

Evaluation of

Go for Life

**The National Programme
for Sport and Physical Activity
for Older people**

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Table of Contents

1. Executive Summary	6
1.1. Summary	6
1.2. Conclusions.....	10
1.3. Recommendations.....	11
2. Background and Introduction.....	14
2.1. Demography.....	14
2.2. Benefits of Physical Activity	16
2.3. Desired Levels of Physical Activity	17
2.4. Influencing Factors	17
2.5. History of GFL.....	18
2.6. Active Living Programme	19
2.7. Recreational Sport Programme.....	19
2.8. National Grant-In Aid Scheme.....	20
2.9. Physical Activity Awareness Programme	21
2.10. Calendar.....	22
2.11. Budget	25
2.12. Evaluation.....	25
3. Aims and Objectives of Evaluation.....	26
3.1. Overall Aims	26
3.2. Specific Objectives.....	26
4. Approach and Methodology.....	28
4.1. Approach.....	28
4.2. Methodology	28
4.3. Draft Report, Review and Final Report.....	28
5. External Analysis.....	29
5.1. Participation in Sports and Physical Activity.....	29
5.2. Transport	31
5.3. Volunteerism	31
5.4. Partnerships	32
5.5. Insurance.....	33
5.6. Strengths.....	33
5.7. Weaknesses.....	33
6. Profile of Participants on GFL Programme.....	34
6.1. Gender	34
6.2. Marital Status.....	34
6.3. Age.....	35
6.4. Employment Status.....	35
6.5. Occupation	36
6.6. Educational Attainment.....	38

6.7.	House Ownership	39
6.8.	Profile of Physical Activity	40
6.9.	Frequency.....	45
6.10.	Intensity.....	45
6.11.	Duration	46
6.12.	Strengths.....	48
6.13.	Weaknesses.....	49
7.	Sports and Physical Activity Programmes	50
7.1.	Overview	50
7.2.	PALS – Activity, Role and Confidence	53
7.3.	Case Study.....	55
7.4.	Materials	56
7.5.	Strengths.....	58
7.6.	Weaknesses.....	58
8.	The Physical Activity Grant-In Aid Scheme	59
8.1.	Budget	59
8.2.	Procedure	59
8.3.	Applicants.....	59
8.4.	Beneficiaries	60
8.5.	Years Established	61
8.6.	Breakdown of Members by Health Board and Gender.....	61
8.7.	Grants Awarded	62
8.8.	Grant Rate.....	63
8.9.	Purpose of Grant	66
8.10.	Effect and Impact of Grant.....	66
8.11.	Strengths.....	68
8.12.	Weaknesses.....	68
9.	Public Awareness.....	69
9.1.	Budget	69
9.2.	Logo.....	69
9.3.	Events.....	69
9.4.	Media.....	70
9.5.	Website.....	70
9.6.	Newsletters	70
9.7.	Fact Sheets	72
9.8.	Health Boards	72
9.9.	Strengths.....	72
9.10.	Weaknesses.....	72
10.	Linkages.....	73
10.1.	Steering Group.....	73
10.2.	Advisory Committees.....	75
10.3.	Sports Partnerships	75
10.4.	Health Boards	76
10.5.	Department of Health and Children	77
10.6.	Strengths.....	78
10.7.	Weaknesses.....	78
11.	Bibliography.....	79

12.	Appendix 1	81
12.1.	List of Interviewees	83
13.	Appendix 2: Example of Private Sector Potential.....	85
14.	Appendix 3: Example of Resource Material ... Error! Bookmark not defined.	
15.	Appendix 3	86
15.1.	GFL Facts Sheets	86

Abbreviations

CSO – Central Statistics Office

DOHC – Department of Health and Children

ERHB - Eastern Region Health Board

GFL – Go for Life

FARA – Federation of Active Retirement Association

FT – full-time

HB – Health Board

IUNA – Irish Universities Nutrition Alliance

ISC- Irish Sports Council

LSP – Local Sports Partnerships

MHB – Midlands Health Board

NEHB – North East Health Board

NGS – National Grant Scheme

PA – Physical Activity

PAL – Physical Activity Leader

PE – Physical Education

PT – part-time

SHB – Southern Health Board

VEC – Vocational Education Committee

WHB – Western Health Board

WHO - World Health Organisation

1. Executive Summary

1.1. Summary

The numbers of people over 65 years is expected to double between 1996 and 2031. Furthermore the numbers of people aged 80 years and over is projected to more than double in the same time period.

However sedentary lifestyles are so widespread in Ireland and worldwide the challenge is now, and will be for the foreseeable future, to extend older people's health expectancy or years of life free from illness or disability.

The amount of time spent on recreational activities and vigorous recreational activities is lower for females and lower social classes and diminishes with increasing age. Watching television (19 out of 27 hours per week) monopolises the use of recreational time.

The benefits of physical activity have been well enunciated and have a major contribution to reducing the risk and affects of many serious physical and mental illnesses. Consequently older people's ability to be independent is considerably enhanced.

The new internationally accepted desired level of physical activity is at least 30 minutes of moderate activity on at least 5 days per week.

Factors influencing participation in physical activity occurs at the individual level, through peer influence, from the setting or areas where people live as well as legal and policy matters. For example, transport for older people in rural areas is an issue that affects access to programmes targeting older people. Likewise the number of volunteers and volunteerism affects programme delivered through peers. Consequently there is a need for many individuals and organisations to work together to achieve the goal of increased physical activity and participation in sport.

The GFL programme started in 1994 and was supported by Age and Opportunity as well as the Irish Sports Council. Notwithstanding the initial small level of financial resources, much was achieved in terms of developing training and information products targeted at older people and aiming to increase participation in physical activity.

The Minister for Finance made a substantial (£500K) allocation of grant aid in November 2000 following representations made by the Irish Senior Citizens Parliament. The grant was made to the Irish Sports Council. It in turn invited Age and Opportunity to prepare a plan for the use of the grant and to involve key stakeholders in the process. After 5 months from the initial meeting of the

parties a proposal was endorsed and the Irish Sports Council accepted the plan. Two of the four elements of the plan were a continuation but increased scale of the existing GFL-programme. The other two were new and consisted of a national grant-in-aid scheme and a sports participation programme. The approach and methodology used in the Sports and Recreation programme was very similar to that in the Physical Activity Programme. The target group for the sports programme was people who engage regularly in physical activity.

The overall approach of Age and Opportunity is to work in partnership with other organisations and stakeholders. The main partners adopted as routes to older people are the Health Promotion Units in each of the Health Boards and the Local Sports Partnerships. Both of these are very new. This is advantageous in that there is an early opportunity to influence their programme. On the other hand there will be inevitable delay as they get up and running themselves.

A survey of participants on the GFL Programme conducted as part of this evaluation found that they are likely to be female (80%), married or widowed (81%), 54% over 60 years, and 56% working part-time or full time and relatively well educated.

Approximately 50% of people who are leaders (PALS and NGS Leaders) currently or previously hold positions requiring medical, educational or leadership skills.

There is a very high representation from the higher social classes 1 and 2 and low representation from the lower social classes of 4 and 5. The vast majority of participants (85%) own or are buying a private house.

Approximately 72% of participants engage in 3 or less leisure activities in the last 12 months. A higher percentage of people who are not or were not married engage in recreational physical activities. The percentage of participants on the GFL programme who are single is low by comparison with the general population.

Participation in walking is similar across the sexes whereas a higher percentage of males than females participate in golf, gardening and bowling. A higher percentage of females than males participate in housework, dancing, formal exercises and swimming. A significant percentage of females participate in golf and bowling and males in housework.

Participants spend an average of 7 hours per week on recreational sport and physical activity and this comprises 52% of total physical activity. The length of time spent by participants on the GFL programme is higher for gardening, walking and dancing than for the general population; the same for swimming golfing and formal exercises. Overall the amount of time spent by GFL participants on recreational activities is higher than for a similar age group in

the general population. The GFL programme is attracting “the converted”. When gardening and housework are included in physical activity eighty percent of the GFL participants are reaching the recommended 30 minutes 5 times per week. An estimated 15 to 20% of GFL PALS are likely to be working with people who do not attain the recommended levels of activity.

70% of all participants on the GFL programme do these activities at medium or high intensity. Many participants (approx. 40%+) walk; do housework and formal exercises on a daily basis whereas golfing, swimming, bowling and gardening are done on a weekly basis.

The sports and physical activity programme aimed to establish a panel of trained tutors and leaders across the country. By the end of May 2002 38 tutors and 171 leaders had been trained. All Health Boards with the exception of the 3 in the ERHB area have tutors. The latter use the tutors employed by GFL because of their proximity to the national office. There are nine counties that don't have any tutors and a further 4 that only have one. Based on the 576 groups of older people on the Age and Opportunity database and assuming 3 PALS per group 50% of groups have trained leaders to date including pre and post July 2001. While a good start has been made there is a lot of work yet to be done to reach the number of groups on the database.

An evaluation of the Midlands Health Board programme showed that 50% of trained leaders organise physical activity within and 3% outside their own group. An estimated 16,000 people will have had benefited from the physical activity through the GFL training programme.

Fifty percent of the people who participated on the GFL did not feel confident to deliver within their own group. There is further work to be done even with those who have already undertaken some training.

To date 5 one-day workshops have been developed around physical activities and 2 around participation in sports.

High quality information packs promoting sport and physical activity have been developed and are readily available to respond to general inquiries. Furthermore a booklet on organising a Local Sports Festival has been produced and circulated. There is a gap in relation to the provision of materials for tutors. In order to maintain standards and uniformity, resources will need to be committed to supplying tutors with visual displays and aids that can be used effectively in the absence of modern technologies. With the increasing numbers of tutors and PALS coming on stream stocks of high quality training materials similar to those used to date will need to be available to meet growing demand.

There was an excellent response to an invitation for grant aid with 519 applications. The grant scheme distributed €317,500 among 326 beneficiaries. An average grant amounted to €974 and the grants ranged from €250 to

€1,905. Grant rates varied from less than 25% to 100%. The average grant rate was 54%.

Grants were distributed across all of the Health Boards. The Midland Health Board received the highest allocation of grant aid per 100 people over 65 years. The Southern Health Board had the highest number of beneficiaries, the lowest average grant and the third highest award per 100 persons over 65 years.

Counties Laois, Leitrim and Longford received the highest and Louth and Kilkenny the lowest allocation of grant aid per 1,000 population. Nearly all the counties of Connacht received allocations of grant aid significantly above the national average.

Bowling was the main sport supported through the grant scheme and bowling or bowling mixed with other activities and sports accounted for 41% of plans. Activity programmes and or equipment for activity programmes accounted for the second highest reason for grant at 19%. Approximately 20 other sports and activities were also supported and the most frequent of these included, Tai chi, swimming, keep fit and pitch and putt. Most plans were for mixed activities.

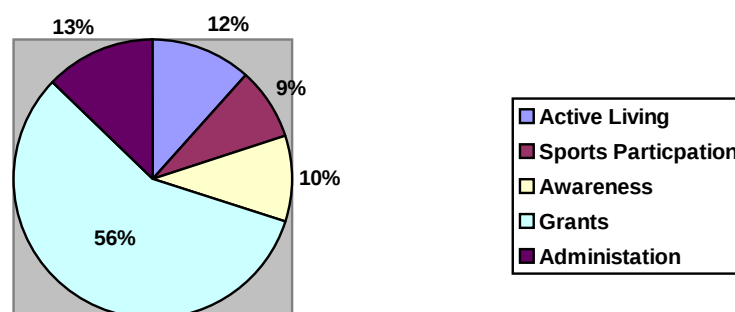
The main effect of the grant scheme was to bring forward the investment in equipment and training and to allow it to go ahead on a bigger scale. Only 40% would not have gone ahead with half or no grant aid.

A public awareness programme that focused mainly on the grant scheme and information in relation to the benefits of physical activity and sport was conducted. Channels included 8 minutes coverage on the Nationwide TV programme in May 2002; advertisement and reporting on events in the National and some local newspapers; production and distribution of 12,000 copies of a quality newsletter and dissemination through the web. The programme benefited from a comprehensive database at Age and Opportunity, skilled staff in the production of high quality hard copy and accessing professional public relation services through key stakeholders. The opportunity to link with the national campaign in relation to increasing physical activity needs to be exploited further. Furthermore there exists an opportunity to widen the financial base of the programme through corporate sponsorship. This could also be developed into merchandising of equipment, which may also be structured on an outsourcing basis.

Eighty seven percent of the total budget has been spent up to June 21 and the remainder is committed in July and August. A breakdown of the total expenditure to date is shown in Figure 1.

Figure 1

Breakdown of total expenditure to up to June 21, 2002



Grants were the single biggest item of expenditure accounting for 56% of total expenditure to date. The Active Living and Sports Participation Programmes account for a further 21%. Expenditure on public awareness and administration accounts for 10 % and 13% respectively.

Seventy percent of expenditure of grant aid went to sports and the remainder to physical activity. The reverse is true in relation to other aspects of the programme in that 2 of the 6 workshops focus on sports whereas the other 4 are on physical activity. Overall the allocation of resources is evenly balanced between sport and physical activity.

A Steering Committee with an independent chair was set up in October 2001 to steer the programme agreed with the Sports Council. The committee has representation from the Irish Sports Council and various organisations representing and involved in policy related to the older people.

The focus of the Steering Committee to date has been primarily on the allocation of grants. This was partly because this was a priority need in the programme but there are different perceptions about the role of the Committee in Steering all 4 strands of the programme. **There is need for strong linkages between the advisory technical committees and the steering committee, which to date are weak.** The uncertainty in relation to the duration of the programme may account for this lack of focus on role and responsibility and the weak linkages between the committees at national level.

1.2. Conclusions

- ✓ There is a very definite and growing need for this programme and consequently there is need for a multi annual commitment of resources.

- ✓ There is a need to reach beyond the estimated 13.5% of the population of 65+ who participate in groups and are on the A & O database.
- ✓ A good start has been made with the GFL Programme but much remains to be done.
- ✓ There is need to widen the financial base of the programme and opportunities exist in the public and private sectors.
- ✓ The structure steering and leading the programmes needs to be revised.
- ✓ The selection of Age and Opportunity as the broker and the lead organisation was good given (1) its track record with elements of the programme (2) empathy with the target group (3) consistency with its objectives (4) very relevant skills related to sport, physical activity, public relations and accounts (5) systems and procedures to bring to the programme and (6) relevance of its values especially partnership.
- ✓ The linkages with the Health Board and the Local Sports Partnerships are also strategic given (1) the fit between their role and the aim of the programme (2) these organisations will continue to exist regardless of the life of the National GFL and (3) their recent establishment.
- ✓ The programme is balanced between the mix of physical activity and sports although most of the non grant scheme activity to date has been on physical activity.
- ✓ There is a need for one full-time person at Health Board level to drive and manage the programme and be the focus point.

1.3. Recommendations

Strategy

- Target the programme social classes 4 and 5 and males.
- Be proactive in relation to the pursuit of private sector sponsorship and further public sector funding;
- Examine the opportunity to develop a franchise around the programme;
- Work with the Local Sport Partnerships to access local media in relation to sports and physical activity events

Structure

- Establish strong linkage with the Department of Health and Children's campaign of public awareness.
- Design and implement campaigns around the structures set up by Irish Sports Council
- Establish linkages with providers of generic group skills e.g. group establishment, leadership etc.

