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Sport and physical activity for ethnic minority groups in Ireland-an evaluation of participation and programme provision

By

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Declaration

I hereby declare that this submission is my own work and that it contains no material previously published or written by another person nor material which has been accepted for an award in any other university or institute of higher learning, except where due acknowledgement has been made in the text.

Signed_____ Date_____

Margie Kadango

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Abbreviations

- BME Black Minority Ethnic
- CALD Culturally and Linguistically Diverse
- CHD Coronary Heart Disease
- CSDH Commission on Social Determinants of Health
- CVD Cardiovascular Disease
- CAIRDE Challenging Ethnic Minority Health Inequalities
- DCMS The Department for Culture, Media & Sport
- EU European Union
- FAI Football Association of Ireland
- FRA European Union Agency for Fundamental Rights
- GAA Gaelic Athletic Association
- **GDP** Gross Domestic Product
- GVA Gross Value Added
- HSE Health Service Executive

IMPALA- Improving Infrastructures for Leisure – Time Physical Activity in the Local Arena

- IPH Institute of Public Health in Ireland
- IPS International Prevalence Study
- ISC Irish Sports Council
- ISM Irish Sports Monitor
- ISU Integration Support Unit
- LCA Latent Class Analysis
- LSP Local Sport Partnership
- LTPA Leisure Time Physical Activity
- NCCRI National Consultative Committee on Racism and Interculturalism
- NCP New Communities Partnerships
- NGB National Governing Body

PA- Physical Activity

- PAMH Physical Activity and Minority Health
- PICSAR Participation in Community Sport and Active Recreation
- SARI Sports Against Racism Ireland
- SCT Socio Cognitive Theory
- SES Socio economic status
- SLAN Survey of Lifestyle, Attitudes and Nutrition
- UK United Kingdom
- WSP Waterford Sport Partnership
- WHO- World Health Organisation

ABSTRACT

Introduction: Knowledge on the engagement of ethnic minority groups in sport and physical activity (PA) in Ireland is lacking. This research investigates sports and PA participation among ethnic minority groups, provision of programmes in Ireland for this group, and the role of sport, PA and recreation in promoting social inclusion.

Methodology: This research uses mixed quantitative (modified International Physical Activity Questionnaire and a stakeholder questionnaire) and qualitative methods (focus groups and semi structured interviews). Participants were conveniently selected Nigerian, Cameroonian, Congolese, Ghanaian, Ivory Coast, Kenyan, South African, Sudanese, Zimbabwean, Bangladeshi, Chinese, Brazilian, Spanish, Turkish, Czech Republic and Polish origin men and women aged 20+ years with an additional 8 key stakeholders representatives. The setting was four urban counties (Dublin, Waterford, Kilkenny, Offaly) for the interviews with stakeholders and three urban counties (Dublin, Kilkenny, Waterford) for the focus groups with ethnic minority group members. Questionnaires and focus groups were administered to ethnic minority groups to assess PA participation.

Results: Analysis of questionnaires (n=150) revealed a significant difference in total PA participation levels between males and females and between nationalities (p<.05=.000). A survey of Local Sports Partnerships and National Governing Bodies of sport (n=35) revealed that 34.4% offer/deliver specific programmes for ethnic minorities. The policy/strategy review of agencies revealed a lack of specific ethnic minority group actions that encourage participation and improve programme provision. Focus group discussions highlighted cultural understanding/appropriate programmes, education/awareness and inclusive policies as enablers to participation. Barriers included finance, language, access to facilities and policies. Stakeholders' interviews showed how funding, policies and context of programmes for ethnic minority groups.

Conclusion: While there is considerable interest in promoting social inclusion in and through sport and PA in Ireland, action is often uncoordinated and undocumented. There is a need for policies that facilitate opportunities to access various programs and facilities which can encourage/increase sport and PA participation in ethnic minority groups.

Chapter 1: Introduction

This chapter provides a context within which this research was set in relation to sport and physical activity participation and programme provision of ethnic minority groups in Ireland and the role of sport and PA in promoting social inclusion. An overview of the study is provided detailing the aims and outlining the structure of the thesis.

1.1 Physical Activity and Ethnic Minority Groups

Being physically active provides many health, social as well as economic benefits (Bouchard, Blair and Haskell, 2007); these are apparent among people of all ages (Physical Activity Guidelines Advisory Committee, 2008). Despite these benefits of participating in physical activity (PA), some population groups are not active enough. There is considerable evidence of lower levels of physical activity in socially disadvantaged and ethnic minority groups (WHO, 2013) and higher levels of ill health in ethnic minority groups compared to the general population in most societies (Wilson et al., 2010). Thus, participating in PA for health promotion has become a high priority for many governments and other agencies in recent years (WHO, 2013; Biddle & Mutrie, 2008).

There is a diversity of ethnic minority groups in Ireland who make up about 12% of the population. At the time of the 2011 census, there were 544,357 non Irish nationals living in Ireland (Central Statistics Office: CSO, 2012). Ethnic minority groups often see themselves as culturally distinct from other groups in society while at the same time are seen by those other groups to be so in return (Giddens, 2006). The Integration Centre describes an ethnic minority group as "those who are seen as different from the ethnic majority, while also recognising that any such set of attributes is but one facet of a person's overall personal and social identity" (Kilkenny Integration Strategy, 2013-2017). Ethnic minority groups in Ireland include a wide variety of communities or people whose country of origin is outside Ireland and are also referred to as "non-Irish nationals". The CSO (2012) further divide non Irish nationals into four groups consisting of United Kingdom, EU 15 which excludes United Kingdom and Ireland (i.e. Austria, Belgium, Denmark, Finland, France, Germany, Greece, Italy, Luxembourg, Netherlands, Portugal, Spain and Sweden), EU 15-EU 25 Accession States (Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia and Slovenia), and Rest of World (comprising a varied group mainly composed of the USA, African, and Asian nationalities).

In this research, the term ethnic minority group refers to all non-Irish nationals who are members of an ethnic minority group whose country of origin is outside Ireland. The terminology used to describe ethnic minority groups differs in many societies. They are also referred to as non-Irish nationals, immigrants, foreigners, refugees, asylum seekers, Culturally and Linguistically Diverse group (CALD), or Black Minority Ethnic (BME). Ethnic minority groups may be socially disadvantaged in many aspects of life to participate in healthy behaviours, which for the purpose of the current project relates to socioeconomic aspects (income, socioeconomic status (SES), education and employment) and social determinants such as ethnicity, culture, religion, location, living conditions and material conditions. Migrants and ethnic minorities often experience a stark level of disadvantage, demonstrating the need to improve the situation of ethnic minorities and migrants as a matter of priority (European Network Against Racism, 2012).

The current state of knowledge on the engagement of PA and sport of ethnic minority groups in Ireland is limited. Only a few studies in Ireland have included ethnic minority groups, however, with little detail on their level of participation and engagement. Indeed, the literature relating to PA participation among ethnic minority groups in Europe is also limited. This research describes the levels of participation in, and provision of opportunities for sports and PA among a sample of ethnic minority groups in Ireland. The research will also investigate the role of sport, PA and recreation in promoting social inclusion amongst ethnic minority groups as well as identifying the key drivers and barriers to participation in sport and PA. This will entail evaluating the key deliverers in promoting social inclusion in and through sport and PA in Ireland as well as investigating how related programmes are delivered. As Bauman, et al. (2012) noted, with population levels of PA low in many countries, there is a need to understand why some people are active and others not. Barriers exist at a number of levels for ethnic minority groups to participate in physical activity and sport. These barriers include the delivery of services by some organisations (Sporting Equals, 2007), as well as issues relating to integration, inclusion and discrimination. In a social inclusion context the provision of sports and PA is thought to be an important way of allowing the host society and immigrants to interact together in a positive way (Bloyce& Smith, 2010). The knowledge gained from this research can contribute to evidence based planning and delivery of public health interventions specific to population sub groups who are particularly at risk for physical inactivity.

1.2 Aims of Research

The aims of the research are to investigate sports and physical activity (PA) participation among ethnic minority groups in Ireland, provision of programmes in Ireland for this group, and the role of sport, physical activity and recreation in promoting social inclusion amongst ethnic minority groups.

1.3 Research Questions

1. What is the sports and physical activity participation of ethnic minority groups in Ireland?

2. Who are the key deliverers in promoting social inclusion in and through sport and physical activity in Ireland, and how are related programmes delivered?

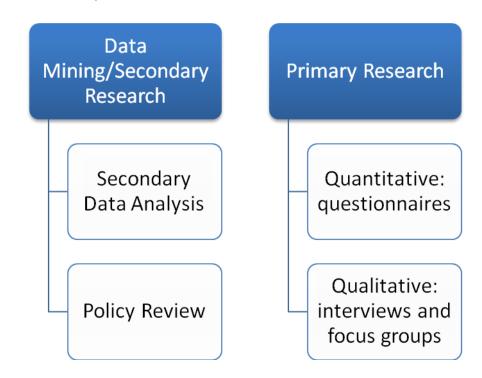
3. What are the perceived barriers and enablers to sport and physical activity participation amongst ethnic minority groups in Ireland?

4. Does sport and physical activity participation promote social inclusion amongst ethnic minority groups?

1.4 Overview of Study Methodology

The research incorporates a descriptive design using mixed methods (quantitative and qualitative data collection methods). The population sample includes members of ethnic minority groups as well as key stakeholders in the provision of sport and physical activity programmes and involves the analysis of existing material as well as the collection of original data (Figure 1).

Figure 1: Overview of Data Collection



1.5 Structure of Thesis

This thesis incorporates six chapters.

Chapter one introduces and provides an overview of the research. It highlights the purpose and significance of the study, and provides clarification and definition of terms.

Chapter two offers a review of the relevant literature on the topic. It looks at factors influencing health and the health of ethnic minority groups outlining and explaining their health behaviours in their adopted countries. PA patterns of ethnic minority groups are also discussed as are the correlates, benefits and barriers of sport and PA. The final section discusses the role of sport and PA in promoting social inclusion.

Chapter three describes the methodology used for this research. It describes the research design and overview of data collection methods.

Chapter four presents the results from two quantitative data sets which includes questionnaires from ethnic minority groups and a survey of national agencies charged with delivering sport and PA in Ireland. These agencies were chosen with a particular focus on their engagement with ethnic minority groups. In addition, this chapter presents qualitative data gathered which include focus group discussions with ethnic minority groups and interviews with key stakeholders in the provision of sport and PA programmes. The chapter also includes an assessment of the PA patterns of ethnic minority groups, their experiences and attitudes towards sport and PA programme provision, and facilitators and barriers to sport and PA participation. It also presents a review of agencies, policies and programmes in the context of how they work for and with ethnic minorities.

Chapter five includes an overall discussion of the results analysed. Finally **chapter six** provides a conclusion for this research as well as recommendations for public health efforts to promote sport and PA in ethnic minority groups and limitations to the study.

Chapter 2: Literature Review

The purpose of this chapter is to review the literature in relation to the participation and engagement of ethnic minority groups in sport and PA programmes. The chapter begins by examining the health and social wellbeing of ethnic minority groups. The chapter continues by giving an outline on the benefits of sport and PA participation for ethnic minority groups and what enables and hinders their participation. The role of sport and PA in promoting social inclusion is also examined. Guidance on engaging ethnic minority groups is also outlined.

2.1 The Social Determinants of Health

The World Health Organisation (WHO) defines health as a complete state of physical, mental and social well-being and not merely the absence of disease and infirmity (Ottawa Charter, 1986). According to Healthy Ireland, which is a framework for improved health and wellbeing, "Health is a personal, social and economic good, and the health and wellbeing of individuals, and of the population as a whole, is Ireland's most valuable resource" (Department of Health, 2013). Health as an economic good revolves around means less costs for health care needs. Biological, social and cultural factors interact to affect health while the risk of disease and presence of disease affect one's perception of health (Payne, Harvey, & Dharmage, 2011), particularly their lifestyle in terms of factors that promote healthy behaviours. In addition, the more life resources an individual may have, such as enough money to afford a healthy lifestyle or having the opportunity to freely and easily access health services the lower risk of them reporting poor health (Andersen, et al., 2011). Therefore, having all the resources, opportunities and support to live a healthy lifestyle can help improve health status.

The conditions in which people live can influence health in many ways and these are commonly known as the social determinants of health. The World Health Organization identified the social determinants of health as the conditions in which people are born, grow, live, work and age as well as the availability and use of health systems (WHO, 2013). Similarly, the social determinants of health model identifies factors, similar to those outlined above, that influence health and health outcomes as social, physical, economic, cultural and environmental factors (Commission on Social Determinants of Health (CSDH), 2008). These determinants which include education, economic conditions, ethnicity, people's behaviours, access to health care services, genetics, gender, political conditions, racial discrimination and social networks can influence people's ability to live a healthy life (Mahmoud et al., 2013; WHO, 2014). In addition,

health is a social construction that is constantly evolving and dependent on its temporal and cultural environment (Thiel et al., 2013).

2.1.1 Positive Health

Dahlgren and Whitehead (1991) described a social ecological theory to health which illustrates the relationship between the individual, their environment and disease. This relationship echoes the health model reflected by the five elements of the Ottawa Charter including developing personal skills, building healthy public policies, creating supportive environments, strengthening community action and reorienting health services. According to Dahlgren and Whitehead (1991) an individual is surrounded by influences on health that can be modified which include individual lifestyle factors, social and community influences as well as structural factors. The concept of positive health which spawned from positive psychology is to find what health assets produce longer, healthy life and help people function better by lowering disease risks and health care costs. Seligman (2011) identified a five sided model of psychology wellbeing known as the PERMA model which includes five elements that are essential to human wellbeing. These elements include positive emotion, engagement, relationships, meaning and accomplishment. Positive emotion makes people feel good through different ways such as spending time with family and friends or participating in sport and PA. The PERMA model is devoted to developing social and mental strength, which can be very helpful in motivating people to be more active as it can be adapted into a fitness program. According to Seligman (2011) when individuals identify their strength they can engage in activities that make them feel confident, productive and valuable. Disadvantaged groups such as ethnic minorities as mentioned before are often discriminated against and excluded in most activities that happen in their communities.

Through social inclusion ethnic minority groups can engage in activities that make them feel confident, productive and valuable while at the same time they learn skills that provide for overall wellbeing. Individuals enhance their wellbeing by building strong networks of relationships and all the people in their lives. Haskell, Blair & Hill (2009) highlighted the need for more comprehensive health promoting PA policies and programs, especially for the economically and socially disadvantaged and medically underserved. Ethnic minority groups and all disadvantaged groups are less active and have limited access to needed resources that can increase their participation in PA (Growing up in Ireland, 2012; Irish Sports Monitor, 2011; Lunn, 2007; Powell et al., 2006). They need mechanisms that support healthy lifestyle behaviours and practices.

2.1.2 Health Inequalities

Health inequalities are differences in health and wellbeing experienced by individuals or groups in society due to gender, ethnicity, age, socioeconomic position etc. (Public Health Agency, 2009). The social determinants of health are also responsible for health inequalities in terms of how resources are allocated or distributed which mostly affects people of different ethnic and socioeconomic groups. For example, according to Wilkinson & Marmot (2003), the social gradient in health affects those who are poor and disadvantaged as they are twice as likely to suffer ill health as people with better circumstances in life such as higher education or income. Wilkinson (1996) argues that healthy nations are those in which income is distributed equally and the level of social integration is highest.

Furthermore, Wilkinson & Marmot (2003) also stated that good health involves societies that enable all citizens to play a full and useful role in the social, economic and cultural life of their society. People living in such societies are healthier than those living in exclusion and deprivation. The greater the lengths of time that people live in disadvantaged circumstances, the greater their odds of suffering from a range of health problems (Wilkinson & Marmot, 2003). The Institute of Public Health in Ireland (IPH, 2011) has highlighted evidence of health inequalities in both the Republic of Ireland and Northern Ireland, among population groups who experience disadvantages in many societies because of their age, gender, disability or race (Farrell, McAvoy, Wilde, and Combat Poverty Agency 2008). These include ethnic minority groups such as those born in a different country than their country of residence who are socially disadvantaged in many aspects of life. Ethnic minority groups are often among the most marginalized cohort in a population (WHO, 2010).

2.2 Ethnic Minorities

Defining ethnicity is quite complex as it results from many aspects of difference including religion, race, culture, and nationality. A variety of approaches have been proposed to define ethnicity. First appearing in 1972 in the Oxford English Dictionary, ethnicity is the fact or state of belonging to a social group that has a common national or cultural tradition (Oxford Dictionaries; Oxford University Press, 2014). Ethnicity relates to cultural characteristics that are perceived as differentiating one social group from another (Campling & Ramon, 1996). In an Irish context, the National Consultative Committee on Racism and Interculturalism (NCCRI) described ethnicity as (i) the belief by members of a social group that they are culturally distinctive and different to

outsiders, and (ii) their willingness to find symbolic markers of that difference and to emphasise their significance, as well as (iii) their willingness to organise relationships with outsiders so that a kind of group boundary is preserved and reproduced (NCCRI, 2007).

The terminology used to describe the ethnic backgrounds of participants in this research study is consistent with the Irish Central Statistics Office terminologies of describing ethnic minority groups who are non-Irish nationals, as defined in the introduction chapter on page one. Ethnic minority groups are socially disadvantaged in many aspects of life, which for the purpose of the current project relates to socioeconomic aspects (income, socioeconomic status (SES), education and employment) and social determinants such as ethnicity, culture, religion, location, living conditions and material conditions.

2.2.1 Ethnic Minorities and Health

The social determinants of health such as availability of community based resources in support of opportunities for recreational and leisure-time physical activities, social support, social norms and attitudes including discrimination, racism, language or literacy, culture, race, social exclusion and socioeconomic conditions affect certain population groups more than others (Healthy People 2020, 2014a). For example, ethnic minority groups suffer more ill health than the general populations in most societies due to the disadvantages they experience. They may be disproportionately impacted by the unequal distribution of power, resources and justice, while at the same time their lack of knowledge about the availability of certain resources, lack of representation in important policy decision making (Long et al., 2009), as well as language barriers, can present difficulties in accessing health services.

It has been recognised that migrants may have varying levels of exposure to health information and the perceived lack of health information has been linked with increased weight, due to poor diet and insufficient PA (Lecerof et al., 2011). The very concept of ethnicity encapsulates cultural, behavioural and environmental factors that increase the risk of disease (Agyemang, Bhopal, & Bruijnzeels, 2005), such as preserving cultural norms or values that may prevent certain minorities from participating in health enhancing behaviours. For example, Muslim women may not participate in physical activities unless they are women only sessions. As Rechel, Mladovsky, & Deville (2012) noted, in order to provide appropriate and accessible health services to ethnic

minority groups, data and knowledge on migrant health as well as on health determinants and access to health services is essential.

There is considerable evidence from many countries and from diverse groups that ethnic minority groups experience a range of adverse living circumstances that threaten their overall health and wellbeing in the society they live in (Galabuzi, 2009). In Ireland, there is a paucity of data available on health outcomes of ethnic minority groups. Conversely, the health needs of asylum seekers and refugees are not always included in an assessment of the health needs of ethnic minority groups in Ireland. In one exception, various issues were identified during the development of the regional health strategy for ethnic minorities in Ireland and these included mental health needs of ethnic minority groups and health issues of ethnic minority women (Eastern Regional Health Authority (ERHA), 2003). A study in Dublin's North Inner City by Cairde, a development organisation working to tackle ethnic minority health inequalities, found that the factors which influence health for minority ethnic groups include employment, financial security, accommodation, education and training, child care, residency status, asylum and immigration issues, racism and discrimination, environment as well as access to and experiences of health care services (Sanders & Whyte, 2006).

Interestingly, it has been suggested that migrants, especially those from nonindustrialised countries, often initially have health advantages when they migrate to another country, but these are thought to likely disappear with advancing duration of residence and generations (Arnold, Razum, &Coebergh, 2010). Most immigrants especially those from less developed countries are less likely to suffer from noncommunicable diseases such as CVD due to their active lifestyle which involves engaging in physically demanding daily tasks in their countries of origin. However, this normally changes as they get accustomed to their new environment/adopted countries through changes in diet and inactive lifestyles or access to health care services (Wieland et al., 2012). Similarly, Caperchione et al. (2009) found that migration to western societies can have a detrimental effect on the health status and health behaviours of migrant populations as they embrace a new way of life, adapt to their new surroundings and explore different cultures and customs. Moreover, Reijneveld, Westhoff, & Hopman-Rock (2003) also reported that health problems among older immigrants from non-industrialised countries are increasing challenges for public health in most western European countries.

Typically, morbidity rates are higher among ethnic minority groups compared to the rest of the population in most societies. For example, ethnic minority groups such as immigrants from South Asia living in Scotland have been found to have twice the risk of heart disease and over five times higher rates of diabetes than the general population (Hippisley-Cox et al., 2008; Primatesta and Brookes, 2001). In Australia, Gray, et al. (2012) undertook a systematic review of cardiovascular health among indigenous Australians using national surveys and reported that cardiovascular disease (CVD) was the main cause of death for indigenous Aborigine people with higher death rates across all age groups, almost twice those for their non-indigenous counterparts. In addition, long-term heart and related conditions were 1.2 times more common for Indigenous males and 1.4 times more common for Indigenous females compared to their nonindigenous counterparts. Unsurprisingly, rates of hospitalisation for CVD for Indigenous people were higher across all age groups. In Ireland, CVD is the most common cause of death across the whole population (Department of Health and Children, 2010). In previous research on the trends of CVD, Balanda & Wilde (2001) found differences in mortality across socioeconomic groups in Ireland. Kumanyika et al. (2012) also found that obesity levels in ethnic minority groups are higher than in the general population in many societies. Data reviewed showed higher prevalence of obesity in non-Hispanic Black, Hispanic and Native Americans in the United States and Aboriginal populations in Australia, New Zealand, and Canada. One of the modifiable risk factors for obesity, CVD and other non-communicable diseases is PA; this will be addressed in the next section.

