

(SP) AN EVALUATION OF THE PILOT COMMUNITY SPORT PROGRAMME IN NORTHERN IRELAND

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Introduction

The long term focus of the pilot Community Sport Programme (CSP) is on improving health and helping those with long term health problems or a disability to have an improved quality of life. It aims to connect with the broader government outcomes of crime reduction and encouraging active citizenship. Through work conducted over the past 20 years, the Sports Council for Northern Ireland (SCNI) has learned that the kind of benefits that can accrue from upholding these values are relatively easy to secure among groups of people with already strong sporting networks - largely the sporting middle classes in Northern Ireland where there are high levels of belief and confidence and a strong capacity to deliver sporting opportunities. The challenge is to secure benefits for people who often lack the same self confidence and capacity and who at the same time, lack the levels of resources of already well established sporting networks. The establishment of the CSP aimed to begin addressing these key issues and to set targets for increasing sustained participation and building the structures to support this long term objective. This paper reports the findings of a programme of evaluation conducted on the CSP from January 2005 to March 2006.

Methods

The research was an independent evaluation of the CSP commissioned by SCNI and conducted by the Sport Industry Research Centre at Sheffield Hallam University. A self-completion questionnaire survey was used to monitor the effect of the CSP on participants using a longitudinal research design. Specific reference was given to physical activity levels, diet, alcohol and tobacco intake, social capital²¹ and self-esteem. In Phase I 777 participants were surveyed and of these 400 (51%) were re-tested in Phase II using the same research instrument. This paper focuses on the comparison between the Phase I and Phase II and seeks to offer explanations for the key findings.

Results

Table 1 presents the results of the pre and post CSP intervention research alongside the outline hypotheses which might realistically have been expected given the original intentions of the CSP.

Table 1: Summary findings for CSP research pre and post intervention

Variable	Expected	Phase I (n=777)	Phase II (n=400)
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²¹ Social capital has many definitions but the essence is encapsulated by the OECD who define it as 'networks together with shared norms, values and understandings that facilitate co-operation within or among groups.'

Physical activity	Low	High	High
Health perception	Low	High	High
Weight perception	Overweight	Average	Average
Smoking levels	High	Low	Low
Alcohol consumption	High	Low	Low
Fruit & vegetable consumption	Low	High	High
Community involvement	Low	High	High
Self esteem	Low	High	High

Discussion

The key findings from the overall survey research are outlined below. Exceptionally high levels of physical activity were reported by CSP participants in both Phase I and Phase II. The findings exceed the Chief Medical Officer's (2004) recommendations by a significant amount. The changes between the average physical activity levels identified in Phase I and Phase II were marginal. The only marginal positive increase was in the intensity of participation in physical activity by adults. The increases in participation evident from a comparison of the Phase I 'overall baseline data' and the 'matched pairs' data are indicative of systematic attrition. In summary, the more active participants in Phase I engaged with the research and in due course completed a Phase II survey, whereas some of the less physically active participants dropped out of the research.

The fruit and vegetable consumption by adults and children in the sample is very high in both Phase I and Phase II. The overall average consumption is 4.5 portions per day, this falls slightly below the recommended intake of 5 portions of fruit and vegetables, but compares very favourably with the UK and NI averages.

National research (2002) concluded that 37% of men and 20% of women exceed the recommended level of alcohol consumption in Northern Ireland. Phase I reported that only 2% of both male and female survey respondents consumed alcohol at this level, and this trend is repeated in Phase II. Furthermore, the slight increase in the number of male and females not drinking is another positive finding. These benchmarks enable us to conclude that the levels of alcohol consumption identified within this survey are significantly lower than were expected and much below UK averages, and are well within the recommended guidelines for 'responsible' consumption.

The research findings indicated that 85% of adults surveyed in Phase II did not smoke, this was a marginal improvement on the Phase I findings whereby 80% of adult respondents were non-smokers. Northern Ireland's Health and Lifestyle Survey (2002) identified that 22% of respondents were current smokers; therefore CSP participants were clearly well below the national average. The levels of social capital identified in the Phase II survey were broadly consistent with the Phase I findings. The changes identified were marginal and the overall level of social capital remained very high.

It could be argued that the results suggest those charged with delivering the CSP targeted the 'wrong' people i.e. people who were already deriving the benefits of an active and healthy lifestyle. We will argue that a quantitative survey of this type does not do full justice to the work of the CSP and we will highlight the achievements of the programme in the words of those who delivered it and those who took part in it.

References

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