority which are creative in availing of alternative local community-based indoor and/or outdoor facilities. The remaining 30% of schools have inadequate accommodation to plan for and deliver all five elements of the statutory curriculum and realise the DE recommendation of two hours of PE each week. The relocation of classes to PE

or multi-purpose halls, to ensure adequate social-distancing during the COVID-19 pandemic, further compounded the problems faced by schools. If all schools are to deliver the statutory entitlement for PE, going forward, all stakeholders need to evaluate the current accommodation and facilities across the primary school estate and consider how to overcome the deficiencies in accommodation and the challenges of accessing appropriate alternative facilities. It is clear that there is potential for, and now needs to be a well-targeted and purposeful improvement in PE provision within the majority of our primary schools. It is, as identified in research and government strategy and policies, including the Programme for Government and now promoted through the new All-Island Physical Literacy Statement, crucially important that children are better supported, and have opportunities to engage in and make progress in PE so they develop into active and healthy adults.

6.42 In order to meet the requirements of the curriculum and allow primary schools to endeavour to meet, at the very least, the minimum statutory guidance for PE, it is critical that the following next steps are considered and acted upon collectively and decisively by schools, DE and other educational stakeholders.

- Governors should ensure principals and teachers develop a vision which incorporates purposeful implementation of the PE curriculum to support children's all-round development, including the physical and intellectual skills that will nurture their emotional and academic development and improve their lifelong health.
- Employing authorities and governors need to support school leaders in accessing a suitably trained, skilled and confident teacher to lead or provide support to the school in the safe and effective planning, delivery and development of PE in line with statutory curricular guidance.

- Schools should now review the flexibility, breadth and balance of their curricular provision, modify delivery confidently to align with the expectations of the NIC, and ensure every child is provided with sufficient time to access and benefit from all aspects of the statutory PE curriculum.
- Initial teacher education providers should: continue to engage with principals with a view to identifying how they, as providers, can better equip all prospective primary teachers with the capacity to deliver confidently a coherent programme of PE; and, work with employing authorities and other stakeholders to design and provide additional professional support throughout a teacher's early professional development.
- Employing authorities and governors need to support teachers in accessing regular, career-long professional development opportunities to refresh and rebuild their capability for effective planning and delivery of all elements of the statutory primary PE curriculum.
- Schools should continue to form meaningful partnerships that are complementary to the delivery of PE and ensure the upskilling of teachers is central in the time-bound employment of any external organisations.
- DE needs to: review the current primary school estate; address deficiencies in accommodation; and, support schools in overcoming the challenges of accessing alternative, appropriate accommodation that facilitates the DE recommendation of access to at least two hours a week of high-quality PE. The ETI will carry out follow-up activity to this report, in 24 months, to evaluate the impact of the steps taken by all stakeholders to realise the full potential of the statutory primary curriculum for PE

Educational attainment in Northern Ireland: Understanding inequalities through administrative data

Erin Early, Lecturer at Ulster University 5 Dec 2022

- 6.43** Educational attainment inequalities receive continuous policy attention across the UK with certain social groups consistently underachieving. A study (Early et al., 2022) used the first record linkage dataset for education in Northern Ireland to examine pupil differences in GCSE attainment outcomes. The dataset linked three administrative data sources for the first time: the 2011 Census, the School Leavers Survey and the School Census. The data linkage was conducted by the Northern Ireland Statistics and Research Agency, and the data were anonymised and held in a secure data environment. A pupil's gender, socio-economic background, religious affiliation and attended school were the key factors considered in the study.
- 6.44** The centrality of socio-economic background is evidenced in previous research on educational attainment (Ilie et al., 2017; Siddiqui & Gorard, 2022; Taylor, 2018). This theme is reiterated in our study which found socio-economic background is of key importance to understanding educational attainment disparities. Parental qualifications were the greatest socio-economic predictors of attainment in this study. The higher a mother's/father's qualifications, the higher a pupil's GCSE outcomes. More specifically, mothers' qualifications had a greater influence on their child's GCSE outcomes compared to fathers. This study also found Free School Meal Eligibility – which is a common indicator of socio-economic background in policy and research – was a sufficient measure of socio-economic disadvantage to examine disparities in educational attainment. However, other indicators such as parental qualifications had a greater impact on attainment.
- 6.45** Like socio-economic background, gender remains central to understanding attainment differences in Northern Ireland, with female pupils achieving higher GCSE outcomes than males. Despite religion being a key identity source in Northern Ireland and previous research suggesting that Catholic pupils outperform Protestant pupils (Borooah

& Knox, 2017; Leitch et al., 2017), our study found no notable difference in the attainment of Catholic and Protestant pupils. More specifically, this study did not find evidence to support that Protestant working-class males were underachieving, despite this being a key concern in previous studies (Burns et al., 2015; Purvis, 2011).

‘Despite religion being a key identity source in Northern Ireland and previous research suggesting that Catholic pupils outperform Protestant pupils, our study found no notable difference in the attainment of Catholic and Protestant pupils.’

7. Participation disparities/inequalities in SAPA

Global low levels of physical activity among children and young people.

- 7.1** We know that worldwide, levels of physical activity are low among children and young people, which is a global public health concern. There is a persistent ‘socioeconomic status gap’ in physical activity where children from families who are more affluent tend to have higher levels of physical activity than children from less affluent families, particularly during periods of economic downturn, such as the current cost-of-living crisis.
- 7.2** This may be largely attributable to environmental factors, such as parents inactivity, cost of living barriers, social media influences, peer behaviour, reduced PE provision, and lowering levels of physical literacy, resulting in a lack of confidence and capability to enter a sporting environment.

Children’s participation is low but showing indications of improving in Northern Ireland.

- 7.3** While the picture for children’s participation in physical activity, and sport remains concerning, however there have been some improvements for Northern Ireland.

Adult Participation

- 7.4** The Continuous Household Survey is a Northern Ireland wide household survey administered by Central Survey Unit, Northern Ireland Statistics and Research Agency. The sample for this survey consists of a systematic random sample of 8,940 addresses selected from the Land and Property Service's list of private addresses. The findings reported for 2023/24 are based on 4,927 respondents, aged 16 and over.

Table 1: Engagement in culture, arts, heritage and sport, by adults in Northern Ireland, 2023/24

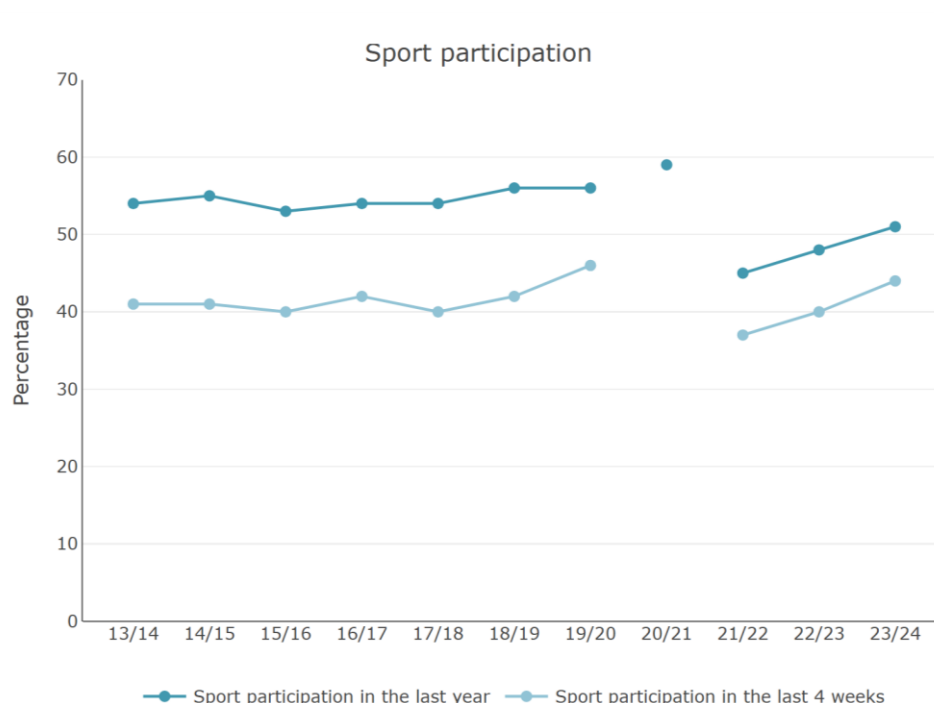
Sport	%	confidence intervals lower limit	confidence intervals upper limit	Base
Sport participation*	51	49.5	52.3	4,925
Sport and physical activity last 4 weeks**	74	72.7	75.2	4,925

*Excludes walking **Includes walking

- 7.5** In 2023/24, just over half of all adults (51%) participated in sport at least once within the last year, an increase on the 2022/23 figure of 48% . When looking at sport participation at least once in the previous 4 weeks, over four out of every ten adults (44%) had participated, an increase on the 2022/23 figure of 40%.

Over half of all adults (51%) participated in sport at least once within the last year. (2023/24)

Over four out of every ten adults (44%) had participated in sport in the previous four weeks (2023/24).

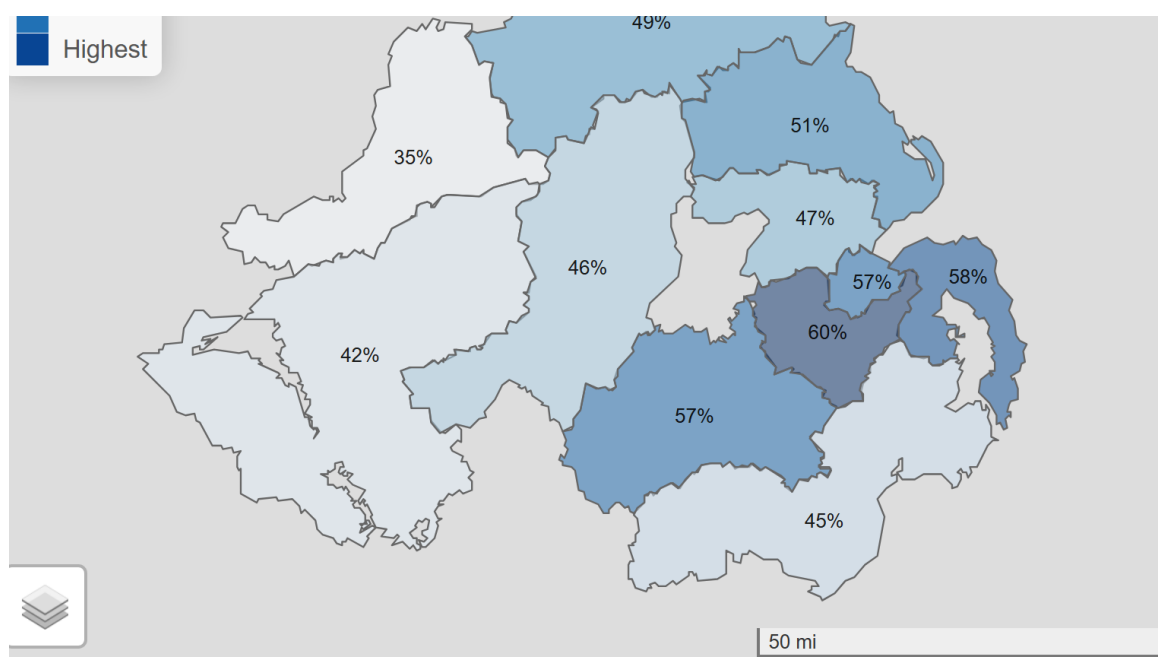


- 7.6** Adults in Northern Ireland were asked how many days per week do they normally take part in sport or physical activity (i.e. participated in

sport or walked for recreation). Whilst over three-quarters of all adults (77%) had participated in sport or physical activity at least once within the previous year, 48% normally participated in sport or physical activity at least one day per week, with just over a fifth (22%) normally participating on 4 or more days per week. When looking at adults who participated in sport or physical activity at least one day per week, the proportion was lower for women, older adults, adults with a disability and adults living in the most deprived areas.

Local Government District

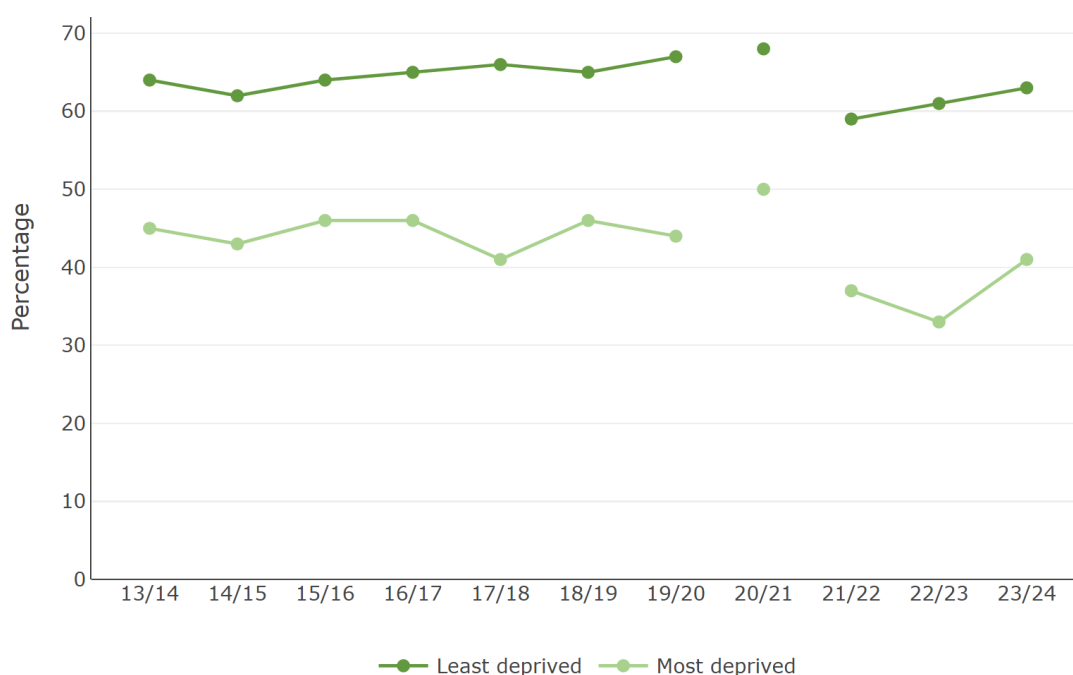
7.8 In 2023/24, around three in every five adults living in these areas had participated in sport in the previous year; Lisburn and Castlereagh (60%), Ards and North down (58%), Belfast (57%) and Armagh City, Banbridge and Craigavon (57%). In contrast, Derry City and Strabane had the lowest proportion of adults participating in sport in the previous year (35%). This provides a baseline for engaging with Community Planning Partnership that may be layered with data from areas of derivation, and population demographics such as ethnically diverse groups to set targets and performance indicators or outreach, engagement and conversion within the context of transition management from physical inactivity to sustained participation.



Participation in areas of deprivation

7.9 In 2023/24, adults living in the most deprived areas in Northern Ireland were less likely to have participated in sport within the previous year (41%) or within the last 4 weeks (35%) than those adults living in the least deprived areas (63% and 54%, respectively). Similarly, those living in the most deprived areas were less likely to be a member of a sports club (18%) than those living in the least deprived areas (32%).