- Review the current Steering Committee and establish clear linkages with the Advisory Technical Committees

Systems and Procedures

- Programme leaders promote and encourage systematic collection of data for monitoring and evaluating the programme;
- GFL promote core standardised forms and approaches to data collection, monitoring and evaluation

Skills

- Promote the role of the PALS as facilitator (especially to 50% who don't deliver to their own group) of an outside expert who instructs the group in relation to PA and sports;
- Achieve geographic coverage in terms of tutors and PALS;
- Target recruitment of PALS from persons who are likely to be available when required by active retirement groups;
- Further examine the reasons behind the lack of confidence of the PALS who are not delivering and take appropriate responses

Staff

- Secure resources to give commitment to staff at GFL for a 3 year period so as to meet the growing demands and also to maintain consistency and standards
- Encourage the Health Boards to commit one full time person to drive and manage the GFL programme

Grants

- Introduce consistent procedures in relation to standard costing for the award of grants
- Specify clearly what is required of beneficiaries under grant aid in relation to accountability;
- Sample some of the beneficiaries and conduct checks
- Beneficiaries of grant aid be required to complete the GFL training programme before payment
- Use local knowledge from Health Boards and LSP to broaden information on applicants
- Consider leaving the payment of the grant to the Irish Sports Council but the decision on award to GFL Programme

Materials

- Provide tutors with appropriate visual aids, equipment and materials to a high standard;

- Encourage Health Boards to have PALS meetings every 2 months to allow PLAS to share experiences, ideas and identify topics for seminars and training
- Continue to produce, print and distribute fact sheets and other resource manuals such as how to organise a bowling festival

2. Background and Introduction

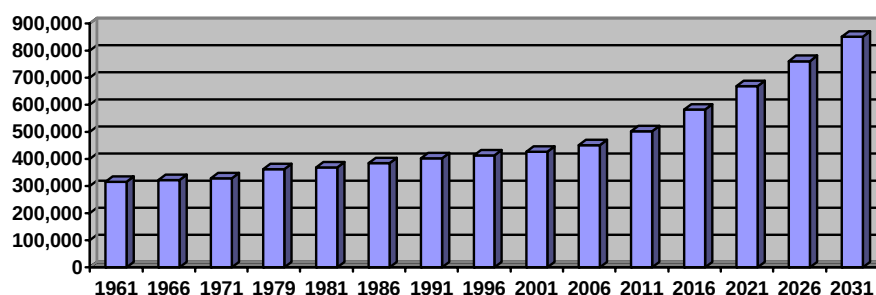
2.1. Demography

Life expectancy has been increasing since the beginning of the century when it was around 50 years at birth. It rose to 65 years in 1950 and by 1990 had reached nearly 75 years. There is a significant gender gap in life expectancy (men 72.3 years and women 77.9 years) with women in Ireland outliving men by an average of 5.6 years. This means that women outnumber men in old age and especially in advanced old age (over 80 years).

Figure 2 shows that the numbers of persons aged 65 years and over has increased steadily over the last 35 years and this increase is forecast to continue into the future.

Figure 2

Population aged 65 years and over, 1961 – 1996 and forecasted population to 2031



Irish population projections in the period up to 2031 shows:

1. The population aged 65 years and over is projected to double between 1996 and 2031; and
2. The very old population (those aged 80 years and over) is projected to increase from its 1996 level of 90,000 to over 200,000 in 2031. (CSO, 2000)

While life expectancy is often taken as an indicator of social progress and medical advance, the extension of older people's health expectancy, or years of life free from illness or disability presents a newer challenge.

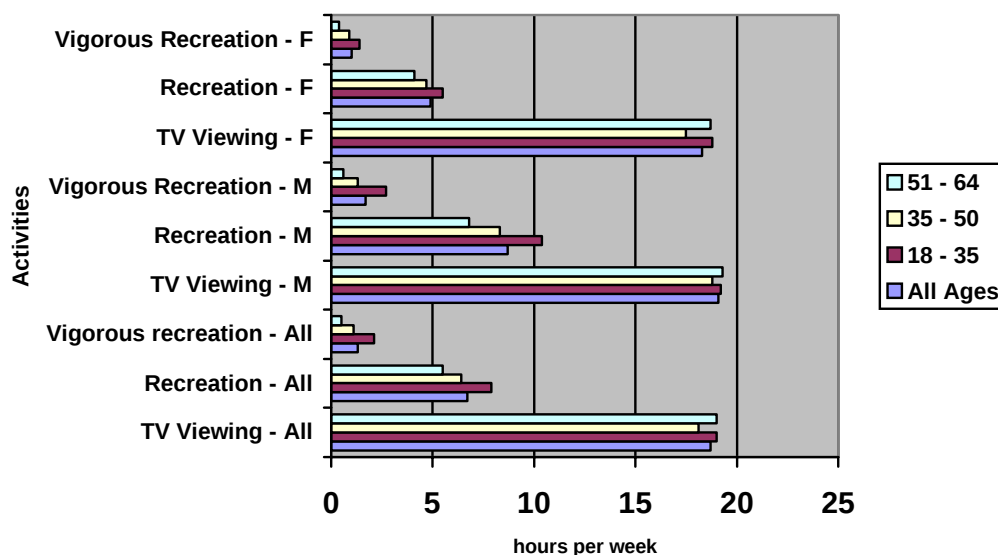
Levels of inactivity are high in virtually all developed and developing countries (WHO, 2002). In developed countries more than half of adults are insufficiently active. In the rapidly growing large cities of the developing world, physical inactivity is even a greater problem. Even in rural areas of developing countries sedentary pastimes, such as watching television, are increasingly popular. Inevitably the results are increased levels of obesity, diabetes and cardiovascular disease.

The world health problem of inactivity occurs in Ireland also. The National Health and Lifestyle Survey (1999) found that overall only 42% of adults engaged in some form of regular physical activity. Nearly 33% of those over 55 years took no exercise at all and this rose to 51% for those aged 75 years plus. This was predominantly so for older males and females in lower social classes.

Similar results were found in a survey of 1,200 adults aged 15 year and over carried out by Lansdowne Market Research on behalf of the Department of Health and Children (2001). This survey found that almost one third claimed they did not participate in any physical activity. Amongst the over 65 year olds, this figure rises to 42% and is also higher amongst blue-collar workers.

An all Ireland survey was conducted by combined universities and published in 2001 (IUNA, 2001). The average amounts of time by men and women of different ages watching television and participating in recreational and vigorous recreational activity is shown in Figure 3.

Figure 3
Breakdown of level of recreational activity per week
by gender, age and type



Source: Irish Universities Nutrition Alliance (2001)

Notes: m = male, f = female,

Watching TV monopolises a major proportion of available leisure time across all groups and genders. The amount of time spent on recreational activities and vigorous recreational activities decreases from age 35 onwards. Also the amount of time spent on recreational activities and vigorous recreational activities is lower for females than for males.

Men were approximately twice as active in work and recreational activity as women were but women were three times more active in household tasks. The levels of physical activity declined with increasing age particularly leisure activity in men.

2.2. Benefits of Physical Activity

The best guarantee for independent living and increasing the ability to cope until late in life is physical activity (World Health Organisation, Ageing and physical Activity – the Facts).

A selection of the research reports has shown the benefits of physical activity as;

1. Helping older people with balance, co-ordination and agility which can help prevent falls (Health Education Authority) and
2. Increased body image and self-esteem (Sobczak 1997).

The US Surgeon General's Report on Physical Activity and Health identifies the benefits outlined in Table 1.

Table 1
Benefits of Physical Activity

Reduces the risk of dying prematurely	Helps control weight
Reduces the risk of dying prematurely from heart disease	Helps reduce blood pressure in people who already have high blood pressure
Reduces the risk of developing diabetes	Helps build and maintain healthy bones, muscles and joints
Reduces the risk of developing high blood pressure	Helps older adults become stronger and better able to move about without falling
Reduces the risk of developing colon cancer	Promotes psychological well-being
Reduces feelings of depression and anxiety	

Source: <http://www.ede.gov/needphp/sgr/sgr.htm>

In addition to the aforementioned physical and mental benefits arising from physical activity there is also social benefits. The combined physical, mental and social activities are important factors influencing well-being in older people.

2.3. Desired Levels of Physical Activity

In 1990 there was an international consensus that adults should take part in vigorous activity at least three times per week for at least 20 minutes at a time. By the mid-1990s it was realised that although this level represented the ideal in terms of cardiac benefit attained by an individual, it was unrealistic to expect those who are currently inactive to aim for such a target. The internationally accepted revised guideline suggests that adults should take part in at least 30 minutes of moderate activity on at least 5 days per week.

Ireland adopted these targets and they were included in Health Promotion targets in 1994, 1995 and again in the National Health Promotional Strategy, 2000 – 2005.

2.4. Influencing Factors

Factors affecting a person's participation in physical activity are personal and also external to the individual. Consequently interventions to enhance and encourage increased physical activity need to tackle personal and wider factors.

King (1994) identifies 4 levels of intervention affecting participation in physical activity, namely,

- Level 1: legislative /policy e.g. compulsory school PE, countryside access, national strategy for increasing physical activity etc.
- Level 2: organisational / environmental e.g. workplace, schools, local council initiatives, mass media approaches, environmental prompts etc.
- Level 3: inter personal e.g. peer led groups, teaching approaches, provision of classes etc.
- Level 4: individual e.g. consultations, fitness assessments, written materials, postal contact, GP referral schemes

Many individuals and organisations have to work in partnership to bring about increased physical activity and participation in sports. Ideally this should be done as part of a national strategy, which identifies the roles to be played by the different parties. A good example of this is the Government Strategy for Road Safety, 1998 – 2002.

2.5. History of GFL

Since 1994, Age and Opportunity has promoted and facilitated increased participation in physical activity through its Go for Life Programme. The main focus of their strategy was at level 3 although to a lesser extent at level 4.

The annual budget allocation was up to £20K and this funding was provided from the Irish Sports Council. GFL then had the services of one person on approximately one day per week and occasional consultancy input by a second person.

GFL employed the following 4 main strategies to get its message across:

1. Newsletter;
2. Challenge for newsletter readers to determine and achieve a challenge;
3. Presentations by trained tutors to groups of older people and
4. Workshops aimed at leaders of older people's groups and Health Board personnel

Age and Opportunity values and adopts an approach of partnership with other organisations in delivering its programmes.

In December 2000 the Minister for Finance announced an allocation of £500K to the Irish Sports Council to help increase the participation of older people in recreational sports and activities. This allocation was made in response to representations made by the Irish Senior Citizens Parliament. The Irish Sports Council invited GFL to prepare a proposal together in association with key stakeholders involved with older people.

The proposal included four complementary programmes, namely,

1. Active Living Programme
2. Recreational Sport Programme
3. National Grant-In-Aid Scheme and
4. Physical Activity Awareness Programme

Both the Grant-In-Aid Scheme and the Recreational Sport Programme were new dimensions to the GFL Programme. The aims, approach, methodology and target groups for each of the GFL programmes are shown below.

2.6. Active Living Programme

Target Groups

The two main target groups consists of (1) able, independent, physically unfit people and (2) able, dependent, residential requiring supervision

Aims

The overall aims of the active living programme are;

- To increase older adults' awareness of the benefits of active living and
- To increase participation in health enhancing physical activity

Approach and Methodology

The approach and methodology comprises of

- (1) dissemination of information through newsletters and information leaflets and presentations by tutors
- (2) development of 8 workshops to train trainers and leaders to plan and lead safe, enjoyable health enhancing physical activity sessions and programmes and
- (3) establishment of panels of tutors and Physical Activity Leaders

2.7. Recreational Sport Programme

Target Groups

The target group differs from the Physical Activity Programme in that it consists of individuals who are able-independent, fit and healthy. These individuals regularly engage in physical activity.

Aims

The overall aims of the Recreational Sport Programme are;

- Keeping older people healthy and active for longer, provided it emphasises values such as keeping active and flexible, enjoyment and companionship rather than competition

Specific Objectives

- To increase the number of recreational sport opportunities for older adults;
- To raise older adults awareness of the available and varied sports and opportunities for participation and
- To increase participation in organised recreational sport by older adults.

Approach and Methodology

The approach and methodology is very similar to the active living programme in relation to:

- (1) dissemination of information through newsletters, information leaflets and presentations by tutors
- (2) development of a workshop to train trainers and leaders to plan and implement recreational sport programmes and
- (3) establishment of panels of tutors and Physical activity leaders

It differs from the active living programme in the promotion of the concept of Recreational Sports Festival for Older Adults and its target group.

2.8. National Grant-In Aid Scheme

Target Groups

Existing groups involved in or wishing to get involved in physical activity and new groups wishing to get up and running with physical activity for older people.

Aims

The overall aims of the National Grant-In Aid Scheme are;

- To assist existing groups / clubs initiate or enhance opportunities for physical activity for their members
- To enable the establishment of new physical activity clubs/groups for older people

Approach and Methodology

A grant scheme committee was established to decide on criteria for awarding of the grant and to take the final decision in relation to the award.

The scheme was advertised widely in the national newspapers, through databases held by Age and Opportunity, the Health Boards, the County Councils, FARA, National Council on Ageing and Older People and Irish Senior Citizens Parliament.

Applicants completed a short and simple standard application form and attached any additional information they chose. The Grant Scheme Committee assisted by executive from GFL and Irish Sports Council adjudicated on the submissions. The Grant Committee took the final decision on the award. Staff at Age and Opportunity and GFL made the disbursement of grants.

2.9. Physical Activity Awareness Programme

Aims

This programme aims to;

- Raise older adults' awareness of the physical, mental and social benefits of regular physical activity;
- Inform older adults of the increasing range of opportunities that exist for participation in active living and recreational sport;
- Promote the various products (leaflets, presentations, leaders workshops etc.) being developed as part of the Active Living and Recreational Sport programme;
- Provide a mechanism by which information relating to models of good practice can be disseminated and shared nationally and
- Increasing participation in active living and recreational sport by older adults.

Approach and Methodology

The attainment of the above objectives was through a variety of information dissemination methods including;

- i. **Newsletters** - Two editions of a national newsletter are to be produced and circulated through Age and opportunity database.
- ii. **Website** - A GFL website will be developed and maintained.
- iii. **Information Leaflets** - A series of general information leaflets promoting active living and participation in recreational sport will be developed and disseminated.
- iv. **Conference** - A national conference will be organised and a promotional presence will be maintained at a number of conferences and exhibitions.
- v. **Media Campaign** - A media campaign in association with the Department of Health and Children's Health Promotion Unit will be conducted.
- vi. **Get Active Presentations** - A panel of tutors will be established to deliver a Get Active Presentation to groups of older people.

2.10. Calendar

Figure 4 shows an outline of events and activities from the start of the current programme to date.

Age and Opportunity were officially informed by the Department of Finance of the budget allocation on 19/12/2000. The first meeting of the partners (FARA, Irish Senior Citizens' Parliament, Age and Opportunity) with the Irish Sports Council was held on 19/01/2001 where a draft proposal by prepared by Age and Opportunity was discussed. Comments on the draft proposal were returned to Age and Opportunity by the Partners in March 2001 and a second draft of the proposal was submitted to the Irish Sports Council on 4/04/02001. Following further comments and observations by the Sports Council in April a final proposal, which was fully endorsed by the partners was submitted on 30/05/2001.