2.3 Sport and Physical Activity

It is relevant to define PA and sport when focusing on the role of sport and PA in promoting health. PA is any bodily movement produced by the skeletal muscles that result in a substantial increase over resting energy expenditure (Caspersen et al., 1985). PA is an umbrella term for activities including domestic physical activities, leisure time or recreational time activities for hobbies, exercise or sports as well as occupational activities and transportation PA such as walking or bicycling for the purposes of going from place to place (Centers for Disease Control and Prevention: CDC, 2010). The European guidelines for Improving Infrastructures for Leisure-Time Physical Activity (IMPALA) describes leisure time PA (LTPA) as covering different forms of sports, play and other forms of recreational activity including activities taking place in settings such as stadiums, swimming pools, gyms, parks, gardens, lakes etc (IMPALA, 2011).

Sport is a collective noun that usually refers to a range of activities, processes, social relationships and presumed physical, psychological and sociological outcomes (Bailey, 2005). Sport means all forms of PA which aim at improving physical fitness and mental health, forming relationships or obtaining results in competitions at all levels through casual or organised participation (Council of Europe (CoE), 2001, Council of Europe, European Sports Charter, 1993). Sporting activities include individual, partner and team sports, as well as different phases of strategy, chance and physical skills; and competitive, self-development and purely recreational activities (Coalter, 2001). The Irish Sports Monitor defines sport as any physical activities undertaken for exercise, recreation or sport excluding walking (ISM, 2011).

2.3.1 Benefits of Sports and Physical Activity

The World Health Organisation (WHO, 2012) recently identified physical inactivity as the fourth leading risk factor for global mortality, causing 6% of deaths annually. Furthermore, physical inactivity is estimated to cause 8.8% of all-cause mortality and 7% of type 2 diabetes, 6% of coronary heart disease, 10% of breast cancer and 10% of colon cancer in Europe alone (Lee et al., 2012). In contrast, being physically active is associated with many physical health benefits which includes reducing the risk of cardiovascular disease (CVD), type 2 diabetes, hypertension, obesity and some cancers as well as protection from common mental health problems, anxiety and depression, (VicHealth, 2013; Wright et al., 2013; Bouchard et al., 2007). The benefits of PA are largely a result of its contribution to increasing body strength, developing lean muscle mass, reducing body fat and blood pressure as well as burning calories (Gray, Brown, & Thomson, 2012).

Evidence of the benefits of PA and better mental health was also reported by Hamer, et al. (2009) who examined the association between mental health and PA behaviours among a representative sample of men and women from the Scottish Health Surveys by measuring and analysing data on self-reported physical activity and information on current mental health using the General Health Questionnaire (GHQ-12). Results indicated that any form of daily PA was associated with a lower risk of psychological distress. However, participating in sports was the strongest effect independently associated with lowering the risk. Similarly, Pickett, Yardley, & Kendrick (2012) found that higher levels of leisure time were significantly associated with lower depression. Improvement in PA, pleasant feeling states, negative affect and levels of physical exhaustion significantly mediated the association between leisure time and total, but not

non leisure time, PA and depression. Conversely, physically active people are less likely to suffer from these conditions.

Besides the physical and mental health benefits of being active, participating in sports and PA also provides social benefits in terms of social interaction, and integration, environmental benefits that include reduced traffic congestion and pollution as well as economic benefits such as health savings and job creation (WHO, 2012). Similarly, the European Union Commissions White Paper on Sport reported that sport and PA play an important role in promoting the social inclusion of ethnic minorities and integration of immigrants. Also, they noted that the provision of and support for PA and sport related activities is important for meeting the specific needs and situations of people from all backgrounds (European Union Commissions, 2007).

2.3.1.1 Physical Activity and Cardiovascular Disease in Ethnic Minority Groups

Participating in PA has been identified as a key factor in reducing the risk of CVD. However, only a very small number of studies investigating the effect of PA on cardiometabolic disease and mortality risk have been performed in groups of non-white origin (Gill et al., 2014). In the UK, ethnic minority groups such as immigrants from South Asia living in Scotland have been found to be less active and have a double increased risk of heart disease (Jepson et al., 2008). The Dallas Heart Study a longitudinal study of cardiovascular health on a multiethnic population of a total sample of 3018 African American, Hispanic and White men and women at baseline between 2000 and 2002 assessed PA participation and health perceptions by questionnaire. Results showed that lack of PA was also associated with higher cardiovascular mortality among African Americans in the US (Mathieu, et al., 2012).

The association of PA with the incidence of CVD and its major components of heart failure, CHD, and stroke was examined in 45 to 64 year old 3707 African Americans and were compared with 10018 Caucasians. Participants had PA measured using a questionnaire in 1987 and were followed for incident of CVD (n=1039) through 2008. After adjustment for any potential confounders, results showed that PA was inversely related to CVD, CHD and heart failure incidence in both African Americans and Caucasians. PA was found to be important for CVD risk reduction in both African Americans and Caucasians (Bell, Lutsey, Windham, & Folsom, 2013). Similarly, de Munter, Agyemang, Stronks, & van Valkengoed (2013) examined the association of lifestyle factors (PA, smoking, and alcohol intake) with CVD-related hospital discharge using baseline data obtained from 370 South Asian, 689 African, and 567 Dutch

participants from the 2001-2003Surinamese in the Netherlands: Study on Health and Ethnicity(SUNSET) study. Low amounts of physical activity (hazard ratio 1.88, 95% CI 1.23-2.86), current smoking (hazard ratio 1.63, 95% CI 1.20-2.22), and nondrinking (hazard ratio 1.52, 95% CI 1.04-2.23) were associated with CVD-related hospital admission in all the ethnic groups (de Munter et al., 2013). This evidence suggests the significant health benefits of being physically active in all population groups.

2.3.1.2 Physical Activity and Mental Health in Ethnic Minority Groups

In general, higher levels of leisure time but not non leisure time PA were significantly associated with lower depression. Pickett, Yardley, & Kendrick (2012) found that factors including improvement in PA, pleasant feeling states, negative affect and levels of physical exhaustion significantly mediated the association between leisure time PA and total PA, but not non leisure time, PA and depression. Furthermore, post hoc analyses showed that improvements in PA self-efficacy mediated the leisure time PA and depression relationship through improved PA (Pickett, Yardley, & Kendrick, 2012). Members of ethnic minority groups identify various issues in their lives which cause stress, anxiety and depression (Sanders & Whyte, 2006). Asylum seekers in Ireland may experience negative effects on their health and mental health due to poor living conditions, lack of mainstream entitlement to health, social services, education and employment opportunities (Cairde, 2014). This is supported by a review of studies on immigrants in Norway. From about 41 peer reviewed original articles, adult immigrants from low and middle income countries were found to have more mental health problems than the rest of the Norwegian population. The increased risk for mental illness in immigrants has been predominantly related to a higher risk of acculturative stress which is related to changing culture and living in a new environment, socioeconomic conditions, poor social support, discrimination and other negative life experiences (Adebe et al., 2012). The ERHA (2003) observed that the incidence of depression, psychosis and post-traumatic stress disorder is higher in ethnic minority groups due to experiences of displacement, difficulties in adapting to life in a new country, social isolation and poverty.

There is evidence that regular PA participation contributes to mental wellbeing and has been found to reduce depression symptoms even at lower levels (Win, et al., 2011). This relationship was reported in a cohort of 5888 individuals from four US communities followed for over 10 years with 16% of these being African American. Self-reported depressive symptoms were assessed annually using a 10-item Center for Epidemiological Studies Depression Scale. Findings showed that depressive symptoms and physical inactivity were strongly associated with each other.

2.3.1.3 Physical activity and Obesity in Ethnic Minority Groups

As mentioned earlier, ethnic minority groups who migrated from developing to developed countries have been found to rapidly become more obese than the host population (Renzaho et al., 2008; Kumanyika et al., 2012). The cause of this greater prevalence of obesity in minority groups is multifactorial with environment, culture and genetics playing a role (Calzada & Anderson-Worts, 2009). Renzaho et al. (2014) reported that a decline in PA and an increase in sedentary behaviour were linked to the increase in the prevalence of obesity they observed in ethnic minority groups. Another study examined the sedentary behaviour of low income and ethnic minority populations, in cross sectional, community based research in South Dallas, Texas. Findings revealed independent and significant associations between higher levels of sitting time, computer use, and transit time with elevated BMI (Shuval et al., 2013b). Obesity among ethnic minority groups have been associated with higher rates of type 2 diabetes, some cancers, heart disease, stroke and hypertension (Nam, 2013; Healthy People 2020, 2014b).

2.4 Physical Activity in Ireland

The World Health Organisation (WHO, 2012) as well as the National Guidelines on Physical Activity for Ireland (Department Of Health and Children, 2009) recommends that adults aged 18 years and over should participate in at least 30 minutes of moderate intensity PA each day for five days of the week while children and youth aged 5 to 17 years should accumulate at least 60 minutes of moderate to vigorous intensity of physical activity every day for health benefits. All domains of PA are important for understanding of worldwide PA participation patterns because the frequency of activity in each domain varies greatly between countries. For example, occupational, household, and transport domains are the most common types of PA in low income and middle income countries, whereas leisure time activities contribute more to total PA in high income countries than elsewhere (Macniven, Bauman, & Abouzeid, 2012).

Physical inactivity is one of the major public health problems in most developed countries. According to a survey conducted by the Irish Sports Council, 89% of the population in Ireland were categorised as moderate or high active either through playing sport or recreational walking or cycling for transport during the previous seven days and

were thus considered as sufficiently active (Irish Sports Monitor, 2011). However, this same report found that 70% of the population are not active enough to meet the minimum national PA guidelines requirements. In comparison, the SLAN Survey found 1 in 5 Irish adults to be inactive with only 41% of Irish adults taking part in moderate PA for at least 20 minutes three or more times per week (Morgan et al., 2008). Using only sport and leisure time PA domains, another Irish study by Lunn & Layte (2009), reported that 50% of the adult population in Ireland were not reaching the recommended PA levels or were engaging in sedentary behaviour.

2.4.1 Providers of Sport and Physical Activity in Ireland

Communities can strongly influence people's levels of physical activity, particularly through the social support offered, and cultural attitudes towards and stereotypes of different forms of activity (Cavill & Foster, 2004). In Ireland, National Governing Bodies of sport(NGBs: see Appendix K for a list of NGBs) such as GAA, FAI, Irish Rugby Football Union (IRFU), Swim Ireland, Athletics Ireland, and HSE Community Games are some of the main sport and PA providers nationwide for the whole population including ethnic minority groups. There are over 50 NGBs that receive funding from the Irish Sports Council (Delaney & Fahey, 2005). In addition, Local Sports Partnerships (LSPs) (See Appendix J for a list of LSPs) were developed to promote participation in sport at a local level. Their main function are as resources for information, education and implementation of programmes that meet the needs of the local people (Irish Sports Council, 2008). LSPs in particular seem to be quite successful in bringing various agencies together around the physical activity and sporting needs of a community, targeting members of the community who have not been physically active on a regular basis (O'Sullivan & Enright, GAP Report, 2006). However, there are some key challenges faced by sport and PA providers including sourcing funding, and establishing structures that allow for projects to be sustained beyond the funding cycle. Furthermore, targeting some specific groups such as non-Irish nationals has been found to be very challenging (Waterford Sports Partnership Review, 2014). Public sector facilities funded by the national and local government including sport and leisure centres, outdoor pitches and swimming pool are some of the local and national sport and PA facilities (IMPALA, 2011) that are available for everyone to use and are usually at a reasonable prize. However, access to leisure and exercise opportunities tends to be unequal across the social spectrum (Johnston et al., 2008). Therefore, more awareness is needed to let people know they can use and avail of these facilities and how to get involved.

2.4.2 Physical Activity and Sport Participation of Ethnic Minority Groups

As mentioned earlier, sport and PA can provide social benefits to individuals and groups. Despite these recognised social and other health benefits of a physically active lifestyle, some population groups such as ethnic minority groups are not active enough. In Ireland, Lunn (2007) reported that disparities exist in PA across different social class groups and ethnic groups but little data exists to accurately describe participation levels. There is a lack of evidence and very little research available on PA and people with an ethnic minority background in Ireland. The Office of the Minister of Integration (2008) highlighted that although a number of migrants do participate in sport and many communities have staged cultural and sporting events designed to celebrate the arrival of different communities and diversity in Ireland, there is scope to further increase their engagement and participation levels. Only a few studies in Ireland have included ethnic minority groups. The majority of the studies cited in this research are from outside Ireland, particularly, other European countries, Australia and the United States.

Lunn's study only shows the impact of social disadvantage on various forms of participating in sport with only a large number of people with a higher income and higher education participating more in sport activities (Lunn, 2007). Similarly, findings from the Growing up in Ireland study, reported that participation in sport and PA was related to family income with those from higher income families engaging more (Williams et al., 2009). A few other studies in Ireland that assessed adults' levels of participation in sport and PA for the whole population including a sample of culturally ethnic minority groups were the SLÁN survey and the Irish Sports Monitor (ISM). Of the 10,364 participants surveyed in the SLÁN study; 878 were of other ethnic background which was not white or white Irish, while 1,369 were categorised as a minority according to their country of birth which was not the Republic or Northern Ireland. Findings from the study revealed as indicated above that only 41% of Irish adults took part in moderate PA for at least 20 minutes three or more times per week (Morgan et al., 2008). This study did not however, give the actual statistics on what percentage of these were ethnic minority groups. Conversely, the ISM (2011) reported that non-Irish nationals (n=86), particularly those from non EU and non-English speaking countries were half as likely to play sport as Irish nationals (Irish Sports Monitor, 2011).

There is evidence elsewhere that disadvantaged populations including ethnic minority groups have lower levels of PA which puts them at a higher risk for most negative health outcomes including non-communicable diseases such as CVD, obesity and type 2 diabetes. For example, research conducted on immigrant groups and ethnic minorities living in Europe and North America found significantly lower levels of PA in these groups (Dogra et al., 2010). In Australia indigenous people or aboriginal people were 1.6 times more likely than their non-Indigenous people to be physically inactive (Gray et al., 2012). According to Hosper, Deutekom, & Stronks (2008), in the Netherlands, ethnic minority groups are generally less physically active and rate their own health as poorer than that of the general ethnic Dutch population. A literature review that outlined the barriers, challenges, enablers and experiences of physical activity in CALD groups who are individuals from non-English speaking backgrounds or culture who migrate to western society found physical inactivity to be common among this group (Caperchione, Kolt, & Mummery, 2009). Results from the analysis of the assessment of PA participation and health perceptions highlighted that African Americans and Hispanics were less likely to be physically active than their white counterparts (Mathieu, et al., 2012).

Data from the Australian National Health cross sectional random survey was used to examine whether PA differed between migrant sub groups and the Australian born population (Dassanayake et al., 2011). The data included self-reported estimates of PA undertaken during leisure time for sport, recreation or health and fitness purposes, as well as the frequency and total amount of time spent in the various forms of PA. The results showed greater prevalence of physical inactivity for female immigrants from most regions than their male counter parts. Immigrants from South East Asia (OR 2.04% 95% CI 1.63, 2.56), other Asia (OR 1.53 95% CI 1.10, 2.13), other Oceania (1.81 95% CI 1.11, 2.95), the Middle East (OR 1.42 95% CI 0.97, 2.06) and Southern & Eastern Europe are at significantly higher risk of being physically inactive compared to those born in Australia. Similarly, research by the Victorian Health Promotion Foundation (VicHealth, 2010) found that people born overseas in North Africa and the Middle East, South East Asia, Southern and Eastern Europe are more likely to have a sedentary life style reporting lower levels of exercise compared to those born in Australia (AIHW, 2008). However, in comparison, these ethnic minority groups have higher PA rates in non-organised sport than for organised sport compared to those born in Australia (Chau, 2007). Similarly, results for children showed that 46% of those born in non-English speaking countries do not participate in organised sport as compared with 25% born in Australia (ABS, 2009).

2.5 Correlates of Physical Activity in Ethnic Minority Groups

A number of factors determine individuals' or groups of people's participation in sport and PA. These include individual, social and physical environmental factors. In a recent study, O'Driscoll et al. (2013) systematically reviewed literature on sport and physical activity participation in Culturally and Linguistically Diverse (CALD) migrant populations, defined as migrants who have resettled into another country where they differ culturally or linguistically to the native population. This review identified 72 papers and 44 correlates of sport and physical activity participation in migrant groups which were grouped in four themes using the social ecological model. These included demographic, acculturation, psychosocial and environmental or organisational reasons. From these, general correlates such as social support and safety as well as correlates relating to individuals facing cultural changes such as acculturation and language were identified as barriers to sport and physical activity participation. Some of these correlates are discussed below.

2.5.1 Gender and Physical Activity

Gender is an important factor in determining PA levels of a population. A systematic literature review consisting of studies from the UK, Norway, Canada, New Zealand, Australia, India and Guadeloupe to assess the levels of PA and sedentary time among South Asian women with an immigrant background showed low levels of PA compared to South Asian men and to white European comparison populations. Most of these studies indicated that South Asian women did not meet the recommended amounts of PA required for health benefits (Babakus& Thompson, 2012). As reported earlier, Khaing Nang (2010) evaluated patterns of PA in LTPA, occupational, household and transportation PA and its sociodemographic determinants in 4,750 adult Chinese, Malay, and Asian Indian in Singapore, and found that women (with 31%) were more likely to not meet the PA recommendations. Women were more likely to participate in household activity and transport activity than LTPA, but their level of participation was lower. Conversely, LTPA was higher in men. In an assessment of women's participation in sport and PA, the Commonwealth of Australia (2006) found that males born in North Africa and the Middle East had higher participation rates compared to females born in the same region. Males born in Sub-Saharan Africa had the highest participation rates in sport and PA.

In another study, the PA patterns of an ethnic minority group of women in the United States were examined. Choi, Wilbur, & Kim (2011) used the IPAQ to examine the patterns of PA and demographic characteristics associated with those patterns in 197 Korean immigrant women in the United States. The women showed low PA levels in most of the domains LTPA, job related PA and transportation PA but not household PA. Older women who had no child under the age of five, had higher levels of LTPA. Age and education level showed a significant difference in job related PA patterns, while older women and married women showed low levels of transportation PA patterns.

2.5.2 Culture

Culture refers to beliefs, common practises, and behavioural patterns passed on by way of socialisation (Robinson, 2009). For example, according to Yang (2004) cultural background has a significant effect on an immigrant's adoption and maintenance of new physical activities. In addition, the views that people have can also affect their participation in sports or physical activities, such as women of Korean background who often view inactivity as socially acceptable, mostly because of how PA in Korea is considered less important than academic, psychological or social performance. Furthermore, according to a study of Korean American children, Korean immigrant parents do not emphasise the need for PA in the lives of their children (Yang et al., 2007). A review of 10 qualitative studies on the underlying perceptions related to health behaviours and lifestyle related diseases in South Asian adults in the UK found that cultural and social norms strongly influenced PA (Lucas et al., 2013).

Another study (Devlin et al., 2011) examined the behavioural determinants of physical activity using theory of planned behaviour and self-efficacy in focus groups with 30 Somali women living in Maine, United States. Two- thirds of these women were sedentary. They found that although these women recognise the health threats of not participating in physical activity such as high rates of obesity, they faced barriers to participation and noted moral norms as one of the major barriers as they are prohibited to exercise in public or wear western style clothing. Therefore, Devlin et al. (2011) suggested that taking moral norms into consideration should allow for the design of culturally appropriate exercise programs that can address a major health threat in this vulnerable population group.

In the USA, a study examined cultural factors associated with LTPA among Latinos who are one of the largest ethnic groups in the USA. Using a community based participatory approach by which community members are equitably and actively involved in the research process, the Latina Health Survey was administered in English and Spanish through snowball sampling to 289 Latina adults living in a new Latina destination in north eastern New York. In this study, increasing acculturation which has been defined as a process of change that occurs when individuals from different cultures interact and share a common geographical space following migration, political conquest or forced relocation (Organista, Gerardo, & Chun, 2010) was positively associated with higher levels of PA participation per week (Jurkowski et al., 2010).

2.5.3 Socio-Economic Status

Socio economic status influences people`s experiences, attitudes and exposure to health risk behaviours. Ethnic inequalities in health are connected to wider socio-economic inequalities (Nazroo, (2003) in Banday & Paterson, 2008). Lower socio-economic status has been associated with lower PA participation and lower access to PA facilities and recreational areas (Johnston et al., 2008; Powell et al., 2004). For example according to Lunn, (2007), different socioeconomic groups experience inequalities as poorer people have less free time and poorer access to leisure facilities, or live in environments that do not support physical activity (WHO, 2006). Furthermore, the relatively closed nature of some sports such as golf does make it difficult for ethnic minority groups to participate in, for example as the levy fees and annual membership fees are too expensive for those with low or no income. In Ireland, the SLAN Survey highlighted that those who belong to a higher social class group were more active than those who belong to a lower social class group (Morgan et al., 2008).

Similarly, Gidlow et al. (2006) systematically reviewed 28 cross-sectional and five longitudinal studies to examine the relationship between socioeconomic position, measured mainly using education and income and PA. They found higher levels of leisure time or moderate to vigorous intensity PA in those at the top of the socioeconomic ladder than those at the bottom. Similar observations were presented by the Commonwealth of Australia (2006) in their assessment of women's participation in sport and physical activities. Both men and women belonging to the higher socio-economic index had the highest sport and PA participation rates. Afable-Munsuz et al. (2010) examined PA and a number of SES factors among three of the largest immigrant groups of Mexican, Filipino and Chinese adults. They measured PA in three different domains of leisure time (LTPA), non-leisure time (NLTPA) and any other PA. Results showed that individual and neighbourhood SES status influenced PA participation.

2.5.4 Physical Activity and Environment

Environmental factors are suggested to play a major role in PA and other obesity related behaviours (Gordon-Larsen et al., 2006). Physical and social environments can provide and support the choice to be physically active. Creating supportive environments can encourage, promote and increase sport and PA participation. According to Bauman et al. (2012), perceived access to recreation facilities is the most consistent environmental correlate of PA and nearly all studies reviewed reported a positive association with leisure time, transport, and total PA. Gordon-Larsen et al. (2006) reported on the association of lower socioeconomic status and high minority block groups with reduced access to facilities has been suggested to contribute to ethnic and socioeconomic status disparities in PA and overweight patterns. However, Macintyre (2007) and Macintyre et al. (2008) have refuted the notion that poor people have poor access to health enhancing resources and facilities but they may be disadvantaged in terms of the quality of repair.