These are clearly target groups for the corporate plan to impact social outcomes and increase club membership and participation in sport. The barriers for these adults and the remedies must be clearly understood by the sporting sector and partners in a strategically coordinated approach.



Adults living in the most deprived areas in Northern Ireland were 24% less likely to have participated in sport within the previous year (41%) and 19% less likely within the last 4 weeks (35%) than those adults living in the least deprived areas (63% and 54%, respectively).

Adults living in the most deprived areas were 14% less likely to be a member of a sports club (18%) than those living in the least deprived areas (32%).

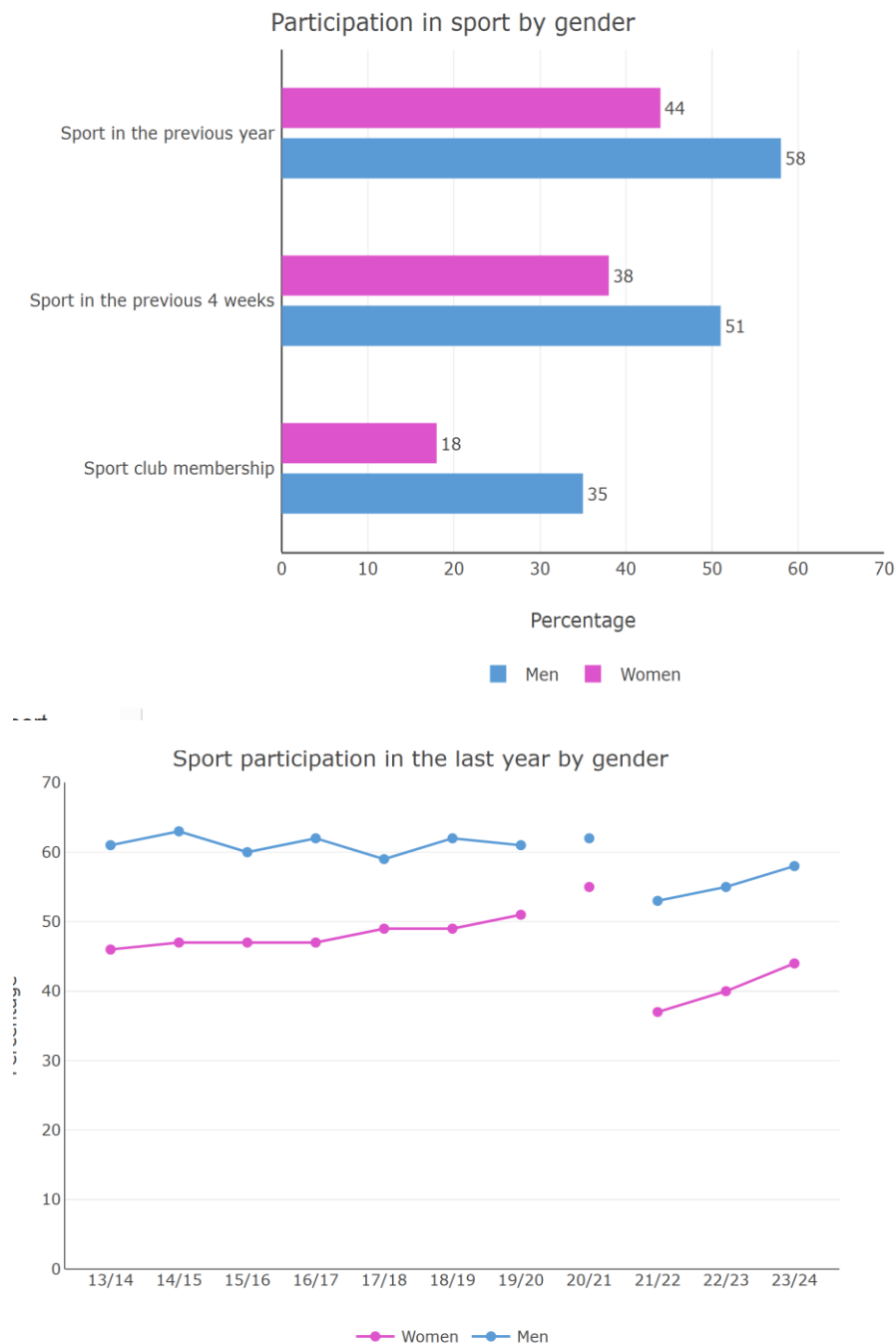
Participation by women

7.10 In 2023/24, women (44%) were less likely to have taken part in sport at least once within the last year than men (58%). Similarly, when looking at participation rates over the previous four weeks, just under two-fifths of women (38%) stated that they had taken part in sport compared to just over half of all men (51%).

Women (44%) were less likely to have taken part in sport at least once within the last year than men (58%) (2023/24).

Under two-fifths of women (38%) stated that they had taken part in sport in the previous four weeks compared to just over half of all men (51%) (2023/24).

7.11 There is a 14% differential by sport participation in the previous year, by 14% in the previous four weeks and by 19% in sports clubs according to CHS data. Based on the usually resident population of Northern Ireland on census day, 21 March 2021, which was 1,903,100 people. The population comprised 967,000 females and 936,200 males, which means that for every 100 women there were 97 men.



7.12 44% of women participate is crudely 425,480 meaning 541,518 women do not participate in sport.

7.13 38% of women participated in the last four weeks is crudely 367,460, meaning 599,540 did not participate in the last four weeks.

7.14 18% of women were members of sports clubs is crudely 174,060 and 792,940 women are not members of sports clubs, therefore this is clearly one of our target groups for increased membership of sports

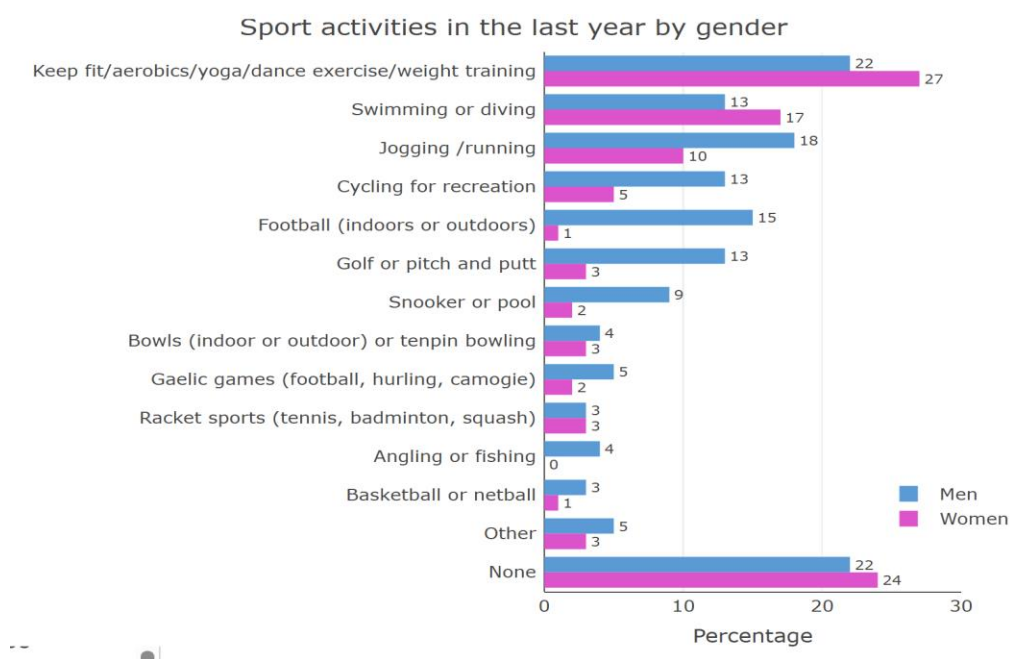
clubs and the data is readily available on the barriers they articulate clearly.

An estimated 541,518 women do not participate in sport (2023/24). 44% of women participate estimated to be 425,480 (2023/24).

An estimated 599,540 women did not participate in the last four weeks. 38% or 367,460 women participated in the last four weeks.

18% of women or 174,060 were members of sports clubs.

An estimated 792,940 women are not members of sports clubs, therefore this is clearly one of our target groups for increased membership of sports clubs and the data is readily available on the barriers they articulate clearly.



Participation and age

7.15 Sport participation declines with age among adults commencing at 35 years plus. In 2023/24, adults aged 45 and over were less likely to have participated in any sport within the last year (37%) or within the last four weeks (32%) compared to adults aged 16-44 years (64% and 55% respectively). More detailed analysis of sport participation in the last

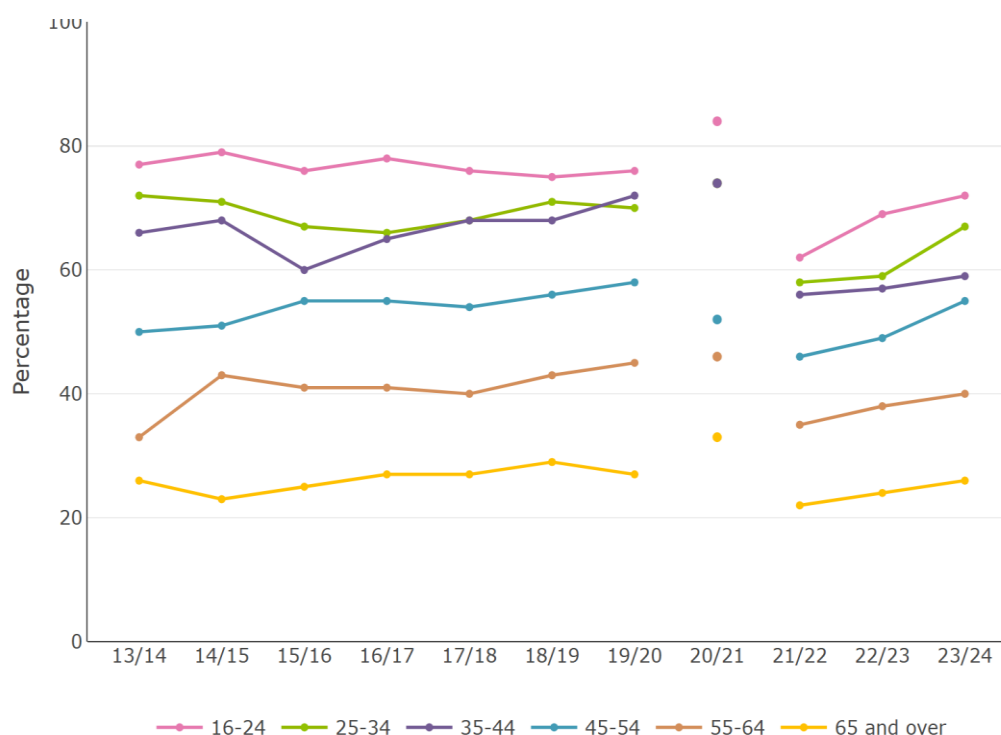
year by age group shows no difference between adults aged 16-24 years (72%) and adults aged 25-34 years (67%). The participation rate decreased for those aged 35-44 years (59%) and was similar for those aged 45-54 years (55%). The participation rate then decreased with each subsequent age group to 26% of those aged 65 and over. Similarly, when looking at participation rates over the last 4 weeks, two-thirds of adults aged 16-24 (66%) had taken part in sport compared to just over a fifth of adults aged 65 and over (22%).

Sport participation declines with age among adults commencing at 35 years plus.

Adults aged 45 and over were less likely to have participated in any sport within the last year (37%) or within the last four weeks (32%) compared to adults aged 16-44 years (64% and 55% respectively) (2023/24)

The participation rate decreased for those aged 35-44 years (59%) and was similar for those aged 45-54 years (55%). (2023/24)

The participation rate then decreased with each subsequent age group to 26% of those aged 65 and over. (2023/24).

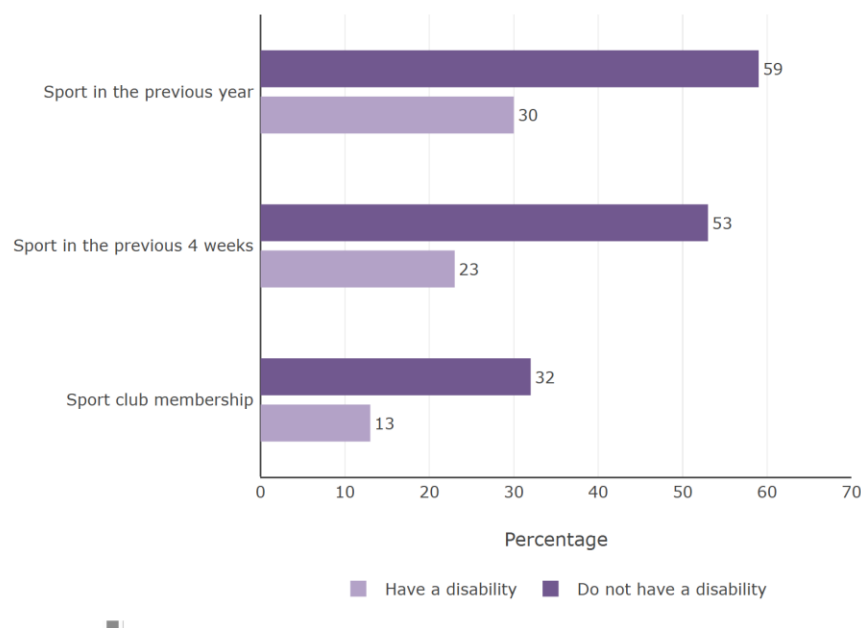


Participation and disability

7.16 In 2023/24, disabled were less likely to have taken part in sport at least once within the last year (30%) compared with those who do not have a disability (59%). A similar disparity was found when participation rates over the last four weeks were considered, with just under a quarter of those with a disability (23%) having taken part in sport compared to over half of adults who do not have a disability (53%). Furthermore, a lower proportion of adults with a disability were members of a sports club compared to those who do not have a disability (13% and 32% respectively).