The first five months focused on design, development, planning and obtaining agreement between the parties and stakeholders. This apparent delay caused anxiety among some of the stakeholders. The length of time on this phase seems reasonable considering that there was no specific proposal pre the allocation of funding and the approach was to adopt a partnership approach with key stakeholders.

During the months July to October 2001 staff were recruited and appointed

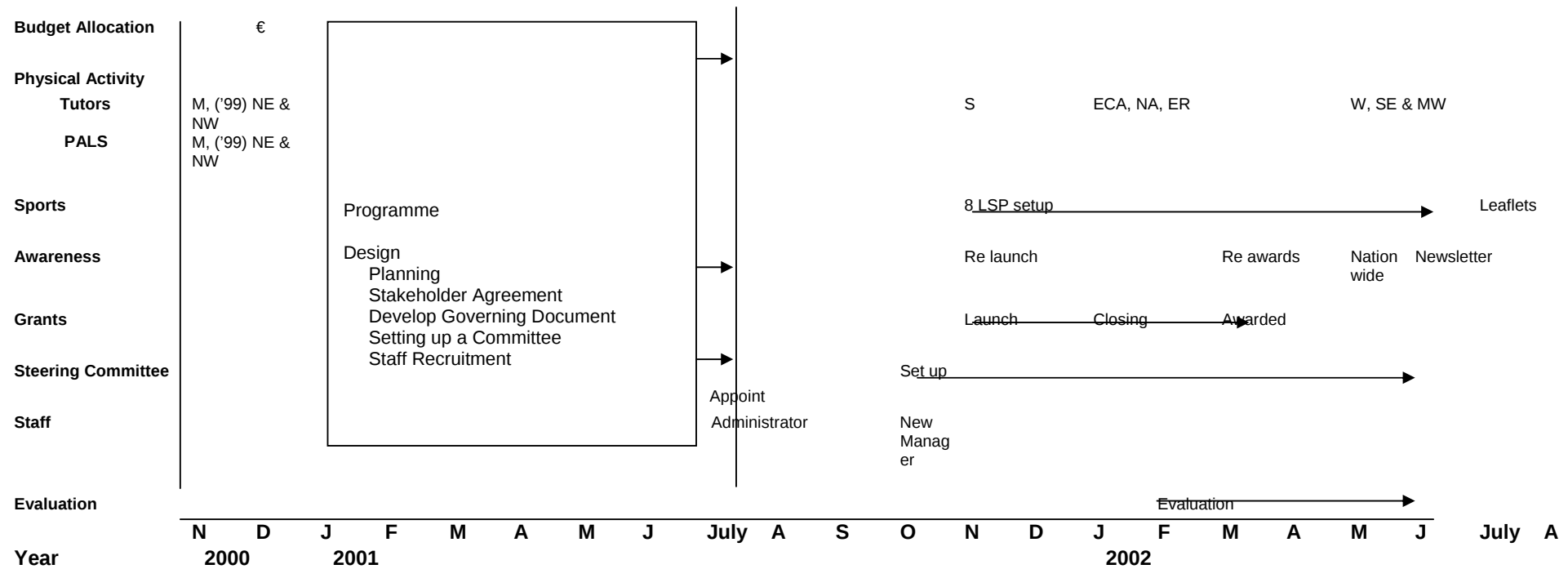
Advisory Committees were set up and had met and preliminary work on design and development of materials had commenced.

Ten months had elapsed before the visible work of the GFL programme appeared (i.e. establishment of steering committee and training of tutors and PALS etc. in the fourth quarter of 2001 and early 2002). However this invisible work was crucially important and while some time may have been saved it would have been small in the scheme of things.

As it happened most of the key players, namely, the Local Sports Partnerships and the Health Promotion Units were only getting set up about the same time. In addition it wasn't clear at this stage if this allocation of funds was a once off or if it was likely to be repeated in part or total.

During the last 6 months of the programme the focus has been on the grant scheme, public awareness and training related to physical activity and to a lesser extent sports. However a number of training events and sports festivals are planned for the 4th quarter of this year.

Figure 4: GFL Calendar of Events, 2000 - 2002

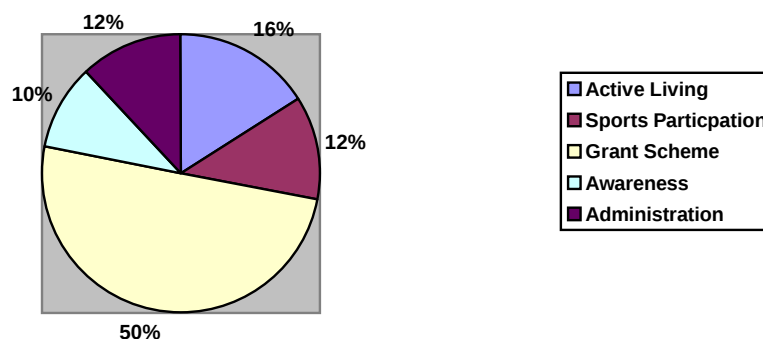


2.11. Budget

A sum of €635,000 was allocated for the implementation of the programme and a breakdown of the budgeted expenditure is shown in Figure 5.

Figure 5

Budgeted Expenditure on the GFL Programme



The largest single item of expenditure is the National Grant-in-Aid Scheme, which accounts for 50% of expenditure. This would be divided between sports and physical activity. A further 28% is budgeted on the Active Living and Sports Participation programme. Ten percent of the total budget is allocated to public awareness and the remaining 12% to administration.

2.12. Evaluation

The Go for Life Programme decided to conduct an evaluation of the 2001 / 2002 Programme. The aims and objectives of the assignment, and the approach and methodology adopted are shown in the next section.

3. Aims and Objectives of Evaluation

3.1. Overall Aims

Assess the success of the Go for Life Programme in achieving:

1. increased awareness (a) of the benefits among older adults of physical activity (b) of the physical activity needs of older people of those working in health, sport, recreation and fitness (c) by older people of the range of opportunities available in local clubs and organisations
2. uptake and participation of older people targeted and reached through the various strands in (a) physical activity and sport (b) voluntary peer leadership
3. increased number of opportunities for older people in local clubs and organisations
4. increased visibility of the role of Irish Sports Council and Go for Life Programme in the promotion of active living and recreational sports for older adults.

3.2. Specific Objectives

Profile and Participation

- Profile the older people who participate in the physical activity session programmes by gender, social group, and sports participation rates etc.
- Profile the Physical Activity Leaders (PALs) by gender, social groups, sports participation etc.
- Appraise the number of trained Tutors, Physical Activity Leaders and older people participating in physical activity sessions and programmes as a result of the programme;
- Analyse the difference the programme has made in the lives of the people who have taken part in activity sessions/programmes and Physical Activity Leaders (PALs) who have participated in the various Training Workshops.

Capacity Building

- Evaluate the effectiveness of the programme in building the capacity of older peoples groups in the planning and implementation of physical activity sessions or programmes;

- Assess the value of the various resource materials developed.

National Grant Scheme

- Measure the effect and impact of the National Grant Scheme within clubs and organisations.

Linkages

- Analyse the partnerships formed between the Go for Life Programme and other organisations involved in the programme (in particular, the Health Boards and Local Sports Partnerships)

Other

- In light of the overall evaluation, identify success factors, future needs and make recommendations on the future direction of the programme.

4. Approach and Methodology

4.1. Approach

The overall approach was that the evaluator worked in association with the Go for Life staff and integrated the data collection stage with the operational procedures under the programme.

4.2. Methodology

A range of research methods was used including literature review, submissions, questionnaires, workshops and interviews. Details of the methodology are shown in Appendix 1.

4.3. Draft Report, Review and Final Report

The consultants presented a draft report and reviewed it in light of comments and feedback.

Outline of Report

This report is presented in six sections as follows:

- The report starts with a brief examination of the external environment in which the programme is set.
- The following section profiles participants on the programme and comparisons are made where relevant among participants on the programme and the population in general.
- Aspects of the sports and physical activity programme are analysed in section 3.
- The fourth section presents an analysis of the Grant-In aid Scheme in terms of beneficiaries, procedures etc.
- This is followed by an account and analysis of the public awareness campaign.
- The final section examines the structures in place and the various linkages under the programme.
- At the end of each section there is an assessment linked to the analysis.

5. External Analysis

As shown in the earlier section external factors influence participation in physical activity. These set a context for the GFL Programme. Some of these are reviewed this section.

5.1. Participation in Sports and Physical Activity

Data on participation in sports and activity habits of all sectors of the population in Ireland is relatively scarce. Data was collected by the Department of Health / Health Promotion Unit in 1996. Involvement in a selection of activities relevant to older people and accessible for most social classes is shown in Table 2 for 7 of the top 17 activities

Table 2
Participation in a selection of physical activities
and Sports for the Irish Population, 1996

Activity	Middle Class	Working Class	Farmer's
	%	%	%
Walking	29	28	23
Swimming	25	15	10
Gardening	11	9	14
Dancing	11	9	8
Aerobics	11	8	5
Bowls / Bowling	6	4	<3
Snooker/ Billiards	9	7	3

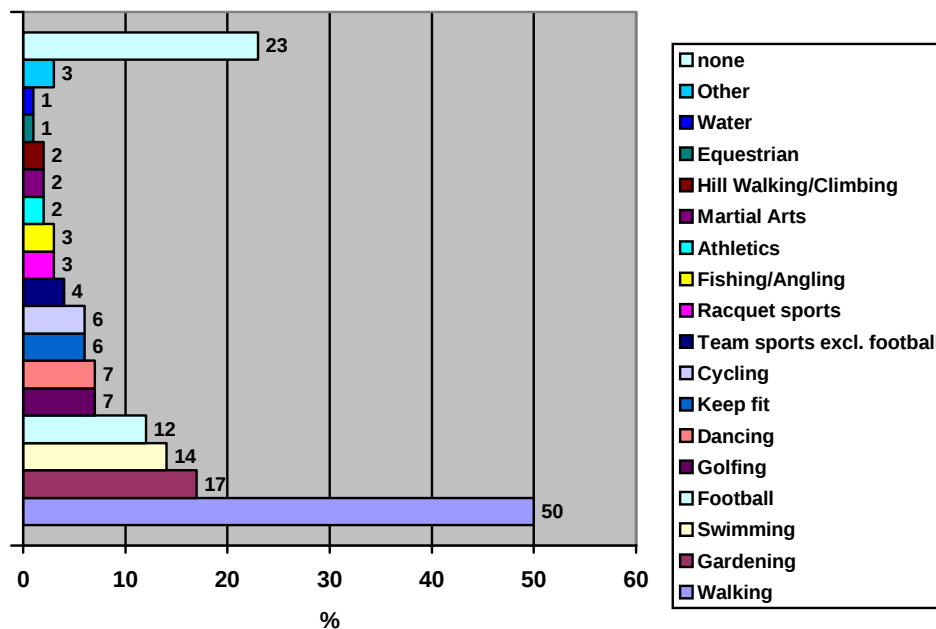
Source: "A National Survey of Involvement in Sport and Physical Activity" Health Promotion Unit, Department of Education, 1996

The data shows that participation in sport and physical activities is higher in the middle classes than it is in the working class or farmer's class across most of the activities listed.

More up to date data on participation in sports and physical activities was compiled last year and is shown in Figure 6.

Figure 6

**Participation in physical activities
and Sports for the Irish Population, 2001**



Source: Health Promotion Unit, Department of Health and Children (2001) "Attitudes to Exercise"

Walking, gardening, swimming, football and golf are the main sports and physical activities engaged in by the population 15 years and over. This study also found that participation in physical activity is highest amongst white – collar workers.

Data from the UK based on analysis of 10,000 people aged 55 years and over in 1993 and 1994 shows that physical activity was higher among the better off. Of those in the most advantaged group, only one quarter were sedentary, whereas over half were sedentary in the most disadvantaged group (Ginn et al (2000).

More recent data from the UK, whose lifestyle habits tend to be fairly similar to those in Ireland, reveals that only one in four men and one in six women participate in enough physical activity to benefit health, while 39% of men and 42% of women are totally sedentary.

A recommendation from the Centre for disease control and Prevention and the American College of Sports Medicine (JAMA, Feb. 1995, 273 (5), 402 – 407 states that for health promotion and disease prevention people should

1. Engage in activities most, preferably all, days of the week;
2. Do so at a moderate intensity (e.g. brisk walking) and
3. Accumulate 30 minutes or more per day.

5.2. Transport

A number of studies have been conducted in recent years on the issue of transport in rural areas. Fahy and Murray (1994) who conducted a survey of almost 1,000 people aged 65 years or over looked at access to and usage of private and public transport.

The research indicated that 44% of people over 65 years and living in rural areas had no car in the household, 48% had no access to public transport and 22% had neither a car nor access to public transport. The urban / rural mobility differential is demonstrated by the fact that car ownership is lower among this group in urban areas, i.e. 57% did not have a car, however only 1 percent had no access to public transport.

5.3. Volunteerism

The most recent national survey of volunteering was undertaken over a period of twelve months between 1997/98 (Reaching Out: Charitable Giving and Volunteering in the Republic of Ireland). Of the random 1,181 people surveyed nationally in face to face interview, it was found that over one third had been involved in some kind of voluntary work in the month prior to interview and amongst that number 5,984 hours had been given in voluntary effort or an average of 5 hours per person per month.

Women indicate that they are motivated by such considerations as wanting to help out, wanting to be neighbourly, having spare time, or out of a sense of duty or religious conviction. Men have indicated that they are motivated by considerations such as believing in the cause or being asked to help out.

For both men and women the most frequent reward of volunteering has been identified as the satisfaction of seeing results, with the second most commonly noted reward being that feeling of doing good. Other identifiable rewards have included the sheer enjoyment got from volunteering, the feeling of being appreciated by others and of being provided with a chance to forget your own problems for a while.

However there is a risk of expecting too much from volunteers. The most commonly reported drawback to sustained voluntary commitment is that there is not enough volunteers to do the work and that volunteering eat into already precious free time. Some even go so far as to mention that some times there is a sense of being taken for granted. It is of the utmost importance, then, that those charged with the responsibility of co-ordinating and managing voluntary effort must exercise a duty of care and skill to ensure holistic well being of those most valuable of an organisation's assets.

5.4. Partnerships

Since the late 1980's and early 1990's partnership arrangements have been developed and operated in the development field. These usually comprise of tri-partite structures involving;

- the community & voluntary sector;
- state agencies; and
- social partners (includes private sector and trade unions)

Up to the late 1990's the community and voluntary sector were represented by individuals representing organisations focused on a mix of area development and also organisations focused on single issues. Toward the end of the nineties democratically elected representatives were also incorporated on these partnership structures.

These organisations engage in planning and implementing wide ranging development programmes and projects on a partnership basis. These programmes include education, training, enterprise development, environment and infrastructure enhancement etc. Each party has its own unique strengths and resources to bring to the programme. These partnership organisations have limited budgets themselves. Some adopt strategies of influencing programmes in other organisations and particularly state organisations. Others operate to implement their own programme directly and others choose a mix of the other two approaches.