Wilson et al. (2010) presented an overview of the ``Positive Action for Today's Health`` (PATH) trial for increasing walking in low income, ethnic minority communities and found poor perceptions of access to places for walking and safety from crime as hindrances to PA participation. A similar observation was presented by Taylor et al. (2007) in their exploration of environmental changes that would increase PA in the community. They recruited racial and ethnic minority women aged 50 years and over from two community health centres in New York City. These women living in low income urban areas recommended improvements that affect overall quality of life such as police protection, cleaner streets, and removal of drugs from streets as well as walking groups, and free gyms as some of the things that would improve their PA participation. Therefore, public policies, informed by research, that support population level approaches to increase sports and physical activities with strategies focusing on improving opportunities in neighbourhoods, schools and workplaces particularly in high density racial and ethnic minority populations are very important (Whitt-Glover et al., 2009). Wilkinson & Marmot (2003) also recommended policies that encourage changes in land use such as converting road space into green spaces and dedicating roads to the use of pedestrians and cyclists.

2.6 Barriers and Challenges to Physical Activity Engagement amongst Ethnic Minority Groups

There is little evidence in Ireland to accurately describe the challenges and barriers ethnic minority groups face in this country to participate in sport and PA. There are no Irish studies that have investigated and comprehensively described the participation and engagement of ethnic minority groups as a specific group in sport and PA in Ireland. Barriers exist at a number of levels for ethnic minority groups to participate in PA and sport. These include delivery of services by some organisations (Sporting Equals, 2007) such as provision of inclusive and affordable sport and PA programmes, as well as access to facilities. Other challenges faced by ethnic minority groups to participate in sport and PA include different social norms, preferred modes of PA, culturally appropriate programmes or programmes that provide cultural competence which has been defined in Jepson et al. (2008) as having the right policies, and the knowledge and skills to meet the needs and practices of people from different cultural backgrounds (Cited In: National Resource Centre for Ethnic Minority Health (NRCEMH), 2008). Furthermore, socioeconomic status and unemployment have also been related to lower levels of PA in immigrant groups and ethnic minorities living in Europe and North America (Dogra et al., 2010).

According to Theeboom et al. (2012) sport participation of ethnic minorities is shaped by a complex composition of several factors. Issues relating to integration, inclusion and discrimination are major barriers facing minority groups when trying to access facilities and services. Mansfield et al. (2012) identified that among multiethnic socio economically disadvantaged (SED) urban mothers in Canada, many barriers to utilitarian and leisure time physical activity opportunities were experienced. These barriers included lack of available, accessible and affordable LTPA programs that respond to cultural and social needs as well as the winter climate, concerns for safety, non-supportive cultural and social norms. Conversely, Babakus & Thompson (2012) in their systematic review of PA among South Asian women identified a lack of understanding of the recommended amounts of PA and its benefits as some of the emerging themes from the qualitative studies. Religious faith or confidence and trust in one's religion and education were identified as facilitators to PA participation, while hindrances to participation included cultural and structural barriers.

Furthermore, cultural difficulties and practical problems such as language barriers and illiteracy make it difficult to reach ethnic minority groups such as immigrants through

health promotion and other preventive services (Reijneveld et al., 2003). Level of English proficiency had an influence on sport and PA participation rates of males and females in Australia: those who reported their level of proficiency in spoken English as very good or good showing higher participation rates compared to those who reported their English proficiency as not good or those who did not speak English at all (Common Wealth Australia, 2006). According to Springer et al. (2010), communication, exclusion from social organisations and socio-economic disadvantage are some of the social barriers to PA that may be represented by language use. In this study to examine PA participation by parental language use in 4th, 8th and 11th grade students in Texas, USA, it was noted that communication disparities for Spanish speaking families may represent an important barrier to learning about extracurricular opportunities for PA at school and in the broader community. Furthermore, they also stated that efforts to increase involvement of Spanish speaking parents in school and community organisations may facilitate participation of children in sports and other extracurricular PA opportunities.

In the United States, immigrants and refugees display relatively low levels of PA and to understand these disparities, Wieland et al. (2013) examined the perspectives on PA among immigrants and refugees in a small urban community in Minnesota. Barriers to participation included lack of familiarity and comfort with taking the first steps to be physically active, while facilitators included social support from family, friends and communities. However, although the benefits of being physically active were acknowledged, Wieland et al. (2013) suggested that shared experiences of immigration and associated social, economic and linguistic factors influence how physical activity is understood, conceptualised and practiced.

Similarly, Casper & Harrolle (2013) examined and compared constraints to PA using a cross sectional survey among 457 Latinos in Wake County, North Carolina in the United States. Although half of the participants were inactive, the majority (81%) showed willingness to be more active. However, they highlighted lack of accessibility, partners and knowledge of PA resources as barriers. Ethnic minority groups are often poorly represented at decision making levels and for one reason or another may be discriminated against or excluded from activities or services in the community they live (Long et al., 2009). The Sports Inclusion Network, JoinIn Project and HSE Community Games Sport and Integration conference (2011) held in Dublin also found that sports itself can be a barrier in participation, for example if an individual is not familiar with a certain sport they may not feel comfortable and therefore, will not take part. Public

health advocates have increasingly highlighted the importance of implementing comprehensive PA interventions that use an ecological framework which can broadly address PA barriers such as policies on community awareness, social support, lack of opportunities and built environments (Bors et al., 2009).

2.7 The Role of Sport and Physical Activity in Promoting Social Inclusion

Social inclusion calls for support and recognition of diversity as well as sharing of lived experiences and aspirations among people (Donnelly & Coakley, 2002). In other words, social inclusion is associated with a society's widely shared social experience and active participation, equality of opportunities and life chances for individuals as well as a basic level of wellbeing for all citizens (Sen, 2005). Social inclusion is multifaceted and it happens over time through experience and engagement of all elements of society and involves empowerment, network partnership and ownership of programmes by individuals. In a social inclusion context the provision of sports and physical activities is thought to be an important way of allowing the host society and immigrants to interact together in a positive way (Bloyce & Smith, 2010).

The role of sport in the social integration of ethnic minority groups has increased through its contribution to economic and social cohesion and more integrated societies. Sport promotes a shared sense of belonging and participation and this allows for ethnic minority groups such as immigrants to interact together in a positive way with the host society. For this reason, the Commission of the European Union White paper on sport has reported that sport has great potential as an instrument for promoting social inclusion (European Commission, 2007). Social inclusion in sport and PA can mean different things to different people. This can include giving individuals or groups of people an opportunity to participate, or ensuring equality in access and resources for different groups of people. For social inclusion the value of sport is in not caring what background anyone comes from. It should challenge societal norms by incorporating all societies and ages and understanding other cultures.

Sport can nurture the social and cultural identity of individuals, groups and communities (Thomas & Dyall, 1999) which is important for the growth of a society. As noted earlier, barriers do exist for people of ethnic minority groups when it comes to integration in a society. These include income, people's attitudes, cultural openness, awareness about opportunities, language barriers, education, facilities, competition, mistrust, intimidation and racism. Consequently, ethnicity is closely connected to social exclusion from sport (Földesi, 2010). While the use of sport in combating exclusion has

become much more widely evident, Amara et al. (2005) found that for some sports professionals in the UK, the targeting of minority groups such as refugees and asylum seekers is a low priority if included at all. Theeboom, Haudenhuyse, & De Knop (2010) argue that it is essential to identify the social responsibilities of sport itself to use it as a means of dealing with social issues. It is therefore up to sports providers/organisations to identify and communicate what their perceived social responsibilities are.

Reporting on research that examined the social provisions of individuals` involvement in sport and non-sport community organisations, Nicholson, Brown, & Hoye (2013) explored the relationship between sport and social capital. They collected data on levels of involvement in community sport and other third sector organisations, selected demographic variables and a measure of social support using the Social Provisions Scale (Cutrona, 1984; Cutrona, 1986; Cutrona& Russell, 1987). Their findings showed that social support developed through involvement in sport organisations is stronger than that developed through involvement in non-sport community organisations.

In another recent study on social capital development among ethnic minorities in mixed and separate sport clubs, Theeboom, Schaillée, & Nols, (2012), suggested that both types of contexts offer the opportunity to acquire different social capital. They noted that members of separate sport clubs appeared to have more personal non sport related conversations with other members and helped each other more often outside the sporting context. On the other hand, members of mixed sport clubs learned more about other ethnic groups, how to make contact with others and they became self-confident. The Amateur Boxing Association of England, (2008), reported that sport offers people who are socially excluded, but talented and committed an alternative for a way out of isolation as they can make social contacts through playing sport. They also believe that boxing in particular can play an important role in having an impact in combating social exclusion. Therefore, it is essential to understand ways to successfully engage ethnic minority groups in sports and PA.

2.7.1 Sport/ Physical Activity and Social Inclusion in Ireland

Sport improves health, contributes to the economy, builds communities, establishes pride in Ireland and abroad, drives tourism and makes people feel good (Federation of Irish Sport, 2009). Sports activities at local, national and international level can support the integration of ethnic minority groups into society (FRA, 2010). All key stakeholders need to work together to provide more inclusive programmes that foster integration. This is reflected in the involvement of sporting bodies in EU sporting projects such as

the 'Join In' project which aimed to promote social inclusion of migrant youth in and through sport working in partnership with policy makers, researchers and professionals who want or advocate for the same cause. Similarly the Sport Inclusion Network (SPIN) project promoted the inclusion and involvement of ethnic minorities, migrants and other third country nationals including refugees through and in mainstream sport across Europe. The SPIN project involves a number of key stakeholders from eight European countries in the promotion of social inclusion through sport including the Football Association of Ireland (FAI). In Ireland, the FAI and the Gaelic Athletic Association (GAA) have dedicated national inclusion officers with a specific responsibility for interculturalism through sport by providing specific programmes for ethnic minority groups. These programmes have been shown to be of value and effective in promoting social inclusion (SPIN, 2012). Consequently, Sport against Racism Ireland (SARI) works in partnership with FAI, GAA and other organisations to support and promote cultural integration and social inclusion through sport (SARI, 2013).

2.7.2 Sports and Physical Activity Policy for Ethnic Minority Groups

Globalisation has made countries like Ireland multicultural nations as new migrants continue to come in and take up residence. Sport has the potential to play an important role in creating an inclusive society as it brings people from different backgrounds together (FRA, 2010). As noted before, with evidence of higher levels of ill health in ethnic minority groups, access to sport and PA is important for ethnic minority groups to maintain good health and social wellbeing. Barriers do however exist for organisations when engaging with people from ethnic minority groups, in particular, equipping clubs to cope with foreign languages and differing cultures. Hanlon & Coleman (2006) explored the extent to which sport and active recreation clubs in Australia cater for people from culturally diverse backgrounds. Interestingly, findings revealed that despite the range of policies and strategies recommended by researchers and State sporting organisations, most sport and active recreation clubs were reluctant, unaware of and unable to provide opportunities for people from culturally diverse backgrounds. The authors recommended that managers of sport and active recreation clubs need to understand the various customs, values and preferences of culturally diverse ethnic minority groups and establish appropriate recruitment and retention policies in order to encourage participation in PA and increase club membership of this population group.

Similarly, in Australia, City of Whitehorse Youth Project (2005) suggested that increasing knowledge of sports and local clubs through identifying and developing strategies that target local CALD communities and establishing networks and partnerships with ethnic groups, migrant services, local schools and youth services is needed to increase PA participation of ethnic minority groups. In Australia, the Participation in Community Sport and Active Recreation (PICSAR) program demonstrated that increasing participation in target communities including culturally diverse communities of newly arrived migrants and refugees and Aboriginal Victorians requires a combination of multi-pronged approaches underpinned by strong, collaborative partnerships. The program showed that inclusive policies, modified facilities and programs to meet the needs of the target groups, effective partnership and training of staff and volunteers are key elements in building the capacity of sports organisations and clubs to engage with target groups (VicHealth, 2013). According to Theeboom, Haudenhuyse, & De Knop (2010), the commercial sports sector has more flexibility than the non-commercial sport sector in providing for the needs of the potential sports participant, and seems to be able to deal with the barriers that are hindering certain groups of society from actively participating in sports provisions. A Sport-for-all policy and practice needs to encompass equal sports opportunities, equal sports conditions and equal sports outcomes for all (Theeboom et al., 2010).

Woods et al. (2010) recommended that sports policy needs to reflect a holistic vision which integrates, supports and encourages all those involved in the provision of sport and exercise for children. However, this should be transferable to adults as well. In Ireland, policy on the promotion of sports and PA is often concerned with young people and the activities provided in schools (ISC, 2004). Hence ethnic minority groups` children benefit a lot by being included in programmes through their schools. For example, both the GAA and FAI run school programmes and school to club programmes where children from all backgrounds have an equal opportunity to participate in schools. Similarly, the Community Games organisation in Ireland provides sporting and cultural activities for children aged 6 to 16 years to participate (Community Games, 2013). The context of PA policy in Ireland will be reviewed further later in this thesis.

2.8 Guidance for Engaging Underrepresented Groups in Sport and PA

The World Health Organisation through the Physical Activity and Networking (PHAN) report recommended that PA interventions that address personal, social and

environmental barriers among target groups are more likely to be successful. Furthermore, attempts to promote PA among people from disadvantaged backgrounds or diverse cultures have to be community driven by involving the target group in all aspects of the programme which should be built into the culture of the target communities and be part of a coherent and consistent network that incrementally builds norms of activity. The Active England Report (2009) found that 'what works' when targeting underrepresented groups such as black minority ethnic groups includes providing suitable activities, good communication as well as understanding the motivations for people to attend programmes. Organisations running projects should take into account the drivers to be active and remove any identified barriers. The use of focus groups and people from the target group in the planning and implementation of the Physical Activity and Minority Health (PAMH) study, a five month social cognitive theory (SCT) based PA programme on physically inactive Pakistani immigrant men living in Norway, is thought to have been vital in the success of the programme (Andersen, Burton, &Anderssen, 2012).

Adopting an ecological approach by developing and maintaining partnerships that can support and sustain the delivery of programmes is also essential (WHO, 2013). It is also important to recruit adequate minority groups' representation in PA research studies to improve generalizability. In addition, programmes that show cultural sensitivity have been found to be more successful in ethnic minority groups. Programmes should consider particular religious and cultural needs, while activities should be located in familiar surroundings (Active England, 2009). Furthermore, using role models from similar backgrounds can motivate participation in different sports and physical activities. Although the benefits of increasing sport and PA are evident for all population groups, the targeting of ethnic minority groups is a low priority for some key stakeholders in the provision of sport and PA. This may be a reflection of the lack of training and knowledge in relation to this target group as well as the primary professional focus on sporting provision and sport development for sporting rather than social welfare reasons (Amara et al., 2005). Conversely, the EU JoinIn Project (2012) recommends educating sport and PA providers on cultural diversity and addressing negative attitudes. At the moment in Ireland there is little analysis on the extent to which sport and PA providers encourage cultural diversity in their programmes. Understanding and respecting the difference between dominant individualistic cultures and collective cultures can contribute to encouraging members of ethnic minority groups to join sport and PA organisations (Hanlon & Coleman, 2006).

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2.8.1 Tracking and Monitoring Programme Impact

Evaluation and monitoring is important for measuring progress towards increasing population levels of PA and enhancing social inclusion. Such data informs policy and strategy for joint action (Canadian Fitness and Lifestyle Research Institute, 2015). In Ireland, the Irish Sports Monitor (ISM) was established in 2007 as an ongoing survey of participation in sport among adults including ethnic minority groups in Ireland (Lunn, Layte & Watson, 2007). This has helped to provide valuable insights on all aspects of sport and PA participation and is an important resource in implementing policy. Furthermore, the ISM (2011) reported that non-Irish nationals were half as likely to play sport as Irish nationals (Irish Sports Monitor, 2011). The SLÁN survey (2007) also assessed the levels of sport and PA participation in adult and found that 24% of the respondents reported some activity but not enough to be considered physically active, while 22% reported being physically inactive (Morgan et al., 2008). Conversely, the Children's Sport Participation and Physical Activity study (CSPPA) provided a national database of physical activity, physical education and sport participation levels of children and youth in Ireland as well as factors influencing participation. The information collected provides guidance to the development of policy in the areas of health, sport, education, transport and the environment to improve and increase participation in all Irish children (Woods et al., 2010). Similarly, the Health Behaviour in School-aged Children (HBSC) study initiated in 1982 is a cross-national research study conducted in collaboration with the WHO Regional Office for Europe and runs on a four year cycle in 43 countries and regions across Europe and North America. The study collects data on key indicators of health, health attitudes, health behaviours, and the context of health for young people. This information can be used in the development of strategies and policies to promote health in young children. As the HBSC Ireland Trends Report 1998–2010 showed, there was a statistically significant decrease in the percentage of young people who reported that they exercise four or more times a week (53.5% in 1998 and 50.5% in 2010) (Gavin et al., 2013).

Conversely, the Irish Longitudinal Study on Ageing (TILDA) reported that the proportion of older adults reporting low levels of physical activity increases with age, with 51.6% of over 75s reporting low levels of physical activity (Leahy et al., 2014). Therefore, tracking and monitoring information like the above is important for improving the health and wellbeing of a population. Consequently, some NGBs such as the FAI in particular evaluate their programmes and do measures including ethnicity monitoring, participation audits and surveys/questionnaires. The FAI includes an

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ethnicity question on all their summer camp application forms (FAI, 2014). Similarly, the LSPs monitor their activities using the Strategic Planning Evaluation and knowledge (SPEAK) system which assists the Irish Sports council with vital information on the impact of LSPs with regards to reaching into local communities. Approximately 256, 614 people participated in 788 locally delivered participation programmes (SPEAK Report, 2013). However, monitoring and evaluation of PA programmes in Ireland is generally less advanced and more poorly resourced than in the UK, other European countries or Australia. There is no obligation on NGBs to provide evidence of participation in order to draw down funding.

2.8.2 Interventions to Increase Sport and Physical Activity in Ethnic Minority Groups

As the plethora of evidence above has shown, ethnic minority groups suffer more ill health and are at risk of non-communicable diseases that are often caused by modifiable health behaviours specifically physical inactivity. Consequently, effort is required to promote PA among ethnic minority groups. Interventions that involve strategies of behaviour modification may be more successful at inducing sustained behaviour change (Andersen, Burton, &Anderssen, 2012). Sedentary Pakistani immigrant men living in Norway, (n=150) were randomly assigned to a five month social cognitive theory (SCT) based PA intervention or control group. The men in the intervention group increased their total PA levels (+84 mins MVPA) and reduced sedentary (-7.7 hours of inactive time per week) compared to the control group. This study shows that interventions to improve PA levels in minority group men can be effective in encouraging an increase in their participation.

Reijneveld et al. (2003) undertook a randomised control trial to assess the effect of a short health education and physical exercise programme on health and the physical activity of Turkish first generation immigrants aged 45 and over living in the Netherlands. An improvement in mental health was noted in participants from the intervention group. They concluded that health education and physical exercise improves the mental state of deprived immigrants. In addition, results from a qualitative study to explore motivations and facilitators of PA in people of South Asian background living in the United Kingdom indicated that both key informants and the south Asian participants interviewed mentioned an increase in self-esteem and confidence associated with greater PA participation (Jepson et al., 2008). Renzaho et al. (2014) also noted that health promotion programs to prevent obesity in Sudanese immigrants in Australia will significantly improve cardiovascular outcomes. In order to target interventions to ethnic

minority groups, stakeholders working with ethnic minority groups should contextualize physical activity promotion around related sociocultural perspectives as well as taking into account the relevant historical, political and structural contexts (Kumanyika et al., 2012), which involves understanding the correlates of PA in these groups.

2.9 Summary

Participating in sport and PA can provide health benefits for people of all ages across all ethnic groups. However, as discussed above, ethnic minority groups engage less in sport and PA compared to the general population in other countries, but our knowledge of the situation in Ireland is scant. All the literature discussed above suggests that there is a need for further research on the provision of sport and PA for ethnic minority groups. As noted by Bors et al. (2009) public health advocates have increasingly highlighted the importance of implementing comprehensive PA interventions that use an ecological framework which can broadly address PA barriers such as policies on built environments and community awareness, social support and lack of opportunities. When promoting sports and physical activity for ethnic minority groups, cultural backgrounds and diversity must be recognised and respected. This must happen in the type of activities offered as well as in the organisational structure and ethos of the organisation. Organisations that deliver sport and PA programmes should provide opportunities to access various forms of programs and facilities which can encourage and increase sport and PA participation in ethnic minority groups while at the same time promoting social inclusion and facilitating integration. Inclusion should happen at all levels of the club including coaching, volunteering and management level. There is a need to identify a range of perspectives, experiences, needs and views of ethnic minority groups in terms of social cohesion and network partnership in order to promote PA in this manner. Therefore, the purpose of this study is to review the current state of knowledge on the engagement of ethnic minority groups in sport and PA in Ireland. In addition, to investigate the role of sport and PA in promoting social inclusion of ethnic minority groups in Ireland, through the evaluation of participation in sport and PA and programme provision for this cohort.

Chapter 3: Methodology

In this chapter the study design, research methods and study population are explored in more detail. An overview of data collection is outlined and a step by step procedure of the study is given to provide a clear view of the data collection process. The research questions investigated are also outlined.

3.1 Research Design

This research incorporated a descriptive design using mixed methods to evaluate levels of sport and physical activity (PA) participation, enablers and barriers to participation, and programme delivery and availability among ethnic minority groups in Ireland. Quantitative methods were used to assess PA and sport participation of individuals from ethnic minority groups and to gain an overview of programme provision by sports and PA agencies for these cohorts. Qualitative methods were employed with individuals from ethnic minority groups and with key deliverers from sport/PA agencies to explore the nature and experience of programme delivery for ethnic minority groups.