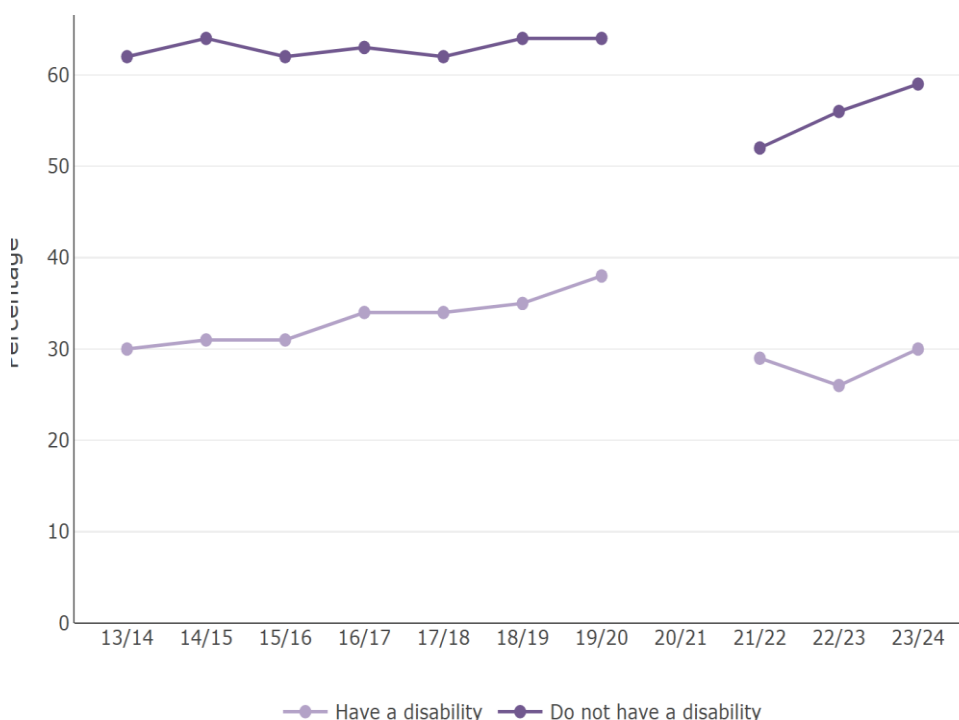
Disabled adults were 29% less likely to have taken part in sport at least once within the last year (30%) compared with those who do not have a disability (59%).

23% of disabled adults took part in sport compared in then last four week compared to over half of 53% adults who do not have a disability. 13% of disabled adults were members of a sports club compared to adults who do not have a disability 32% (2023/24) – a differential of 19%.



7.17 In 2023/24, three in every ten adults with a disability (30%) participated in sport at least once within the last year, an increase on

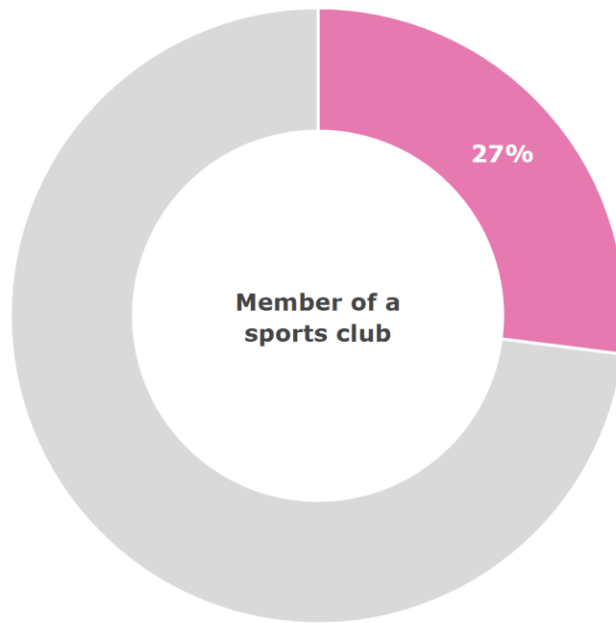
the 2022/23 figure of 26%. Similar proportions of adults with a disability took part in sport in the previous 4 weeks when compared with 2022/23 (23% and 21% respectively). The gap in sport participation rates between adults who have a disability and those who do not have a disability has remained fairly consistent over the trend period.



Sport club membership

7.18 Just over a quarter of adults (27%) were a member of a sports club or organisation within the previous year, this is the highest proportion recorded across the trend period. Based on estimates, Northern Ireland population may reach 1,949,269 by 1st July of 2025 (UK Population) this may be crudely estimated to be 526,303 people.

Just over a quarter of adults (27%) a crudely estimated 526,303 were a member of a sports club or organisation within the previous year, this is the highest proportion recorded across the trend period.



Participation and adults with dependants

7.19 Adults with dependants were more likely to participate in sport in the previous year than those without dependants (50% and 46% respectively). Similar proportions of adults with dependants and those without had participated in sport in the previous 4 weeks (41% compared to 40%).

Adults with dependants were more likely to participate in sport in the previous year than those without dependants (50% and 46% respectively). Similar proportions of adults with dependants and those without had participated in sport in the previous 4 weeks (41% compared to 40%).

Walking for Recreation

7.20 Walking for recreation is not included in the overall sport participation figures yet is a mobilisation activity that can aid for base cardio fitness and strength to transition into sport. It is clearly more accessible for our target groups and so is a touch point for conversion of those engaged in physical recreation and activity into sport.

7.21 Walking for recreation' is not included in the overall sport participation figures. Just over three-fifths of adults (61%) had walked for recreation

within the previous year. In contrast to the demographic pattern seen with the overall sport participation rates, a higher proportion of women (67%) than men (55%) had walked for recreation. Just over a quarter of adults (26%) had not participated in sport but had walked for recreation within the previous year.

- 7.22** As with the previous results a higher proportion of non-sport participating women (32%) had walked for recreation than non-sport participating men (20%). More than three-quarters (77%) of adults had participated in sport or physical activity (i.e. participated in sport or walked for recreation) in the last year, with 74% doing so in the previous 4 weeks. A similar proportion of men and women had participated in sport or physical activity in the last year (78% and 76% respectively) and in the previous 4 weeks (74% and 73% respectively).
- 7.23** When considering age groups, the pattern is also somewhat different than that seen when analysing sport participation. Walking for recreation rates peak among the 45-54 year age group (69%), whilst rates for 65 years and over were higher than those for adults aged 16-24 years (57% and 49% respectively).

Walking for recreation is not included in the overall sport participation figures yet is a mobilisation activity that can aid for base cardio fitness and strength to transition into sport. It is clearly more accessible for our target groups and so is a touch point for conversion of those engaged in physical recreation and activity into sport.

Participation and Ethnically diverse groups

- 7.24** The Continuous Household Survey does not report data on ethnic diversity and participation. We have a growing ethnically diverse community despite being the least diverse population in the UK. At the most recent census 3.4% of the population, or 65,600 people, belonged to minority ethnic groups. Within this classification, the

largest groups were Mixed Ethnicities (14,400), Black (11,000), Indian (9,900), Chinese (9,500), and Filipino (4,500) residents. This is around double the 2011 figure (1.8% – 32,400 people) and four times the 2001 figure (0.8% – 14,300 people). This increasing diversity is evident to a greater or lesser degree across all 11 Local Government Districts. The most diverse Local Government Districts are Belfast (7.1% of the population with a minority ethnic group), Mid Ulster (4.0%) and Lisburn and Castlereagh (3.9%).

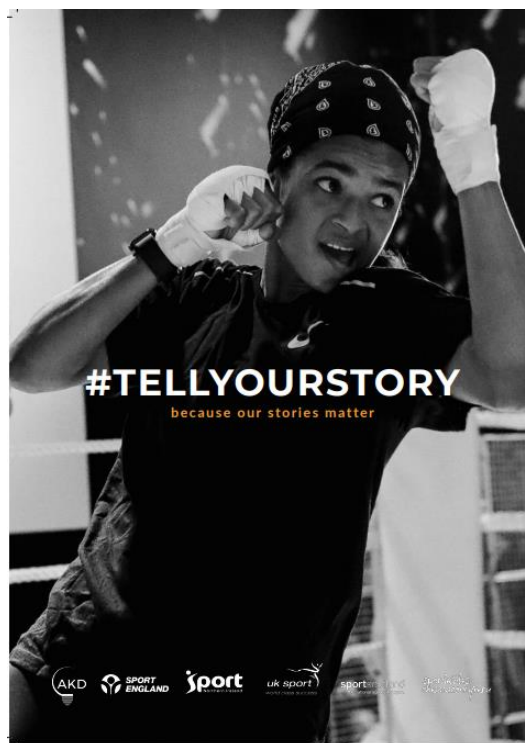
7.25 As a consequence of international migration, the school population is also becoming more diverse. The School Census showed there are nearly 21,000 ‘newcomer’ pupils, compared with 8,700 in 2011. In some primary schools, the proportion of such pupils exceeds 50 per cent of the total school population.

7.26 Hate crime is more prevalent in Northern Ireland than generally realised, with the number of racist incidents and crimes regularly exceeding the number of sectarian crimes. As such Sport NI with the other Home Country Sports Councils and UK Sport commission a qualitative and quantitative research into racial inequality in sport.

Hate crime is more prevalent in Northern Ireland than generally realised, with the number of racist incidents and crimes regularly exceeding the number of sectarian crimes.

7.27 Extensive analysis of data on race and ethnicity in sport by academics at Sheffield Hallam University has found that racism and racial inequalities still exist, with longstanding issues leading to ethnically diverse communities being consistently disadvantaged within sport in NI and UK as a whole. The review resulted in two reports: Tackling Racism and Racial Inequality in Sport and Tell Your Story, which provides a glimpse into the lived experience of over 300 ethnically diverse participants engaging in sports and physical activities. The review identifies gaps as well as common themes, and a set of recommendations are laid out for how meaningful progress can be

made by sports organisations across the UK. The review, carried out by the Sport Industry Research Centre (SIRC) at Sheffield Hallam University, involved comprehensive analysis of all publicly available data on race and ethnicity in sport. It was conducted alongside a lived-experiences research project in which over 300 people across the UK shared insights into their involvement in sport, from grassroots participants to elite athletes and coaches. This project was led by AKD Solutions, a Black-led learning and development consultancy.



7.28 AKD found the ethnically diverse communities of Northern Ireland the hardest to engage. Through a series of in-depth 1-2-1 interviews and several smaller group discussions, they pieced together the experience of racism for ethnically diverse sports participants. The Northern Ireland story of racism is nuanced by the long history of anti-Irish racism and the most recent struggles. The forum facilitators heard stories of identity and trust; participants called for stronger networks and better support. The research team was told that tackling racism has only recently become a priority for Northern Ireland; the Northern Irish struggles have resulted in a fear-driven culture exhibiting violence and a loss of empathy and compassion for

individuals. Clashes between communities have resulted in a closed, single identity community exhibiting high stress and anxiety levels. This translates to how racism might be expressed. The focus on Northern Ireland is community healing, but this does not include welcoming new ethnically diverse arrivals. People of colour, who look different represent a threat to identity, and ethnically diverse sports participants told stories of being actively excluded from day-to-day activities, sporting structures and performance pathways. These exclusionary practices are normalised. We spoke with community leaders and activists, sports coaches, administrators and elite athletes. Allies commented that Northern Ireland has been a single race community for a very long time, and those from ethnically diverse communities found it hard to fit in. Some participants believed that their presence was only welcome to enhance funding opportunities. Many felt that racism is blatant and unapologetic. There was a call for a body to connect people, as community identity is lacking unless participants identified with a particular side, Protestant or Catholic.

Clashes between communities have resulted in a closed, single identity community exhibiting high stress and anxiety levels. This translates to how racism might be expressed.

General Children's Participation

- 7.28** Current UK guidelines state that, “Children and young people should engage in moderate-to-vigorous physical activity for an average of at least 60 minutes per day across the week. This can include all forms of activity such as physical education, active travel, after-school activities, play and sports.”
- 7.29** In 2022, the Young People's Behaviour and Attitudes Survey found around a fifth (22%) of young people report achieving 7 or more hours in a typical week; a similar level to the 23% found in the 2019 survey. Boys (28%) were almost twice as likely to report this than girls (16%).

A fifth (22%) of young people report achieving seven or more hours in a typical week; a similar level to the 23% found in the 2019 survey.

- 7.30** Young people were asked to comment on their own diet and activity levels. Around a third (35%) reported they are very active and eat healthily with a small proportion (6%) indicating they are not very active and didn't eat healthily. There were also differences across the school years with those in year 8 most likely to say they are very active and eat healthily.

Around a third (35%) reported they are very active and eat healthily with a small proportion (6%) indicating they are not very active and didn't eat healthily.

- 7.31** The 2022 Ireland North and South Report Card on Physical Activity for Children and Adolescents has shown we are making progress in relation to children's physical activity across the island of Ireland. Positive trends were observed across a number of indicators. Grades for three indicators ('Overall PA', 'School' and 'Physical Education') increased.

We are making progress in relation to children's physical activity across the island of Ireland as positive trends were observed across a number of indicators within the Children's Report Card.

- 7.32** In the 2022 Children's Sport Participation and Physical Activity study (CSPPA 2022), commissioned by an all-island collaboration between

our respective organisations, Sport Ireland, Healthy Ireland and Sport Northern Ireland, with the support of the Department of Education study², while only seventeen percent (17%) of students in Northern Ireland report participating in at least 60 minutes of moderate-to-vigorous physical activity a day (21% primary and 16% post-primary students), these proportions are higher than in 2018, when 13% reported being active daily (20% primary and 11% post-primary students).

Seventeen percent (17%) of students in Northern Ireland report participating in at least 60 minutes of moderate-to-vigorous physical activity a day (21% primary and 16% post-primary students).

7.33 Physical Activity: There was an increase in daily physical activity in Northern Ireland (17%) and the Republic of Ireland (15%) when compared with 2018 (13% in both jurisdictions).

7.34 A slightly higher percentage of primary students in the Republic of Ireland met the muscle strengthening guidelines than their counterparts in Northern Ireland (48% vs 44%). There was little difference between both jurisdictions at post-primary level (Republic of Ireland = 41% vs Northern Ireland = 42%).

A slightly higher percentage of primary students in the Republic of Ireland met the muscle strengthening guidelines than their counterparts in Northern Ireland (48% vs 44%).

7.35 Sport: There was a 3% difference in reported community sports participation rates between Republic of Ireland and Northern Ireland at both primary school (Republic of Ireland = 76% vs Northern Ireland = 73%) and post-primary school level (Republic of Ireland = 74% vs Northern Ireland = 71%). There were similar school sports

participation rates at primary school level (Republic of Ireland = 91% vs Northern Ireland = 92%) and a difference of 4% at post-primary level (Republic of Ireland = 72% vs Northern Ireland = 76%). Northern Ireland had slightly higher levels of participation in school sport and the Republic of Ireland had slightly higher participation rates in community sport.

Northern Ireland had slightly higher levels of participation in school sport and the Republic of Ireland had slightly higher participation rates in community sport.

- 7.36** Physical Education: There is a large difference in reported average minutes of PE per week at primary school level between Republic of Ireland (85 minutes) and Northern Ireland (61 minutes). However, the average minutes of PE per week at post-primary level was the same in Northern Ireland and in the Republic of Ireland (73 minutes).

There is a large difference in reported average minutes of PE per week at primary school level between Republic of Ireland (85 minutes) and Northern Ireland (61 minutes).

- 7.37** Active Travel: At primary school level, active travel rates were similar (Republic of Ireland = 43% vs Northern Ireland = 40%). However, at post-primary level, the Republic of Ireland rate of active travel was higher than the Northern Ireland rate (35% vs 18%).

At post-primary level, the Republic of Ireland rate of active travel was higher than the Northern Ireland rate (35% vs 18%).