In mid 1990's the publication "Better Local Government –a Programme for Change" recognised the need to replicate the success, which has been achieved at national level with the involvement of social partners. The recognition was that "No single actor – public, private or voluntary body – has the knowledge or resources to tackle problems by unilateral action". The new approach is to maximise the contribution through partnership among the actors.

Toward the end of the 1990's, the Local Authorities began to take a more direct role and appointed a Director of Community and Enterprise. These executives were to act as an interface between the voluntary and community sector and the Local Authority. Projects where the Local Authorities enter partnerships with community and the private sector include estate management, maintenance and management of parks and facilities, village centres etc. More recently local authorities have approached the development and running of swimming pools through the partnership model. This means that the local authority will fund the development of the facility and its operation will be through some type of arrangement with a private sector operator.

The GFL overall approach has many of these principles. The main gap in the GFL partnership is private sector. This may in the form of facility owners,

trainers, consultants etc. For example sports facilities used by employees of organisations may play a role in relation to former employees participation in sports and physical activities. One example of potential private sector interests is shown in Appendix 2.

5.5. Insurance

The question of insurance to indemnify PALS and other stakeholders was raised by a number of interviewees as being an issue. While some Health Boards are comfortable with their arrangements others are not. Furthermore some PALS have identified this as an issue constraining them from leading activities.

This issue needs to be addressed urgently, comprehensively and with utmost clarity.

5.6. Strengths

- ✓ There is a clear need for the programme based on the level of inactivity in the Irish population
- ✓ The timing of the programme is excellent given (1) the growth in the number of older people (2) intervention by the state through the Department of Health and Children and Health Boards on these matters (3) Establishment of Health Promotion Units and (4) Establishments of Local Sports Partnerships
- ✓ The commitment to evaluating the programme at an early stage
- ✓ The progressive development of the GFL programme pre injection of €635,000
- ✓ The fit between Age and Opportunity and the Programme (target group, experience in national public awareness, internal systems and procedures, empathy with older people, skills in designing and implementing older people's programmes)
- ✓ The pro activity of Irish Senior Citizen Parliament in winning the resources

5.7. Weaknesses

- ❑ Delay in setting up the Steering Committee

6. Profile of Participants on GFL Programme

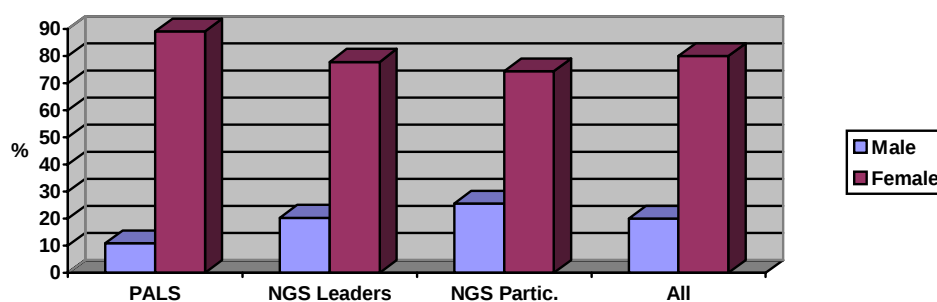
The following is a profile of some of the participants on the GFL Programmes. Participants include those who are members of groups who benefited under the National Grant Scheme (NGS) and their leaders and people who undertook training to be Physical Activity Leaders (PALS). In addition to these there are people who participate on programmes delivered by PALS but these are not covered under the scope of this study.

6.1. Gender

Figure 7 shows that 80% of the participants on the GFL programme are female. The percentage is higher for NGS Leaders and PALS.

Figure 7

Percentage Distribution of Participants by Gender

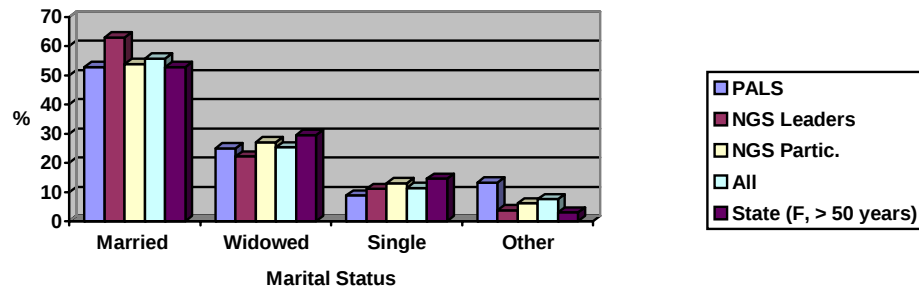


6.2. Marital Status

Most (56%) of the participants on the programme are married and another 25% are widowed (Figure 8). 11% are single and the remaining 7.6% are either separated or cohabitating. The percentage of PALS who are single is below the average for the participants on the programme and further below the percentage in the state. People in this group are more likely to have time to conduct and lead physical activity.

Figure 8

**Percentage distribution of Programme Participants by
Marital Status and Role**

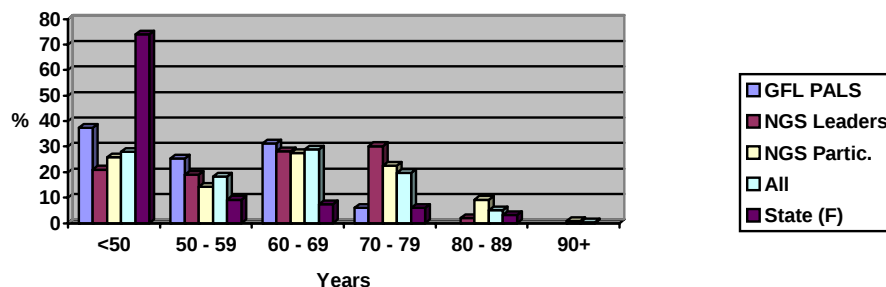


6.3. Age

Overall 46% of all participants on the GFL programme are under 60 years. However this percentage rises to 63% for PALS trained by GFL and falls to 40% of the NGS leaders and participants under 60 years.

Figure 9

Percentage Distribution of Participants by Age



The high percentage of people under 60 years in all categories is welcome in so far as these people are adopting good habits in advance of very old age.

6.4. Employment Status

A breakdown of the participants on the programme by employment status is shown in Table 3.

Table 3**Percentage Distribution of PALS by Employment Status**

	Working FT	Working PT	Retired	Attend Educ. / Train	Work FT / PT + Attend Education
	%	%	%	%	%
PALS	35.7	32.9	24.3	4.3	2.8
NGS Leader	41.2	11.8	47.1		
NGS Participants	28.4	21.6	46.6		
Leaders & Participants	33.3	22.4	40.1	3.0	
State '96 > 55 female	9.96		21.6	0.04	

Almost 70% of PALS are in part-time or full-time employment. This compares with approximately 50% for NGS leaders and participants. 30 to 40% of GFL leaders are unlikely to be available to lead physical activity during the daytime and weekday as they are in full time employment, which is likely to be when they would be required. Some of these may be able to integrate and promote physical activity in aspects of their work.

6.5. Occupation

A breakdown of the participants on the GFL Programme by occupation is shown in Table 4.

Table 4

**Percentage distribution of participants on the
GFL Programme by Occupation**

	PALS	NGS Leaders	NGS Participants	All
N=	63	46	98	207
	%	%	%	%
Self Employed / business owner	3.2	4.3	6.1	4.8
Professional / senior management	11.1	28.3	16.3	17.4
Middle Management	4.8	4.3	4.1	4.3
Education / medical	30.2	13.0	17.3	20.3
Office Clerical	6.3	15.2	9.2	9.7
Shop worker	3.2	2.2	1.0	1.9
Craftsman / tradesman	6.3	8.7	9.2	8.2
Manual / factory worker	1.6	2.2	4.1	2.9
Housewife etc		21.7		30.4

The table shows that approximately 50% of PALS and NGS leaders are or were in jobs requiring leadership skills or have medical and educational skills. These skills set will fit them well for the job of leading their peers in sport and physical activities.

On the other hand the other 50% would not appear to have had the opportunity to practice leadership or medical or educational skills in the course of their employment. The competency of these to lead physical activity or sports with older people considering the level of training and support provided is questionable.

The Central Statistics Office categorise people into one of 7 social classes based on current or previous occupation. While similar levels of data were not available on GFL programme participants a broad categorisation was possible in respect of the participants on the same basis and the results are shown in Figure 10.

Figure 10

**Percentage Distribution of Participants on GFL Programme and
breakdown by Role and Social Class**

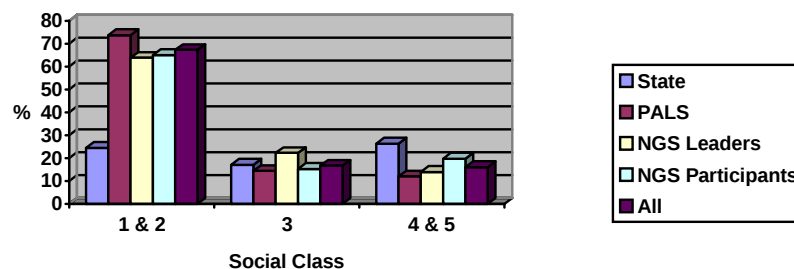


Figure 10 shows that social class 1 and 2 (higher social classes) are disproportionately represented by comparison with the population (i.e. females aged 45 years and over), social class 4 and 5 underrepresented and social class 3 reflects the percentage in the population.

The middle and upper classes are benefiting disproportionately from the GFL programme in relation to their distribution in the general population. However further research is required to establish the profile of participants on the programmes ran by the PALS. The view was expressed that many of those from the education/ medical profession (representing 30% of PALS) may be working as activity co-ordinators with people from social classes 4 and 5 through channels such as day care centres etc.

6.6. Educational Attainment

The distribution of programme participants by highest level of educational attainment is shown for the various categories in Table 5.

The table shows that those with lower levels of educational attainment (primary and secondary) are under represented by comparison with the population as a whole. On the other hand the percentage with third level and professional qualifications are significantly above the population as a whole.

Table 5

Percentage Distribution of Programme Participants by highest Level of Educational Attainment and role

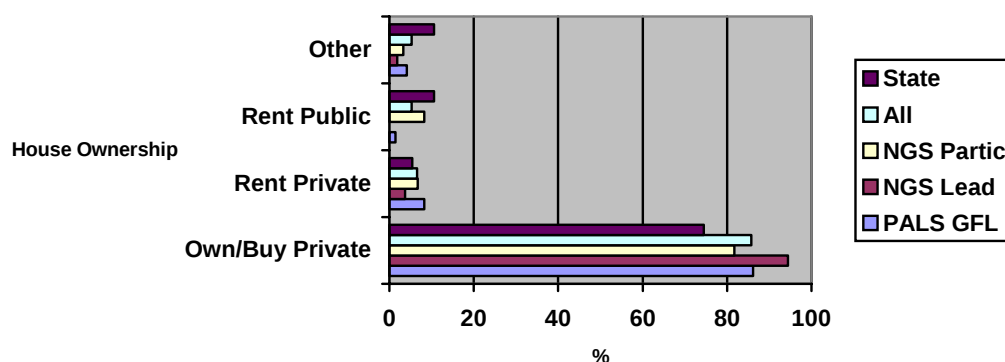
	PALS	NGS Leaders	NGS Participants	All	State '96 female > 15 years
	%	%	%	%	%
Primary level	13.7	7.3	21.1	15.9	27.3
Secondary level	45.2	41.8	41.5	42.6	49.8
Third level	13.7	14.5	14.6	14.3	13.2
Post graduate	4.1	5.5	0.8	2.8	1.1
Trade qualification		1.8	2.4	1.6	
Professional qualification	23.3	29.1	19.5	22.7	2.4
		N= 55	N=123		

6.7. House Ownership

Figure 11 shows the percentage distribution of participants on the GFL programme by house ownership.

Figure 11

Percentage Distribution of Participants by house Ownership



The vast majority of participants own or are buying their own private house. The proportion of participants doing this is greater than for the population of the State. This is the case for all categories (PALS, NGS Leaders and Participants) of participants. In contrast the proportion of participants on GFL Programme renting from the local authority or in other type of

accommodation is lower than for the state. This is a further indicator that the beneficiaries of the GFL programme are from the higher social classes.

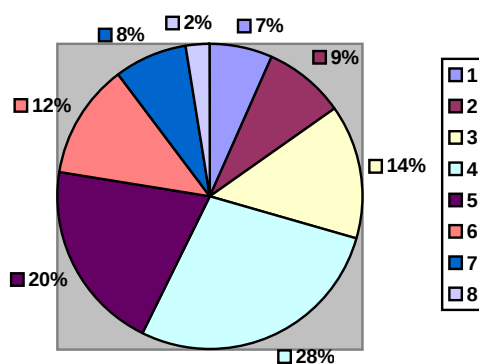
6.8. Profile of Physical Activity

In this section a distinction is made between physical activity arising from gardening and housework as opposed to physical activity from recreational activity.

The figure shows that the vast majority (74%) of all participants on the GFL Programme engaged in between 3 and 6 physical activities or sports in the past 12 months.

Figure 12

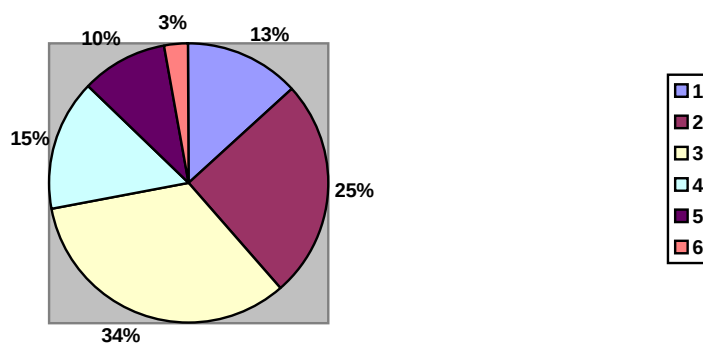
Percentage distribution of participants by number of home and leisure activities engaged in the past year



When physical activity relating to garden and house duties are excluded the results are shown in Figure 13.

Figure 13

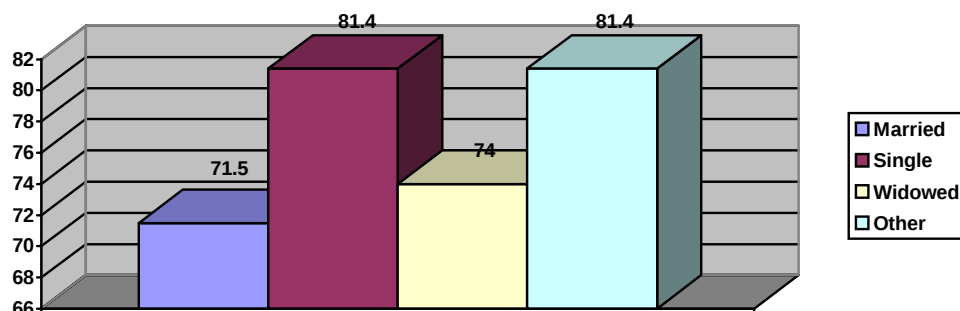
Percentage distribution of participants by number of leisure activities engaged in the past year



Most participants on the programme engaged in 3 or less leisure activities in the past 12 months. A breakdown of these by marital status is shown in Figure 14.