This research involved gathering and analysing primary and secondary data to get an overview of agencies working with ethnic minority groups, to gain further understanding of the participation of ethnic minority groups in sport and PA, and to establish how ethnic minority groups` participation and involvement in programmes is met by various providers of sports and PA programmes. Secondary research was conducted through a desk based review of policies, agencies and programmes specific to ethnic minority groups. National Governing Bodies (NGBs), Local Sports Partnerships (LSPs) and other community agency websites were searched to review policy documents, strategies, business plans and annual reports to see whether they propose at any level to include people from ethnic minorities in their sports and PA programmes. Also, existing data sources such as those produced by the Irish Sports Monitor (ISM) and SLÁN Survey were reviewed to identify any current trends in relation to sport and PA participation by ethnic minorities.

The first element of primary data collection incorporated a survey administered to agencies charged with promoting health and PA in Ireland to gain an overview of current projects underway in Ireland to engage ethnic minority groups in sport and PA. Secondly, a questionnaire was administered to, and a number of focus groups were carried out with ethnic minority groups to identify patterns of sports and PA behaviour and factors that enable or inhibit participation. Finally, key deliverers were consulted

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through interviews on what the needs of ethnic minority groups are and what programmes are available for them and the role these play in promoting social inclusion.

3.2 Population and Sampling Strategy

The population included members of ethnic minority groups as well as key stakeholders in the provision of sport and PA programmes and therefore findings will be presented in two parts. Accessing agencies and recruiting ethnic minority groups proved very difficult. Networking in terms of communication with agencies, groups and individuals was a challenge as most times emails, messages and phone calls were made with no response (Appendix M).

Non probability sampling was used throughout this study. A non-probability sampling strategy involves choosing participants with a particular feature or characteristic of interest to the research which allows for the main aims of the study to be explored deeper. This allows for a symbolic representation as each population sample is chosen to represent and symbolise relevant features for the research (Ritchie, Lewis, & Elam, 2003). In this instance this population included members of ethnic minority groups and stakeholders involved in the provision of sport and PA programmes to this cohort.

3.2.1 Recruitment of Participants

Recruiting participants for this research proved very challenging, specifically getting in contact with and beyond relevant gatekeepers. Many of the contacts given on websites were no longer involved in organisations relevant to ethnic minority groups, while migrants themselves were also hard to locate. However, this transience is to be expected as migrants sometimes move around a lot especially if they are not settled. For example people in reception centres get moved around a lot as they wait for decisions to be made on their immigration residential status. Furthermore, the perception that this research was only appropriate for people who are interested in exercise or sports meant that some people were reluctant to participate. In addition, language difficulties also meant that those who could not communicate in English had no confidence to come forward and preferred not to take part despite assurance that help and assistance would be provided and that translation would be available as needed. This difficulty in recruiting ethnic minority groups has also been noted by Andersen, Burton, &Anderssen (2012) who observed that although ethnic minority groups are considered an important group for health interventions they are also considered a challenging group to recruit into research studies. The collection of ethnic minority group data is also a sensitive topic in many EU member states (European Network Against Racism, 2012). Rooney, Bhopal, Halani, Levy, Partridge, Netuveli, Car, Griffiths, Atkinson, Lindsay and Sheikh (2011) described the issue of forming trusting relationships as pivotal to the successful recruitment of ethnic minority groups into research.

The difficulties accessing agencies to take part in the project was mainly due to the fact that it was hard to identify who these agencies were and where to find them. This is evident in the number of phone calls and contacts made to different organisations (Appendix G). Networking in terms of communication with agencies, groups and individuals was a challenge as frequently, emails, messages and phone calls were made with no response. Most agencies were also quick to justify that they were either not a sporting organisation or they have no direct contact or have never worked with ethnic minority groups. Therefore, it was not their responsibility to facilitate in any way the provision of sport and PA programmes for ethnic minority groups or encourage and help to increase their participation levels. They felt that they did not qualify to take part in this research study. Even after clarification of the need for their input to the study, some agencies were still not interested. There is often the assumption that only sport organisations are responsible for the provision of sport and PA but for this group in particular the responsibility must extend into local community agencies and integration groups. There is a lack of coordination and collaboration amongst agencies to understand this.

In accordance with this, Brophy et al. (2011) found that research targeting physical activity continues to focus primarily on white and adult populations, with less knowledge about factors associated with physical activity habits in ethnic minority and younger populations. Also, the organisation `Changing Ireland` found that although many existing community development projects have acknowledged the need to engage with ethnic minority groups not many have actually done so as most organisations and agencies find it difficult to engage and make contact with ethnic minority groups in a realistic and meaningful way as a result of finance, resources and knowledge (Changing Ireland, 2013). It is hard for agencies to get people involved in programmes due to a number of reasons but it may largely be due to a lack of clear policies and procedures about how to engage with minority groups. This was evident in focus group discussions where members of ethnic minority groups revealed that they often feel that they are not welcome in sports organisations because of their ethnic background or because they are not able to speak English.

3.2.1.1 Part A: Ethnic Minority Groups

Ethnic minority groups are considered an important group for health interventions but are also considered a challenging group to recruit into research studies (Andersen, Burton, & Anderssen, 2012). Such challenges were inherent in recruiting participants in this research so recruitment was restricted to the areas where participants were available and willing to take part in a project of this nature. Participants included in the study were from various parts of the Munster and Leinster area to provide some representation of ethnic minority groups across Ireland. Participants were primarily recruited using convenience and snowball sampling which involved using contacts made through family or friends and approaching organisations, groups or individuals that work with ethnic minority groups.

One of the main organisations contacted for assistance in recruiting ethnic minority groups was the New Communities Partnerships which is an independent national network of 165 immigrant led groups comprising of 75 nationalities. This subsequently opened access to the Migrant Directory, which has contact details for ethnic minority groups in Ireland. Other contact points for ethnic minority groups were made through contacts established with many of the stakeholders engaging ethnic minority groups in sport and PA through the EU JoinIn project, in which WIT is a partner institution, as well as at conferences attended by the researcher. In addition, contacts were also made through religious groups and other community groups (See Appendix M).

A final contact database (Table 1) was developed and emails were sent out and phone calls were made to representatives of these ethnic minority groups in Ireland to begin recruitment of participants to fill out questionnaires and take part in a focus group (Table 1). In all instances, participants were asked to voluntarily participate in this research study.

Integration	African	Direct	Miscellaneous
Centres	Community	Provision	
	Support Groups	<i>Centres</i> (for	
		Asylum	
		seekers	
		/refugees)	
Integration	African Centre,	Birchwood	DorasLuimni,
Centre Dublin,	Carlow African	House	Challenging Ethnic
Integration	Community,	Waterford,	Minority Health
Support Unit	Darfur Solidarity	Viking House	Inequalities (Cairde),
Waterford,	Group Ireland,	Waterford,	Father McGrath Family
Integration of	Eritrean	Bridgewater	Resource Centre (English
Africa Children	Community	House for	Classes for immigrants)
in Ireland,	Network Ireland	(Carrick on	Kilkenny, Kilkenny
Kilkenny	(ECNI), Ghana	Suir).	LEADER Partnership,
Integration	Union Ireland,		Irish Immigrant Support
Forum.	Guinean		Centre (NASC) – Cork,
	Association		New Communities
	Ireland, Nigerian		Partnerships (NCP),
	Muslim		Ossary Youth Kilkenny,
	Community		Sports Against Racism
	Waterford,		(SARI) Dublin.
	Sudanese Group		
	Kilkenny.		

3.2.1.2. Part B: Stakeholders

A survey was conducted with national agencies charged with delivering sport and PA in Ireland and those that work with or provide direct or indirect services at community or national level especially for ethnic minority groups. In addition, agencies were identified through their involvement in promoting social, cultural and economic development and facilitating opportunities for individuals and communities to participate in an inclusive society. The Irish Sports Council (ISC) which is a partner in this research study volunteered to help access a number of the stakeholders in the provision of sport and PA programmes. An online survey using survey monkey was sent out to all the LSPs (n=33), and NGBs (n=56) in Ireland (Table 2). The researcher's participation at the national Spin/Join In meeting in Dublin in 2012 provided an opportunity to have access to make contacts with some key stakeholders as well as access links to the database of all the attendees of the meeting and this formed part of the stakeholder recruitment group.

Table 2: List of Agencies for Survey

Sports Partnerships	National Governing Bodies of Sport	Local Authorities/Other Agencies	
Cork, Donegal, Kerry,	Basketball Ireland, Irish Road	Dublin City Sports	
Kildare, Kilkenny,	Bowling, Cricket Ireland, Camogie	Network, Fingal County	
Laois, Limerick City	Association, Community Games,	Council Sport Office,	
and County, Mayo,	Cycling Ireland, FAI, GAA.	Irish Underwater	
Meath, Monaghan,	Gymnastic Ireland, Golfing Union	Council, Wexford Local	
North/South	Ireland, Irish Ladies Golf Union,	Development.	
Tipperary, Offaly,	Horse Sport Ireland/ Equestrian		
Roscommon, Waterford	Sport, Horse Shoe Pitchers		
	Association of Ireland, Irish Amateur		
	Boxing Association, Irish hockey		
	Association. Irish Squash,		
	Mountaineering, Special Olympics,		
	Swim Ireland, Tennis Ireland.		

Results from this survey guided the sampling criteria for interviews with a selection of key stakeholders in the provision of sport and PA programmes. Specifically, the last question in the survey asked the respondents if they would be willing to be interviewed. From those who granted permission, key stakeholders were selected as potential participants if they provided some information related to or evidence of working with ethnic minority groups. These were prioritised according to their relevance to the research study especially in relation to the level of integration and inclusion of ethnic minority groups in their sport and PA programmes. The final list of stakeholders for the interviews included three representatives from LSPs, GAA development officers from

Dublin and Waterford, FAI, HSE Community Games, SARI, and the Integration Support Unit (ISU). These organisations work with ethnic minority groups through providing different services at different levels such as sport and PA, educational activities and community development projects etc. Unlike the other stakeholders, the ISU was not included in the stakeholders list in table 2 as it did not take part in the stakeholders' survey but was selected for the interviews as it works to integrate ethnic minority groups through various activities including physical activities, educational activities and community development projects.

3.3 Data Collection

This research programme consisted of the following elements of data collection:

RQ1:What is the	RQ2:Who are the	RQ3:What are the	RQ4:Does sport and
sports and physical	<u>key deliverers in</u>	perceived barriers	physical activity
<u>activity</u>	promoting social	and enablers to	participation promote
participation of	inclusion in and	sport and physical	social inclusion
ethnic minority	through sport and	<u>activity</u>	amongst ethnic
groups in Ireland?	physical activity in	participation	minority groups?
	Ireland, and how are	amongst ethnic	
	related programmes	minority groups in	
	delivered?	Ireland?	
Analysis of existing	Desktop review of	Focus groups with	Interviews with a
datasets to examine	agencies, policies	members of ethnic	selected number of
the PA habits of	and programmes. A	minority groups to	key deliverers in sport
ethnic minority	survey of national	explore issues	and PA programmes
groups.	agencies charged	surrounding PA	to evaluate how they
Measurement of	with delivering sport	and sports	meet the needs of
sport and PA	and PA in Ireland,	participation,	ethnic minority
participation using	with a particular	views and attitudes	groups` participation
questionnaires.	focus on their	towards	and involvement in
	engagement with	programme	programmes as well as
	ethnic minority	provisions.	the role of sport and
	groups.		PA in promoting
			social inclusion.

Table 3: Overview of Data Collection

3.3.1 Measures

3.3.1.1 Participation in Physical Activity

Physical activity was assessed using the IPAQ, which measures PA in four different domains, (i) recreation, sport, and leisure time PA (LTPA), (ii) job related PA, (iii) transportation PA, (iv) housework, house maintenance and caring for family related PA). The use of the IPAQ was favoured in this study for acceptable measurement properties and its inclusion in measuring all four domains of PA (Craig et al., 2003). PA patterns in each domain were assessed in relation to frequency measured as (number of days), intensity (energy or physical power expended performing an activity) measured as vigorous and moderate active and duration (time spent active) expressed in hours and minutes of participation per week and the proportion of participants meeting the daily PA requirements of at least 30 minutes of moderate to vigorous intensity PA five times per week as per the PA guidelines (Get Ireland Active, 2011).

3.3.1.2 Sedentary Behaviour

Sedentary behaviour has been defined as activities that do not increase energy expenditure substantially above the resting level of 1.0-1.5 METs (metabolic equivalents) or as reclining postures, including activities such as sitting, lying down, sleeping, watching television, writing and reading and other forms of screen based entertainment or those pursuits undertaken while awake that involve sitting or reclining (Pate, O'Neill, &Lobelo, 2008; Owen, Healy, Matthews, & Dunstan, 2010). The term "sedentary" encompasses both sitting and reclining (Healy, Clark, Winkler, Gardiner, Brown, & Matthews, 2011). Sedentary time can be measured in terms of specific behaviours such as TV viewing time; the amount of sedentary time occurring in a specific domain such as work, leisure, domestic, transport; and the overall sedentary time across the day. Overall sedentary time can be assessed with either a single item (sometimes asked separately for weekend and weekdays), or by summing responses for the various behaviours or domains (composite measure) (Healy et al., 2011). In this study, The IPAQ (Craig et al., 2003) single question on sedentary behavior was used and sedentary behavior was measured by assessing the amount of time in hours and minutes spent during the day sitting or reclining in activities that require very low energy expenditure or effort. These include sitting or reclining at work, at home, getting to and from places, or with friends including time spent (sitting at a desk, sitting with friends, travelling in car, bus, train, reading, playing cards or watching television), but do not include time spent sleeping.

3.3.1.3 Enablers to Participation in PA

Enablers to participation in PA involved identifying elements that shape access to opportunities for PA amongst ethnic minority groups, and that can help increase participation and improve programme provision for this group. Focus groups and questionnaires with members of ethnic minority groups as well as interviews with key stakeholders assessed the factors that influence sport and PA participation amongst ethnic minority groups in Ireland. Both members of ethnic minority groups and key stakeholders in promotion of sport and PA were asked to describe what helps or motivates ethnic minority groups to take part in sport and PA programmes. These included factors such as physical health benefits and social benefits, preferred types of programmes provided or preferred modes of PA, being included and feeling a sense of belonging. For example one of the questions in this category asked participants how regularly they join in activities such as sports clubs, social clubs, education activities, religious groups and cultural events etc. (See Appendix A Section 6). Questions used to measure enablers were taken from the SLÁN survey (Morgan et al., 2008) and the International Prevalence Study on Physical Activity (IPS) (Sallis, 2002).

3.3.1.4 Barriers to Participation

Ethnic minority groups often face a number of barriers when trying to access facilities and services in their communities. Barriers to participation looked at the reasons that make it difficult for ethnic minority groups to participate in sport and PA. Barriers that were looked at included certain elements of the community as well as different situations in life and the community that prevented them from participating in sport and PA such as personal barriers, environmental barriers, financial difficulties, cultural and religious beliefs as well as language barriers and types of programmes provided by sport and PA agencies. Questions around barriers came from the SLÁN survey (Morgan et al., 2008); the International Prevalence Study on Physical Activity (IPS) (Sallis, 2002). In addition, focus groups with members of ethnic minority groups and interviews with stakeholders also assessed barriers to participation and topic guide questions were developed and used to assess the barriers to sport and PA participation (See Appendices E & F). These barriers ranged from issues of safety when walking, availability, affordability and access to facilities, and lack of information about programmes. Data were collected in focus groups with ethnic minority groups and interviews with stakeholders.

3.3.1.5 Programme Provision

Data on programme provision was collected through an online survey using survey monkey and interviews with sport and PA agencies. These were conducted to establish what projects and programmes are designed specifically for and/or to include ethnic minority groups in Ireland, as well as how the needs of ethnic minority groups are met by PA and sport providers. In the online survey, agencies were asked to provide information on the type of ethnic minority groups they work or have worked with and the specific programmes they have in place for this cohort or the context in which they involve or include ethnic minority groups in their programmes. Interview questions also asked representatives of the organisations whether their organisations had any specific programme for ethnic minority groups or if they had any strategies/future plans or policies in place to provide such and/or inclusive programmes that would encourage and increase ethnic minority groups` participation in sport and PA.

3.3.1.6 Level of Social Inclusion

Social inclusion in sport and PA relates to giving individuals or groups of people from all backgrounds an opportunity to participate, and facilitating equal representations in activities and having equal resources for different groups of people to engage and increase sport and PA participation levels. Interviews with NGBs, LSPs, and other community organisations working with ethnic minority groups were conducted to find out the role of sport and PA in promoting social inclusion for ethnic minority groups and how the programmes provided were playing a part in promoting social inclusion with this group.

3.3.1.7 Demographics

Questions from the SLÁN survey and the Central Statistics Office website were used in the questionnaire to collect and provide descriptive data on participants which included age, gender, marital status, number of children, education levels and level of English, nationality and ethnicity of the minority groups who participated in the study.

3.4 Data Collection Instruments

3.4.1 Quantitative study: Questionnaires

Quantitative studies are concerned with data that is numerically based and measurable. Two questionnaires were developed for the two cohorts of participants taking part in this research (Appendix A and Appendix B); ethnic minority groups and stakeholders. Being one of the most common methods of collecting data, questionnaires are also cost effective, quick at producing results, time saving and a more convenient way for the participants to provide required data, especially across a wide geographical area (Sarantakos, 1993; 2005).

3.4.1.1 Questionnaire 1: Ethnic Minority Groups Sport and Physical Activity Questionnaire

This questionnaire was completed by members of ethnic minority groups to assess their PA behaviour, access to PA and sport programmes, and barriers and enablers to their participation in sport and PA. The questionnaire incorporated a variety of validated instruments including the long version of the International PA Questionnaire (IPAQ). The IPAQ was developed and evaluated in twelve countries and the validity and reliability of the instrument has been deemed comparable to other self-report instruments (Craig et al., 2003) to be a useful population measure of all the different domains of PA. Other instruments used included the National Health and Lifestyle Survey (SLÁN, 2002), the National Health Interview Survey 1975-2012 (Centers for Disease Control and Prevention, 2012) as well as the International Prevalence Study on Physical Activity (IPS) (Bauman et al, 2009; Sallis, 2002).

3.4.1.1.1 Structure of Questionnaire

3.4.1.1.1.1 Section 1-4: The ethnic minority groups' questionnaire used the IPAQ to measure all domains of PA participation by assessing the amount (frequency and duration) of vigorous or moderate recreation, sport and leisure time PA performed during the last seven days (section 1), as well as job related PA undertaken as part of a job done outside the home as either paid employment or unpaid work i.e. volunteer work (section 2). In addition, respondents were asked to provide detail on the amount of transportation PA including walking and cycling (section 3). PA levels were also assessed through activities done as part of house work, house maintenance and caring for the family (section 4).

3.4.1.1.1.2 Section 5: The IPAQ was also used in this section to assess sedentary behaviour by asking participants to indicate how much time per day they spend sitting (sitting at home, work, travelling in car, bus, train, reading or watching television).

3.4.1.1.1.3 Section 6: To assess enablers to participation including social inclusion, the National Health and Lifestyle Survey (SLÁN) and the National Health Interview Survey 1975-2012 questionnaire were used to capture participation through family, community

and social networks. Closed ended questions were used and included how regular participants join in with the activities of different types of organisations such as sports clubs, social clubs, cultural events and religious groups.

The International Prevalence Study on PA [IPS] (Bauman et al, 2009; Sallis, 2002) and SLÁN survey questionnaires (Morgan et al., 2008) were also used in this section to assess barriers to participation. Questions included how certain elements in life and the community prevented respondents from participating in sport and PA. Open-response Likert scales were used (IPS Study), with valid responses ranging from strongly agree, somewhat agree, somewhat disagree, strongly disagree, or don't know/not sure to answer statements including "I feel safe when walking in my community" and "my community has several free or low recreation facilities, parks, bike lanes, walking trails, playgrounds and public swimming pools." A response scale ranging from often, sometimes, or never was used for statements including how often access to facilities, financial cost, lack of information, continuity and sustainability of programmes, prevent respondents from taking part in sport and PA (SLÁN Survey).

3.4.1.1.1.4 Section 7: This section measured the demographics of members of ethnic minority groups who participated in the research. The SLÁN survey and the Central Statistics Office website were used to generate questions to assess age, gender, education levels, nationality and ethnicity of the minority groups who participated in the study.

3.4.1.2 Questionnaire 2: Sport and Physical Activity for Ethnic Minority Groups in Ireland Stakeholders Questionnaire

A second questionnaire was designed to gain an overview of programme provision by key sport and PA promoting agencies in Ireland as well as to investigate respondents` perceptions of the role sport and PA play in promoting social inclusion for ethnic minority groups. An online survey using survey monkey was developed and questions included what programmes were provided specifically for ethnic minority groups by these organisations, "What type of ethnic minority groups have you worked with in the past year?", "What sports/PA programmes do you provide or facilitate that have engaged ethnic minority groups or individuals?" The organisations were also asked if they will be willing to facilitate contacts with the groups they were working with to provide access to administer the ethnic minority group questionnaire and facilitate focus group meetings.

In addition, organisations were also asked if they will be willing to be contacted for interviews. There were mixed reactions to these responses. Some organisations were willing to be contacted and provide any assistance they could, however, others saw no point in being contacted as they did not have direct contacts with ethnic minority groups or provide programmes for this group. Others firmly declined to be contacted what so ever. The survey was administered through the ISC which has direct contacts with the LSPs and NGBs. There was also confusion among stakeholders as to who has the responsibility of providing sports and PA programmes for ethnic minority groups. Therefore, more clarification had to be provided, in that it was not necessarily the responsibility of sports organisations to provide sports programmes directly to target groups but any organisation with a health enhancing strategy for population health can indirectly provide for the provision of sport and PA programmes by providing funding, equipment or facilities. The same had to be done with individual members of ethnic minority groups as clarification was also needed to let them know everyone was welcome to participate regardless of whether they participated in any sport or PA. To cater for any participants who had language difficulties, the researcher made sure there was at least one person who spoke a similar language and were also able to speak good English to interpret and translate where necessary.

3.4.2 Qualitative study: Interviews and Focus Groups

A qualitative study is concerned with the way people interpret and understand an issue. It usually emphasizes words rather than quantification in the collection and analysis of data. Qualitative research is a research strategy that involves three features, which are that it is inductive, constructive and interpretive (Bryman, 2008). The qualitative component of this research employed both individual interviews and focus groups. Arthur and Nazroo (2003) stated the importance of considering the order that issues and topics are to be discussed in an interview or focus group. This involves drawing up an interview or topic guide outlining the key issues to be explored. In addition, the interview guide should be used as a mechanism for encouraging and directing the discussion in an interview or focus group but not as an exact prescription for coverage, equally, although it provides structure, it allows for adaptability according to the circumstances and dynamics of the interview situation (Arthur and Nazroo, 2003). The interviews and focus group discussions utilised probes and prompts to expand on information given when required.