Table 11.1. 2018 and 2022 comparison for Northern Ireland and the Republic of Ireland

Outcome	ROI		NI	
	2018	2022	2018	2022
PHYSICAL ACTIVITY				
Participating in daily physical activity (%)	13	15	13	17
Primary school students participating in daily physical activity (%)	17	23	20	21
Post-primary school students participating in daily physical activity (%)	10	12	11	16
Primary school meeting the muscle strengthening guidelines (%)	-	48	-	44
Post-primary school meeting the muscle strengthening guidelines (%)	-	41	-	42
COMMUNITY SPORT				
Primary school participation in community sport at least once a week (%)	80	76	65	73
Post-primary school participation in community sport at least once a week (%)	58	74	49	71
SCHOOL SPORT				
Primary school students participating in school sport at least once a week (%)	70	91	65	92
Post-primary school students participating in school sport at least once a week (%)	63	72	58	76
PHYSICAL EDUCATION				
Average weekly PE for primary schools (minutes)	-	85	-	61
Average weekly PE for post-primary schools (minutes)	-	73	-	73
ACTIVE TRAVEL				
Primary school students engaging in active travel (%)	42	43	36	40
Post-primary school students engaging in active travel (%)	40	35	18	18

17% of students in Northern Ireland report participating in at least 60 minutes of moderate-to-vigorous physical activity a day in NI (21% primary and 16% post-primary students) (2022)

- 7.38** Seventy-three percent (73%) of primary and 71% of post-primary school students reported participating in community sport at least once a week, compared to 65% and 49% respectively in 2018. The proportion of post-primary school students who reported never participating in community sport decreased from 47% in 2018 to 16% in 2022.

73% of primary and 71% of post-primary school students reported participating in community sport at least once a week (2022).

Only 16% reported never participating in community sport in NI, an improvement from 47% in 2018.

- 7.39** Indeed, ninety-two percent (92%) of primary and 76% of post-primary school students reported participating in school sport at least once a week. This represented an increase at both primary (65%) and post-primary school (58%) levels since 2018.

School sport at least once a week has increased to 92% at primary and 76% at post primary (2022).

- 7.40** Forty percent (40%) of primary and 18% of post-primary school students reported active travel to or from school. This represents an increase at primary school level (36%) and the proportions remain unchanged for post-primary school students since 2018. These provide some positive indications.

Active travel (40% primary and 18% post primary) has improved but is behind Ireland (2022).

7.41 However, only eight percent (8%) of primary and 20% of post-primary school students reported meeting the Physical Education guidelines of at least 120 minutes/week. In 2018, 40% of post-primary students reported meeting the guidelines and this was not reported for primary school students.

Only eight percent (8%) of primary and 20% of post-primary school students reported meeting the Physical Education guidelines of at least 120 minutes/week. In 2018, 40% of post-primary students reported meeting the guidelines.

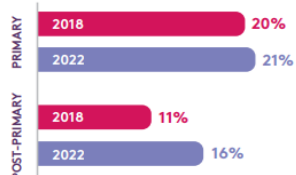
7.42 At primary school level, 21% of students reported being physically active daily and at post-primary school level, 16% of students reported being physically active daily (Figure 10.1). Self-reported physical activity levels increased from 20% at primary school level, 11% at post-primary level and from 13% overall since 2018. Approximately 1% of primary school students and 2% of post-primary school students report less than 60 minutes of physical activity on any day of the week.



Key Findings (NI)

PHYSICAL ACTIVITY

Students meeting the
Physical Activity Guidelines

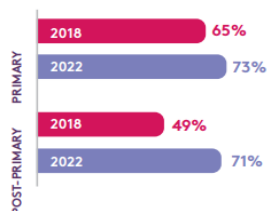


The number of children meeting the National Physical Activity Guidelines has increased since 2018



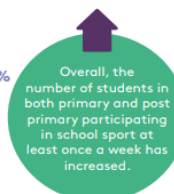
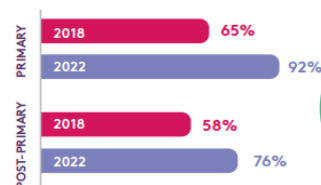
COMMUNITY SPORT

Students participating in sport in a sports club or community setting at least once a week



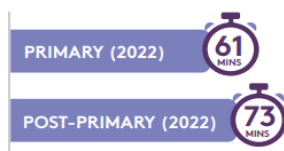
SCHOOL SPORT

Students participating in sport at school, outside of PE, at least once a week



PHYSICAL EDUCATION

Average PE minutes per week in schools



ACTIVE TRAVEL

Students who actively travel to/from school

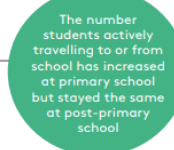
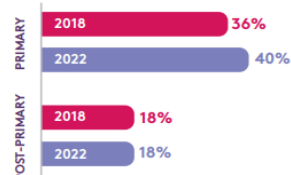


Table 10.7. Percentage of primary and post-primary girls and boys who participated in specific sports at school, outside of PE, in the last 12 months.

Sport/activity	Primary (%)			Post-Primary (%)		
	Boy	Girl	All	Boy	Girl	All
Soccer	60	35	47	50	17	33
Gaelic football	21	29	25	22	18	20
Basketball	28	27	27	23	12	17
Athletics	18	23	20	17	15	15
Hockey	10	11	11	9	16	12
Tennis	9	13	11	12	13	12
Cross-country running	12	13	12	11	12	11
Netball	3	18	11	2	19	11
Camogie/Hurling	8	11	9	8	15	11
Rugby	11	8	9	17	5	10
Swimming	19	29	24	9	10	9
Baseball/rounders	16	21	18	8	10	9
Badminton	8	10	9	9	8	8
Cycling	8	18	13	7	7	7
Adventure activities	7	11	9	6	7	6
Handball	9	10	9	8	5	6
Weight training	0	0	0	9	4	6
Volleyball	5	12	8	5	5	5
Aerobics/exercise class	6	8	7	6	4	5
Dance	8	21	14	2	8	5
Gymnastics	6	16	11	3	5	4
Boxing	3	4	4	4	2	3
Golf	6	5	5	3	2	3
Martial arts	4	7	5	3	2	2
Horse riding	1	6	3	1	2	2
Triathlon	2	2	2	1	2	2
Squash	0	0	0	3	2	2
Surfing	0	0	0	1	2	1
Other	6	7	7	3	2	2

7.43 Despite low but improving participation rates for children, in a recent 2023 Young Life and Times Survey, which was part-funded by the Executive Office, the Department of Justice, the Northern Ireland Mental Health Champion, the NSPCC and Sport NI, 71% of young people believed that engaging in sport and physical activity would contribute to improving their physical health a lot, and 61% think sport and physical activity are beneficial for their mental health.

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Disparities in female participation in a sports club are evident at 60% for young males and 43% for young females.

Disparities in children's and young people's participation

7.44 Young Life and Times 2022 highlighted disparities in female participation in a sports club at 60% for males and 43% for females.

Table 3:
Proportion of respondents who undertook different types of physical activities in a normal week. By gender (%)

	Male	Female	All
Do PE in school	70	72	71
Take part in sports in a sports club, organised activity, or a gym outside school	60	43	49
Walk or cycle to school, college or work	34	31	33
Take part in outdoor adventure activities e.g. canoeing, mountain biking, climbing	13	12	12
Undertake any other physical activity in your spare time	27	28	29

7.45 In 2022, the Young People's Behaviour and Attitudes Survey found boys (28%) were almost twice as likely to report achieving seven or more hours in a typical week of physical activity than girls (16%). Those living in the least deprived areas (27%) were 50% more likely to state this than those living in the most deprived areas (19%).

Boys (28%) were almost twice as likely to report achieving seven or more hours in a typical week of physical activity than girls (16%).

Those living in the least deprived areas (27%) were 50% more likely to report achieving seven or more hours in a typical week of physical activity than those living in the most deprived areas (19%).

7.46 Young people were asked to comment on their own diet and activity levels. There were differences between boys and girls with boys more

likely to give a positive assessment of their activity levels than girls. There were also differences across the school years with those in year 8 most likely to say they are very active and eat healthily. Young people living in the most deprived quintile were less likely than those living in other quintiles to report that they are very active and eat healthily.

Boys were more likely to give a positive assessment of their activity levels than girls.

Young people living in the most deprived quintile were less likely than those living in other quintiles to report that they are very active and eat healthily.

7.47 From the CSPPA 2022 study, at primary school level, self-reported physical activity levels only differed by gender, with boys the most physically active. At post-primary level, self-reported daily physical activity levels differed significantly by gender, school location, disability status, socio-economic status, percentage of free school meals and age group. Thus, providing an evidence base to design our programmes to improve participation particularly in these groups.

7.48 In the overall results, there were significantly lower rates of sport participation amongst students with disabilities (primary: 92%, post-primary: 77%) compared to those without disabilities (primary: 97%; post-primary: 87%).

There were significantly lower rates of sport participation amongst students with disabilities (primary: 92%, post-primary: 77%) compared to those without disabilities (primary: 97%; post-primary: 87%) in 2022.

7.49 Similarly, students from families of low socio-economic status (primary: 92%, post-primary: 78%) participate less often in sport than those from high socio-economic status (primary: 97%; post-primary: 91%).

Students from families of low socio-economic status (primary: 92%, post-primary: 78%) participate less often in sport than those from high socio-economic status (primary: 97%; post-primary: 91%).

- 7.50** Additionally, students from other nationalities (primary: 91%, post-primary: 76%) had lower sports participation rates than Irish students (primary: 97%; post-primary: 86%). Students from other ethnicities (post-primary: 76%) participated less in sport than their white Irish peers (post-primary: 87%).
- 7.51** There was also a trend towards decreased sport participation with increasing school year (the only exception was Transition Year). The socio-economic and demographic gradients observed in community sports participation were replicated and at times magnified in the sports club membership responses, with those from lower socio-economic status, those with disabilities, those of other nationalities and those of other ethnicities less likely to be members of sports clubs at both primary and post primary level. Further mirroring the trends in community sports participation, those from rural schools were more likely to be members of sports club than those from urban schools.
- 7.52** Sixty six percent of post-primary students reported receiving sports coaching, with a significantly higher proportion of boys (73%) receiving coaching than girls (59%). Significant differences were found across several other categories. Students living in urban areas (58%) received less coaching that helped them improve, than those in rural areas (69%), while those with disabilities (54%) also received less coaching than those without disability (70%). A socio-economic gradient was also evident in relation to sport coaching, both in terms of socio-economic status (low socio-economic status = 52% vs. high socio-economic status = 75%) and school status (DEIS = 56% vs. non-DEIS = 68%). More Irish post-primary students (69%) received coaching compared to students of other nationalities (47%). The majority of students reported being coached by males (79%) compared to just 18% who reported being coached by a female, only 3% of post-primary boys reported being coached by a female.

7.53 There were significantly lower rates overall community and school sport participation amongst students with disabilities (primary: 92%, post-primary: 77%) compared to those without disabilities (primary: 97%; post-primary: 87%). Significant socio-economic differences in overall community and school sport participation were evident, particularly at post-primary level. Students from families of lower socio-economic status (78%) participate less in sport compared with those from medium (84%) and high socio-economic status (91%). Students from other ethnicities (post-primary: 76%) participated less in sport than their white Irish peers (post-primary: 87%). Socio-economic differences were greater in community sport than school sport, however gender differences were greater in post-primary school sport than community sport. High rates of inactivity were also reported among students in DEIS schools (19%), urban schools (21%), with low socio-economic status (24%), identifying as other ethnicity (21%), or with disabilities (23%).

Table 10.1. Percentage of students who take part in 60 minutes of daily physical activity by demographic characteristics

	Primary (%)	Post-primary (%)
Gender^c		
Boy	25	22
Girl	16	10
Other	19	17
Age^c		
10–11	21	33
12–13	7	20
14–15		16
16–20		10
Disability^a		
No disabilities	23	17
With disabilities	16	13
SES^c		
High	27	25
Medium	20	13
Low	19	12
School Location^c		
Rural	21	13
Urban	21	17
Free school meals (%)^c		
Low	19	18
Medium	23	11
High	14	-
Nationality		
Northern Irish, Irish or British	22	16
Other nationality	16	15
BMI Category		
Underweight		14
Healthy Weight		17
Overweight		11
Obese		11

Note: a Statistically significant for both primary and post-primary. b statistically significant for primary only. c statistically significant for post-primary only.

7.54 Further to the specific disparities pertaining to disabled children, grades within the Children’s Report Card 2022, on disability were included for the first time. Eight indicators were graded. When data specific to disability were compared to the overall grades, grades were generally lower for each indicator with the exception of Family and Peers, where the grade was higher.

Grades specific to disability were lower with the exception of Family and Peers within the Children’s Report Card.

Disparities in participation and the outdoors

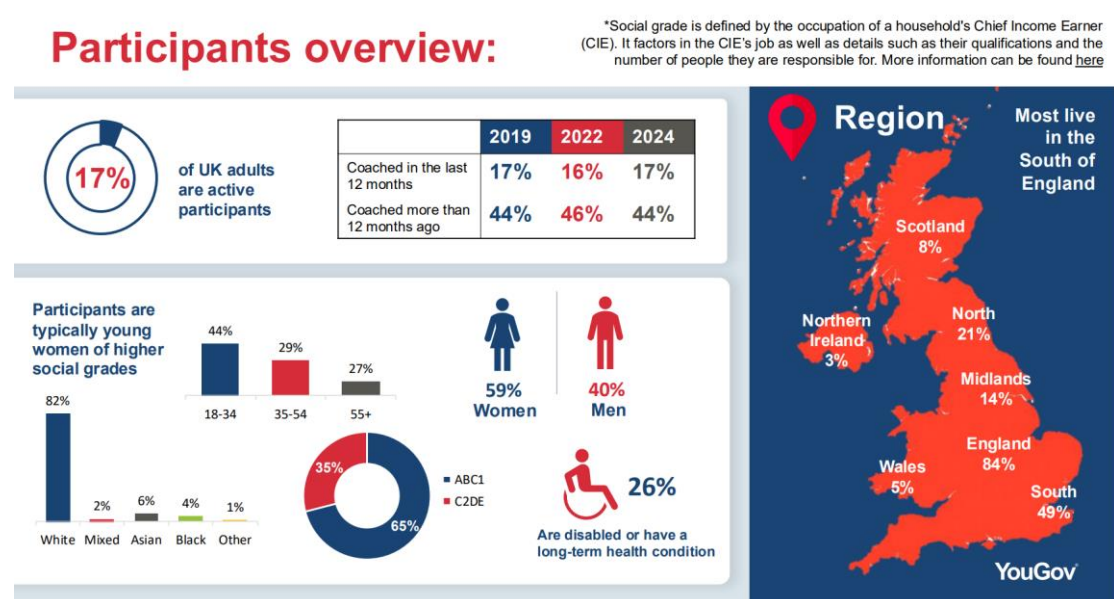
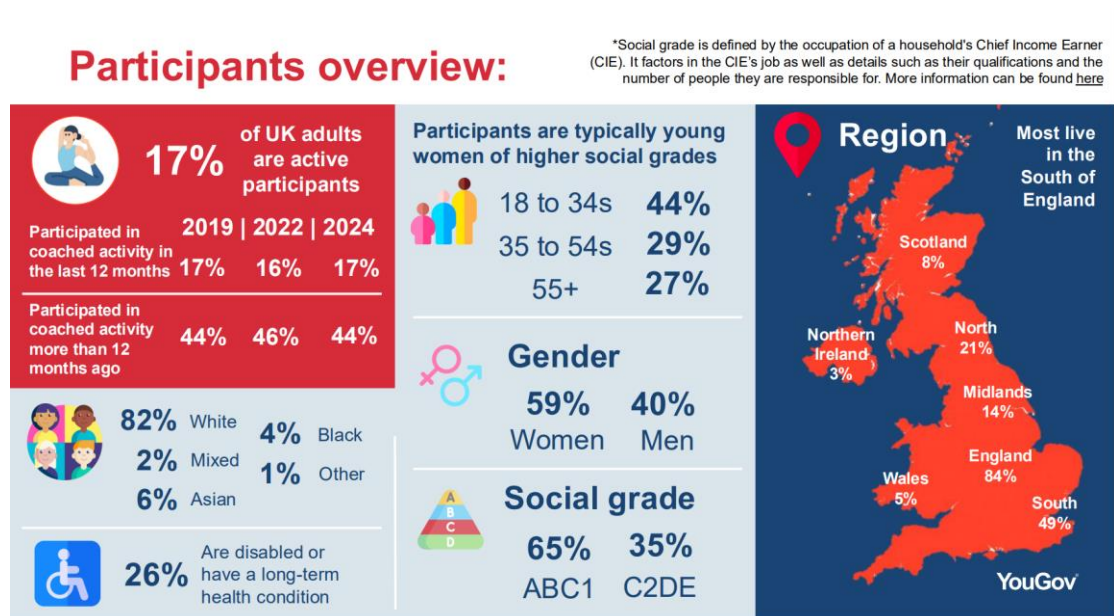
- 7.55** The People in the Outdoors Monitor for Northern Ireland (POMNI) helped to address this information gap and found that 8% of the population never spent leisure time outdoors. The population groups less likely to take regular visits include unemployed people, people with a longterm illness or disability, and older age groups. Women were also less likely than men to visit at least once a week.