Figure 14

Percentage Distribution of people who undertake between 2 and 4 leisure activities by Marital Status



People who are not married are likely to participate in more leisure activities than those who are. Also people who are single but not widowed are likely to participate in more leisure activities than those who are widowed.

An analysis of the participation in sports and physical activity by gender is shown in Table 6.

Table 6

Profile of Sports and Physical Activity by Gender

Activity	Male	Female	Nos.
	%	%	Nos.
Walking	20.0	80.0	209
Swimming	13.5	85.4	89
Golfing	43.2	56.8	37
Bowling	31.1	68.9	74
Formal Exercise	15.0	85.0	110
Dancing	14.0	86.0	132
Gardening	17.0	83.0	146
Housework	12.0	88.0	187
Other	23.0	77.0	43

Between 80 and 85 percent of participants were female for all activities with the exception golf and bowls. Females were also well represented in golf and bowls.

A matrix of the combinations of activities engaged in by participants is shown in Table 7.

Table 7

Mix of Activities for All Leaders and Participants

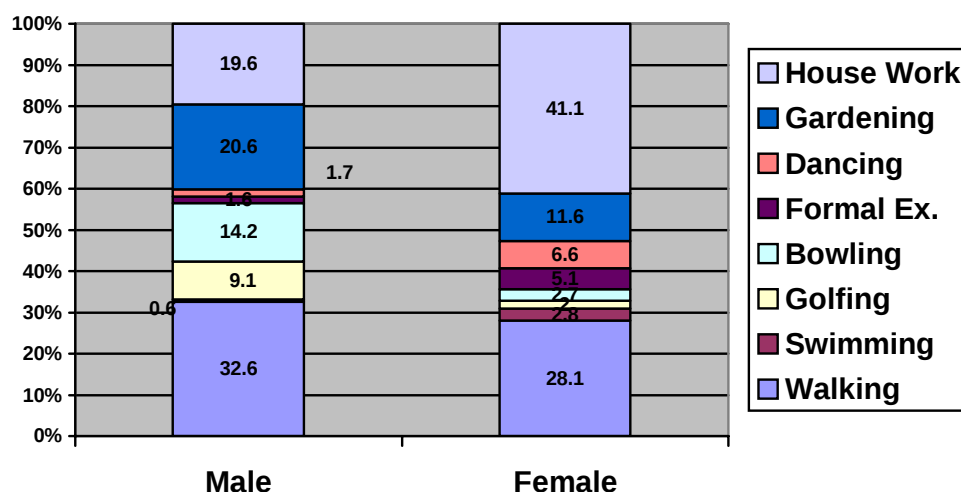
Act	Walk	Swim	Golf	Bowl	Formal Exercise	Dance	Garden	House Work	Other
Walk		33.7	13.7	29.8	39.2	48.6	59.2	72.2	
Swim	33.7		8.6	14.9	16.9	19.6	26.3	30.6	7.1
Golf	13.7	8.6		8.6	6.3	6.7	12.2	10.2	3.1
Bowl	29.8	14.9	8.6		14.5	19.2	25.5	24.7	3.5
F Exer.	39.2	16.9	6.3	14.5		28.2	26.3	35.7	7.8
Dance	48.6	19.6	6.7	19.2	28.2		32.9	47.1	7.8
Garden	59.2	26.3	12.2	25.5	26.3	32.9		52.5	9.8
Hsew.	72.2	30.6	10.2	24.7	35.7	47.1	52.5		12.9
Other	13.7	7.1	3.1	3.5	7.8	7.8	9.8	12.9	

A high percentage of walkers also engage in housework, gardening, dancing, swimming and formal exercises.

A breakdown of the mix of activities by gender is shown in Figure 15.

Figure 15

Mix of Activities by Gender

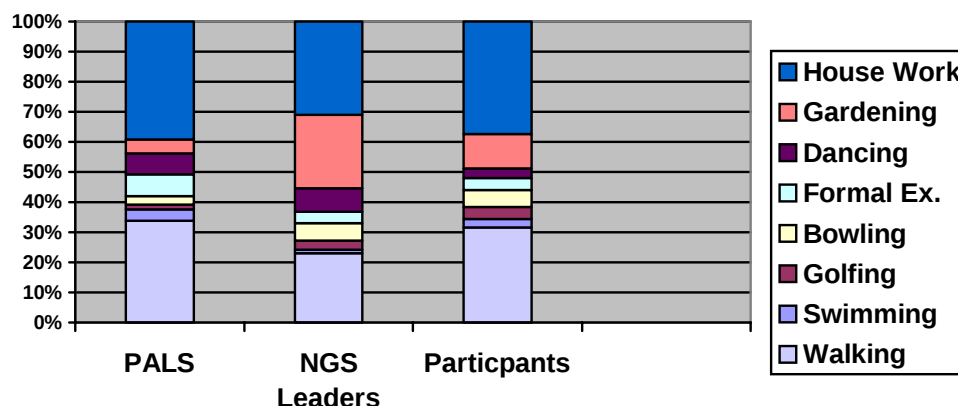


This shows that the mix of physical activities and sport differs significantly by gender. Housework and dancing account for two and three times the percentage of the time spent per week on physical activities by females compared to males. On the other hand the percentage of time spent on bowling, gardening and golf is far greater for males than females. The importance of walking in the mix of physical activities is similar to both sexes with a few percentage points higher for males. It may be necessary to prioritise male activities to attract and encourage male participation.

A comparison of the mix of physical activities for PALS, NGS leaders and participants is shown in Figure 16.

Figure 16

Mix of Activities by type of Programme Participant

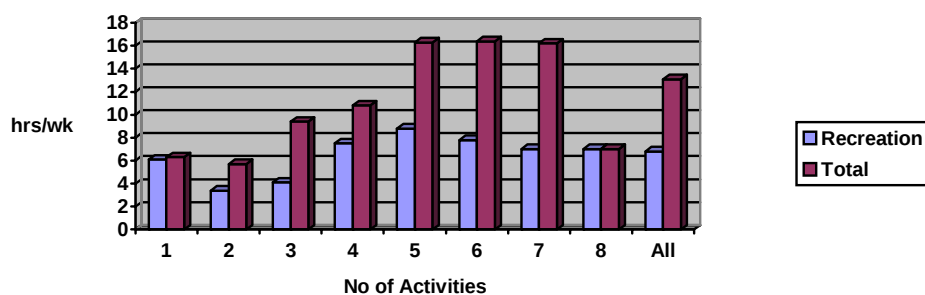


Housework and walking account for the greatest proportion of time on physical activities. Formal exercises and swimming were proportionately more important for PALS than for the other 2 categories. Dancing accounted for a higher percentage of physical activity for NGS leaders and PALS than for participants.

The length of time spent at recreation activities and total activities (i.e. including housework and gardening) is shown in Figure 17.

Figure 17

Number of hours per week spent on recreation and total physical activity by number of activities



The main point emerging from Figure 17 is that housework and garden work comprise 52% of the total activity of GFL participants. Participants spend an average of 7 hours per week on recreational physical or sporting activities.

6.9. Frequency

The frequency of undertaking activities for all participants on the GFL Programme is shown in Table 8.

Table 8

Frequency of Activities for PALS NGS Leaders and Participants

Activity	N=	Daily	Weekly	Monthly	Occasional	
	Nos.	%	%	%	%	
Walking	220	72.3	21.4	1.8	4.5	
Swimming	94	7.4	37.2	18.1	37.2	
Golf	38	10.5	47.4	7.9	31.6	
Bowling	82	12.2	62.2	4.9	20.7	
Formal Exercises	113	47.8	36.3	5.3	10.6	
Dancing	137	17.5	39.4	11.7	31.4	
Gardening	154	26.6	46.8	13.6	13.0	
Housework	197	82.7	14.7	1.0	1.5	
Other	44	31.8	61.4		6.8	

Walking, housework and formal exercises are done by many of the participants on a daily basis. Golf, swimming, gardening and bowling are done on a weekly basis by a significant percentage of participants. As seen in the previous table many participants do combinations of these daily and weekly exercises.

6.10. Intensity

Participants on the programme were asked to assess the intensity with which they pursued the various activities and the results are shown in Table 9.

Table 9**Leaders and Participants - Intensity**

Activity	N =	Intensity		
		L	M	H
		%		
Walking	133	17.3	72.2	10.5
Swimming	62	32.3	61.3	6.5
Golf	27	37.0	55.6	7.4
Bowling	47	29.8	51.1	19.1
Dancing	68	16.2	61.8	20.6
Gardening	74	20.3	67.6	12.2
Housework	99	18.2	52.5	28.3
Other	25	16.0	60.0	12.0

Table 9 shows that over 70% of the participants on the programme do these activities and sports at a medium or high intensity.

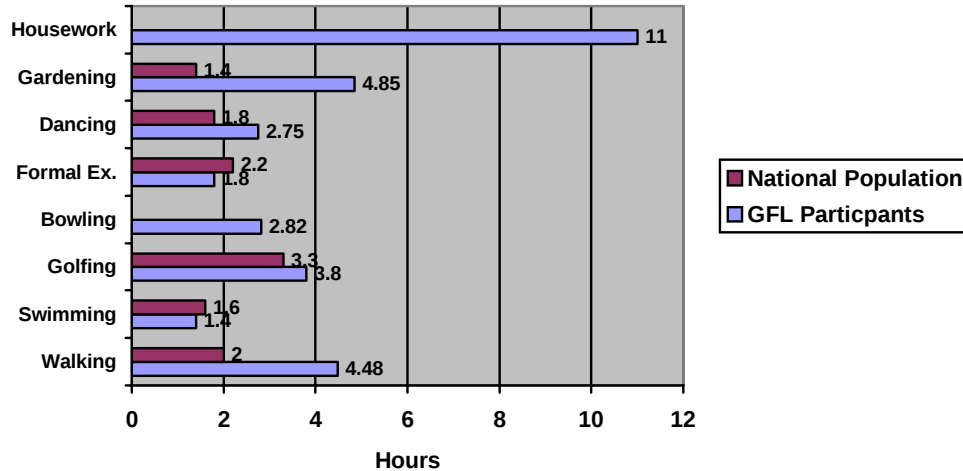
6.11. Duration

The following figure (Fig. 18) compares the duration spent by GFL participants at each of the main activities and sports with data for the national population in 2001.

The length of time spent by GFL participants gardening, dancing and walking is significantly greater than for the population as a whole.

Figure 18

Comparison of Hours per week spent on Some Sports and Physical Activity by GFL Participants and General Population

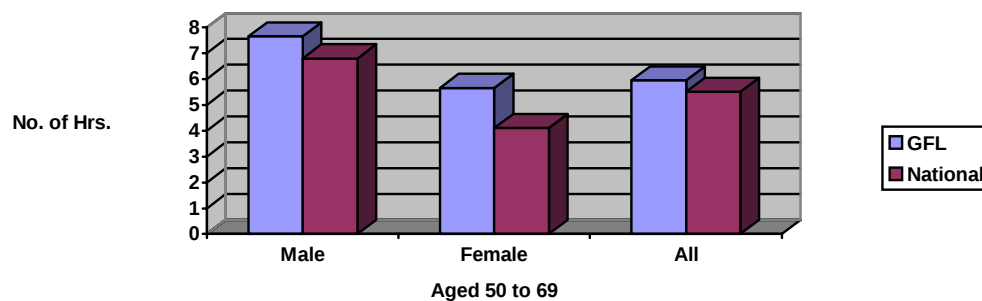


The length of time sent swimming, golfing and on formal exercises is comparable between the GFL participants and the national population. Comparative data is not available for bowling and housework. It may be concluded that participants on the GFL programme are already active.

The length of time per week spent on recreational activities by GFL participants aged 50 to 69 compared to the population aged 51 to 64 is shown in Figure 19.

Figure 19

Comparison of Hours per week spent on recreational activities by GFL Participants and a similar age group in general population



Participants on the GFL programme are significantly more active than the population as a whole for a similar age group. The GFL programme is directly

reaching those who are already relatively active. It may be that members of groups with whom the PALS work may not be as active. This study did not gather a profile of this population and their participation in sport or physical activities.

Table 10

Percentage distribution of participants by duration of all physical activities per week

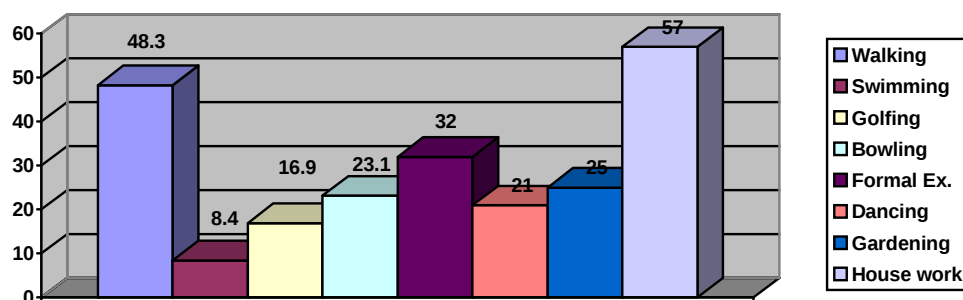
	Minutes				
	<59	60 - 149	150 - 209	210 – 300	300+
%	5.8	14.0	3.5	6.4	70.2

N= 171

The average percentage of the total duration by activity for all participants on GFL programme is shown in Figure 20.

Figure 20

Average percentage of total duration on sports and physical activity by GFL Participants



6.12. Strengths

- ✓ High female participation
- ✓ High proportion participants aged 50 year and under
- ✓ High proportion of PALS and leaders who are currently or previously held leadership, health or education jobs
- ✓ Relatively physically active population
- ✓ Relatively educated population
- ✓ High proportion of participants attaining the recommended level and intensity physical activity

6.13. Weaknesses

- ❑ Not representative of social class 4 and 5
- ❑ Unrepresentative of males
- ❑ High proportion of PALS in full time or part-time employment and availability during day time is unlikely
- ❑ Preaching to the converted
- ❑ Low representation of single persons

7. Sports and Physical Activity Programmes

7.1. Overview

There are two programmes, namely, The Active Living Programme and the Sports Participation Programme. The greater amount of work to date has been under the Active Living Programme but a good start has been made on the Sports Participation Programme.

A central part of the two programmes is the training of a team of tutors and Physical Activity Leaders. The tutors/ leaders for the Sports Participation Programme may be but are not necessarily the same for the Active Living Programmes.

The training programme for leaders consists of one-day workshops. Leaders on both Programmes will take the basic Principles workshop.

Currently 5 one-day workshops related to active living have been developed, namely

1. Basic Principles
2. Sit-Fit
3. Better Balance
4. Developing a Community Active Living Plan and
5. Programming for Older Adults at Leisure Centres

The first two were available pre July 2001 and the third was introduced in autumn of 2001. The fourth and fifth were introduced in mid 2002. Only leaders who have completed the Basic Principles workshop can progress onto the other workshops.

A further 2 one-day workshops related to sports participation have been developed, namely

1. Rolling and Bowling
2. Pitching and Tossing

These have been piloted in Tallaght, Sligo and Kildare and available to be mainstreamed from mid 2002. Furthermore a booklet entitled "Guidelines for Organising a Local Sports Festival" has been produced and plans for a National Bowling Festival are at an advanced stage.