Informed consent (See Appendix C and D) was obtained first and participants were assured of complete confidentiality. In each case the researcher began the process with an introduction outlining the purpose of the research, the way the interview and focus group discussion would be conducted and the need and reason for recording the conversations. The interviews and focus group discussions were recorded using a digital recorder. Recording and transcribing interviews or focus group discussions is a very reliable method of data collection. Transcribing the interviews and focus groups discussions was however a lengthy process. It is estimated that it takes five to six to transcribe an hour of recorded speech (Bryman, 2004 cited in Walliman, 2006).

3.4.2.1 Interviews

Nine semi-structured interviews were conducted with key stakeholders and organisations that routinely engage with ethnic minorities. This was done to gain an overview of current projects underway in Ireland that meet the needs of and engage ethnic minority groups in sport and PA, with a particular focus on evaluation strategies employed. Interviews are a more appropriate method of seeking specific information from individuals with particular expertise and experience and they encourage individuals to reflect more deeply on the topic at hand. Interview topics (See Appendix F for interview topic guide) for this study included organisational policy, programmes provided, funding, challenges faced by stakeholders in providing programmes specifically for and recruiting ethnic minority groups, social inclusion and how inclusive stakeholders activities are of ethnic minority groups in their programmes. Interview topic guide included questions such as, "do you or your organisation have a role in targeting ethnic minority groups if any?", "what specific policies do you have in relation to the promotion of sport and PA among ethnic minority groups?", "how are you funded?" The order in which the questions were approached depended upon the flow of the conversation which was different in each interview.

3.4.2.2 Focus Groups

Four focus groups were carried out in Waterford, Kilkenny and Dublin. Focus groups with members of ethnic minority groups were used to explore issues surrounding PA and sport participation, and involvement and attitudes towards programmes provided for ethnic minority groups. Enablers and barriers to participation in sport and PA for ethnic minority groups were also explored in the focus group discussions. Focus groups are a cost effective way of seeking a range of views and can encourage groups of participants with similar backgrounds to reflect more deeply on a topic through discussion with

peers (Jepson et al, 2008). In addition, according to Bowling, (2002), focus groups make use of the group dynamic of the participants to stimulate discussion, generate ideas, and gain an in depth understanding of the topic at hand.

As already mentioned earlier, focus group participants were recruited from questionnaire groups and pre-existing networks. To ensure all information was correctly interpreted, permission was sought from the participants for the focus groups to be recorded. To cater for any language barrier issues, it was fortunate that for those who had difficulties understanding English language there was at least another person in the focus groups who spoke the same language but had good English and so were able to interpret to them. The focus groups lasted between 30 and 60 minutes and had between 7 and 12 male and female participants. A focus group topic guide (See Appendix E) was developed to answer the research question, "What are the factors that influence sport and PA participation amongst ethnic minority groups in Ireland". In order to make everyone feel more comfortable and at ease, the researcher asked a very simple question to begin with that each participant answered, and subsequently introduced themselves: "can you all tell me what your name is and one thing that you enjoy doing on your spare time?" Secondly, participants were asked the kind of sport and PA programmes available for them and their experiences of participating in these programmes as well as improvements required to increase their participation in sport and PA.

3.5 Procedures

- A review of secondary data analysis and LSP/NGB/Agency survey.
- Emails were sent out and phone calls made to different organisations, ethnic minority groups, community groups and individuals detailing the research project and requesting participation of individuals, groups and organisations in the research (See Table 1 above for contact list).
- Meetings (date, time, meeting location/place) were arranged with willing participants for questionnaire administration, interviews and focus group meetings.
- Questionnaires were administered in person and through emails.
- Interviews and focus groups were held in a place agreed upon by both the interviewer and the interviewees, mainly in a location that was comfortable and familiar for the participants, most commonly the respective organisations`

locations i.e. LCPs centres, NGBs, community group centres, and integration centres.

Interviews and focus group meetings were audio recorded and transcribed immediately post data collection.

3.6 Data Analysis

Descriptive and inferential statistics were used to summarise and interpret quantitative data while thematic content analysis was used to interpret qualitative data. Data obtained from questionnaire 1 on ethnic minority groups was analysed using the statistical package SPSS Statistics 21. Although it has some disadvantages, SPSS is considered the preferred choice for Sport and Exercise Sciences and was chosen for its comprehensive statistical programme and wide variety of statistical analyses (Ntoumanis, 2001). Data obtained from questionnaire two on stakeholders was analysed using survey monkey online survey software analysis tools where the questionnaire was generated. Survey monkey was chosen for the questionnaire as it was the easy way to reach the target group and gather responses.

3.6.1 Descriptive statistics: mostly frequencies and means were conducted to describe the demographic section of the questionnaire (gender, age, marital status, number of children, education level, English language level, employment status, nationality and ethnicity). Cross tabulation and means tests were used to carry out a gender, age, marital status, education and nationality analysis of participation in PA.

3.6.2 Inferential statistics were used to assess statistical significance in PA. Independent t-tests were used to assess significance across dichotomous variables such as gender while a One Way Anova was used for independent variables with more than two categories such as age group and nationality.

3.6.3 Recorded interviews and focus groups were transcribed and analysed thematically. The coding of the qualitative data began after the first four interviews and focus groups. This enables the researcher to identify emerging themes that may be followed up in subsequent interviews (Bryman, 2004). Each interview and focus group discussion was listened to at least three times and transcripts were also read a number of times. Pre-determined codes were used to categorise data while new codes were developed for other responses to identify key themes and issues. All relevant data was listed under each code and these codes were subsequently arranged into hierarchies with

higher order and sub codes. Finally, overarching themes were identified to summarise the messages from the data.

3.7 Ethical Considerations

The research project was presented to and approved by the Research Ethics Committee at Waterford Institute of Technology. Aspects of the Data Protection Act 1998 & 2003 were followed and these included the use of anonymity which was met by protecting the identity and personal information of participants. In addition, obtaining consent which was met by securing all the necessary consent for the use of data provided. Voluntary participation by participants in the research was also observed as well as proper storage and management of data which was kept in a secure key and password accessed place. All participants for questionnaires, focus groups and interviews were fully informed of the nature and purpose of the study prior to taking part. Where needed, due to language and literacy issues, which did occur with some members of ethnic minority groups, one to one administration as well as translation of the survey was provided to ensure that participants understood all the requirements of the research. Participation was entirely voluntary and participants could choose to withdraw from the research at any time. Permission was sought from potential participants by signing an informed consent form before taking part in a focus group or interview (See Appendices C and D).

3.8 Research Questions

1. What is the sports and physical activity participation of ethnic minority groups in Ireland?

2. Who are the key deliverers in promoting social inclusion in and through sport and physical activity in Ireland, and how are related programmes delivered?

3. What are the perceived barriers and enablers to sport and physical activity participation amongst ethnic minority groups in Ireland?

4. Does sport and physical activity participation promote social inclusion amongst ethnic minority groups?

3.9 Summary

This chapter explored the research design and population sampling strategy used in this research study. The chapter also explored quantitative and qualitative research methods

for data collection and outlined the conceptual framework, method of content analysis and the ethical guidelines.

Chapter 4: Results

This chapter will present the key findings according to research questions for both quantitative research and qualitative data. Quantitative data was collected using questionnaires from individuals from ethnic minority groups, and from NGBs, LSPs and other agencies involved in sport and PA provision for these same individuals. Conversely, qualitative data was obtained from focus group discussions with members of ethnic minority groups and interviews with a selected number of key deliverers in sport and PA programmes and other organisations working with ethnic minority groups. In addition, also included in this chapter is the review of policy documents, strategies, business plans and annual reports of key deliverers in promoting social inclusion of ethnic minority groups in all areas of health promotion as well as in and through sport and PA in Ireland.

4.1 Research question 1: What is the sports and physical activity participation of ethnic minority groups in Ireland?

4.1.1 Characteristics of Participants

A purposive sample of people attending English language classes as well as individuals and groups of non-Irish nationals were recruited for this study over a period of ten months. A summary of the characteristics of participants is presented in Table 4 below. Over half (59%) of the sample were male and the majority (85%) were aged younger than 45 years. A greater proportion (64%) of the respondents were married than unattached, while approximately two thirds reported having children. Just under half (48%) of the respondents reported having third level education. Finally, the nationalities included in this analysis are Africans (n=73), Asians (n=26) and Europeans (n=51). Half of the participants reported having `good` English.

		(n)	(%)
Sex	Males	88	58.7
	Females	62	41.3
Age (years)	20-35	66	44
	36-45	61	40.7
	46+	23	15.3
Marital Status	Married	96	64
	Single/Sep/Div/Widowed	54	36
Number of	None	51	34
Children	1-2	54	36
	3+	45	30
Education	None	4	2.7
Level	Less than 3 rd level	74	49.3
	3 rd level	72	48
Level of	Good	76	50.7
English	Not good	74	49.3
Nationality	African	73	48.7
	Asian	26	17.3
	European	51	34

*Single/Sep/Div/Widowed=Single/Separated/Divorced/Widowed

4.1.2 Physical Activity (PA) Participation

Table 5 summarises individual total mean scores of PA data for the four domains of PA as measured by IPAQ (i.e. recreation, sport, and leisure time PA (LTPA), job related PA, transportation PA and housework, house maintenance and caring for family related PA) by intensity (moderate and vigorous), and total walking. Participation was highest for walking for leisure time and for transport (approximately 70 minutes per week for both modes of walking). However, cycling as a mode of transport was quite low at, (approximately 12 minutes per week). Vigorous activity was the least reported mode of PA in all domains, LTPA (35.87 minutes per week), job related PA (31.40 minutes per day) and house work, house maintenance and caring for family PA (10.40 minutes/week).

PA Domain	Intensity/Mode	Minutes/week
		Mean (SD)
LTPA	Total Walking	74.20 (70.57)
	Total Vigorous	35.87 (61.50)
	Total Moderate	48.60 (62.42)
Job	Total Walking	51.23 (79.34)
	Total Vigorous	31.40 (67.61)
	Total Moderate	48.80 (78.90)
Transport	Total Cycling	11.93 (36.07)
	Total Walking	73.53 (64.95)
Housework, maintenance	Total Vigorous	10.40 (39.01)
and caring for family	Total Moderate	72.10 (75.75)

Table 5: Physical Activity Domains and Intensity per Week

Table 6 shows mean scores for overall weekly LTPA, job PA, transportation PA, housework, maintenance and caring for family PA, total walking and overall total PA of the participants. Participation is highest for walking at approximately 200 minutes per week. In contrast, house work related PA was the least common type of PA (82.50 minutes per week of PA). Participants spent approximately 160 minutes per week in LTPA and overall reported almost 400 minutes or 6.5 hours of PA per week across all domains.

Table 6: Participation in Domains of PA per Week

PA Domain	Minutes/week	
	Mean (SD)	
Total LTPA	161.20 (195.79)	
Total Job PA	131.43 (194.37)	
Total Transportation PA	85.49 (80.68)	
Total House Work PA	82.50 (96.24)	
Total Walk PA	198.99 (144.40)	
Total PA	395.06 (249.81)	

4.1.3 Demographic Comparison of PA Participation Patterns

Table 7 shows the mean scores of the total time spent active per week in each PA domain for different participant subgroups. Females reported a higher participation in all domains of PA. However the difference was significant for housework related PA only where women did almost 100 minutes more PA per week than males (p<.05). Males and females reported similar overall participation in LTPA but males did report significantly higher participation in vigorous intensity activities (Table 4a in Appendix G). Little consistency was apparent in LTPA across age groups although active transport and house related PA decreased with age (p>.05). Those who are single/separated/divorced/widowed were more active than their married counterparts, significance was apparent for active transport only. Participants who reported good English were more active across the LTPA, transport and house related domains than those with poor English while physical activities for LTPA, Job PA and active transport were also significantly higher for Europeans (p<.05) compared to Africans and Asians.

	LTPA Mean	Job Related	Active	House and
	(SD)	PA	transport PA	Yard PA
		Mean (SD)	Mean (SD)	Mean (SD)
Male	160.28	124.14	75.17	42.33
	(202.35)	(191.14)	(86.11)	(84.73)
Female	162.50	141.77	100.14	139.52
	(187.71)	(199.98)	(70.37)	(82.18)*
20-35	141.82	115.61	95.82	99.62
	(170.11)	(185.85)	(89.30)	(107.24)
36-45	186.31	145.74	81.23	75.90
	(229.02)	(205.79)	(76.38)	(92.67)
46+	150.21	138.87	67.17	50.87
	(167.55)	(192.24)	(62.37)	(57.28)
Married	147.55	124.10	74.00	77.97
	(182.62)	(184.75)	(69.64)	(92.99)
Single/Sep/Div/Wid	185.46	144.44	105.92	90.56
	(216.91)	(211.58)	(94.56)*	(102.16)

 Table 7: Demographic Comparison of Participation in PA per Week

CONTINUED	LTPA Mean	Job Related	Active	House and
	(SD)	PA	transport PA	Yard PA
		Mean (SD)	Mean (SD)	Mean (SD)
Less than 3 rd Level	151.60	143.08	82.76	86.09
	(205.05)	(203.35)	(75.50)	(91.30)
3 rd Level	171.60	118.80	88.46	78.61
	(186.10)	(184.75)	(86.37)	(101.82)
Good English	185.46	119.79	99.85	93.81
	(191.39)	(190.99)	(84.25)*	(99.75)
Not Good English	136.28	143.38	70.74	70.88
	(198.41)	(198.38)	(74.55)	(91.72)
No Children	178.04	125.88	97.55	94.12
	(215.65)	(197.64)	(93.14)	(101.97)
1-2	173.80	151.30	82.59	70.65
	(199.49)	(204.08)	(84.47)	(100.21)
3+	127.00	113.87	75.31 (57.49)	83.56 (84.40)
	(165.26)	(180.42)		
African	129.59	95.12	73.82	72.67
	(149.30)	(168.46)	(90.67)	(94.41)
Asian	117.69	94.62	62.50	64.23
	(208.66)	(159.35)	(39.25)	(70.04)
European	228.63	202.16	113.92	105.88
* .05	(230.84)*	(226.48)*	(74.09)*	(106.96)

*p<.05

* Single/Sep/Div/Wid = Single/Separate/Divorced/Widowed

4.1.4 Meeting PA Guidelines

The National Guidelines for Physical Activity in Ireland recommend that all adults aged 18 to 64 years should accumulate "at least 30 minutes a day of moderate activity on 5 days a week or 150 minutes a week" (Department of Health and Children, 2009). To assess the proportion of respondents meeting these guidelines, participants were categorised as high, moderate or low active using the IPAQ Scoring Protocol. The low category represents participants who were physically inactive and meeting neither the moderate nor high criteria. The moderate category represents the equivalent of meeting the PA guidelines of 3 or more days of vigorous intensity activity of at least 20 minutes per day or 5 or more days of moderate intensity activity and or walking of at least 30

minutes per day or 5 or more days of any combination of walking, moderate intensity. High category levels are defined as engaging in physical activity beyond those amounts specified as minimum PA for health benefits (IPAQ Scoring Protocol, 2005).

Analysis revealed that 22 % of participants (n=33) were identified as low active (Figure 2) and thus, not meeting PA guidelines and these were deemed "insufficiently active". Bauman et al., (2009) recommended using the high category only as an indicator of sufficiently active to account for the over reporting associated with self-report assessment of PA. Using this categorisation, Figure 2 indicates that 78.7% of respondents were insufficiently active and the remainder (21.3%) were classed as sufficiently active.

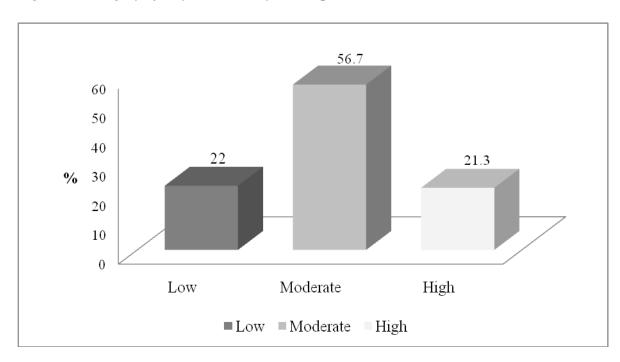
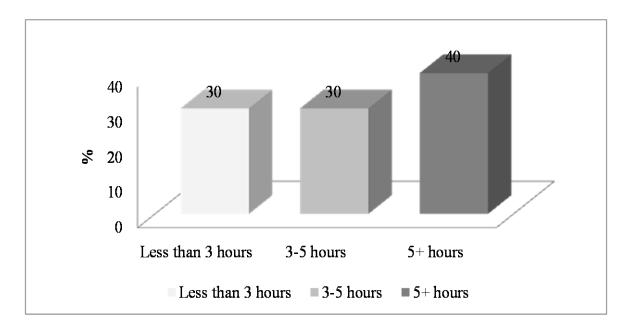


Figure 2: Category of Physical Activity Participation

4.1.5 Sedentary Behaviour

The mean time spent sitting or reclining on a typical day was 319.23 ± 184.179 minutes or just over five hours per day. Figure 3 shows that 30% (n=45) of the participants spend less than 3 hours sitting while 40% (n=60) of the participants reported more than 5 hours sitting or reclining on a typical day.



4.1.6 Engagement with Family, Community and Social Networks

The majority of the male participants (84.1% (n=74) and 90.3% (n=56) of the female participants) reported that they join in with the activities of different types of organisations in the community. These include sports clubs, social clubs, political parties, trade unions, environmental groups, sporting and cultural events, education activities, local resident/youth groups, religious groups and charity organisations. Table 8 shows the breakdown of participants taking part in different activities in the community. Participation was highest for evening classes, religious groups and sports activities. Males reported higher engagement with sport, social and religious groups (p<.05) while females engaged more with education activities. Finally less than one third (28.7%; n=43) of participants, who joined in with sports clubs or other organisations that provide opportunities to engage in PA, reported being a member of a sports club as a participant or parent of participant.

Table 8: Participation in Community Organisations and Activities

Type of Participation	Male %	Female %	Total %
	(n)	(n)	(n)
Evening classes, arts or music groups, education	50 (44)	72.6 (45)*	59.3 (89)
activities			
Church or other religious groups, charitable or	51.1 (45)	41.9 (26)	47.3 (71)
voluntary organisations (collecting for charity,			
helping the elderly			
Sports clubs (Parish, GAA, Golf, Soccer,	44.3 (39)*	27.4 (17)	37.3(56)
Hurling, Rugby, Swimming, Running, Cycling,			
Boxing , Basketball, Bowling, Tennis, Cricket,			
Other), gym, exercise classes			
Political parties, trade unions, environmental	22.7 (20)	14.5 (9)	19.3 (29)
groups, sporting events, cultural events			
Social clubs (football supporters, snooker, darts,	15.9 (14)	9.7 (6)	13.3 (20)
card games, mother & toddler group, rotary club,			
women's groups			
Parent-teacher associations, tenants groups,	10.2 (9)	11.3 (7)	10.7 (16)
residents groups, youth groups, other community			
action groups			
* .05			

*p<.05

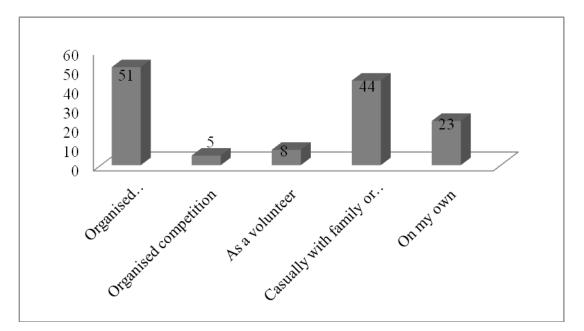
A comparison across age groups (Table 9) showed that engagement with sports clubs decreased with age; 41% of the youngest age group took part in sports related activities compared to 30% of those aged 46+(p<.05).

Table 9: Comparison of Engagement with Sports Clubs, Gym or Exercise Classes

Age Group	Yes % (n)	No % (n)
20-35	40.9 (27)	59.1 (39)
36-45	36.1 (22)	63.9 (39)
46+	30.4 (7)	69.6 (16)*

Figure 4 shows the context in which PA took place for those who joined in with the different activities in their community. For most of the participants (51%; n=77) the context in which the activities took place was through organised training/coaching/lessons, while 44% (n=66) joined in the activities casually with family or friends and 23% (n=35) took part in activities on their own. Only 8% (n=) participated in these activities as volunteers.

Figure 4: Context of Activity



4.1.7 Factors Affecting Sport and Physical Activity Participation

Table 10 conveys responses on how certain factors prevent participants from engaging in sport or PA. Financial cost is the biggest inhibitor of participation in sport and PA for approximately 65% of males and females. Furthermore, half of the male participants and 41.9% of the female participants reported access to facilities as often preventing them from engaging in sport or PA. Lack of information, transport, weather and culturally appropriate activities were also common barriers with these and other barriers such as lack of interest, confidence and motivation more common among females than males.

Factors	% Often	
	Male	Female
Access to facilities	50	41.9
Lack of information about available activities	29.5	41.9
Financial costs	67	64.5
Lack of interest	14.8	29.5
Lack of culturally appropriate activities and facilities	27.3	46.8
such as familiar sport like soccer and men or women only		
swimming sessions		
Transport	19.3	32.3
Continuity and sustainability of programmes	15.9	19.4
I do not have enough time	10.2	24.2
Lack of confidence and motivation in myself	17	33.9
Personal safety	13.6	12.9
Health or medical reasons	9.1	8.1
Lack of support from family/friends	6.8	12.9
The weather makes it difficult for me	20.5	29

Table 10: Factors that Affect Participation in Sport and Physical Activity

4.1.8 Perceptions about Increased Participation in Sport and PA

Figure 5 displays responses to statements dealing with participants` general feelings and self-perceptions about doing more sports and PA. Most of the participants agreed with

the statements and rated high in relation to sport and PA being good for health and sport and PA providing opportunities for social inclusion while approximately 78% of participants indicated that participation in sport and PA was beyond their control.