The population groups less likely to take regular visits include unemployed people, people with a longterm illness or disability, and older age groups. Women were also less likely than men to visit at least once a week.

- 7.56** The availability and quality of local green and blue spaces, and paths and trails, influenced the frequency of visits to the outdoors. There was a correlation between the frequency of time spent outdoors and the perceived proximity of places to visit. Just over a quarter of the population (27%) stated that their nearest green or blue space was within a 5-minute walk of their home. One in five (20%) stated that their nearest green or blue space would take more than 20 minutes to reach on foot.
- 7.57** Satisfaction with local green spaces and paths and trails tended to be lowest amongst women, unemployed people, disabled people, and residents of rural areas.

Just over a quarter of the population (27%) stated that their nearest green or blue space was within a 5-minute walk of their home. One in five (20%) stated that their nearest green or blue space would take more than 20 minutes to reach on foot. Satisfaction with local green spaces and paths and trails tended to be lowest amongst women, unemployed people, disabled people, and residents of rural areas.

7.58 Sport NI funds the UK Coaching Survey with other home country sports councils to better understand the coaching workforce. However it also contains participant data as outlined in the tables below. [UK-Coaching-Participants-Report-2024-v2](#)

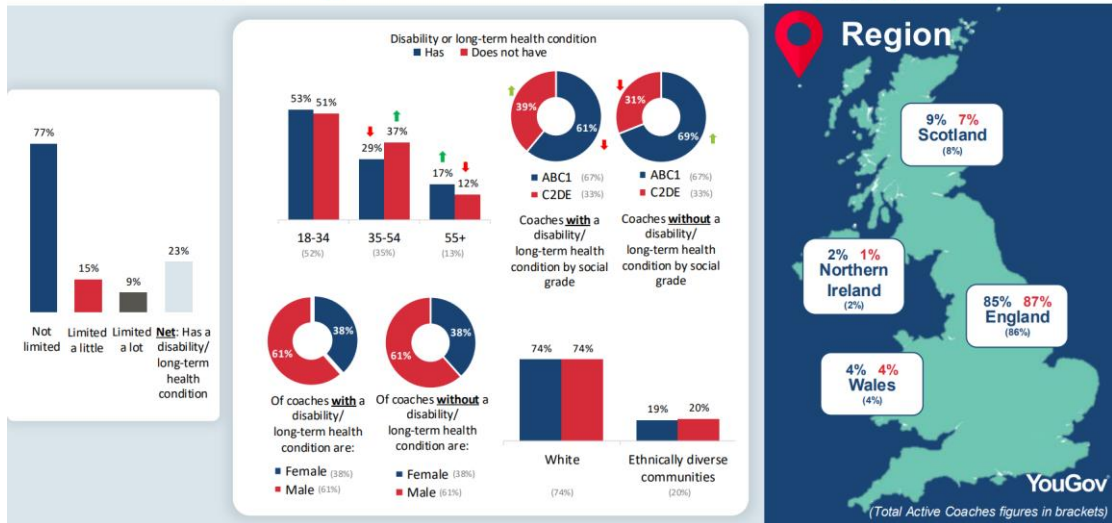


7.59 The report highlights the following disparities for disabled people, by ethnicity, by gender and by social grade,

[Disability-Spotlight-Report-v1](#)

Active Coaches Overview by Disability/long-term health condition

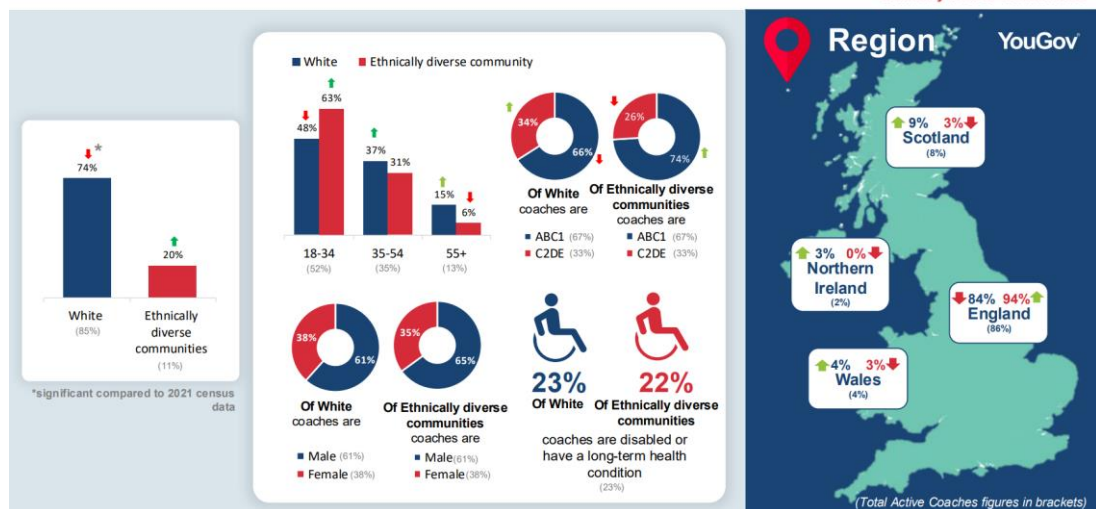
↑ Statistically significantly higher than average
 ↓ Statistically significantly lower than average
 ■ Has Disability or long-term health condition
 ■ Does not have Disability or long-term health condition



[Ethnicity-Spotlight-Report-v1](#)

Active Coaches Overview by Ethnicity

↑ Statistically significantly higher than average
 ↓ Statistically significantly lower than average
 ■ % of Britain's White coaches
 ■ % of Britain's coaches from ethnically diverse communities

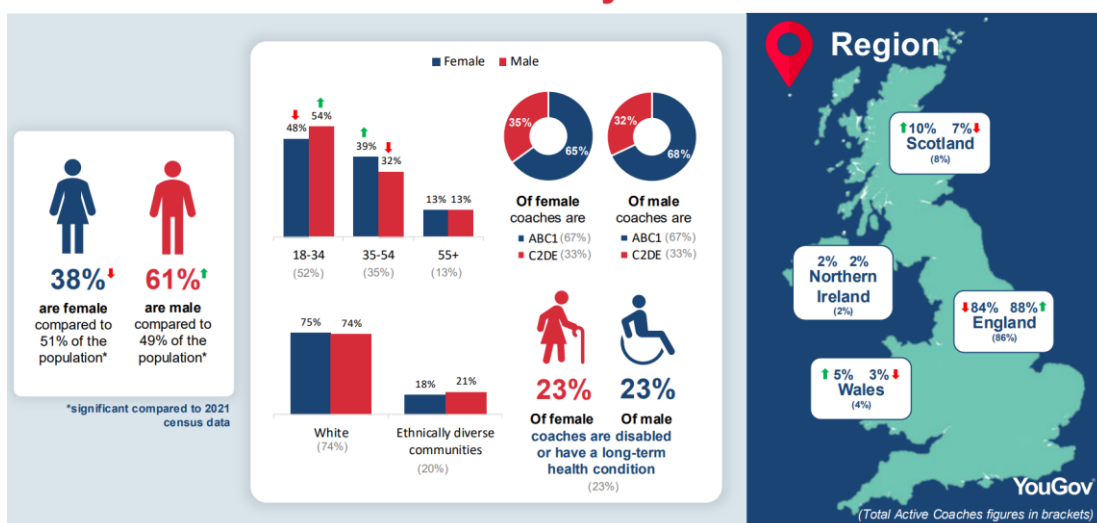


[Gender-Spotlight-Report-v2](#)

Active Coaches Overview by Gender

↑ Statistically significantly higher than average

↓ Statistically significantly lower than average

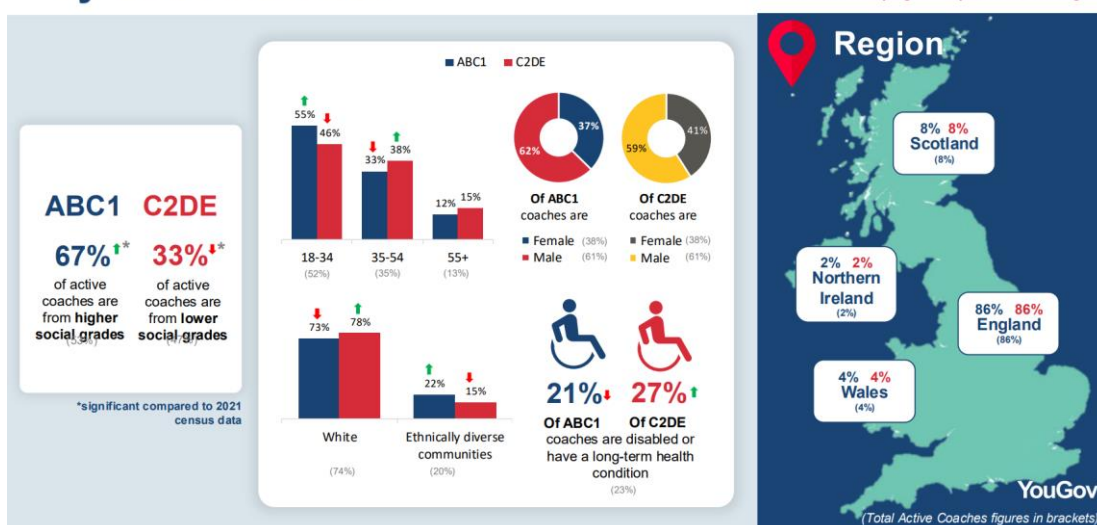


[Social-Grade-Spotlight-Report-v1](#)

Active Coaches Overview by Social Grade:

↑ Statistically significantly higher than average

↓ Statistically significantly lower than average

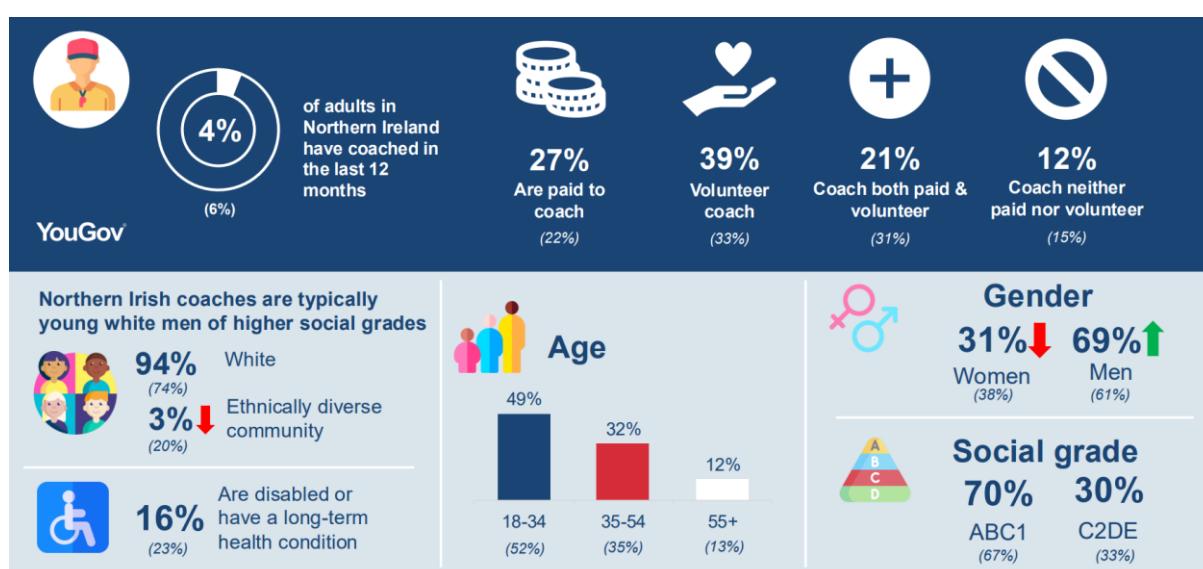


[UK-Coaching-Regional-Report-NI-v1](#)

7.60 Findings regarding coaches and participants living in Northern Ireland largely mirror the overall UK results. With regards to participants, similarly as in the UK, participants in Northern Ireland are most likely to think a great coach is one who is friendly and approachable (47%). However, in Northern Ireland this is instead followed by 42% who think a great coach is one who builds good relationships and rapport and makes the adjustments necessary to be fully accessible and inclusive

(both 42%). In line with the rest of the UK, most participants in Northern Ireland (65%) haven't performed any checks on their coaches. Indeed, around three in ten (31%) expect the club/gym/facility/employer to do the relevant checks.