The tutor-training programme comprises of 2 x 8-hour training sessions and is usually conducted over 2 weekends.

Twenty percent of the total expenditure to date (€111,383) has been spent on the Active Living and Sports Participation Programme.

A breakdown of the number of tutors and PALS by Health Board established under the GFL Programme since April 2001 is shown in Table 11.

Table 11

**Breakdown in the Number of Tutors and PALS
by Health Board, June 2002**

Health Board	Tutors	PALS trained April 01 to date	PALS on Health Board's register	Started
Midland (4)**	7	70	306	1998
Mid West (3)	7	30	30	Jan., 2002
North East (4)	6	30	173	1999
North West (3)	7	N/A	130	Restarted, Oct. 2001*
South East (5)	1	0	0	May, 2002
Southern (2)	6	24	24	Sept., 2001
Western (3)	2	75	75	May, 2002
East Coast Area	0	17	17	Late 2001
Northern Area	0	Na	Na	
South West Area	0	115	115	
GFL	2	0		
Ireland	38	171	870	

Notes: * Programme was suspended between February and September 2002 due to Foot and Mouth disease

**Figures in brackets represent the number of counties covered by the Health Board

Source: Data was compiled from co-ordinators with each of the Health Boards

There are 36 tutors and 171 PALS trained by GFL between April 2001 and June 2002. With the exception of the Midlands, the North East and the North West most of these are in place less than 6 months. The North West programme was suspended between February and September 2001 due to the outbreak of foot and Mouth disease. The programme was restarted in the autumn and winter of 2001. In effect the GFL Programme is less than 6 months up and running in all but 2 Health Boards. The average number of presentations per tutor was 4.

The Health Boards in the Dublin area and until recently the North East HB (given their proximity to the GFL offices) use the GFL tutors for provision of PALS training.

The number of PALS trained in the last year of the programme is 75% higher than the average annual for the preceding years. This is a further indication that the programme is at an early stage in so far as many of the tutors have not trained PALS.

There are approximately 576 local groups of older people on Age and Opportunity Databases. Based on the average number of members in groups under the Grant scheme (97) this represents 13.5% of the total number of people over 65 years. There are groups from every county in Ireland represented and an average of 22 groups per county. The counties in the South East and Midland Health Board have way below the average number of groups per county on Age and Opportunity Database.

If one assumes that there are 3 PALS per group then there is a maximum of 57 groups with PALS trained through the GFL Programme in the year to date. This represents approximately 10% of the total number of groups on Age and opportunity database. There are approximately 870 leaders trained under the GFL programme up to date. Taking these into account approximately 50% of the total number of groups on the Age and Opportunity has been trained in the GFL leadership programme. There are at least 6 counties that don't have any PALS trained in the GFL Programme. While a start has been made there is some way to go before the many groups of older people can benefit from the GFL Programme.

If one assumes that one tutor per 15 groups then the current number of tutors 38 is adequate to reach the number of groups on the Age and Opportunity database. However there are 10 counties that don't have any tutors and another 6 with only one.

Tutors are paid fees and also mileage for the delivery of presentations and also PALS workshops. A fee of approximately €32 per hour (VEC part-time rate) is paid up to a maximum of 2 hours for the presentation. Travel is paid at approximately 44 cents per mile. These rates and conditions vary across Health Boards but are broadly indicative. In cases where the tutor is a staff member of the Health Board then only travel is paid. Tutors delivering the basic training workshop receive payment of €190 per 8-hour training day.

Based on these terms and conditions it is unlikely that tutors would be willing to travel more than 30 minutes to a group. Consequently a 20-mile radius of the location of the tutor will probably be the limit of what tutors will travel.

The average number of members in groups of older people based on those who received grant aid was 97. Up to 5,500 ($97 * 57$) older people could potentially have benefited from physical activity training related to GFL programme since April 2001. This is 1.4% of people aged 65 years and older. However the next section shows that the number is more likely to be 3,000 as approximately half of the PALS organise activity within their own group.

7.2. PALS – Activity, Role and Confidence

In the main the Health Board do not have records on the activity of the PALS. Keeping of records may be difficult as Physical Activity may be woven into the ongoing programmes of groups.

As shown above the Midland Health Board were one of the first to adopt and implement the GFL programme. An evaluation of their programme was conducted in early 2001 and this included a survey of PALS on their database at the time. Some of the results are reproduced in Table 12

Table 12
Results of evaluation of the GFL Programme

Activity	%
Organise Physical Activity for own group	50
Organise outside own group	3
Confidence	
Confident enough to deliver activity sessions to their own group	50
Confident to organise activities outside their own group	30
N =34	

Source: MHB (2001) "Evaluation of Midland Health Board GFL"

50% of PALS who undertook GFL training went on to organise physical activity for their own group. However only 3% delivered physical activity with other groups. Considering the earlier information on employment status this is not surprising as many were in full time or part time employment.

Only 50% of the PALS felt confident to deliver activity sessions to their own groups and 30% to deliver to outside groups. This also fits with the earlier occupation profile where 50% would have had the opportunity to work in health, education or leadership roles in their occupations.

The feedback from co-ordinators in Health Boards that have recently trained PALS is consistent with this. A significant percentage of PALS do not feel confident to lead physical activity programmes.

In some cases individuals feel competent and are committed to deliver physical activity programmes to groups whilst for other this is not the case. One possibility is to promote the option of the PAL facilitating an outside "expert" from the local area to lead the physical activity. In this case the role of the PAL is facilitator and their role would include;

- Identifying a guest speaker
- Informing speakers of the group size, profiles,

- Responsibility for logistics of meetings – room arrangement, tea, coffee,
- Informing participants of meeting, event
- Complete evaluation forms and return them to Health Board offices

The PAL may also be the person who will lead the discussion and application of the learning within the group on other occasions.

Another approach to increasing confidence of the PALS is to have a minimum of 2 and maximum of 4 PALS in each group. This target would be sufficient to allow leaders to support each other, and ensure that there was always a minimum of 2 leaders present at any time.

The issue of confidence may also be tackled by having a full time person at regional level available as a focal point to support, manage, facilitate ongoing training, convene meetings etc. This network model has been proven in another peer based learning programme, namely, PLATO.

7.3. Case Study

PLATO

PLATO is based on a network principle whereby large companies, known as parent companies, help support small companies in their area. Each parent company releases two executives on a part-time basis as their company's prime representative and also allows access by PLATO participants to their full range of management expertise.

The process is centred on PLATO groups – each of which comprise 10 – 12 owner – managers of participant companies led by two executives from PLATO companies. Each group meets once a month to address a wide range of management issues. Guest speakers provide information and training.

Each region has its own project manager or full time paid executive and administrative support. The role of this executive is to train, support, manage, monitor etc the delivery of the programme within the region.

Discussions, which form a central part of each meeting, allow group members to compare experiences and jointly consider individual problems. The group leaders meet every 8 weeks to exchange experiences ideas etc.

Every quarter there are regional training sessions on specialised topics that are open to programme participants as well as leaders.

Groups meetings are complemented by counselling on an individual basis by executives from PLATO parent companies. Periodically more formal training seminars (one –two day duration) involve participants from all PLATO groups.

The PLATO programme was initiated by a local development organisation (SPK) in north East Belgium in 1987. It decided to use a “franchise” arrangement to transfer the model to reputable local organisations in other regions of Belgium and in other countries.

In each country SPK appoints only one “prime partner”. This prime partner pays a substantial fee to SPK and enters a complex legal agreement with SPK. The prime partner may transfer PLATO to other regions within its own country, subject to that agreement, but it has a legal duty to ensure that the integrity and quality of the PLATO model is maintained and operated to common standards at all times.

Part of the role of the full time person with responsibility for older people would be to bring PALS together to share ideas and experiences and undertake small inputs of training every 8 weeks. This would also help build individual PALS confidence they develop relationships and networks outside their own groups.

7.4. Materials

Part of the role of the tutor is to make presentations to groups of older people in relation to physical activity and benefits arising from these etc. Most of these groups do not have access to equipment such as an overhead projectors, screens etc to support making presentations. Consequently tutors have difficulty making presentations without these visual aids. In one Health Board large laminated display charts and easels were prepared and given to each tutor.

As the number of tutors increase, the need for training materials of the same high quality used at present for training and information packs will also increase. GFL need to have a ready stock of printed materials that can be quickly dispatched such that the standards will be maintained and tutors do not resort to using photocopied materials. Most of the courses have been tried and tested at this stage and it should be feasible to print and produce large volumes to be used until a course revision in a few years.

Ideally each tutor needs to have a kit bag. Otherwise tutors will have to travel to a central venue to collect and return a kit bag and this would be far less efficient as tutors may not be even residing in the same county where the kit bag is to be collected.

Issues related to materials were identified in Fulcher report (2001). In that report tutors expressed interest in having music and exercise props.

There are resources and material available from other sources and participants should be made aware of their existence. One example is a video produced by a senior olympeian now aged 76 and is shown in Appendix 3.

7.5. Strengths

- ✓ The programme has been started in all Health Board areas
- ✓ Training programmes have been developed

7.6. Weaknesses

- ❑ Nine counties don't have PALS
- ❑ Competency of PALS
- ❑ 50% of PALS don't deliver physical activity
- ❑ Penetration of PALS in relation to total number of groups
- ❑ Provision of materials and equipment for the tutors
- ❑ Reliance on photocopied materials because sufficient copies of printed versions not available

8. The Physical Activity Grant-In Aid Scheme

8.1. Budget

In a new grant Scheme under the Go for Life Programme, €317,500 (£250,000) was allocated to encourage older people to participate in recreational sport and physical activities. This accounts for 57% of total expenditure to date.

8.2. Procedure

An invitation to apply for grant aid was issued through an advertisement in the national newspaper, a mailshot using Age and Opportunity's database and a variety of other channels that are elaborated in the section dealing with public awareness.

Applicants were asked to complete and return a simple application form.

Grants were awarded based on the completed application form and any additional information a group chose to submit. Only applications that arrived on or before the cut off date were considered. Applications that didn't have a bank account or insurance were deemed ineligible. These were minimum eligibility criteria and groups failing to meet these were deemed ineligible for grant aid on this occasion.

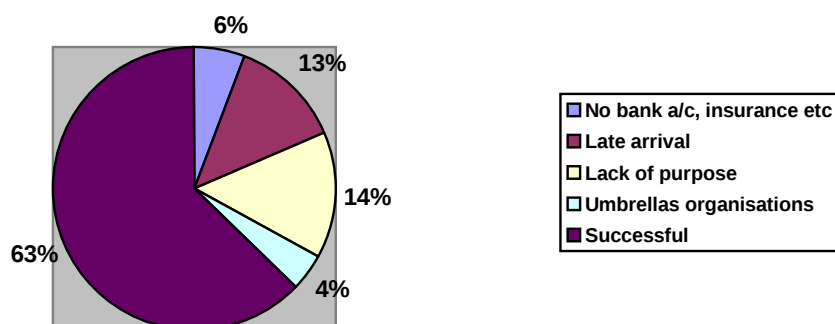
One member of staff of GFL and one from the Irish Sports Council assessed the applications for grant aid. A recommendation was made to the grants Committee. The Grants Committee took the final decision in relation to awarding of the grant. The finance section of Age and Opportunity issued payment.

8.3. Applicants

There were a total of 519 applicants for grant aid and 326 (or 63%) of these applications were successful. The distribution of successful and unsuccessful applicants and the reason for being unsuccessful are shown in Figure 21.

Figure 21

Main Reasons for unsuccessful applications



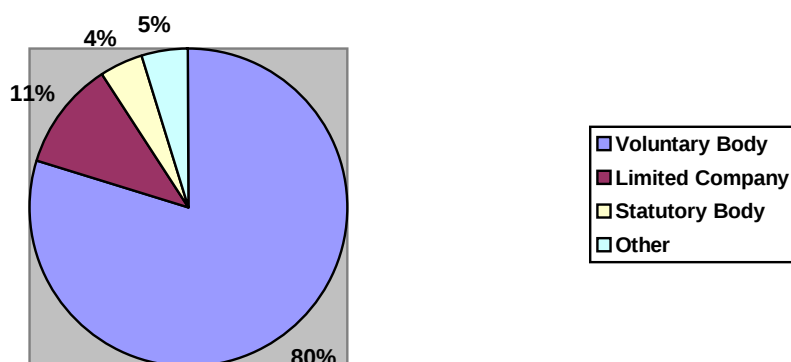
The two main reasons why applicants were unsuccessful was because either their application was late or the purpose for which the grant was to be used was unclear from the application form. A smaller number of other applicants were unsuccessful because they didn't meet the requirement to have a bank account and/or insurance or an umbrella group made the application.

8.4. Beneficiaries

The legal status of beneficiaries of grant aid is shown in Figure 22.

Figure 22

Legal Status of Beneficiaries of Grant Aid from GFL, 2002



N = 319

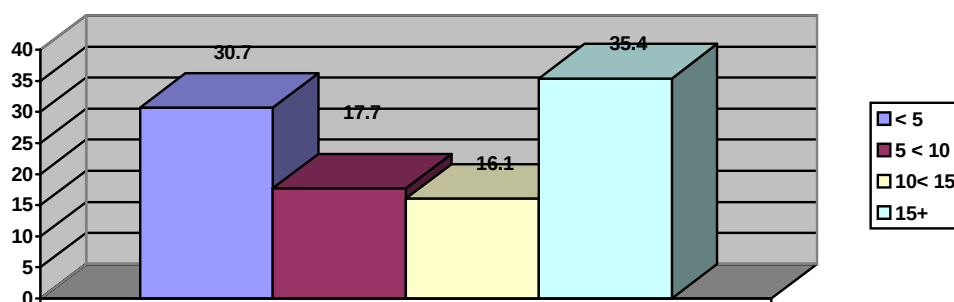
Eighty percent of the beneficiaries under the scheme of grant aid were voluntary bodies and a further 11 percent had formed themselves into limited companies.

8.5. Years Established

Figure 23 shows that almost one third of beneficiaries of grant aid were established in the last 5 years, one third between 5 and 15 years and one third are in existence for over 15 years.

Figure 23

Percentage Distribution of Beneficiaries by years established



Twenty-five or approximately 7.7% of the groups had been in existence 1 year or less. Consequently the Grant in aid Scheme has assisted a significant number of groups start new activities and programmes.

8.6. Breakdown of Members by Health Board and Gender

The total number of members and the breakdown between male and female and Health Board is shown in Table 13. There is an average of 97 members in each of the organisations grant aided and approximately 63% of members are female. No data is available on the number of active and social members.

Table 13**Breakdown in the Number of Members by gender and Health Board**

Health Board	Males	Females	Total
Midland	16	34	50
Mid West	21	44	63
North East	45	112	157
North West	28	41	68
South East	34	49	84
Southern	27	48	75
Western	23	41	65
Eastern Region	68	107	175
Ireland	35	61	97

The numbers are lower in the Western and Midland Health Boards and highest in the Eastern and Southern Health Boards reflecting the general settlement patterns of the population.

Each of the beneficiaries of grant aid had an average of 97 members. The average number of males was 36 male and female 61. The high percentage of female beneficiaries noted earlier is repeated again here.