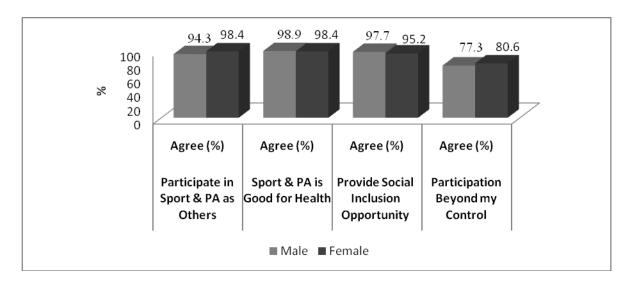


Figure 5: Perceptions about Participation in Sport and PA

4.2 Research question 2(i): Who are the key deliverers in promoting social inclusion in and through sport and physical activity in Ireland, and how are related programmes delivered?

4.2.1 Interaction with Ethnic Minority Groups

The survey of LSPs, sporting NGBs and local authorities/other agencies (n=35) revealed that approximately one third offer and deliver specific programmes (34.4%, n=11) for ethnic minority groups and 34.4% (n=11) work directly with minority groups in sports and PA programmes on a regular basis. Just over one third (37.5% n=12), work indirectly with ethnic minority groups by providing training, facilities and funding (Figure 6).

37.5 40 34.4 34.4 35 30 25 15.6 % 20 15 10 5 0 rectly with min**to/otk gnoturestilo/Nyoio/no/fikAquitilogethmikbex(innoxvioyiligeeDubiter)népteustoyaetautourioy.gh**ogepoeral programm training, funding, facilities etc.)

Figure 6: Interaction with Ethnic Minority Groups

While 81.8% (n=18) of the organisations responded that they directly provide exercise and PA programmes, these are general programmes that are open to everyone regardless of ethnicity or culture (Figure 7).

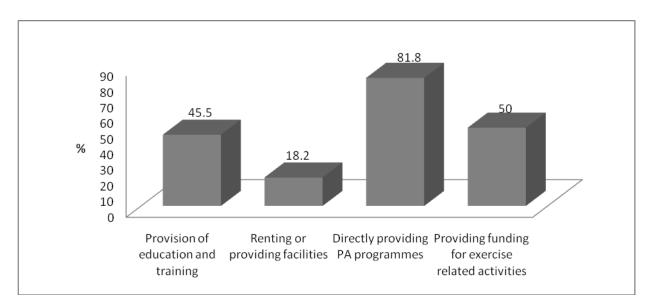


Figure 7: Nature of Work with Ethnic Minority Groups

4.2.2 Extent Programmes are Reaching Ethnic Minority Groups

In response to what extent the programmes they provide are reaching ethnic minority groups, Figure 8 shows that the majority (67.9%, n=19) of respondents indicated that their programmes are limited due to funding, and therefore are not meeting the needs of ethnic minority groups. However, a few (14.3%, n=4) reported that they offered an adequate number and variety of programmes for ethnic minority groups, while 10.7% (n=3) reported having a number of culturally specific programmes for ethnic minority groups.

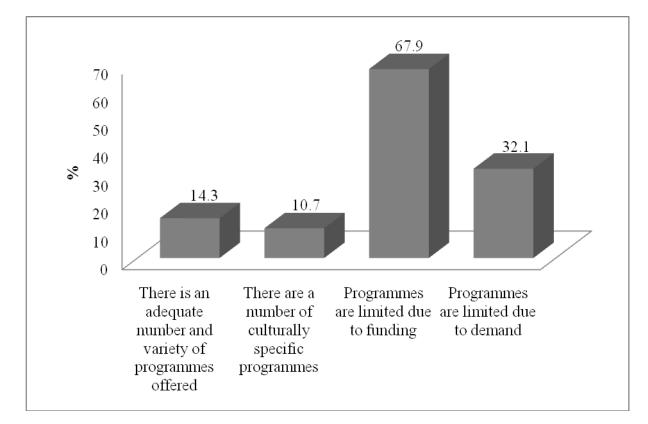


Figure 8: Extent Programmes are Reaching Ethnic Minority Groups

4.3 RQ 2(ii): Who are the key deliverers in promoting social inclusion in and through sport and physical activity in Ireland, and where?

4.3.1 Policy Review and Local Sports Partnerships analysis

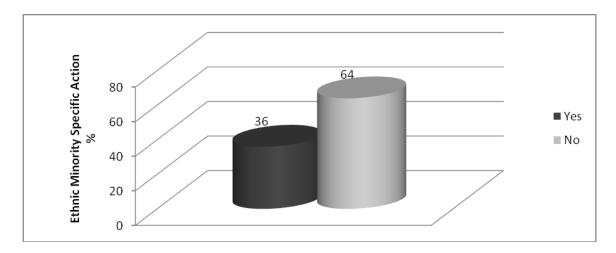
The purpose of this review was to identify any specific actions, policies or strategies for increasing PA participation inclusion, or integration of ethnic minority groups. In the context of a more diverse Irish population, a review was undertaken of the policy

documents, strategies, business plans and annual reports of 72 National Governing Bodies (NGBs) of sports and 33 Local Sports Partnerships (LSPs) as well as 82 other agencies that work with or provide direct or indirect services at community or national level especially for ethnic minority groups (See Appendix H, I, J, K&L). The review also explored the provision and opportunities for participation in sport and PA at all levels i.e. government/national, local authority or municipal level. Most of these were chosen as a result of their relevance for contact with ethnic minorities, or sport and PA as well as health related policy or strategy and integration and social inclusion of ethnic minority groups in community activities either through direct contact in providing health related activities i.e. sport and PA programmes or funding, facilities and friendly environments for such activities. It was hard however to identify who some of the agencies were, and where to find them as some of the contacts were no longer involved.

4.3.1.1 Local Sports Partnerships (LSPs)

LSPs follow the ethos of the Irish Sports Council (ISC) which is `to deliver projects and programmes particularly for target groups by enhancing planning of sport at local level as well as increasing levels of local participation, especially amongst specific target groups of older people, girls and women, people with disabilities, unemployed people and those who live in identified disadvantaged communities` (ISC, 2013). Figure 13 shows that 36% of LSPs actually mention ethnic minority groups or migrants as one of their target groups in their strategic plans` aim/objectives and propose at some level to engage in including people from ethnic minorities in their sports programmes and physical activities. However, findings from interviews conducted with representatives of some LSPs highlighted lack of funding as the main barrier to fulfil their strategy of including ethnic minority groups in their programmes or providing ethnic minority specific programmes.

Figure 9: LSPs and Ethnic Minority Specific Actions



One example of an LSP which did include a specific action is Offaly Sports Partnership which, in 2007, established a migrant in sport initiative with programmes running between 2008 and 2012. In 2012, Offaly Sports Partnership delivered a number of "migrants in sport" integration programmes. Programmes included the Integrated Academy for Athletics Performance (IAAP), Midlands Integrated Sports Day, and Africa Day Athletics. These programmes were however, limited to and targeted at young people in schools and communities due to limited funding as addressed later in the results from interviews with LSPs representatives. Limited funding for Offaly programmes came from the ISC, Office of the Minister for Integration, and the National Action Plan Against Racism prepared by the Department of Justice, Equality and Law Reform. For example, Offaly secured a budget of €20,000 from the Office of the Minister for Integration in 2011 to deliver schools and community based programmes of athletics and gymnastics targeting locations with high migrant populations. The lack of funding meant limited opportunities for the continuation of some migrant in sport programmes.

4.3.1.2 National Governing Bodies of Sport (NGBs)

Sport can contribute to healthy living and community cohesion (Sport England, 2009). NGBs are viewed as the key delivery agencies for strategic priorities for sport (ISC, 2013). Like the LSPs, most NGBs also state that they are open to all as they offer an inclusive and welcoming environment for everyone to participate in their programmes.

Few (11%; Figure 14) have a stated specific ethnic minority inclusion, diversity or integration policy or specifically mention ethnic minority groups as a target group in their strategic plans. One example of an NGB which does have such a policy is the FAI which has an appointed officer with a specific responsibility for interculturalism. In partnership with other key stakeholders the FAI developed the `Intercultural Football Plan and Programme` which seeks to encourage increased participation in football among ethnic minority groups.

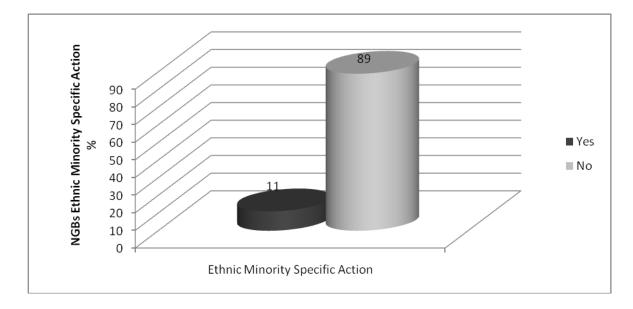


Figure 10: NGBs and Ethnic Minority Specific Actions

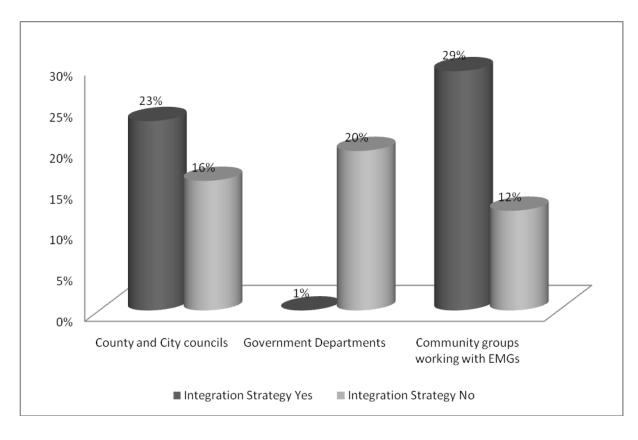
All sectors of society and the whole of Government need to be proactively involved in improving the health and wellbeing of the population (Healthy Ireland, 2013). So this policy review also considered other sectors of society, such as government departments (e.g. Department of health, Department of Transport, Tourism, Sport, Department of Justice and Equality and Department of the Environment, Community and Local Government through the Local and Community Development Programme managed by Pobal), non-governmental organisations and community development organisations (e.g. The Integration Centre, DorasLuimni, Cairde, New community Partnerships) and the role they play in building a healthy nation for all population groups.

4.3.1.3 Other Agencies

The policy documents of other relevant agencies and key deliverers in promoting social inclusion (n=82) were also reviewed. These included government departments (n=16),

city/county councils and local authorities (n=32) and community development organisations/community groups (n=34) (See Appendix L). These were selected for a review as they were expected to either have a PA or health related policy or strategy or have an aim to promote social, cultural and economic development and facilitate individuals and communities to participate in an inclusive society. Findings from the review showed that local city/county councils and local authorities (23%) and community groups working with ethnic minorities (29%) have an integration, antiracism and diversity plan or strategy for the social inclusion of ethnic minority groups to participate equally in community activities including sport and PA (Figure 15).

Figure 11: Integration, Anti-racism and Diversity Plan/Strategy for ethnic minority groups



Social inclusion happens through the engagement of all elements of society and involves empowerment and network partnership. The city councils which come under the Department of the Environment, Heritage and Local Government have a number of categorised responsibilities of which one of them is recreation, facilities and amenities. Through this, some of them directly provide programmes to encourage sports participation in the community, while those that do not have any initiatives in place rely on LSPs to provide such initiatives through sports development officers (Community Development through Sport, 2006). A number of other organisations and agencies in this group such as the New Community Partnership (NCP) an independent national network of 175 immigrant led groups comprising of 75 nationalities (NCP, 2014) also work in partnerships to integrate and include ethnic minority groups in Ireland.

The NCP is a network organisation that works to represent and empower ethnic minority led groups to influence change in policies that impact on their lives. It is funded by a number of organisations including the Department of Environment, Community & Local Government, Pobal, the European Fund for the Integration of non-EU immigrants and Eurocities. One outcome of this work included Sport against Racism Ireland (SARI) and a number of other migrant stakeholders establishing the Africa Day Athletics project to support the integration of children of the African diaspora and other migrant communities into mainstream athletics.

None of the government departments (n=16) seemed to have a direct ethnic minority specific action or policy, but, some of them are the main funders of the agencies that do have an ethnic minority integration strategy. These include the Department of Environment, Community & Local Government which funds the NCP and the Department of Justice and Equality which funds the FAI.

Overall the policy review revealed that not all organisations have an ethnic minority specific action in place or an inclusion statement in their strategies to integrate and include ethnic minority groups in their activities. Most of those that do have such policies target young people in schools. As already established, language is one of the barriers to engaging with ethnic minority groups. However, none of the LSPs and only two NGBs have made an effort to communicate their programmes in other languages that can benefit this group. Among NGBs, only the FAI and GAA are making an effort to provide some of the information about their programmes in other languages including Polish and French, for example through translation in their registration forms, questionnaires or leaflets. In addition, the majority of NGBs whose sports activities have been identified as the most preferred activities by members of ethnic minority groups such as Irish Rugby Football Union (IRFU), Athletics Ireland, Basketball Ireland, Gymnastics Ireland, Irish Amateur Boxing Association, Cycling Ireland and Swim Ireland do not have a specific ethnic minority inclusion policy to encourage and

increase participation from this group. They have no stand-alone strategies to promote their sport among migrant communities although they say everyone is welcome to participate in their programmes regardless of who they are such as age, gender, race, ethnicity, nationality etc.

4.4 RQ 3: What are the perceived barriers and enablers to sport and PA participation amongst ethnic minority groups in Ireland?

This section presents findings from four focus group interviews conducted with members of ethnic minority groups in three urban areas in Waterford, Kilkenny, and Dublin. Recruitment of participants was hard for this element of the study, especially arranging times, dates and locations that suited everyone taking part in the focus group meetings. In addition, the assumption that only individuals who are sporty or are into exercising were the suitable candidates to take part in this study made it hard to convince people otherwise that all views and opinions were required regardless.

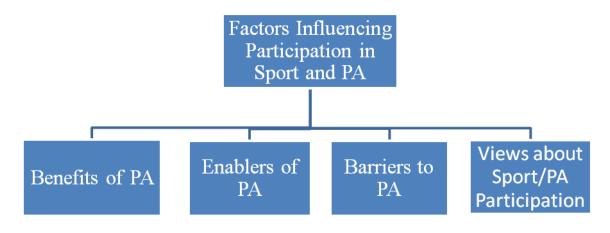
4.4.1 Description of Participants

The participants in the focus groups were aged 20 years and over from Waterford (n=12, 5 females and 7 males), Kilkenny (n=7, 4 females and 3 males) and Dublin (Group 1: n=9, 3 females and 6 males, Group 2: n=5, 2 females and 3 males). The ethnic origin of the participants included Nigerian, Cameroonian, Congolese, Ghanaian, Ivory Coast, Kenyan, South African, Sudanese, Zimbabwean, Bangladeshi, Chinese, Brazilian, Spanish, Turkish, Czech Republic and Polish.

4.4.2 Factors Influencing Sport and PA Participation

Factors influencing sport and PA participation included benefits of participating in sport and PA, enablers to sport and PA participation, barriers to sport and PA participation, and views on sport and PA participation as indicated in Figure 9 below.

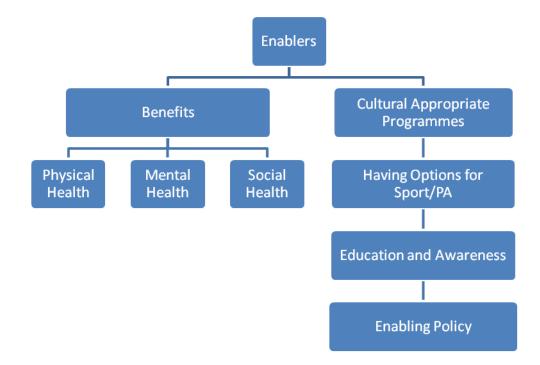
Figure 12: Predetermined themes from Focus Groups.



4.4.3 Benefits and Enablers of Participation in PA

The benefits and enablers to sport and PA participation were related to each other. The main subthemes that emerged from the benefits of participating in sport or PA were physical, social, and mental health related benefits. They included participating in sport and PA to improve and maintain good health and overall wellbeing through physical fitness and mental wellness. Awareness of these benefits acted as an enabler to participation in sport and PA. The desire to reduce the risk of chronic diseases such as CVD, obesity and in particular to lose weight or maintain a healthy weight as well as improving mental health and mood, and the social aspect of interacting with other people and feeling part of the community motivated the participants to take part in sport and PA. Besides the health benefits, other enablers to sport and PA participation were found to include; taking part in familiar sport through cultural specific programmes, having options to participate in a desired activity of choice, having policies in place that allows for equal opportunities to participate in any sport and PA regardless of nationality, as well having education and awareness of different cultures.

Figure 13: Benefits and Enablers to Sport/PA Participation



4.4.4 Benefits of sport and PA as enablers to participation

4.4.4.1 Physical Health

All the participants seemed to know and understand the benefits of being physically active, acknowledging that participating in physical activities is good for physical health with one European participant stating that he does exercise `*for being healthy*.` Other participants also referenced how participation is related to fitness and health and this motivated them to participate:

African Sudanese woman: So if I have a time I have to go walk Robert street to maybe Davern road then I come back just I feel like I'm sweaty, I feel like really like I've been done maybe something like really healthy for me.

One African Nigerian man stated that: We organise to play soccer in order to ensure to keep us fit.

African Nigerian man: I need to keep up with my level of fitness.

Losing weight was also mentioned as a motivator to sport and PA participation by some of the participants:

South-western Spanish woman: I think for mums now because there is more of an awareness of body fat and getting healthy. There is new groups coming up like Zumba and cross country and different kind of gym activities for adults, so anyone that is been overweight in the last few years is more conscious now they are joining these groups.

African Nigerian man: Everyone in June they don't want to be seen on a hunches being big. I'm sure they are just gona walk the dog or go swimming or something like that. I just actually learn myself that people who are just walking fast are burning more calories than people who are athletes.

Another participant indicated that information on television is supporting the need to be active for health, (South African man): *Like as it is going on now in Ireland they pick up the channels to make a live ad over the issue of fats and all these you know exercises and they get advertised so everybody is responding taking to the streets for personal jogging and getting involved into the gym.*

4.4.4.2 Mental Health

Mental wellbeing was regarded as a motivation for engaging in sport or PA by both male and female participants. The participants talked about the way they feel when they take part in some form of PA. Others remarked on the positive feelings, particularly the happy mood that they feel after participating in physical activities.

I do exercise `*just for your mind*` as highlighted by one of the male participants from the Czech Republic.

African Nigerian man: When I go out from the gym I feel happy, I'm always happy. If you see me I'll be smiling. So getting active is just a way of keeping your mind healthy and you keep your mind out of a lot of things. So that motivates me to go.

An African Nigerian woman also stated: I believe exercise is really good for us irrespective of your age. It makes you face both mentally and physical health and because I notice sometimes when I make up my mind to do it I feel right you know, free and happy.

Another participant an African Nigerian woman indicated the positive effect of PA on confidence: *It gives you confidence because you are able to stand in front of everyone. It gives me confidence as well.*

4.4.4.3 Social Health

In relation to the benefits of PA in a social context, and how it enables participation in PA most of the participants talked about the opportunities for social interaction. They highlighted the importance of interacting with other people and how they enjoy this social interaction, spending time with other people, learning new things, integrating into their new society rather than being isolated on their own as stated by some of the participants:

South-western European Spanish woman: I mean even if you are a mum or a dad and you have your children playing anywhere like I mean you socialise with people from everywhere.

Similarly, an African Nigerian man also pointed out: If you take your kids to their matches like and stuff like that and you talk to the parents, they actually tell you oh, there is something going on here or there, they actually integrate with us you know to get involved.

In addition, African Sudanese woman also highlighted that: *To be a foreigner it's very painful like, the idea you gather together with other tribe will be also difference and also encourage you to do like different things.*

The participants also talked about how you can make friends through participating in different physical activities.

African Nigerian man stated: It really helps make a lot of friends as well.

African Ghanaian man: If you look at SARI SoccerFest, people are get on well together and are happy to meet and interact with others from a different country.

Eastern European Polish man: My friend was in the France. He was there alone he do it Aikido, he found people who do aikido too so he found lot of friends. He told me he was happy because he made lot of friends with same activities. So I feel it is connecting people. Similarly, the same applies for children as highlighted by a South-western European Spanish woman: Well I find like especially with my eldest kids, they are teenagers and coming back to live in Ireland from Spain is great way to make friends, and keep in touch with their old friends, so they basically join the few teams. Sports is the best way to integrate everyone.

One of the participants also mentioned how through participation in sport they were able to make friends and at the same time learn to speak English. The importance of integration was also emphasised by this participant:

African Nigerian man: For my experience, when I came to Ireland, the only way because I couldn't speak English and the only way I would learn how to speak English proper, the only way which is integrate with people and so my mate just introduced me to football, from there I learn a lot to be honest, but more that I'm integrating with everyone.

African Congolese man: This is what should be seen by the Irish government that sport is a good tool to integrate people into Irish society.

4.4.5 Other enablers to Sport and PA participation

4.4.5.1 Options for Sport/PA

As well as the importance of awareness of the benefits of sport and PA, access and opportunities to take part in preferred types of PA also appeared to enable participation in sport and PA. There was quite a lot of variety apparent in relation to the preferred activities of respondents, which they stated would enjoy doing if they were given the opportunity and were able to access them easily. Male participants preferred activities such as football/soccer, boxing, mixed martial arts cricket, triathlon, gym, bowling, rugby, cycling and walking. Female participants mentioned going to the gym, swimming, badminton, basketball, taekwondo, jogging and walking as some of the activities they prefer doing. For some participants, there was a perception that their preferred type of activity was not available or at least they were not aware how or where they could access such an activity.

African Nigerian man: I would have loved to join a triathlon club where I can swim. But, I need a good bike; I need to kind of register with gym. South American Brazilian woman: My husband, he likes to play soccer but he doesn't know any place where to go. I would like to go swimming you know.