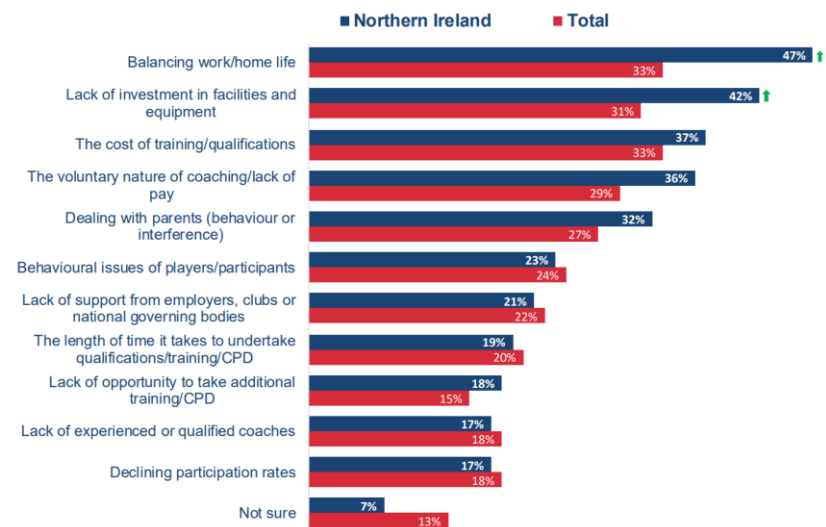
7.61 In terms of coaches, active coaches in Northern Ireland have a similar demographic profile to the UK as a whole, however they are much more likely to be white (94% vs 74%) and less likely to be from ethnically diverse communities (3% vs 20%). Unlike the UK as a whole, Active Coaches in Northern Ireland are more likely to view their role as to help people achieve their individual sports/activity goals (41% vs 26%), which is the most commonly cited role. This is closely followed by 40% who say it is to develop technique, and teach drills and skills. In line with the rest of the UK, it is most common for Active Coaches in Northern Ireland to coach at recreational level (66%). However unlike the rest of the UK, it is most common for Active Coaches in Northern Ireland to coach younger children aged 5-9 (37%), though closely followed by mixed gender groups (36%). Similarly to the UK as a whole, it is most common for Active Coaches in Northern Ireland to have never completed a coaching/instructor qualification (30%), though this is closely followed by 27% who have done so in the last 12 months.



Almost half of coaches in Northern Ireland see balancing work/home life as the main barrier facing coaches in the UK, higher than the UK average

q46. What do you think are the main challenges or barriers facing coaches in the United Kingdom? Please tick all that apply.
Base: All who have coached in last 5 years (total: n=4,023; Northern Ireland: n=114)

Challenges/ barriers facing coaches



March 2020 Club survey

- 7.62** Sport Northern Ireland: Sports Clubs Research Project – Research Report provides insight into Northern Ireland’s sports clubs, providing evidence of how they function and how they think. It has been a fact-finding and a listening exercise, the outcome of which is a better understanding of sports clubs needs that enables sports agencies to support their work to best effect. Throughout the research the clubs wanted to tell their story, to be heard and to be understood.
- 7.63** The headline findings draw on the statistics gathered through the survey and the views gathered both through the survey and the focus groups. It’s clear that Northern Ireland’s sports clubs bring people into sport, teach people about sport, develop people through sport, imbue in people a love of sport and present people with a lifestyle that becomes part of who they are.
- 7.64** Sports clubs are run by volunteers. The survey results show a total of 23,899 volunteers across the 710 clubs that supplied information, of which 62% are male, 38% female. Most volunteers are involved for up to 5 hours each week, however, a significant number are involved for the equivalent of at least 1 to 2 working days each week and

sometimes a good deal more. People choosing to step up as a volunteer in a sports clubs usually already have a connection with the sport and/or the club either as a player, a parent of a player or a retired player. They do it because they love the sport (68%), want to give something back (67%), have a child involved in the club (62%). It is likely that sports clubs tend not to look outside the club to recruit volunteers. In the opinion of the club officials completing the questionnaire people stop volunteering mostly because of a change in personal circumstances or because the family member is no longer participating. However, a range of negative reasons, including felt they had too much to do (40%) came to the fore. It's perhaps surprising that given the valuable and important contribution of sports club volunteers, 43% of respondents stated the club doesn't ask why volunteers stop or are unsure if the club asks why volunteers stop.

- 7.65** Volunteers are often in short supply so it's critical that their input in terms of weekly hours and the role they play should be achievable, reflecting their personal circumstances and skill set. Volunteers need to feel valued and one way of doing this is not expecting too much of them. When people consider volunteering they should understand their role, what is expected of them and what skills are needed to be effective. There is clearly a concern that getting and keeping volunteers is becoming more difficult and that this is likely to continue to be the case. In recognising the importance of volunteers the focus groups highlighted the need for help in all aspects of volunteering including recruitment/appointing, training/mentoring, recognising achievement and retirement/succession planning. Clubs feel there is a disconnect between sports bodies and 'on the ground' club volunteers that could be addressed through more site/club visits by sports bodies to help them better understand volunteering and therefore better able to support volunteers. Some focus groups suggested involving Volunteer Now for guidance to help prepare a club strategy for volunteering. Volunteers need to be able to readily access knowledge and advice from governing bodies and Sport NI. Volunteering needs to be more professional and business-orientated; one club recently split the post of Youth Officer, formerly one person,

into four sub posts to make the work easier to handle and the club found they easily filled the four sub posts, whereas previously they couldn't fill the single post. This suggests that sports clubs need to be supported in the management of volunteers, perhaps starting with an audit of volunteering leading to an action plan; it is felt that mentoring through the audit and action plan process would help clubs to better manage volunteering.

7.66 Facilities challenge all sports clubs, whether they have their own facilities or hire/rent facilities from local authorities or the private sector. Clubs operating their own facilities are often constrained by the scale/scope of their resources whilst clubs hiring or renting facilities can be compromised by lack of security of tenure, rent increases and poor availability at peak times. Generally speaking clubs feel the facilities they use are suited to their activity, slightly more so for outdoor facilities (93%) than indoor facilities (85%). Approximately two thirds of the clubs reckon their facilities allow them to increase club activity. Very few clubs that have their own facilities are wholly self-sufficient so where there are barriers to accessing facilities, they affect most clubs. Looking at outdoor and indoor facilities together the cost of facility hire is the biggest barrier. The suitability of facilities, whether lack of floodlighting, training surface or the size of the facility are also significant barriers for both outdoor and indoor facilities. Getting a booking slot at a time that suits clubs is a problem, suggesting that demand is greater than the supply of facilities at peak times, usually weekday evenings. The barrier posed by location – too distant from club base – points to the geographical spread of facilities; sports facilities are often clustered in urban areas.

7.67 Clubs report a very favourable attitude to the use of multi-sport facilities. The response to using each of seven types of multi-sport facilities is overwhelmingly agree when given options in the questionnaire for agree, disagree, neither agree/disagree, consistent across the seven types, ranging from 76% to 80%. Willingness to share facilities as evidenced in the survey encourages providers and funding

agencies in the development of facilities that can be used by more than one sport.

7.68 Outdoor facilities are more likely to be club-owned than indoor facilities. Whilst 3G surfaces have taken over from AstroTurf (or ‘2G’) in popularity for training sessions for ‘big ball’ sports, grass pitches are still favoured for competitive play. Whilst the number of 3G pitches has grown in recent years, the provision of sports halls has remained fairly static.

7.69 Sports that rely on sports halls find that cost and availability are significant barriers. Sports halls are in demand at peak times for a wide range of activities and clubs often feel squeezed in terms of the time available for their booking. With finances identified as a challenge for many smaller clubs the ability to pay the going rate is a particular constraint, often pushing clubs towards affordable facilities that may be less suited to their needs than more expensive options. Sports clubs deliver a valuable service to local communities that needs to be recognised in the strategic development of sports facilities; the willingness of clubs to use multi-sport facilities will help inform such development. Not forgetting about smaller sports it is sometimes quite simple things regarding facilities that can make a difference.

Governance and Administration

7.70 Sports clubs that are well run are likely to have a comprehensive set of policy and governance documents in place. The survey results show that the policies that clubs are mostly likely to have are the ones generally required by law, the club’s governing body or by funding agencies, that is, they must have policies, including a constitution, insurances and, in more recent times, a safeguarding policy. It might be expected that all sports club operations will have insurance in place yet 6% of the responding clubs don’t have insurance; the same percentage does not have a constitution. Looking after members’ interests is also addressed in safeguarding policies and codes of conduct yet 11% and 13% of clubs respectively do not have these in place. Audited accounts and health & safety policies are found in most clubs, however, 14% and 18% of clubs do not have them. The

challenge presented by governance and administration in sports clubs clearly has been and will continue to be a significant issue. It is related in part to volunteers in that not having suitably skilled and experienced people in a club committee will turn the challenge of governance and administration into a problem. Governance and administration covers everything from the responsibilities of leadership and club committees, to keeping records, to keeping on top of current legislation, to club policies, to applying for funding and much more. Sports clubs often view governance and administration as a bureaucratic imposition that gets in the way of the sporting activity. Regarding legislation there are particular concerns around the protection of children and vulnerable adults and the protection of personal data. Some clubs speak of ‘too much legislation’, ‘too much bureaucracy’ which points to the need for better management to help remove the stress of governance and administration. Despite some negative viewpoints, clubs are keen to have effective governance that helps them operate their club safely and efficiently and facilitates future growth. There is some evidence from the focus groups that sports clubs realise the importance of getting governance right and using it develop the club rather than allowing it to hold the club back. Clubs speak of the need for committee members to ‘pull their weight’ and for succession planning that allows committee members to stand down before becoming ‘burnt-out’.

7.71 The focus groups made a number of points linked to governance and administration:-

- ❖ Clubs feel they need greater support to compete in the modern world by promoting their activities with professional advertising online.
- ❖ There is a need to support leadership training especially with regard to effective governance and management of tasks to help avoid volunteer burnout. Some attendees spoke of their frustration that in a committee of (say) 14, only three or four people are willing to roll up their sleeves. This points to the need for more effective leadership.

- ❖ Sports clubs need to be supported in developing their governance and administration in accordance with sound business principles – the attendees feel this is often not the case. Time management and division of labour/tasks are critical aspects of good leadership.
- ❖ Help is needed with legislative requirements such as GDPR. Clubs feel they are overburdened with the volume of paperwork required to address legislation. One club noted that issues such as GDPR are ‘doable’ for them as they have experience through their work environment but recognise that for other clubs this may be an ‘absolute minefield’ and prohibitive in terms of a club’s survival.
- ❖ Bespoke governance training is needed, that is, training that recognises an individual club’s (or cluster of similar clubs) needs and capabilities. It is felt that generic governance training has limited value. The attendees are looking for support around governance and administration that understands the particular needs of a sport and a club so that support can be tailored.

Development and Support

- 7.72** Looking first at sports development plans (SDP), nearly half of the 700 clubs which responded to questions about development don’t have or don’t know if they have a SDP. The views on sports development planning expressed by those clubs that have one in place evidence a high degree of positivity both towards the process of creating a plan and the benefits of using it as a management tool. A similar percentage of clubs as have a SDP also have achieved Clubmark NI accreditation. There is clearly a good deal of misinformation and misunderstanding about preparing for Clubmark whilst there are also barriers to getting started that involve volunteer resources. Clubs need support at least in the early stages of preparing for SDP’s and Clubmark, simultaneously building capacity in volunteers to complete the process and to take ownership of the end result.
- 7.73** Partnership working at many levels would appear to be in good health generally although the percentage of clubs responding to questions on

partnerships was fairly low. Clubs recognise that partnerships with other organisations generally have a good outcome, however, they also realise they take time and some skill to nurture and sustain. With around 600 clubs responding with a lot, some, not much to questions around level of support the results paint a stark picture of sports clubs being only minimally supported across 9 types of organisations. With governing bodies and local Councils recording only 23% and 12% respectively against a lot and 51% and 43% respectively against some the inference is that these organisations should review how they support sports clubs to determine whether their support matches sports clubs' needs. It might be expected that the result for Sport NI should be higher than the 5% recorded against a lot and the 36% recorded against some. The responses to level of support give some cause for concern, that many sports clubs feel they are not supported as much as they expect to be supported. Results for nature of support place governing bodies in top position for 'soft' support, that is, support involving information and education, and in third place for 'hard' support, that is, support involving funding and facilities. For financial support clubs look to local business first, to local Councils second and to Sport NI/governing bodies third. Placing local business in top position for financial support is interesting because the sums of money are likely to be small in comparison to funding agencies, however, it is probably much easier to access and obtain. Local Councils top the list for 'hard' support in the provision of facilities and second for financial and safeguarding support. Sport NI is placed third for a mix of hard support – financial – and soft support – training, advice, safeguarding. A key observation here is that sports clubs look first to the local business community for financial support. Given that one third of clubs operate on around £5k annually, the relatively small amounts that can be secured from local business can mean a great deal to many clubs.

- 7.74** Sports clubs need a good deal of 'soft' support and they see their governing body as the 'go to' organisation in the first instance. After governing bodies, clubs look to their local Council. This ordering is to be expected. Governing bodies have specialist knowledge of their

sport and most likely have a working knowledge of their clubs and know the key individuals in their clubs. Councils have generalist knowledge about the sports clubs in their area and, through the work of sports development and other officers, have direct contact with their clubs. The examples of sports clubs linking or partnering with other organisations demonstrate the worth of looking beyond the club and committing to working with others. Sports clubs, especially amongst the ‘smaller’ sports, can often be unknown within a community yet they have so much to offer. The challenge for clubs is to be aware of the community around them and how best to reach out.

Finance

- 7.75** Clubs rely heavily on membership fees and fundraising events for income; these were the top rated sources of income at 91% and 67% respectively. Finance is a constant challenge for many clubs especially for those clubs which do not operate their own facilities, instead relying on hiring facilities such as local Council leisure centres. In an increasingly litigious society, public liability and participants’ insurances are essential and alongside facility hire, they represent the biggest outlay for clubs. Whilst 60% of clubs operate with an annual outlay of up to £20k, it is often these clubs that struggle most in making ends meet as their capacity to generate income is constrained by the number, age profile and ability of members to raise funds. Raising money through fundraising efforts and approaching local businesses requires particular skills and takes time and effort; often it falls to the coaching team in the smaller clubs, so diverting their focus from coaching and increasing their workload. It is perhaps these clubs – 62% - that selected ‘just about manage’ regarding their financial health. The confidence for future financial health expressed by 61% of the clubs – confident we can meet financial demands in the next 3-5 years – is encouraging, however, there is concern for the remaining clubs that are uncertain about their financial position in the next few years, with 2% (16 clubs) categorically stating they will not be able to meet financial demands.

7.76 Despite the picture of confidence for financial health in the next 3-5 years sports clubs are finding it more difficult to bring money in and they see this as a continuing challenge over the next 10 years. For some sports that rely on hiring/renting premises the challenge of money focuses on operational costs whilst for sports that tend to have their own premises the challenge of money is a mix of operational costs and facility development (capital) costs. Regarding operational costs there appears to be different approaches to facility hire costs between the Councils. Some clubs feel grant-giving organisations have to better understand the needs of sports clubs especially thinking of revenue costs but also thinking of the complexity of grant application processes. Not all of the challenge of money is club-based with some clubs suggesting that the expense of personal equipment can be a barrier to participation by children in low income families. The focus groups reckon there is a rationale for more money to be invested in sports clubs in recognition of their social and economic value; specifically, the focus groups put forward the following points/suggestions:-

- ❖ Minority sports feel they are in the shadow of larger sports and unable to compete in the funding environment for a number of reasons, eg, lack of time and experience to complete applications, insufficient numbers to produce a full range of KPI's for funders, lack of own facilities, etc.
- ❖ It is suggested that funding assessment processes should move towards 50% site visit and 50% application so that clubs can show funders how they work and how the funding would make a difference.
- ❖ Consultation on the types of funding needed by clubs should be carried out. Needs vary from sport to sport and the needs of 'bigger' sports are different to those of minority sports.
- ❖ Greater awareness of funding opportunities and advice/assistance on preparing applications is needed. This is especially pertaining to local authorities although it's recognised that some local authorities

already deliver funding workshops and provide mentoring support for groups applying for funding.