Table 14**Percentage Distribution of Male, Female and Total Members by size of group**

		Number of Members					
	< 10	10 - 19	20 - 29	30 - 39	40 - 49	50 - 100	100+
	%	%	%	%	%	%	%
Male	42.2	22.2	12.7	2.9	3.6	9.5	6.9
Female	11.1	19.3	18.7	11.1	13.1	15.4	11.1
Total	3.7	16.3	13.8	14.7	7.7	24.2	19.6

N = 306

8.7. Grants Awarded

Grants between €250 and €1905 were awarded to clubs and organisations. The average grant allocated was €974.

The level of grant aid was guided by standard costing in relation to bowling equipment. The procedure followed in relation awards for other sports and activities is unclear but is assumed to be similar.

The percentage distribution of beneficiaries by size of grant requested and awarded is shown in Table 15.

Table 15

Percentage Distribution of beneficiaries by amount of grant aid requested and awarded

Grants	<€300	€300 < €500	€500 < €700	€700 < €900	€900 < €1100	€1100+
Awarded	0.6	2.1	25.8	19.6	16.6	35.3
Requested	0.9	1.9	12.4	4	5.9	74.9

N = 323

Forty percent of grant beneficiaries requested more grant aid than they were awarded (Table 15).

8.8. Grant Rate

The average grant rate (amount awarded as a percentage of grant requested) was 54%. The percentage distribution of beneficiaries by grant rate is shown in Table 16.

Table 16

Distribution of Beneficiaries under the GFL Grant Scheme by Grant Rate

	Grant Rate (%)			
	<24	25 – 49	50 –74	75
%	1.9	20.2	38.6	39.3

N = 321

The varying grant rate reflects the intention of the promoters to spread the grant as wide as possible and to provide the minimum funding necessary to go ahead.

The distribution of grant aid across Health Board areas is shown in Table 17.

Table 17**Breakdown of grant aid by Health Board**

Health Board	Average Grant	Number of Beneficiaries	Total Grant Aid	% Distr.	Population > 65 years	% Distr.	Grant Aid per 100 population > 65
	€	Nos.	€		Nos.		€
Midland	994	39	38,766	12.2	25,019	6.0	154.94
North West	1022	32	32,704	10.3	29,395	7.1	111.25
Southern	839	74	62,086	19.5	66,127	16.0	93.89
Western	983	41	40,303	12.7	49,188	12.0	81.94
North East	1114	22	24,508	7.7	34,812	8.4	70.4
Mid-West	955	26	24,830	7.8	37,480	9.0	66.24
Eastern Region	1039	69	71,691	22.6	125,271	30.3	57.26
South Eastern	985	23	22,655	7.1	46,590	11.3	48.63
Overall	974	326	317,543		413,882		76.72

Although the Eastern region received the biggest allocation of grant the highest allocation of grant aid per 100 people over 65 years was awarded to the Midland Health Board area.

The Southern Health Board had the greatest number of beneficiaries, the lowest average grant and the third highest award of grant aid per 100 population over 65 years.

The average grant awarded across Health Boards was very similar.

An analysis of the distribution of grant aid by county and by province is shown in Table 18.

The Table shows that the allocation of grant to Connacht counties was significantly above the national average and this occurred in all 4 of the 5 counties.

By contrast 7 of the 12 Leinster and 4 of the 6 Munster counties received grant allocations significantly below the national average.

Counties Laois, Longford and Leitrim received the highest allocation per 1,000 population whilst counties Kilkenny and Louth received the lowest.

Table 18

Breakdown of grant aid by County and Province

Province or County	Population	Average grant	Sum of grant	Minimum	Maximum	% of total grant	Nos.	Grant / 000 pop.
State	3,917,336	974.1	317,550	250	1,905	100	326	81.06
Leinster	2,105,449	1,025.8	139,515	300	1,905	44	136	66.26
Carlow	45,845	1,400.0	1,400	1400	1,400	0.4	1	30.54
Dublin	1,122,600	1025	58,445	300	1,905	18.5	57	52.06
Kildare	163,995	1,085.6	8,685	635	1,500	2.7	8	52.96
Kilkenny	80,421	1,200.0	1,200	1200	1,200	0.4	1	14.92
Laoighis	58,732	964.7	16,400	650	1,900	5.2	17	279.23
Longford	31,127	1,078.6	7,550	650	1,900	2.4	7	242.55
Louth	101,802	819	3,275	390	1,500	1	4	32.17
Meath	133,936	1,098.5	10,985	635	1,500	3.5	10	82.02
Offaly	63,702	1,058.3	6,350	750	1,350	2	6	99.68
Westmeath	72,027	941.1	8,470	635	1,500	2.7	9	117.59
Wexford	116,543	1,018.0	12,220	500	1,500	3.8	12	104.85
Wicklow	114,719	1,133.75	4,535	635	1,350	1.4	4	39.53
Munster	1,101,266	877.5	97,400	250	1,905	30.8	111	88.44
Clare	103,333	871.25	6,970	600	1,350	2.2	8	67.45
Cork	448,181	888.3	31,090	250	1,500	9.9	35	69.37
Kerry	132,424	794.2	30,975	400	1,350	9.8	39	233.91
Limerick	175,529	893.3	8,040	635	1,400	2.5	9	45.80
Tipperary	140,281	987.0	16,785	380	1,900	5.3	17	119.65
Waterford	101,518	1,180.0	3,540	635	1,905	1.1	3	34.87
Connacht	464,050	988.7	62,285	350	1,500	19.5	63	134.22
Galway	208,826	959.1	16,305	635	1,350	5.1	17	78.08
Leitrim	25,815	956.9	7,655	635	1,500	2.4	8	296.53
Mayo	117,428	1,043.3	12,520	635	1,400	3.9	12	106.62
Roscommon	53,803	957.1	11,485	635	1,400	3.6	12	213.46
Sligo	58,178	1,022.8	14,320	350	1,500	4.5	14	246.14
Ulster (part of)	246,571	1,146.9	18,350	250	1,900	5.7	16	74.42
Cavan	56,416	1,290.0	6,450	750	1,700	2	5	114.33
Donegal	137,383	1,038.9	9,350	250	1,900	2.9	9	68.06
Monaghan	52,772	1,275.0	2,550	1200	1,350	0.8	2	48.32

8.9. Purpose of Grant

Table 19 shows the purpose for which most of the grants were awarded.

Table 19

Purpose for which the Grant was allocated

	%	Cumulative
Bowling plus	40.8	40.8
Activity Programmes and/ or Equipment for activity programmes	19.0	59.8
Training /seminars / workshops	4.6	64.4
Tai chi plus	4.5	68.9
Swimming plus	4.3	73.2
Keep fit	3.7	76.9
Pitch & putt	2.4	79.3

The table shows that bowling and bowling mixed with other activities was the main sport supported under the grant programme. Activity programmes were the second highest item supported. These two account for 60% of the total.

Most of the programmes were mixed activity. The Table shows that 41% of beneficiaries were supported in developing bowling and other activities. Approximately 58% of the 41% were supported to purchase bowling only and the remainder for a mixed programme including bowling.

A further 24% of beneficiaries were supported to pursue activity programmes and information / training seminars.

Another 18 sports and activities were supported and the most frequent 4 (Tai Chi, Swimming, Keep Fit and Pitch and Putt) are shown in Table 19. The balance between sport and physical activity is approximately 70:30 in favour of sport.

Most of these activities and particularly bowling do not require a lot of means to participate in. Consequently they are potentially accessible across social classes and as seen in the participation table to both genders.

8.10. Effect and Impact of Grant

The evaluator contacted 12 beneficiaries of grant aid in May and June, which was 2 to 3 months after award of the grant. The beneficiaries were selected from groups that had received varying rates of grant aid. At that stage 5 of the beneficiaries had not started to implement their programme, another 6

had started but were not finished and only one was finished. As most of the beneficiaries had not implemented their programmes it was not possible to assess the effectiveness or impact of the programme.

Beneficiaries were asked what would the effect have been if the grant rate they received was halved or if there was no grant aid and the results are shown in Table 20.

Table 20

Scenarios with no grant and with 50 % of grant

	50 % Grant		No Grant Aid	
	Nos.	%	Nos.	%
Same Scale & manner			1	8
Reduced Scale	7	64	2	17
Later timing	3	27	3	25
Other modifications	1	9	1	8
Would not have gone ahead			5	42
	11	100	12	100

The table shows that in 60% of the cases the projects would have gone ahead in some form or manner or at a later stage if there were half or no grant aid. The effect of the grant was to bring forward the investment in the programme and to allow it to go ahead on a bigger scale.

The expected benefits arising from receipt of grant aid is shown in Table 21.

Table 21

Expected benefits after implementation of the grant scheme

	Nos.	%
Increase participation in recreational sport	7	20.6
Increase participation in active living	4	11.8
Initiate opportunities for PA for members	9	26.5
Enhance opportunities for PA for members	5	14.7
Enable the establishment of new PA for members	6	17.6
Enable the establishment of new clubs or groups	3	8.8
Total	34	100

The Table shows that respondents believed that there would be a contribution to attaining the overall objectives. In particular benefits are expected in relation to opportunities for physical activities and increasing participation in recreational sport. This is in line with the purpose for which the grant was awarded as shown earlier.

8.11. Strengths

- ✓ Excellent response to invitations for grant aid
- ✓ Assessment stage, final decision and payments done by different personnel
- ✓ Some new groups and many up and running for some time
- ✓ Grant aid was widely spread among many groups
- ✓ Grant was spread across all Health Boards
- ✓ Grant was skewed in favour of sport
- ✓ Bowling is accessible to all social groups and also genders

8.12. Weaknesses

- ❑ It was not feasible to evaluate the effectiveness or impact of the grant given that many haven't finished implementing their programme
- ❑ Lack of clarity in relation to what accounting for the grant aid beneficiaries have to do
- ❑ Making judgements based on paper only
- ❑ Consistency in relation to standard costing
- ❑ Deadweight i.e. a significant percentage would have happened with or without the grant

9. Public Awareness

Public awareness is a horizontal strand, which affects each of the other 3 aforementioned strands of the programme.

There are two aspects to the creation of public awareness relating to the project. The first is the creation of public awareness in relation to the various benefits of participation in sport and physical activity. The second relates to the creation of awareness of the GFL programme, services and supports that are available.

9.1. Budget

Almost 10% of total expenditure (€54,524) to date has been on public awareness initiatives.

In the context, of a national organisation attempting to create awareness, and to change attitudes and behaviours about participation in physical activity and sport, this is a small sum.

9.2. Logo

A new GFL logo was designed and full suite of stationery carry the logo was commissioned. The logo is carried in all GFL publications.

9.3. Events

Launch of Grant Scheme

In November 2001 there was a launch of the grant scheme. A Public Relations company that was retained by the Health Promotion Unit of DOHC managed the event. Furthermore the Irish Sports Council's PR company managed the media liaison. These services were additional to the budget allocation in relation to promotion.

Announcement of Grant Allocations

A press conference was held a central Dublin hotel to announce the allocation of grants under The National Grant Scheme for Sport and Physical Activity for Older People. Minister Mc Daid was the keynote speaker as well the Chief Executive of the Irish Sports Council and Chair of the GFL Steering committee. Age and Opportunity staff organised the event and liaison with the media was managed by a Public Relations Company retained to provide services to the Irish Sports Council. This PR services were additional to the budget allocation for the project.

Conference

Age and opportunity in association with the South Eastern Health Board jointly organised a Partnership conference in Kilkenny in October 2001. The theme of the conference was arts and physical activities. GFL made presentations at (1) ILAM conference (October 2001), (2) Irish Sports Council and Sports Council of Northern Ireland (October 2001) and the Irish Heart Foundation Conference in November 2001.

9.4. Media

Newspapers

In November 2001 an advertisement was placed in national newspapers (IT) inviting applications from community, clubs or organisations wishing to implement initiatives, which will increase participation in recreational sport by older people.

Following the allocation of the grants in March 2002 a press conference was held in a central Dublin hotel. Some press coverage was obtained in the Irish Times following the event.

Press coverage was also obtained in a local paper in County Kildare following the delivery of the first in a series of training workshops for PALS.

TV

Nationwide Programme shown on RTE 1 featured an 8 minute piece on Monday 27/05/02. There was an excellent response to this programme and over 200 requests for information were received at the GFL offices in the immediate days following the programme.

9.5. Website

Details of The National Grant Scheme for Sport and Physical Activity for Older People were advertised through the Irish Sports Council's website in November 2001.

Age and Opportunity launched a website (olderinireland.ie) on March 25, 2002. GFL has a section of this website. There were 137 unique visitors to the website over a period of 23 days up to 30/04/02. The most frequently visited page was the home page (35%). The physical activity page received 6% of the total visits. The main focus of the web site to date has been Bealtainne, which is another programme run by Age and Opportunity.

9.6. Newsletters

The production and circulation of two issues of the Go for Life Newsletter was planned. The first of these was produced in May 2002 and another is planned for the fourth quarter. The production and circulation of the first Newsletter was delayed due to circumstances outside GFL and Age & Opportunity's control.

A total of 18,000 copies of GFL Newsletter were printed. A breakdown of the circulation is shown in Table 22.

Table 22

Planned Circulation of Go for Life Newsletter

Channel	Number	%
Public Libraries	4,000	33.6
Older People (includes all national organisations of older people, local active retirement groups, clubs, pensioners organisations, also groups that contacted GFL re grants)	2,500	21.0
All General Practitioners	2,500	21.0
Health Boards Health Promotion Contacts Other Health Board Contacts (these are people with responsibility for older people's services and includes Day Care Centres)	1,000 1,150	8.4 9.6
Physical Activity Bodies & Professionals	120	1.0
Voluntary Groups / Social Services	120	1.0
Education Sector (includes all Adult Education organisers)	280	2.3
Local Authorities etc (also includes partnership companies)	250	2.1
Total	11,920	100

12,000 copies of the newsletters have been circulated. The balance of 6,000 will be used to respond to requests for further copies, which will come, especially from active retirement groups and Health Boards. Stock will also be used over the next six months at GFL trainings and in information packs.

The database comprises a mix of statutory, voluntary and private sector bodies. Approximately 20% of the newsletter go directly to groups of older people. The remainder go to individuals and organisations that are involved in information dissemination and key influencers in relation to health. An increasing number of general practitioners employ nurses to assist in the delivery of services and these would also be an important target group as they may spend more time with older people in service delivery.

9.7. Fact Sheets

To date 8 of 12 fact sheet have been developed and a further 3 fact sheets will be printed in July 2002. A list of those printed and to be printed is shown in Appendix 4. Work on a further 2 sports fact sheets namely Rolling and Bowling and Pitching and Tossing is at an advanced stage. These have been circulated to individuals who seek information, ideas etc. They are considered to be a very valuable resource for people with a general interest and inquiry.

9.8. Health Boards

In addition to the aforementioned public awareness campaign the Health Boards circulated almost 500 groups in relation to the grant scheme. Some of these may have overlapped with the GFL database and it is not possible to state how many were additional.