African Nigerian woman: Badminton, back home I used to play in a group, we go to stadium and play there but I then stopped when I move to Europe.

South-western European Spanish woman: For me other activities like maybe a walking or hiking group or different things will suit me better. As I said like I mean I`m involved in different things because of the children now. I mean looking at my age group like you know it would be more hiking or yeah Zumba or some sort of dancing thing you know that`s what my age group like, girls especially.

South-eastern European Turkish woman: Is basketball I like but there is no playing, my son is playing after school.

African Cameroonian man: Bowling and cricket with rugby.

Asian Bangladesh man: I like cricket. I go sometime from Kilkenny there is another 2 guys from Rosehill, they call me come and go to play. It's nearly 40 minutes to an hour drive to go there.

African Congolese man: I love soccer

African Nigerian man: I'm still interested in boxing and cycling. But you know due to the circumstances outside I couldn't continue playing.

East European Polish man: I used to going to gym.

4.4.5.2 Culturally Specific Programmes

Having access to culturally specific programmes was also identified as an enabler to sport and PA participation as respondents indicated that they were more comfortable participating in a more familiar environment. In addition, creating programmes that suit people's needs was also regarded as an enabler to participate in PA as highlighted by an African Nigerian man: "*Normally we organise walking once in summer for the entire community so that the girls and women could participate and we then organise soccer to train the fathers and our children*".

African Congolese man: The idea came for us to start our own football team which we could also register in the Irish league when we saw some good players of a group of our guys from Africa who were meeting together to play for fun.

South-western European Spanish woman: But you know like I think culture team difference (is needed). Also different for female and male because I mean blokes they are stronger than we are. I think also what could be a very good idea, it's regional sports from every country. And just do all the sports that people used to play in different countries I think it's a good way to kind of promote awareness.

African Nigerian man: So they need to kind of redistribute this world to accommodate other sports not just GAA, I like GAA I don't hate it, it is their traditional sport.

4.4.5.3 Education and Awareness

Education and awareness especially on cultural sensitivity were highly recommended as positive ways to foster social inclusion and integration through PA and sport. Some of the participants talked about the importance of education and awareness of different cultures in the general population as well in relation to key deliveries of different activities in order to have better ways of involving and including ethnic minority groups in different activities.

African Nigerian man: "Sometimes, myself I play for Shamrock rovers, the problem is at the start of it like because Γ m a Muslim, If it's time to pray Γ m going to pray, I don't care what people think. With the FAI that Γ m involved with I pray in the changing room. Like I was just in class, actually we had just finished and I went to the changing room, I dressed up I wear the little big gown and the little scarf and I was praying and then a lot of kids just came in and saw me and they just screamed oh my God like there is something happened and they ran outside all of them and they came back in and they were like oh there is something wrong and I was like Γ m just praying. And at the end of it like they actually know, most of them know me now".

African Congolese man: People need to be trained, and once they have the correct information it can help others of what's going on out there.

Another female participant (South-western European Spanish woman) also said, "I think like knowing different cultures is great like I mean it opens up your eyes. Sports is the

best way to integrate everyone, I mean that's a great tool. I think it's a great way for kind of bringing people together".

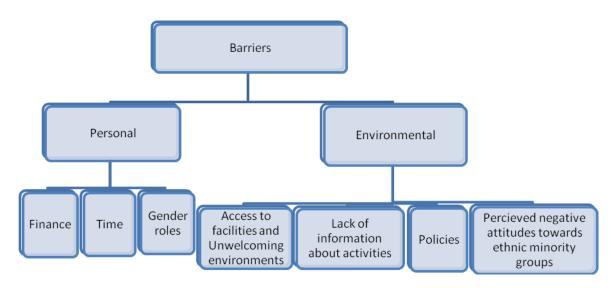
Asian Bangladeshi man: I like this to have different people, different countries, different cultures. I can take this experience from them, like I'm from Bangladesh, she is from different country so different culture different activities. So I like this I get involved from like this activity. It's very good I think.

African Nigerian man: The minority groups are not really getting the awareness they are supposed to be getting concerning to all these things, they normally do all these mental awareness programmes, fitness awareness programmes and all those things but it's not circulating like the way it's supposed to be doing.

4.4.6 Barriers to sport and PA participation

Barriers to sport and PA participation were discussed on the individual and socioenvironmental level. Main areas identified as barriers are depicted in Figure 14 and included finance, lack of information about activities, language difficulties, access to facilities, unwelcoming environments and policies. Lack of finance, time constraints, gender roles and health or medical reasons were cited as barriers on an individual level.

Figure 14: Barriers to Participation



4.4.6.1 Personal Barriers

4.4.6.1.1 Finance

All of the participants mentioned that one of main barriers to undertaking any sport or PA was lack of finance. Due to low income and low social status, the cost of leisure activities was mentioned by all the participants as a major constraint to engaging in a preferred sport or PA of their choice. Most of them are unemployed or are not allowed to work because of their immigration status applied by the immigration rules or policies for non-Irish nationals.

South American Brazilian woman: I would like to go swimming you know. But usually place that there is a swimming pool you have to pay a lot so I prefer go jogging it's for free.

African Nigerian man: *My one is not only time, finance as well because I would have loved to join a triathlon club where I can swim, bike, race, I love that. But, one, I need a good bike, two, I need to kind of register with gym. I need good money for gym.*

Another African Nigerian man also remarked on their financial difficulties: You see the boxing and the cycling. Boxing, you know when I left Nigeria; I play soccer when I was in Nigeria. But I thought maybe when I get to where I was going I will continue playing but you know due to the circumstances outside I couldn't continue playing. I have to look for money that's why I stopped boxing, soccer and cycling.

African Congolese man: The key word is money.

One of the women participants (African Nigerian woman) also remarked on her experiences with financial problems even for children's activities: "I tried to find out, make an enquiry about maybe Taekwondo or something just to make them active. And getting there I was told it has to be 5 euro per day. So it's like that money is just killing me. It's like so expensive like"

African Sudanese woman: Like gym or some exercise you need kind of money. Without the money you can't go also to join them you know.

Central Europe Czech Republic man: You talk about money, the gym, I heard about I know Sligo I don't know county Sligo there is insurance when you do anything for your

body and you are more healthy you have free gyms. You pay insurance but insurance pay you back gym, swimming everything you know. This is why Sligo people more, more stronger you know (physically strong as they are active by going to gym or swimming).

4.4.6.1.2 Time Constraints

The majority of the participants in all the focus group interviews highlighted time as a big factor to sport and PA participation. An African Nigerian man stated: *I would have loved to join a triathlon club where I can swim, bike, race but I need time.*

African Nigerian man: For me it's time.

African Nigerian woman: No time. It's all about family.

African Ghanaian man: *There is a gym here but I don't have time*.

African Kenyan man: Mine is time as well.

A Central European Czech Republic man also highlighted time as a barrier to sport and PA: *I don't have time. I think it's work time because when you work to 5pm or more so you don't have time.*

A similar sentiment was expressed by an Asian Bangladeshi man: Γm very busy, I can't do anything because I wake up every morning half six for my children. My boy go to school at 8.00. I drop him there, then I come back and start for my daughter, she go to 9.00 preschool. So Γm very busy in the morning.

Similarly a South-western European Spanish woman also highlighted time as a problem: Well I think like people like first of all you get busy in work so you won't have as much time as you had before and then you get busy with your children.

4.4.6.1.3 Gender Roles

Gender roles were also mentioned as a barrier to participation in other forms of PA besides house work related PA particularly among female participants. In contrast, however, some of the female participants stated that they were active enough through the activities they do at home.

South eastern Turkey woman: No PA. I'm housewife, cooking, cleaning is very physical.

African Nigerian man: It's not easy in this country. As you already know, women in Africa they so look after the kids all the time and (as man) you can do all the activities you want.

African Nigerian woman: You know as a Muslim mother you go to the kitchen, clean, cook something, so I would say for myself I am a very active person, I don't like sitting down. I do kind of little bits of exercise at home.

Asian Chinese woman: I think about sport maybe gender affects, a lot of male participate in the sports activities but girls, less girls do that. My thesis about the Chinese students, their cross cultural adaptation in Ireland. My results find out that Chinese girls don't do sports.

African Sudanese woman: Because I'm one of the women, I'm have a children I can't go like in the gym every single day you know I mean and also like when I start to working in my house around the house sometime I would feel really is good for me, enough for exercise you know.

4.4.6.2 Other individual factors

Language difficulties, health reasons and child minding were also mentioned as some of the barriers to participate in sport and PA at an individual level. Being unable to speak or understand English properly made it difficult for some participants to join in and participate in different PA programmes offered in their communities, as one female participant proclaimed.

South American Brazilian woman: I tried to start at the gym and it was terrible because I couldn't understand very well the teacher. So it was difficult you know. I couldn't understand just the basic you know like working exactly what he was saying.

African Nigerian man: Yeah I find that it is when you come from a French speaking country and you have to talk in English, it takes time to like get used to whatever is going on but football is one language which is gone for everything.

Health issues were also referred to as a barrier to PA participation as remarked by one of the female participants (African Sudanese woman): *I feel like really like I've been done maybe something like really healthy for me. So like I done, like last year, before*

last year also I did the same. But this year also I have a digestive system so I have a problem so I can't do anything at the moment.

Having no one to look after the children was mentioned by some participants as a barrier that makes it difficult for them to participate in any sport or PA. One of the African Nigerian women mentioned: *Child minding makes it difficult*. Similarly, another African Nigerian woman stated: *It`s all about children, children, children*.

Surprisingly a few male participants also mentioned child care as a barrier for them to participate as one of the African Nigerian men stated: *I have to stay and look after the kids, the mother is at work.*

4.4.6.3 Environmental Barriers

4.4.6.3.1 Access to facilities

Socio-environmental factors such as access to facilities and lack of information about available activities were some of the substantial impediments to sport and PA participation. One of the male participants, an African Nigerian man highlighted how lack of owning a place can also hinder participation as you can be told not to use the facilities for different reasons: *Because I have a programme I am doing with some little little kids but we've been doing it for 2 years, so just one day they told us they want renovate the place we are using and there is not really anything taking place there. So can't do it anymore.*

In response to the question why some of them said they quit playing football, one of the male participants from Africa, a Cameroonian man mentioned that: *It`s not like I just quit. I had to. Transport, I live far from the club and there was a man who used to give me a lift but he has retired now, so there is no one to help me with that.*

African Congolese man: Like in Ballybricken there is nothing going on, it's dead.

African Nigerian man: Them local places if there is nothing going on, they should try and get people involved.

4.4.6.3.2 Lack of information

Lack of information about available sport and PA programmes and facilities was another barrier encountered by some of the participants in the focus group. One South American Brazilian woman stated: *My husband, he likes to play soccer but he doesn't know any place. I think that maybe they could just go over you know where there is foreign people working and I don't know say maybe or advertise. Discover places that there are foreign people and try to put advertisement there for activities or send mail or whatever. If they know about it it's easier to then go and play.*

African Nigerian man: The minority groups are not really getting the awareness they are supposed to be getting concerning to all these things, they normally do all these mental awareness programmes, fitness awareness programmes and all those things but it's not circulating like the way it's supposed to be doing.

African South African man: I feel sometimes the government as well has a little bit influence on these things. Like I've been to like Brazil and almost everybody in Brazil wana play soccer because of the government's love of sport and they promote it so well.

Central Europe Czech republic man: *Because sometimes you need few friends, like you say your husband like soccer, my friends sometimes play soccer but you know it must be ten people. Some boys go hospital, play at the hospital ground* [So you obviously need to know what's happening] *Yeah you need to.*

4.4.6.3.3 Policy change

Some of the participants in the focus groups talked about their frustration in the lack of policies that can facilitate them to be included in some of the sports teams that they want to play for due to the status of their stay in Ireland with regards to immigration issues and rules:

African Nigerian man: There need to be a bit of policy change as well because I think there is more priority on Gaelic being an Irish traditional game. And that is where the money is been pounded to. If you look at the kind of structure and facility they give to that Gaelic, the GAA is not being given to other sport. So they should focus on those areas that those even the children are equally attracted to. So I think that policy change should be made.

African Ghanaian man: In inclusion the policy has to be changed. They have the policy, they have the draft but the interpretation of the policy is not really working the way government wants it to work and they (Ireland) as a country as well they do shy away from things, they know it.

Another male participant(African Congolese man) remarked: *The Irish squad for football, there is fewer black people in there, even none of them, so it's kind of a foreigners people especially let's say African people they have less opportunity less chance to join the team but they have a potential to play professional football.*

African Cameroon man: "Yeah one thing as well you can't play the electricity league when you not have a nationality (Irish nationality) or have a stamp 4 (One of immigration rules for residency for foreign nationals). So you have to have a nationality in order to play".

African Nigerian man: What I can say is that if they don't satisfy resolve the issue of mixed race I don't think they have anywhere to go.

In terms of inclusion and programme provision, some of the participants (African Nigerian man) voiced that change is needed. "*In inclusion the policy has to be changed*".

Another of the male participants (African Nigerian man) also pointed out about the lack of inclusion of ethnic minority groups by different organisations: *I say the basic issue is for them to open their doors*.

African Congolese man: There is need of policies in terms of regulations and laws to facilitate that.

4.4.6.4 Perceptions and attitudes to PA and perceived negative attitudes towards ethnic minority groups

Although PA was perceived as very important for good health by all the participants in the focus groups, perceptions and attitudes to PA and PA environment did appear to prevent participation in sport and PA. The participants discussed whether they feel welcome or not when going into different facilities to participate in sport and PA. Most of the participants perceived that there is a negative attitude towards ethnic minority groups by the majority of the population which makes it difficult for ethnic minorities to integrate in the society especially through sport and PA.

As one African Nigerian man stated: *The acceptance is not there, we are not being given equal opportunity.*

African Ghanaian man: There is a stigma of being known as an asylum. It's difficult for them to go out and play sport like rugby, football whatever. Some have tried but it stops them.

African Congolese man: Even those who left the system they feel discriminated.

The issue of racism was also discussed by some of the participants as a factor in sport and PA participation. They mentioned that as much as they didn't want to dwell into it, they felt sometimes as if they were experiencing racism.

African Nigerian man: Like what happened recently where a black, is it a black girl or a black boy was playing their Hurling and he or she was booed on the field which has caused a lot of controversy in the country. They still need to change a lot of things.

African Nigerian man: There is a lot going on. Celtic football next stars they came to Ireland and I went there and I got to the next stage to go to Glasgow that's in Scotland, and they gave me everything like the gear, the paper I need to fill out and at the end of it all like they were like ok let me see your passport, I was like I'm not European. He was like they will be a problem with that; you have to have a European passport.

African Cameroonian man: Things like this it can make you become not like racist but it can make you like they have something against you. Because obviously you gona start thinking like that maybe because I`m different so that`s why so you probably gona put yourself away from socialising with people that don`t look like you and like start acting different as well.

African Nigerian man: I might think oh they are racist but maybe that's their rules I don't know.

4.4.6.4.1 Unwelcome environments

African Nigerian man: "What I would say about that in my experience was in the gym the Irish they are not willing to integrate with us. That is the problem. Even maybe you are training some people for free you can see in them that like they don't want you. And it really discourage me. Another African Nigerian man also stated: And this part of the government of inclusion programmes for all in Ireland in general is not been true.

African Congolese man: *My experience coming from the system personally I felt like I was rejected completely. It's like a matter of a wall put between the Irish society and those living in direct provision. They are not welcome while waiting on the system.*

Another African Nigerian man: If you look at US today and UK, they have really gone far in terms of this social inclusion and people of colours to use that word, they feel more secure there.

4.5 RQ 4: Does sport and PA participation promote social inclusion amongst ethnic minority groups?

4.5.1 Interviews with stakeholders

Key stakeholders interviewed for this project include representatives from the GAA, FAI, 3 LSPs (Waterford, Kilkenny and Offaly), Community Games, Sport Against Racism Ireland (SARI) and the Integration Support Unit (ISU) Waterford. All the organisations interviewed also provided an insight to their funding resources.

Organisation	Role	Funding
FAI	National coordinator for the	Department of Justice
	`Intercultural Football	
	Programme	
GAA	National inclusion and integration	GAA funds
	officer	
GAA Waterford	Games manager	GAA funds
Community Games	Integrated Development Officer	ISC, HSE, Department of
		Promotion of Migration
		Integration, Department of
		Justice, FCS Global.
Sport Against	Cultural planner with the	Funded inside of the state
Racism Ireland	International Department of SARI	mostly in foundations,
(SARI)		sponsor and fundraising,
		i.e., Tesco and Team
		registry sales
Kilkenny SP	Sports inclusion development	ISC, Local agencies,
	officer	fundraising
Offaly SP	Coordinator	ISC, HSE, VEC
Waterford SP	Sports development officer and	ISC, HSE
	sports inclusion officer in the city	
Integration Support	Director	Apply for funding from
Unit (ISU)		various organisations

Table 11: Key Stakeholders Interviewed

Interviews with the above stakeholders yielded some key points in identifying how they meet the needs of ethnic minority groups` participation and involvement in programmesas well as the role of sport and PA in promoting social inclusion. The main themes that came out of the interviews were the structure of programmes available, objectives of the organisations, policies that facilitate participation and challenges faced by PA/sport providers.

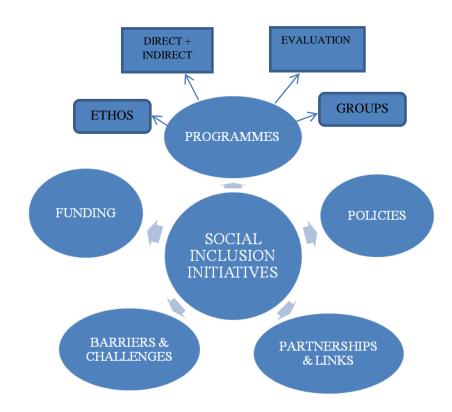


Figure 15: Emerging themes from interviews with stakeholders

4.5.2 Programmes

The key stakeholders interviewed gave an overview of some of their core objectives, which are to provide sport or PA programmes or initiatives tailored to encourage and increase participation, particularly engaging members of ethnic minority groups. A lot of the programmes provided by most of the organisations were primarily targeted at young children and youth, for example, the Community Games is a sporting and cultural organisation for children aged six to sixteen. Table 12 below shows programmes and initiatives that are being run at the moment specifically targeting ethnic minority groups to encourage and increase their participation.

Organisation	Type of Programme/s and Target group
GAA	*`Have a go Days` for both young people
	and especially adults from different ethnic
	backgrounds.
	*Social and Recreational in
	football/ground hurling games (taster
	games) for adults.
	*Foundation coaching.
FAI	*Intercultural Football programme for
	adults
	*Futsal league for adults
	*National out of school programme (for
	those in schools)
	*Late Night leagues (for young people)
Community games	*Variety of activities for children aged 6 to
	16 years including (athletics, badminton,
	tennis, chess and art)
Kilkenny LSP	*Dancing, swimming etc. (in past years)
	for adults
Offaly LSP	*Migrant in sport initiative - Basketball,
	soccer/football, volleyball (2007-2009) for
	adults
	*Integrated Academy for Athletics
	Performance (IAAP) for young people
Waterford LSP	*Walking, dancing etc., for adults (2012 &
	2-3 years before)
Sports Against Racism Ireland (SARI)	*Soccer Fest for young people and adults
	*Soccer Nites (ages 14-18 years)
	*African Athletics (young people and
	adults)
	*Diversity in and Through Sport

Table 12: Programmes Offered

	*Count us In (i): the educate together for
	12 year olds (ii): VEC for 18 years
	*Living together through football (ages
	12- 15 years)
	*Other projects depending on sport e.g.
	badminton & cricket for the Indian,
	Bangladeshi and Pakistani communities
Integration Support Unit (ISU) Waterford	*Intercultural soccer, hurling tournaments
	for young people and adults
	*Summer camps for young people

4.5.2.1 Ethos of Programmes

All the organisations` representatives stated that the programmes are designed to promote social inclusion in a bid to encourage and increase participation of ethnic minority groups in sport and PA. This also helps to integrate them into the Irish society. The organisations also develop culturally specific programmes to meet the cultural needs of this cohort.

The FAI representative highlighted one such programme specifically for adults: *the `Intercultural Football Programme` designed to `encourage participation for people from ethnic minority back grounds` and `to contribute towards the process of integration` and 'to challenge racism`. We have the `Futsal league` is an indoor programme for adults.*

The GAA stated: Our participatory events for ethnic minorities are what we call `*Have a* go days'. We have a game that we are piloting through 3^{rd} level colleges, a social and recreation game. We done some of these with ethnic minority groups. It's sort of a taster for the games.

Furthermore, the GAA has been doing some foundation coaching with some members of ethnic minority groups: *It*'s *like if we coach and educate the guys and girls to become GAA coaches and then they get on to the schools and the kids in the schools..... whether they are from their country or not it doesn't matter they see a black face and they go oh! I'll give his game a go.*

The SARI representative spoke about their organisation as standing for cultural integration and social inclusion through sport: *Using sport as a tool to number one, fight racism and other forms of discrimination. So we use sport then as a vehicle.* All their programmes are developed for the purpose of integration and social inclusion of minority groups into Irish society.

LSPs representatives also spoke of how they had provided specific programmes targeting adult ethnic minority groups in the past to encourage and increase their participation in PA. However, due to lack of funding, they haven't been able to continue running these programme. Nonetheless, Offaly LSP, wanting to improve participation in PA in all sub groups in a community was able to continue running such programmes only targeting the younger generation of ethnic minority groups.

Offaly LSP representative stated: Therefore we are focusing on young people from ethnic minority groups with the view that at least starting from grass routes will yield better results and opportunities through performance and participation of these young people, at the same time the community can also see the results and this might encourage and improve more participation and in turn might help drum up funding from other sources.

The ISU which supports new community members including, refugees, asylum seekers and immigrants also highlighted the purpose of their programmes: *Well, we have various ways of integration. In terms of sport, most of our activities as I said, intercultural soccer and hurling tournament, we also have summer camps for the young people we have intercultural events for young people in schools, a hurling and soccer tournament each school has to have 2 or 3 foreign nationals students on their team.*

Introducing children to a wide variety of activities with greater emphasis on participation was mentioned by the Community Games representative as their main focus. Furthermore, to encourage and increase participation of children from an ethnic minority background was their aim: *I work with people from ethnic minorities to introduce them to community games. Our focus is on participation as opposed to competition*.