- ❖ The focus groups feel that greater assistance is required in financial support for coaching and governance qualifications. One club suggests funding should help to support professional coaches in developing a career around sports coaching. For some sports the cost of training and qualifying coaches is prohibitive.

- ❖ Funding should be available for revenue costs to help ensure membership fees are affordable.

- ❖ Grant programmes that require clubs to pay suppliers in advance of claims often cannot be accessed by smaller clubs as they don't have cash reserves.

Membership

7.77 The survey returns represent a total of nearly 130,000 sports club members, split 65 male/35 female. Female representation is particularly low in the 19 to 49 age bracket where the split is 71 male/29 female. Most clubs report that membership has gone up over the last 3 years in the younger age brackets and there's a confidence that this trend will continue and indeed grow over the next 3 years. The reasons behind this trend include: clubs being better organised; activity programming reaching out to the wider community – eg, Couch to 5k; new and improved facilities; clubs fully embracing the youth market.

7.78 Young people often join sports clubs because their parents see something that is well organised, safe and offers a fun and worthwhile experience for their children. Parents also recognise the benefits of exercise, physically and mentally, for their children; a club that is welcoming and well run will be recognised as an asset to the community and will naturally attract prospective members.

7.79 The top response to 'reasons for joining sports clubs' – we are a welcoming, well run and recognised club (80%) – underscores the importance of sports clubs being organised and friendly when looking

to attract new members. It's clear that sports clubs can promote the benefits of club membership beyond simply playing sport. The responses make clear that for clubs to market effectively they need to know what attracts people. They also need to know why people leave yet nearly a third of clubs don't ask leaving members the reason. Of course it can be personal circumstances that result in someone leaving a sports club and this is borne out in the top five responses wherein moving away from the area and family/work commitments top the list. Beyond these responses issues with the club come to the surface including poor facilities, disappointment with coaching, limited competitive opportunities and even disagreement with club officials. Some clubs noted that members may leave because training and match times don't suit, or that the club environment is too competitive or simply that the sport doesn't suit them. Taking reasons for joining and reasons for leaving together, the message is that sports clubs have to be clear about their offering and ensure that they think about their members as customers and listen to their feedback.

7.80 Clubs aspire to increase membership especially amongst young people but also to create membership that is more inclusive and reflective of modern society; one club noted how they had made progress with the LGBT community. Also mentioned was the aspiration to have more female members. To help encourage increased membership clubs aspire to have more recreational involvement or at least a better balance between recreational and competitive activities. Clubs aspire to grow the social aspects of their activities to ensure members enjoy the club and have fun; one club, beset with significant challenges in operational matters, had established a club vision – 'creating a lifelong love of sport'. Other clubs noted similar points in their aspiration for members to have lifelong involvement in the club.

7.81 In many ways healthy membership is an outcome of getting everything else right. People are more likely to join a club where they will be supported and encouraged by enthusiastic volunteers and coaches, where facilities and equipment suit their needs, where membership

fees are affordable and finances are well managed, where members speak of the club in glowing terms, where they will feel safe and where they will be made to feel welcome and have fun.

Coaches

- 7.82** The survey reveals there are 10,559 coaches, split 69 male/31 female. Nearly a third (32%) of all coaches are men in the 31-49 age bracket whilst women in this age bracket account for only 11% of all coaches. In the 18-30 age bracket men account for 17% of all coaches compared to 10% for women.
- 7.83** A similar picture is found in the over 50's age bracket with men accounting for 13% of all coaches compared to just 4% for women. A more balanced picture appears in the under 18 age bracket.
- 7.84** Overall, the gender ratio for coaches is 2.2 men for every 1 woman. This is not dissimilar to the ratio of males to females in membership (2.4 to 1) and in volunteers (1.6 to 1).
- 7.85** Nearly a quarter (23%) of coaches are not qualified to an appropriate level. There is one coach (qualified or not qualified) to every 11 club members. As with volunteers, coaches are a critical part in running a sports club.
- 7.86** The survey results highlight the gender imbalance issue in coaching. This imbalance needs to be addressed to encourage more girls and women to join sports clubs and sustain a lifelong interest in sport and physical activity. The results also highlight the involvement of people delivering coaching with no coaching qualification or coaching beyond the level of their qualification. This points to the need to ensure that courses to qualify people for coaching are available and accessible. As with membership and volunteers females are under-represented in the cohort of coaches particularly from 31 years of age and upwards. Female coaches will help attract female members, especially young girls. Having a suitable mix of male and female coaches creates a safe environment for children. Many sports are pro-active in facilitating women into coaching, however, the result here suggests more needs to be done across sport generally.

- 7.87** Referring to someone as a ‘coach’ generally infers experience, knowledge and qualification, however, the results suggest around a quarter of coaches in sports clubs have no coaching qualification or are not qualified to an appropriate level.
- 7.89** A good deal of coaches focus is on adult participants, however, coaching time spent on the 12-18 years age group – 32% - is significant which suggests these young athletes are well looked after in coaching terms.
- 7.90** Recruiting coaches is clearly a challenge, although clubs are proactive in encouraging young people to get involved in coaching. This is good forward planning by clubs that can be further encouraged and supported. Clubs do have concerns around coaches taking on too much which may point to the need for more skilled coaches. It also points to the need for a policy on the management of coaches in the same way as there is a need for a volunteers management policy. Looking at coach education, clubs support coaches in upskilling, relying mostly on governing bodies to access continuous professional development programmes and courses.

8. Strategic framework

8.1 On 27 February 2025 the Executive agreed a Programme for Government 2024-2027 ‘Our Plan: Doing What Matters Most’. It outlines our priorities for making a real difference to the lives of people here. The Wellbeing Framework is a combination of social, environmental, economic, and democratic factors which are essential for society to flourish. Of particular relevance is “We all enjoy long, healthy active lives” and the key measurements of:

- Percentage of journeys under two miles made by walking or cycling;
- Healthy life expectancy (HLE) at birth for females, calculated using respondents' perception of their own health according to the Health Survey Northern Ireland (HSNI);
- Healthy life expectancy (HLE) at birth for males, calculated using respondents' perception of their own health according to the Health Survey Northern Ireland (HSNI);
- Percentage aged 16+ with general health questionnaire-12 (GHQ12) scores greater than or equal to 4 (signifying possible mental health problem);
- The age standardised death rate for causes that are considered preventable according to the latest Office for National Statistics (ONS) definition, as proposed by the Organisation for Economic Co-operation and Development (OECD). For this indicator a lower figure is better; and Percentage of adults participating in sport and physical activity during the last 4 weeks.

8.2 The draft budget allocations 2025/26 for each Stormont executive department are outlined below with increases for education and health:

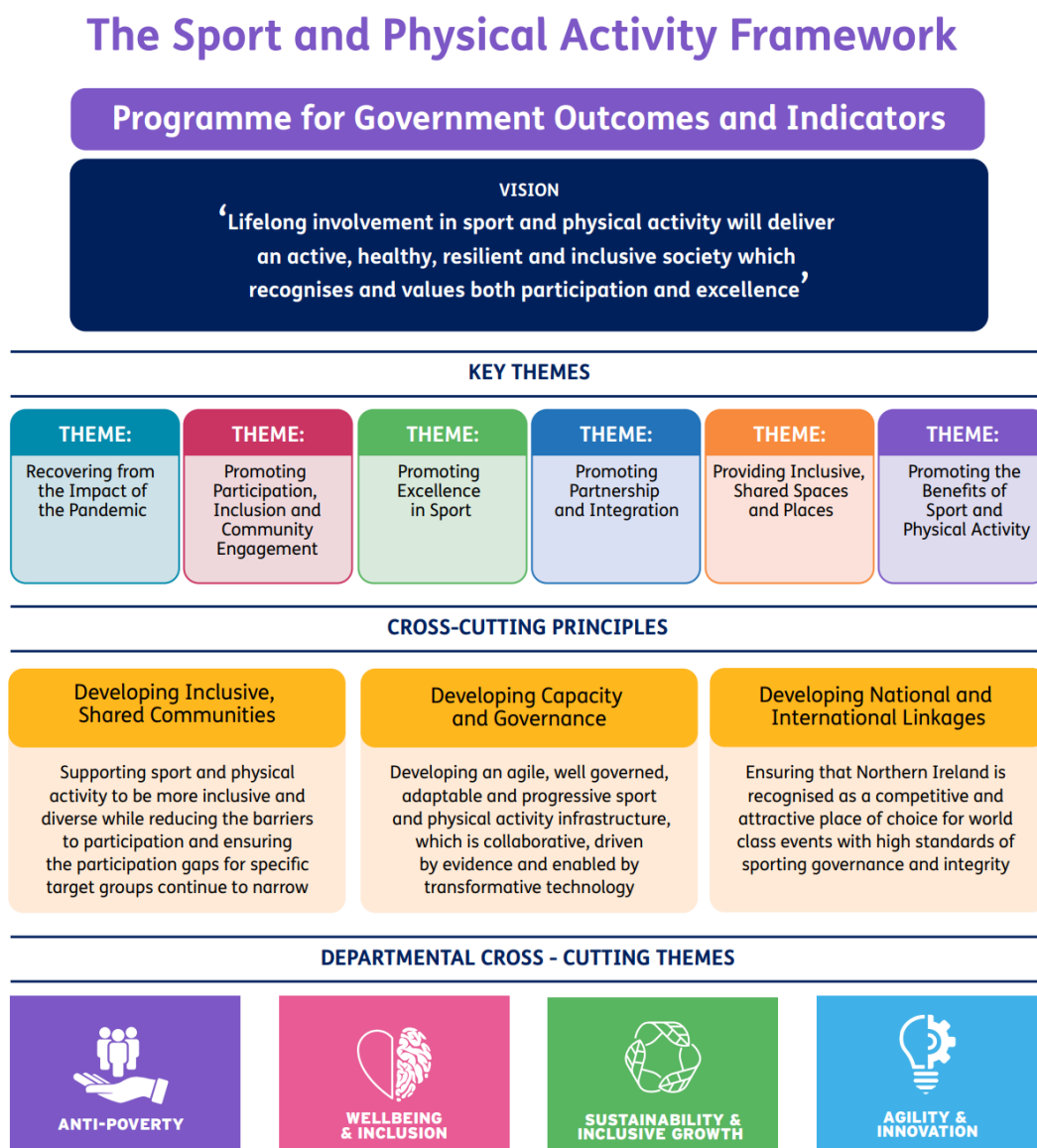
- **Health: £8,793m**
- **Education: £3,600m**

- Infrastructure: £1,566m
- Justice: £1,506m
- Communities: £1,248m
- Economy: £1,007m
- Agriculture, Environment and Rural Affairs: £716m
- Finance: £271m
- Executive Office: £253m

8.3 The Department for Communities published a sport and physical activity strategy for Northern Ireland in March 2022. The key priorities of the Active Living Strategy are to ‘get more people, more active, more of the time’ [8]. Active Living, the new Sport and Physical Activity Strategy for Northern Ireland, through its Vision and associated key Themes and Goals, seeks to create a vibrant, welcoming, enjoyable, inclusive and successful sector for everyone, contributing significantly to a healthier and more resilient society. It recognises the important role that sport and physical activity plays across our island whether it is taking place on playing fields, in a stadium, a gym, on water, or in the mountains.

8.4 The strategic vision is: ‘Lifelong involvement in sport and physical activity will deliver an active, healthy, resilient and inclusive society which recognises and values both participation and excellence.’

Figure 1: The Sport and Physical Activity Framework



¹ The numbering of the themes should not be interpreted as being in a priority order

Goals Under Each Theme

RECOVERING FROM THE IMPACT OF THE PANDEMIC

- Ensuring that the return to sport and physical activity is safe and sustainable for participants, volunteers and spectators
- Re-establish the habit of participation in sport and physical activity across all abilities
- Making the sport and physical activity sector more resilient to potential future shocks

PROMOTING PARTICIPATION, INCLUSION AND COMMUNITY ENGAGEMENT

- Improving physical literacy and increasing lifelong participation in sport and physical activity for all
- Addressing barriers to participation in sport and physical activity through co-designing programmes and initiatives in partnership with key stakeholders
- Improving the physical and mental health and wellbeing of those who participate in sport and physical activity
- Ensuring that sport and physical activity is inclusive, safe, diverse, shared, fun and offers equality of opportunity to participate for all, and that children and young people are given the best start in life through a wider choice of sport and physical activity and more suitable offerings

PROMOTING EXCELLENCE IN SPORT

- Improving sporting pathways to ensure that talent is recognised and potential is realised
- Supporting the development of a sustainable and inclusive sport and physical activity infrastructure of clubs, Sports Governing Bodies, volunteers, participants and competitors, coaches, officials, teachers and leaders
- Sustaining achievements in sport and physical activity at national and international levels through appropriate elite support
- Increasing community pride in the achievements of all our sporting participants

PROMOTING PARTNERSHIP AND INTEGRATION

- The creation of better outcomes for communities through a collaborative approach to the development of sport and physical activity using co-design and co-production and building on enhanced partnership structures locally, regionally, nationally and internationally
- Building stronger sport and physical activity partnerships at local, regional, national and international levels as well as cutting across traditional boundaries/ structures
- An increased number of shared facilities across sports, clubs, schools and communities

PROVIDING INCLUSIVE, SHARED SPACES AND PLACES

- Everyone has access to inclusive, shared, safe, welcoming and high-quality indoor and outdoor sport and physical activity infrastructure
- A safe, economically and environmentally sustainable local and regional sport and physical activity infrastructure
- Our sport and physical activity sector and infrastructure are enabled by innovative and emerging technologies

PROMOTING THE BENEFITS OF SPORT AND PHYSICAL ACTIVITY

- Increased awareness of the benefits of participation in sport and physical activity
- Positive attitudinal and behavioural change, resulting in more people becoming more active
- An improved evidence base supported by enhanced research about the benefits of sport and physical activity to local communities

Figure 2: Foundation Blocks for the Strategy



Foundation Blocks for the Strategy

8.5 The publication of the Active Living strategy presents an opportunity for all departments involved in promoting physical activity to work more closely together in the promotion of physical activity and in monitoring and evaluating physical activity policies. The following are a proposed measurement framework:

Health - We have a healthy population	% Population Obesity Rate (Question hasn't been asked since 2019/20)	Overall
		Male
		Female
	% Population experiencing poor mental health (NIHS) GHQ12	Overall
		Male
		Female
Activity - Our people have lifelong involvement in sport and physical activity	% Population participating in sport and physical activity (CHS) (within the past 4 weeks)	Overall
		Male
		Female
		Disability
		No disability
		Most deprived
		Least deprived
	% Population achieving CMO physical activity guidelines (NIHS) 30 mins 5 or more days per week	Overall
		Male
		Female
Community - Sport and physical activity acts as a	% Population volunteering in sport (CHS)	All
		Male
		Female

catalyst for improved communities	% Population experiencing better wellbeing by engaging in sport (CHS)	Engaged in sport
		Life Satisfaction
		Locus of control
		Self-efficacy
		Lonliness
		General Health
		Not engaged in sport
		Life Satisfaction
		Locus of control
		Self-efficacy
		Lonliness
		General Health
Inclusivity - Sport and physical activity is inclusive for all	% of households have a sports venue within 2km.	Overall
		Male
		Female
		Disability
		Most deprived
		Least deprived
		Urban
		Rural
	% Population that stated that local greenspaces were within easy walking distance from their home (Outscape Annual Outdoors Monitor)	Overall
		Male
		Female
		Disability
		Most deprived
		Least deprived
		Urban
		Rural
Sustainability - Harness the power of sport to build a sustainable future for all	% Population taking part in sport and physical activity in the natural environment (CHS - 1 or more of walking for recreation, jogging/running, cycling for recreation, angling/fishing last 4 weeks)	Overall
		Male
		Female
		Disability
		No Disability
		Most Deprived
		Least Deprived
	% Population participating in physical activity through active travel.	
Athlete Success - Our elite athletes - both individual and national teams - are successful	Northern Ireland athletes competing at highest level in their sport	
	Number of Northern Ireland Athletes competing at Olympic and Paralympic Games	

	<i>Olympic</i>
	Male
	Female
	Sub total
	<i>Paralympic</i>
	Male
	Female
	sub total
	Overall
Number of Northern Ireland athletes competing at Commonwealth Games	
	Male
	Female
	Disability
	No Disability
	Overall

[fitter-future-sto.pdf](#)

- 8.6** Following the fitter Future Obesity Strategy, in November 2023, the Department of Health launched two separate public consultations on the development of a new Regional Obesity Management Service and a new Obesity Strategic Framework. A Strategic Framework to Prevent the Harm caused by Obesity, and Improve Diets and Levels of Physical Activity in Northern Ireland Project Board is established to take a whole system approach to addressing obesity and supporting people to achieve healthy weight, it will be health led but not solely health owned, it takes a life course approach, but it may specifically target or prioritise certain groups (i.e. it may have a strong focus on childhood obesity). The framework has a focus on reducing food, physical activity and overweight and obesity related inequalities. It acknowledges the alignment with other policy areas, the new framework will seek to add value to existing strategic frameworks (such as the new cancer, diabetes, food and the sport and physical activity strategies). It is outcome-based.
- 8.7** The All-Island Physical Literacy Consensus Statement was launched recently by Sport Ireland and Sport Northern Ireland which provides a

definition of physical literacy and aims to encourage lifelong participation in sport and physical activity [9].

- 8.8** In the area of active transport, ‘Changing Gear: A Bicycle Strategy for Northern Ireland’ provides specific targets for increases in cycling by 2025, including that 20% of all journeys less than one mile be cycled, 10% of all journeys between one and two miles be cycled, and 5% of all journeys between two and five miles be cycled, with further percentage increases in cycling set out for 2040 [27]. As part of this strategy, the “Belfast Cycling Network” was published in 2021 with the aim of setting out plans for developing the cycling infrastructure for Belfast. In addition, the “Planning for the Future of Transport – Time for Change” was published in 2021 and aims to increase the percentage of journeys made by walking, wheeling, cycling or public transport [28].
- 8.9** The RAISE programme aims to raise achievement to reduce educational disadvantage. This is a whole community, place-based approach in localities across Northern Ireland to support the Department of Education’s vision that “every child is happy, learning and succeeding”. It helps to deliver on the mission, set by the report ‘A Fair Start’, to ensure all children and young people regardless of background are given the best start in life. RAISE will be present in eligible areas in the locations: Antrim; Ballymena; Belfast; Carrickfergus; Coleraine; Derry / Londonderry; Dungannon; Enniskillen; Limavady; Lisburn; Lurgan and Brownlow; Millisle and Donaghadee; Newry; Newtownabbey; Portadown.

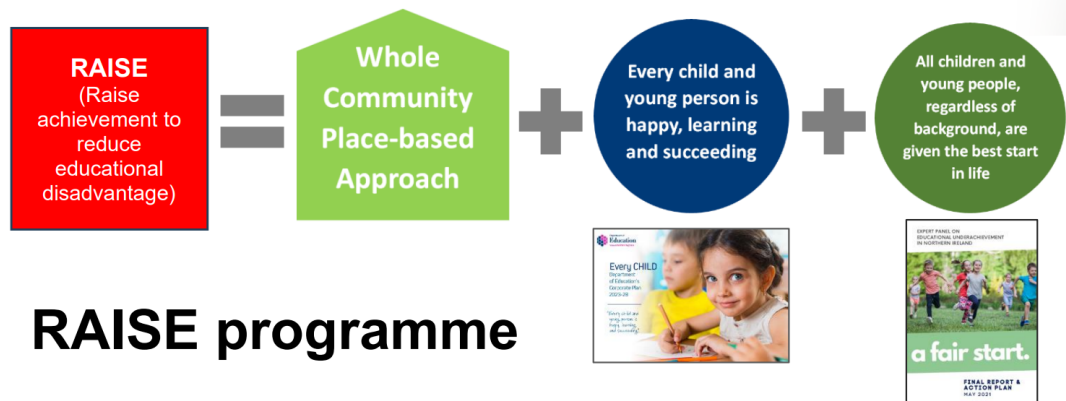
The methodology used to select localities was objective and data informed with all areas having to meet a threshold of need under a wide range of criteria. Super Output Areas across Northern Ireland were analysed using seven criteria – free school meal entitlement, Special Educational Needs, pupil attendance and GCSE attainment as well as the Northern Ireland Multiple Deprivation measures of income deprivation affecting children and health deprivation and disability, and Crime and Anti-social behaviour. These indicators were tested with a stakeholder reference group and reflect the fact that children and young people face different barriers to success in education.

Bespoke local Strategic Area Plans are being developed for each RAISE locality identifying what is needed to support delivery against the strategic objectives of the programme and proposing actions based on research and evidence of what works. To drive forward the development of the Strategic Area Plan, a Locality Reference Group will be established in each RAISE locality. In terms of the available budget, each locality will receive a base allocation of £100k with a top up on a per pupil basis.

The Department of education also takes a “New Targeting Social Need” approach with the following investments in 2023/24;

Table: Funding by setting type

Type	Number of settings	Total Funding	Average funding per setting
Post-Primary	215	£32,499,526	£151,161
Primary	840	£41,059,883	£48,881
Nursery School	194	£1,830,783	£9,437

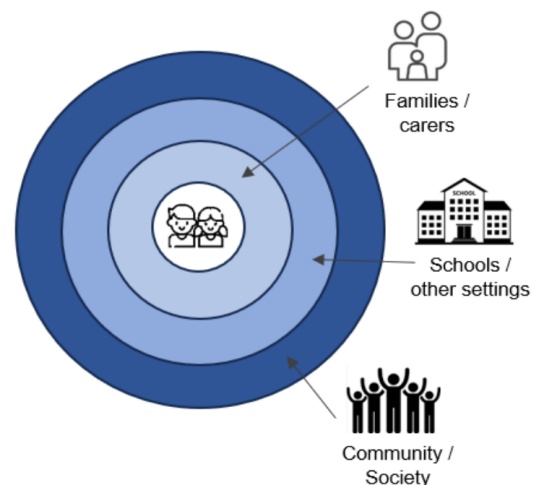


The **RAISE programme** is a whole community and place-based approach in localities across Northern Ireland to support the Department of Education’s vision that “*every child is happy, learning and succeeding*”. It helps to deliver on the mission, set by the report ‘*A Fair Start*’, to ensure all children and young people regardless of background are given the best start in life.

Children and young people are at the centre of a place-based and whole community approach to education.

This means local partnerships of **schools, communities** and **families/carers** helping children and young people to be happy, learning and succeeding.

This will promote inclusion and equality of opportunity, enabling more to fully develop their potential, increase their attainment and improve life chances.



Aims

- Invest in whole community and place-based approaches to raise achievement to reduce educational disadvantage
- Enhance community-based partnerships helping every child and young person to be happy, learning and succeeding
- A fair start for every child and young person regardless of background

Local Strategic Plans



Developed through a codesign process and public engagement and creative approaches to involve and give voice to more people and organisations across localities. Strategic Actions will be a reference point and stimulus for other organisations, statutory agencies and programmes to identify collaborative opportunities. This includes alignment and collaborations with the Community Planning process in each Local Council area.

Community informed projects

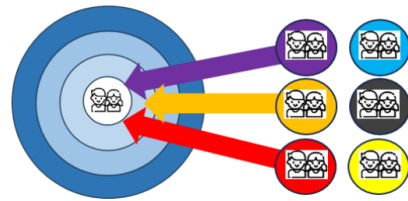


Investment in local projects which have been codesigned in localities to address priorities identified in the Strategic Plan for each place. These projects are likely to include a range of initiatives grouped in support of the programme's priority focus on **Happy, Learning and Succeeding** outcomes for children and young people.

Cross-cutting projects



Regional initiatives will complement community-informed projects and **apply an Inclusion Lens** to address specific needs or challenges facing children and young people most vulnerable to marginalisation and exclusion.



Local Reference Groups



Consultative forums established in each locality to catalyse or enhance connections and relationships in support of whole community approaches. They might be newly formed networks in each place or involve collaborative arrangements with existing forums and other networks in these areas.

Local Coordinators



The Department of Education (DE) wants to enhance partnerships and on-the-ground working relationships with organisations and communities across these localities. This will build the capacity of the Department and local communities to work together and bring about sustainable change.

8.10 In March 2022, Environment Minister Edwin Poots introduced further environmental protections through a range of new legislative

provisions. The Environment (2021 Act) (Commencement and Saving Provision) Order (Northern Ireland) 2022 brings into force a range of environmental measures, including a new legal framework for environmental governance and accountability now that the UK has left the EU. It was approved by the Northern Ireland Assembly on 22 February 2022.

- 8.11** The key elements of this framework are statutory duties on DAERA to publish an Environmental Improvement Plan (EIP), issue a policy statement on environmental principles, and the extension of the remit of the Office for Environmental Protection (OEP) to include Northern Ireland. The OEP was legally established in November 2021 and will operate as an independent environmental oversight body across England and Northern Ireland, a role previously undertaken by the European Commission. The new body's purpose is to hold public authorities to account for the proper implementation of environmental law. Its Northern Ireland functions include: scrutinising environmental improvement plans; scrutinising environmental law; advising NI Departments on environmental law; and enforcing against failures to comply with environmental law.
- 8.12** The Green Growth Strategy is the Northern Ireland Executive's multi-decade strategy, balancing climate, environment and the economy in Northern Ireland. It sets out the long-term vision for tackling the climate crisis in the right way.
- 8.13** Northern Ireland has taken the action needed to transition from being a high to a net zero emissions, nature rich society where we are reaping the economic, social, health and environmental benefits from a thriving green economy. We have made this transition just and fair for all, with equality, inclusivity and social justice at the heart of our decisions and good jobs are accessible to everyone, especially the most vulnerable in our society.
- 8.14** Green Growth means using the move from a high to a low greenhouse gas emissions economy to improve people's quality of life through green jobs and a clean environment. Green Growth means recognising

and accepting the impact we have on our planet and doing something about it.

- 8.15** Green Growth is an opportunity to kick-start Northern Ireland's recovery following the Covid-19 crisis while ensuring that the environment around us continues to provide the resources on which we all rely.
- 8.16** The focus of Green Growth is ensuring that our natural assets can deliver their full economic potential on a sustainable basis. Our climate and environment affect all of us and we all need to take individual responsibility and consider how our own actions impact the environment.
- 8.17** Green Growth is about more than just climate targets. It also considers the wider environment as well as a green economy. By taking this approach and tackling these issues collectively, it presents us with an opportunity to reassess our impact on the planet by doing things differently and in a less harmful way.
- 8.18** Central to our Green Growth approach will be tackling climate change; mitigating our impact and reducing our emissions of greenhouse gases. In addition to reducing our emissions through the delivery of our Climate Action Plans, we must ensure that our society, economy, and environment are well adapted and resilient to both the current and projected future impacts of climate change through our Adaptation Programmes. The strategy recognises the need for adaptation and mitigation measures to work together to address both the causes and potential impacts of climate change.
- 8.19** The transition to a new economic and societal model will have major consequences for jobs. Green jobs can be defined as an activity that contributes to protecting or restoring the environment, including those that mitigate or adapt to climate change. Green Skills will play a key role in the delivery of reducing carbon emissions and restoring our environment. Having individuals with the right skills and knowledge in the right jobs will help to develop and implement sustainable practices. Developing green skills and green jobs will help to develop

innovative solutions to the climate and environmental challenges we face and drive positive socio-economic change.

8.20 The Green Growth approach is about more than just climate targets. It also considers how we protect our natural environment, which is vital to our well-being and for providing essential services like clean air, fresh water, and resources for our infrastructure. Our natural environment is one of our most important assets and contributes to our prosperity and well-being in numerous ways. It protects us from extreme weather, supports our health through opening up green spaces, and helps us adapt to climate change. During September 2024 DAERA (Department of Agriculture, Environmental, and Rural Affairs) published its first Environmental Improvement Plan (EIP), as a requirement under the Environment Act 2021. This was following a 14-month delay, as the plan was due to be published on 25th July 2023.

8.23 Many experts consider environmental governance in Northern Ireland (NI) to have historically been weaker than the rest of the UK. With NI's main environmental concerns being biodiversity loss, pollution, and climate change, this needs to change moving forwards. There is a particular need for effective governance to fulfil the requirements of the UK-EU Trade Cooperation Agreement, as well as to meet domestic and international obligations. The EIP is intended to be NI's collective response to global challenges including biodiversity loss, greenhouse gas emissions, water, air, and soil quality, and developing a circular economy and waste management. It includes statutory and non-statutory changes. The plan will impact all NI citizens, businesses, and city, borough, and district councils. The plan goes through NI's historic responses to climate change initiatives and international policy. This includes the Biodiversity Strategy 2015-2020, the Peatland Strategy, and the Natural Recovery Strategy 2032. It also sets out Six Strategic Environmental Outcomes (SEOs), discusses the status of each topic, and outlines the plan's intended actions, targets and future visions and outcomes. These outcomes include a range of goals and targets. The SEOs are:

- Excellent air, water, and land quality

- A healthy and accessible environment and landscapes everyone can connect with and enjoy
- Thriving, resilient and connected nature and wildlife
- Sustainable production and consumption on land and at sea
- Zero waste and a highly developed circular economy, and
- Net zero greenhouse gas emissions and improved climate resilience and adaptability.

The EIP also outlines a series of visions and outcomes for each of the SEOs that will contribute to their achievement, including fewer pollutants, high water environment standards, sustainable nutrient management, societal behavioural shifts, reconnection with nature, healthy marine environment, well-educated future generations, a circular economy, reduction of GHG emissions, and a resilient energy system. It also shows how the six strategic outcomes are all linked to each other in one form or another, as well as the United Nations' 17 Sustainable Development Goals.