9.9. Strengths

- ✓ High standard of production of newsletters, fact sheets etc.
- ✓ Benefit in kind from public relation companies
- ✓ Good mix of different media
- ✓ Excellent database that is well targeted
- ✓ 8 of 12 fact sheets developed
- ✓ Good progress on a limited budget
- ✓ The TV, Newsletter and fact sheets increased awareness of the benefits of physical activity and participation in Sports and of the opportunities that exist for participation in active living

9.10. Weaknesses

- ❑ Slow progress on getting message out to general older population and especially those not involved in groups on benefits of physical activity
- ❑ Weak and reactive linkage with the current Department of Health and Children campaign on being active
- ❑ Only very recent specific references to sports in the fact sheets

10. Linkages

10.1. Steering Group

The Steering Group was established by Age and Opportunity in October 2001 (10 months after notification of a budget allocation had been made to Age and Opportunity). The establishment of the Steering Committee, agreement of the programme etc. was facilitated by Age and Opportunity.

The members of the Steering Committee comprised of senior representatives from the main constituent organisations involved with the older people and an independent chair.

Because of the delay in setting up the Steering Committee and the disenchantment in relation to the non- disbursement of grants, the Steering Committee focused on setting up and running the grant scheme.

The objectives (terms of reference) set for the Steering Committee (by Age and Opportunity) and performance against these is shown in Table 23.

The Table shows that some of the objectives were successfully completed, given the delay in setting up the Steering Committee meant it was not feasible for the Steering Committee to attain some of the objectives set out for it within the given deadlines and with others the Steering Committee were just aware of ongoing work as distinct to overseeing it.

Table 23: Objectives and Achievements for Steering Committee

Objectives	Achieved	Comment
To manage and over see the work programme agreed with the Irish Sports Council	In part	The main focus of the Steering Committee was on the administration of the grants and the project executive and the staff of Age and Opportunity proceeded with the other elements of the work programme
To agree an Action Plan to be implemented by the Project Management Team	Completed	
To ensure that budget limits and timeliness are adhered to	Unattainable in respect of timeliness	Steering Committee was established 10 months after notification of budget allocation to Age and Opportunity
To approve the terms of reference and oversee the work of the three sub-committees	In part	Steering Committee was made aware of work but did not oversee it. This was left to the executive of GFL and A & O.
To oversee the recruitment and performance of a Project evaluator	Completed but not within the time frame envisaged	Evaluator was appointed at the time when the draft report was due (February 2002)

10.2. Advisory Committees

Three Advisory Committees, namely, the Active Living Advisory Strand, the Sports Participation Advisory Strand and the National Grant Scheme Advisory Strand were established for a 12 month period from August 2001 to advise the Steering Group and Project Management Team on technical and strategic matters.

Only the membership of the National Grant Scheme Advisory strand overlap with the Steering Committee. In this case 6 of 7 members of the National Grant Advisory Strand were members of the Steering Committee. The seventh member was from the Sports Council and replaced a colleague from the Sports Council who sits on the Steering Committee. There is no representation from the other two advisory committees on the Steering Committee.

The current Programme Manager for Age and Opportunity who is also the Project Manager of GFL is a member of the Steering Committee. He is being advised by the Advisory Committees but the Governing Document states that it is at his discretion if he attends these meetings and the committees by their nature are advisory.

The previous Project Manager was not a member of the Steering Committee and again it was at his discretion if he attended advisory meetings. In effect the first Project Manager was advised technically and strategically by 2 committees that were not linked to the Steering Committee, governed by a Project Steering Committee and by also by the Management and Board of Age and Opportunity. In effect there was a minimum of 2 governing entities and 2 other advisory bodies directing the project.

10.3. Sports Partnerships

The Irish Sports Council Strategy (2000) proposes to establish a nationwide network of Local Sports Partnerships. Each local partnership will have one professional local Sports Development Officer.

Local Sports Partnerships through their programmes will encourage participation across all age groups in their local areas, working closely with local communities, agencies on the ground and national bodies. The second main aim of the LSP is to ensure that local resources are used to best effect.

LSP are tri partite structures with representatives of statutory bodies, voluntary community organisations and private sector with a responsibility for or interest in sports development. In most cases this will involve the VEC, Health Boards and Local Authorities. Most of these Partnerships are likely to operate at county or city level.

The Partnerships will be introduced on a phased basis over a three-year period from 2001. To date there are 8 LSP established and a further 4 will be started in the autumn of 2002.

Most of the existing LSP's are at set up stage and getting to grips with the their functions. Their function covers the creation and provision of information, provision of quality training and the development and implementation of a strategic plan for local sport.

The new and emerging structures will be very important windows for the GFL programme, as most of the main influencers and resource providers with a responsibility for sport for older people will participate in these structures. Furthermore the Irish Sports Council will channel its programmes through these structures.

Effective linkages with these structures and staff from the very beginning will enhance the effectiveness of the GFL programme. Opportunities exist to "piggy back" onto bi monthly training opportunities provided by ISC for the Local Sports Co-ordinators. It is envisaged that a co-ordinators network will also be put in place and this is another window of opportunity for GFL. This will make for effective and efficient use of GFL resources and furthermore help develop the relationship between GFL and ISC.

It is very important that GFL recognise ISC strategy in relation to the establishment of these partnerships and furthermore that GFL respects the role of the Local Sports Co-ordinators and the purpose of the Partnerships.

10.4. Health Boards

The Health Boards have the responsibility for the delivery health service either directly or indirectly. Thus they are responsible for strategic planning, funding, commissioning, evaluating and monitoring of services. They have strong links with hospitals, GPs, Public Health nurses etc. All of these have come into contact with the same group, which GFL is targeting.

In the past two years Health Boards are committed to promoting and facilitating increased participation in physical activity. This has arisen from a National Cardiovascular strategy. The relative risk of Coronary Heart Disease associated with physical inactivity ranges from 1.5 to 2.4 times an increase in risk comparable with that observed for hypercholesterolaemia, hypertension and cigarette smoking (Pate et al. JAMA, 1995, 237.5:403).

A number of staff within Health promotion units have been employed over the last two years and particularly in the last year with a remit for physical activity. The numbers vary by Health Board and range from Some of these are physical activity co-ordinators, some are health promotion officers, some have responsibilities for older people and disabled other have responsibilities for particular issues such as accidents. The approach is to focus on particular

topics such as smoking, physical activity, nutrition or accidents, groups such as older people or youth and settings such as the workplace or schools etc. The promotion of physical activity for older people is one of their areas of responsibility, which includes other target groups, topics and settings.

The core business of this unit is different to the main business of the Health Board. The Health promotion unit is a preventative unit whereas the other components of the Health Board are mainly response units after a health problem has arisen. There may well be challenge to change the mind set of key staff in the core service areas of the Health Board. There is need therefore for Health Boards to have their own strategy in relation to Physical activity and older people so as to get commitment of key influencers and allocation of resources.

The role of the Health Board Co-ordinator in relation to GFL

Core Tutor Training

1. Promoting the concept
2. Select appropriate trainee tutors
3. Select and book a suitable venue Organise catering
4. Organise materials and equipment

PALS Workshop

1. Promote the workshop
2. Select and book a suitable venue
3. Organise catering
4. Organise materials and equipment
5. Arrange Registration
6. Act as a workshop facilitator
7. Evaluate the workshop

In some cases tutors were recruited based on written application only. There was no interview process or meeting with same to identify their suitability and clarify their role and responsibilities.

10.5. Department of Health and Children

The Department of Health work in tandem with the Health Boards in the area of policy formulation, funding and the provision of common resources. In the last year the Department has ran an advertisement campaign ("Get a Life Get Active") on TV and radio. This campaign was the same as that ran in Northern Ireland for the past two years.

In addition to the advertisement campaign the Department produced and circulated leaflets, posters and a booklet promoting participation in physical

activity. Six hundred thousand booklets were circulated to households in social class 4 and 5 areas.

This campaign will be continued in the short to medium term.

The Department also works in association with NGO's and the PR company retained by the Department assisted GFL promote the grant scheme. Discussions relating to PR around the National bowling festival are under way with the various parties

10.6. Strengths

- ✓ Linkages with all the Health Boards
- ✓ Linkages with the Irish Sports Council and Local Sports Partnerships
- ✓ Linkages established at the early stages of development of LSP and Health Promotion Units
- ✓ Access to skills, staff and other resources at Age and Opportunity
- ✓ Independent chair for steering committee

10.7. Weaknesses

- Focus of Steering Committee almost entirely on grants
- Perception that the role is about grants only
- No linkage between the technical and advisory committees
- Responsibility for non grant with executive of Age and Opportunity
- Steering Group established after programme was planned
- Weak linkage with the Department of Health and Children
- No linkage with the private sector in relation to sponsorship
- No full time persons driving the programme nationally or at Health Board

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12. Appendix 1

The methodology used in conducting the evaluation is as follows:

Literature Review

A review of the literature included;

1. Evaluations and analysis of Go for Life and other relevant programmes
2. Evaluations of training programmes
3. Participation in sports and physical activity by Health Promotion Unit at Department of Health and Children
4. Annual reports since 1995
5. Newsletters from Age & Opportunity showing case studies
6. Data from Health Promotion units in Health Boards
7. Experiences of similar programmes worldwide
8. Go for Life fact sheets, presentation materials and tutors manual and notes
9. Summary reports on applicants under the National grant Scheme

This is an indicative list of the literature and is not meant to be exhaustive. Relevant sites and portals on the world-wide-web will be reviewed in the course of this review.

Submissions

An invitation seeking input from individuals and groups on the circulation list (12,000) for Age and Opportunity and Go for Life Newsletters was issued through the Spring/Summer issue of the newsletter. Respondents were asked to return their replies to the evaluators.

Questionnaires

The evaluator designed two questionnaires and these were used to gather information on (1) the profile of people who participate in physical activity programmes and (2) on the Leaders of physical activities. The questionnaire designed to profile PALS was administered at training stage. The senior tutors asked PALS to complete the questionnaires. The completed questionnaires were returned to the Go for Life offices and there they were coded and entered on Microsoft Excel.

A special mailing was undertaken to all beneficiaries under the grant scheme and they were asked to complete and return 3 questionnaires. One questionnaire was to be completed by the group leader and the other by two participants in the group.

Completed questionnaires were received from 76 PALS, 55 leaders of groups benefiting from the Nation Grant in Aid Scheme and 124 participants in groups that benefited from the grant scheme. A total of 255 profile forms were completed, coded and entered by the time analysis had to be conducted. Some groups explained they had not started their programme and would return their forms at a later stage.

Workshops

The evaluator attended one training session for Tutors and PALS. This provided the opportunity to meet PALS and tutors individually and as a group. This provided an overview of the situation in relation to physical activity and identified issues and expectations in relation to the Programme.

Interviews: 1:1

One to one and phone interviews were conducted with the staff at Go for Life, members of the Steering Committee, key informants at the Irish Sports Council etc.

Phone Interviews

Phone interviews were conducted with the Co-ordinators in each of the Health Boards. Their views were gathered on a range of issues in relation to linkages with the Go for Life Programme, the programme effectiveness, impact and how it may be improved and issues identified in the workshops.

Phone interviews were conducted with a sample of key informants in the Local Sports Partnerships, and the Health Board Co-ordinators.

Phone interviews were also conducted with a sample of (1) beneficiaries and (2) non-beneficiaries under the grants scheme. The main focus of the interviews will be to gauge the effect and impact of the National Grant Scheme within clubs and organisations.

12.1. List of Interviewees

Steering and Advisory Committee

Name	Position	Organisation
Robert Grier	Chairperson	N/A*
Mr Bill Murphy	Secretary	Federation of Active Retirement Associations
Marc Howard	Programme Officer	Irish Sports Council
Helen Rafferty	Programme Manager	Irish Sports Council
Bob Carroll	Chief Executive	National Council on Ageing and Older People
John Kincaid	Chairman of A &O	A & O and Midland Health Board
Owen Curran	Representative on Grants Committee	Irish Senior Citizens Parliament

Notes: * Robert is an independent chair

Department of Health and Children and Health Boards

Name	Position	Health Board / Department
Brian Brogan	Principal Officer	Department of Health and Children
Martina O 'Hanlon / Jim Gorman/ Dr. Andrew Dias	Community Officer Manager	Eastern
Sonja Statham	Physical Activity Co-ordinator	North Eastern
Paul Gillen	Health Promotion Officer	Western
Chris Samways	Being Well Co-ordinator	Midwestern
Catherine O'Loughlin	Health Promotion Manager	South Eastern
Shirley O' Shea	Health Promotion Officer	Southern
Geraldine Delorey	Assistant Health Promotion Officer	North Western
Angela King	Community Officer	Northern Health Board
Caroline Peppard	Senior Health Promotion Officer for Older Persons	South Western Area

Sports Partnerships

Name	Position	Organisation
Fiachra O'Mathuna	Sports Co-Coordinator	Fingal Sports Partnership
Richard Farrell	Sports Co-Coordinator	Kildare Sports Partnership

Staff

Name	Position	Organisation
Catherine Rose	Chief Executive	Age and Opportunity
Paul Maher	Programme Manager	Age and Opportunity
Patricia Dawson	Development Officer	Go for Life
Frank Fahey	Project Manager	Go for Life
Tara Lister	Administration	Go for Life
Ann Leahy	Public Affairs	Age and Opportunity

Other

Name	Position	Organisation
Phil McCaughey	Senior Project Manager	Public Communications Centre
Damian O Broin	Programme Manager	Public Communications Centre
Ann-Marie Maher*	Sports Recreation and Leisure Officer	Laois County Council

Notes: * Ann Marie is also a tutor on the GFL programme

Appendix 2: Example of Private Sector Potential

Active 55.
Because being over fifty
isn't what it used to be.

Amazing isn't it?
There you are, going about your business, when suddenly it hits you.
A taunting twinge, an ache or maybe even an earthquake.
Ouch! That couldn't possibly be you, could it?
They sidle up on you, those aches and pains, that's when it's time to take action.
New Active 55 Pure Cod Liver Oil from Seven Seas does the trick.
It's a special formulation of Pure Cod Liver Oil with the highest concentration of Omega 3 ever, the active ingredients proven to help maintain supple joints.
And new Active 55 Once A Day Cod Liver Oil Plus Glucosamine Capsules combine all the best of both worlds. Pure Cod Liver Oil with added Glucosamine, the amino sugar that helps rebuild connective tissues such as the cartilage surrounding our bones.
Whichever you prefer, Active 55 from Seven Seas is just what you need to keep up to speed.
Now and in the years ahead.
Because life is changing, and you're getting better all the time.

SEVEN SEAS
Health Care
Life is changing.

13. Appendix 3

13.1. GFL Facts Sheets

Developed and Printed

1. Go for life Programme
2. Participation Rates: Older People
3. Leaders Workshops
4. Warming up for physical activity
5. Get Walking
6. Get Walking Challenge!
7. Get Active
8. Get Active Challenge!

To be Developed and Printed July 2002

1. Going Strong
2. Get Walking Workshop
3. Information for Leisure Centre Staff

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FOR OLDER PEOPLE

A NEW LEASE OF LIFE

FOR YOUNGER PEOPLE

THE BEST INSURANCE
AGAINST OLD AGE AS
WE KNOW IT

SECRETS OF LIFE-LONG FITNESS



CO-PRESENTED BY: DR. TONY QUINN
M.Sc. DOCTOR OF CLINICAL HYPNOTHERAPY

YOU CAN BE IN GREAT SHAPE AT ANY AGE