Types of programmes offered included direct and indirect. Some of the representatives spoke of how even when they are not providing specific programmes for ethnic

minority groups, they try and include them in other general programmes as volunteers or coaches.

4.5.2.2 Direct Programmes

As highlighted by the Waterford LSP representative: We would have done something with them (non-Irish nationals) last year and the year before, I'd say in the last 3 or 4 years we would have worked a lot with the non-Irish national groups.

Offaly LSP representative mentioned: One of our recent project to support the participation of migrants in sport is the Integrated Academy for Athletics Performance (IAAP) for young people.

Kilkenny LSP representative highlighted some direct programmes they have done: We did programmes within the group. We did dance, it was a six week programme and we did a different activity each week. Afterwards we did a swimming programme as some of them wanted this. That might have gone on from 6 to 18 months.

The SARI representative acknowledged this: We actually construct the programmes to suit the people, we found that much easier than put people into sport and into different parts that we actually we like them to. We would work with whatever desires are with the people.

4.5.2.3 Indirect Programmes

The FAI representative highlighted how they work indirectly through their projects: *For example for show racism the red card we support them to run schools programmes and education programmes for children in schools on issues of racism. Sari we support their SoccerFest.*

Kilkenny LSP representative referenced: We also would have done a small bit of work with some Polish migrants. That was mainly though CDC that was being run at the time.

The Waterford LSP representative stated: What we do is we would interact with them say, if we were doing things like operation transformation or walk Waterford, we need volunteers, we train people up, we would always contact the ISU and see if there is anyone up there who is interested in sports. That's our way of kind of tie in with them at the moment.

4.5.2.4 Target Groups

Programmes delivered specifically for ethnic minority groups differed according to age group and gender and they also differed with the each organisation. The majority of programmes were targeted at children or young people in schools as shown in Table 12 above. The results also showed that programmes geared towards adults were more male oriented with a few programmes for females.

The FAI representative highlighted some programmes they provided that were women oriented: *On the whole our Futsal programme with the men, men will take part, although we have done a couple of pilots with women. We put the programme on to us 30 minutes of a generic PA and 30 minutes of football. The football remains the core.*

The SARI representative referenced this on their `SoccerFest` programme: We work with everybody. Usually the gender balances is pretty good as well even though the sort of male dominated is still the more and more, women get involved and then more and more youngsters get involved as well.

Offaly LSP representative stated: We are inclusive of all people. We are one of the few LSPs to name ethnic minorities as a target group. At the moment most of our programmes are targeted at children from ethnic groups, not the same degree for adults due to circumstances.

The Kilkenny LSP representative stated: We worked with the Sudanese through the Sudanese Resettlement Programme, when they arrived initially in Ireland. We would have been involved ourselves with Ossary Youth with the children. We worked with the women and introduced them to different activities in Kilkenny.

4.5.2.5 Programme Evaluation

Evaluation and monitoring of every programme is necessary to see the success and outcomes of the programme in achieving the objectives and goals set out. The representatives mentioned different evaluation methods and purpose of evaluation. FAI representative: We produce an annual report. On our measure is profile we have an ethnicity and a nationality questionnaire. In terms of long term participation programme, we ask information on being with a club or intention to be with a club. In 2010 we had an external evaluator who came in to evaluate the programme.

SARI representative: Monitoring and Evaluation is a big part of our operation, that takes up a huge amount of outside help all the time and effort. We do for all of the project programmes.

Offaly LSP representative: We monitor and evaluate to see the process of engagement.

Waterford LSP representative: We always evaluate to see what people like and what they don't like.

Kilkenny LSP representative: There was a participant feedback form, a simple form more about evaluation for community engagement and not physical fitness. We didn't measure fitness levels before. It was more about enjoyment.

ISU representative: Well we do monitoring evaluation at the end of every year like about the programme, we do an evaluation from the people, service providers and all that.

Community games representative: We have never actually evaluated. We don't have any mechanism in place. We are hoping to have online registration in place in the next year or so. Maybe when that is in place we can monitor more who the participants are and where they are from. The women in sport one, now they did an evaluation of that but that is targeting girls.

4.5.3 Policy

In terms of policies, some of the representatives spoke of how the core objectives of their strategy sets out how they work with ethnic minority groups.

As referenced by the FAI representative: We have a policy on our programmes that 10 to 15% of the participants on all of our programmes should come from an ethnic minority background. So in that regard that's a minimum, so it can be higher but we try to make sure that it's not below that and the way we do that for example with the after

school programme is that we target schools that have greater than 20% of the student population with backgrounds from outside of Ireland.

The GAA inclusion officer reflected on how his role was created in 2007 as a result of the increase in population of non-Irish nationals coming into the country to involve them on a participatory basis, as players, coaches or administrators in Gaelic games. This saw the establishment of a working group with representatives of ethnic minority groups as he stated: *Some of the key points within our inclusion and integration strategy was to put together a committee, on that committee we will have representatives of ethnic minority groups, from an integration centre, new community partnerships and SARI.*

The Community Games representative also stated: We have an inclusion policy. Our focus is on the community and introducing children to sport and cultural activities and giving a wide choice of activities to take part in – the focus being participation

The Offaly LSP representative mentioned the strategy they follow as a policy: *Our* participation strategy is to increase participation in sport inclusive of all people, providing opportunities for social interaction and integration.

Policies were more geared towards issues of privacy for the Waterford LSP as highlighted by their representative: *We have a policy in place around taking pictures. We have a permission form they all have to sign, to agree before show pictures on our Facebook or newsletter. If we were promoting a programme, we would have to have a working partner.*

The SARI representative summarised their policies by stating: We don't take any money for profit. we call it sports against racism because that's the fundamental barrier that we have to overcome for it to effect integration and social inclusion. We use social capital to develop sports capital.

On the other hand, the ISU representative referenced that: We have policies but not so much health policies; they are more to do with interculturalism and like volunteer policies and ethics policies.

4.5.4 Working Partnerships and Links

Working in partnership with other organisations and community groups that work with ethnic minorities is one of the successful ways of fostering social inclusion through sport especially for ethnic minority groups. Although these organisations` partnerships might not necessarily be around the area of sport, but can fulfill certain roles which makes the delivery of PA and sport programmes more effective. Such as connecting and making links between ethnic minority groups and sports providers or providing transport and facilities.

For the programmes to work and be successful, the FAI found that connections with existing groups are essential: It's important having partners that can fulfil certain roles. If you working for a support group their focus might be on some other issues. Often their function is not necessarily around the area of sport. So if there is a recommendation these organisations will have designated roles that can connect with main stream sport but it could be physical activity structures.

The FAI representative referenced how they link in with different groups and other organisations when delivering their programmes: So for Futsal, we connected with Clare local sports partnership, Clare's women's Forum and Clare's intercultural network, at the time they were engaged with women. We would have supported them to run a programme. So in order for us to do that we kind of need partners that kind of know that.

Furthermore, he also added: We would also look for community groups that know my group lead or would work with my group in some way. So in Waterford we've worked with the Integration Support Unit (ISU), we've done some work with them through them. We were linking with the new community's partnership, we were linking with Doris Luimni which is a group in Limerick, we were linking with family resource centres in areas where there is a profile where they link with that community.

Working in partnership with other organisations has also been a key factor for the GAA in their work to encourage and increase the participation of ethnic minority groups in their activities. One of the objectives of the GAA, under their inclusion and integration strategy was to develop a committee that will have different organisations working together to produce policies that are inclusive to all and providing programmes that

enable and encourage participation of ethnic minority groups: So we did that because you know the new community partnership tagged on as `not about us without us` and that`s true too you know, you can`t write policies or design programmes without their inputs. We are behold by the non grounds of discrimination and we provide equal opportunities in sport and culture.

The Community Games representative mentioned that: "We meet and work with other stakeholders including the GAA, FAI and other NGBs to deliver workshops that encourage more children from ethnic minorities to get involved in athletics and other cultural games. Depending on which county we are working in we would work with the Sports Partnership from that county".

The Offaly LSP representative stated: *Joint collaboration with other stakeholders is important in achieving various aspects of our programmes.*

The Kilkenny LSP representative also referenced the importance of having links: *If we were trying to reach ethnic minority groups it is so much easier if there is a worker in the mix then there is that link. It is all partnerships. We've worked with the different Family Resource Centers, we've worked with the schools, HSE, for Community Mental Health Programmes that would be through the Occupational Therapists in the HSE.*

The Waterford LSP recognised that one of the effective ways of recruiting and involving ethnic minority groups is through agencies or community groups that already work with this group: *If we were promoting a programme, we would have to have a working partner. We work with all different sports clubs in Waterford, Area partnership, WIT, the HSE. We kind of tie in with the ISU on a regular basis, we always contact the ISU and see is there anyone who was interested in sport and would like to come along. This year because we didn't have any money but we negotiated something with the kingfisher gym and we linked them into the kingfisher.*

Similarly, the ISU also works in partnership with different organisations in Waterford, "We work with many other organisations, there is Waterford Area Partnership, there is the City Council, there is HSE, then Waterford Sports Partnership, FAI and GAA we have worked with all of them".

4.5.5 Challenges and Barriers

A number of challenges were identified by the representatives as hindering the development and delivery of programmes that meet the needs of ethnic minority groups in Ireland.

4.5.5.1 Funding

Not having money available to develop, run and sustain programmes is also a challenge that is faced by the majority of the organisations in this study. Funding has been identified as a problem for two reasons, which are that it is often ring-fenced and there isn't enough of it. The majority of the stakeholders referenced that funders dictate how funding is allocated, often to the detriment of ethnic minority groups, who are low priority for funding agencies. Getting enough funding and the way funding is allocated appeared to be one of the main problem faced by many organisations to provide sports and PA programmes for ethnic minority groups in Ireland.

SARI highlighted the restriction in funding as a major barrier to sport and PA programme provision for ethnic minority groups: We are funded inside of the state mostly in foundations and fundraising. We don't take funding from the state for the simple reason that it's conditional. We regard the integration fund as a disintegration fund because it doesn't allow us to work with citizens of the United Kingdom, refugees in waiting, as the government call them asylum seekers, or members of the travelling community and channel Island among others, we work with everybody. So it can be a lot of pressure on us to deliver programmes and projects.

Conversely, the SARI representative also highlighted the cost of running some of the programmes they provide: We will have for example soccer fest the project, some of our funding will come from the private sector like Tesco mobile, the rest of it then we have some sponsors like from the embassies for example and then the rest of it comes from the teams` registry sales. It cost over 40 000 euros to run that programme that project every year, 42 000 euros.

Similarly, the Waterford LSP shared similar experiences as certain funding is only allocated for specific target groups as voiced by the Waterford LSP representative, "*The Irish Sports Council funds us, the HSE would have very small fund as well available*

throughout the year but they have specific guidelines and non-Irish nationals don't come into their guidelines, so I can't apply for it".

The LSPs also identified funding as the main barrier to programme provision and sustainability for ethnic minority groups. Lack of funding also dominates staffing problems for LSPs in Ireland. Waterford LSP mentioned money as their biggest challenge, "*I think our biggest challenge is not having money available like if we have money available it*'s easy to do something. Non Irish nationals don't have spare money, so it's very hard for them to pay for something as well. This year because our funding has run out, we've got no funding for that particular target group".

Similarly, Offaly LSP also highlighted the difficulties they face due to funding problems: We did some work with ethnic minority adults back in 2007-2009 but again this was not able to be sustained because of funding.

On the other hand, besides the lack of funding to develop and run programmes for ethnic minority groups, the Kilkenny LSP also highlighted the frustration of staffing difficulties due to funding: Unfortunately for the last 2 years there has been no programme specifically for people from outside of Ireland. We've lost the Sports Development Officer position which would have included ethnic minority groups. The program funding from the ISC has been very little in the last 3 years".

Although their main target group are children, the Community games representative highlighted that they are not able to provide a specific programme for ethnic minority group children: *We would not have the resources to deliver programs like that. Not only do we not have the personnel to do it, we do not have the funding.*

Like all the above organisations, the ISU also stated funding as a barrier to programme provision: Well we have to apply for funding from various organisations and at the moment funding is the biggest problem for everyone and for the ISU as well. We had to cut back on our activities as well.

The GAA representative highlighted how their funding resources: *I used to be funded by the Ministry of Justice but that funding was ceased because of down turn, now everything is run under the GAA.*

Conversely, the FAI highlighted getting funding from the Department of Justice and using that funding to roll up participation programmes: We have our committee groups that we fund, so SARI, Show Racism the Red Card, they are our two our core groups that we fund under the anti-racism side of the work and the other money will then be divided amongst our programmes, our futsal, our school programmes and open days".

4.5.5.2 Other Individual Organisation Challenges

All the representatives spoke of other different challenges they have experienced in their roles and as organisations working with ethnic minority groups. These include identifying the networks to work with, culture, language difficulties, lack of awareness by the society about ethnic minority groups and motivating people to participate in different activities.

4.5.5.2.1 Lack of Coordination within Groups

The GAA representative identified lack of coordination among groups as another challenge to providing and including ethnic minority groups in their programmes: *So unless there is coordination and cooperation between the groups we don't know who we should be talking to. So there is no one stop shop at the top that says in Kildare there is these 5 groups but which is the main group. Who is the lead group you know, so they are too fragmented.*

Conversely, the Kilkenny LSP representative referenced similar challenges: With the programme we tried to do for the Polish and Eastern European community was reaching out to the groups. There was no established community, so trying to recruit was difficult.

4.5.5.2.2 Culture

Culture is another challenge faced by organisations when trying to get women involved in their programmes as highlighted by the SARI representative: A particular problem is migrant women, there is pressures around them you know from the adults males saying like you know you can't. This is a problem with some of the Africans for example we find that a lot of the man don't encourage the women from their communities to get involved in sport you know, you should stay home and mind the kids. The Offaly LSP representative stated: *Cultural sensitivity is an issue with some people from ethnic minorities. They need to feel comfortable or welcome and support.*

Similarly, this problem was also referenced by the Waterford LSP representative: *Culture is huge thing. A lot of them their husbands don't like to let the women go out.*

The ISU representative also stated the same: *Muslim women won't take part in sport the Muslim man might take part but Muslim women won't be allowed to take part in sport and that's the biggest problem, so they don't have any real exercise themselves in sport and other things.*

Language difficulties was also identified by the GAA representative as a big challenge when working with ethnic minority groups: "I suppose the 1st generation of adults coming here it's a lot harder because of language barriers and wouldn't know the rules". So, we have a thing in the GAA, the 3Cs, confidence builds confidence you know. So if you don't feel confident in doing something you wouldn't be competent at it, if you are not competent you are not confident so you won't take part will you".

4.5.5.2.3 Engaging Adults

On the other hand, the representative for GAA in Waterford, highlighted the difficulty in engaging adults from minority groups to participate in GAA games: *It`s much harder* to get engaging with the parents, that`s understandable as well because the children are exposed to this and are fully part of what goes on in school. To be fair to parents are out working or at home minding children, so they are not exposed maybe to GAA sports.

Similar sentiments were referenced by the Community Games representative: *It is getting the parents involved as volunteers and this is probably one of the most challenging parts and not just for ethnic minorities but parents in general. It's difficult to get new people involved.*

One of the biggest challenge the ISU face is getting people to take part in the programmes they organise: *People taking part in the programmes is biggest challenge, and challenges also to racism and other things that people face in Waterford and like young people coming from different countries coming to Ireland is hard to motivate them because they are new and it takes time to get them involved. Even in sport they wouldn't want to get involved until they know the whole atmosphere.*

Similarly, the FAI face the same challenges as the GAA as mentioned by the FAI representatives: *The biggest challenge is around establishing networks on the ground, that really is to do with capacity in terms of how to reach people on the ground.*

The attitudes and perceptions of people towards the nature of the work they do has been the biggest challenge facing Community Games: *I suppose maybe the perceptions of people as to what my role is, is quite defensive in some cases and not very much buy in from people within the organisation. That has been the biggest barrier. It is easier for me to go into a brand new community and work from scratch as opposed to going into an existing one.*

The SARI representative has this to say about the challenges they face working with other organisations in trying to integrate ethnic minority groups through sports and other activities: *Not enough of us working in the area. Sport in particular hasn`t taken up its role in terms of social responsibility. There are certain areas in the government that doesn`t take it seriously.*

4.5.6 Role of Sport and PA in Promoting Social Inclusion

The majority of the representatives highlighted how they have seen the role that the programmes they provide have assisted in promoting social inclusion of ethnic minority groups.

The FAI representative stated: You can see from evidence from intercultural programmes from FAI and other sporting bodies, it does engage people. I think the program has been successful in terms of establishing networks which we can try to engage people.

SARI representative mentioned this: Evidence based in terms of our results they are hugely successful like you know. They have been major contribution to integration certainly the cultural integration and social inclusion side absolutely tremendous feedback.

The Kilkenny LSP representative highlighted this about their programmes: *They get to meet new people, it builds confidence hugely and that was one of the things we saw very clearly was the confidence levels. We introduced them to new activities and new places*

that are used by the wider community. By using facilities like watershed you're mixing with the community straight away.

The GAA representative stated: I suppose the closest thing we do to social inclusion would be to go into the centres that would be the closest thing we do, to give them an experience of what's happening out there. Saying the GAA is here. We invite people into play our games and to share our culture.

The Community Games representative stated: *Sport is the best avenue for integration. On the playing pitch everybody is the same you see.*

The ISU representative referenced: *Sports is the biggest way of getting integration because through sport lot of people are being involved and through sport integration can take place if people want to integrate.*

4.5.7 Opportunities and Recommendations

To try and improve participation and increase programme provision, some recommendations were provided.

The FAI representative suggested: There should be some kind of monitoring and evaluation group, high level strategic thinking around policy that involve with migrants and then partnerships between national governing bodies and NGOs on the ground around how things happen. People need to also consider what other sports people traditionally migrate towards.

The GAA representative recommended the need for more education and awareness of different activities and cultures to encourage and increase participation particularly in ethnic minority groups: *It`s hugely education. Children are fortunate in that they get an education at the school. They learn language, to play the game whatever. We provide opportunities in sport and culture and if you can`t play sport it doesn`t mean that we can`t share each other`s culture. It`s an awareness of ok we are this group from this particular part of Africa and this is what we do.*

SARI representative recommended for other organisations especially for those that are well recognised and have more influence to take a more hands on approach: *I think that*'s really important to use the likes of the GAA because they are in every part of the country. So you can get the adults involved in voluntary work you know. We found that

where kids are involved the adults come along to support the kids, trying to facilitate that. And then looking at how the clubs themselves can be adapted to suit you know people.

The Community Games representative referenced: *I definitely think the parent involvement is extremely important as we are volunteer led.*

The Kilkenny LSP representative recommended the importance of having the links in the community as key: *For ourselves we have key links in the community and if we have key links it makes it much easier to run your program.*

The Offaly LSP representative recommended: *There should be strategies targeting more adults to become more involved in administration and coaching of programmes. There should also be a monitoring and participation for parents.*

Creating supporting and welcoming environments that foster inclusiveness was also recommended. The GAA representative gave an example of a woman committee member who was attending one of their equality and awareness training course how she pointed out the difficulties minority groups face to fit in with the majority in different sports activities: "*She said you know, when I come in and I look around the room and she goes, show me the face and everyone is going, what do you mean you know. If I look in and I don't see anyone reflecting back to me, I'm not gonna go in"*.

4.6 Summary

This chapter has highlighted the sport and PA patterns of ethnic minority groups in Ireland. Results show the enablers and barriers to participation and programme provision for this group. Main barriers include lack of finance, cultural awareness and specific policies that encourage and provide opportunities for sport and PA participation and programme provision. These findings are interpreted and deliberated in the next chapter.

Chapter 5: Discussion

5.1 Chapter Overview

This section provides a summary of both the quantitative and qualitative results from the previous chapter and discusses the findings obtained from the data collection process. Limitations to the study are also discussed and recommendations for future research are offered. The aims of the research are to investigate sports and physical activity (PA) participation among ethnic minority groups in Ireland, provision of programmes in Ireland for this group, and the role of sport, physical activity and recreation in promoting social inclusion amongst ethnic minority groups.

5.2 Summary of results

Questionnaire results revealed good engagement in LTPA among ethnic minority groups with approximately 160 minutes per week spent in LTPA. However, walking with approximately 70 minutes per week was the most popular mode of PA reported by the participants and contributed most to LTPA. Demographic comparison of PA participation patterns highlighted significant differences by sex, marital status, level of English, and nationality. Females, for example showed higher participation levels for job related PA, active transport, and house related PA. Active transport rates were higher among respondents who were not married.

Overall, 79% of the participants had PA scores that fell within the low (22%) or moderate (57%) range and were deemed insufficiently active and not meeting the recommended PA guidelines. Sedentary behaviour was also evaluated and 40% of the participants spend more than 5 hours per day sitting or reclining. Responses on engagement with family, community and social networks showed that males engaged more in sport and social activities while females engaged more with education activities. Engagement with sports clubs also decreased with age.

A survey of LSPs and NGBs of sport revealed that only 34.4% offer and deliver specific programmes for ethnic minorities. The policy and strategy review of NGBs, LSPs and other community agencies (County and City councils; government departments; community groups working with ethnic minority groups revealed a lack of specific ethnic minority group actions and policies that encourage and increase their participation and improve programme provision.

A number of factors influenced participation in sport and PA for ethnic minority groups. Focus group discussions with members of ethnic minority groups and interviews with key stakeholders in the provision of sport and PA identified barriers, such as lack of finance, access to facilities, time, culturally appropriate activities, and lack of information about activities and policies. One of the main concerns expressed by the key stakeholders interviewed was the lack of resources to provide inclusive programmes that encourage and increase participation in ethnic minority groups. Overall wellbeing (physical, social and mental health) and having options for preferred sport and PA were some of the benefits and enablers to sport and PA participation. Sport and PA was highly regarded as crucial in promoting social inclusion of ethnic minority groups through social cohesion and integration. Consequently, inclusive policies, education and awareness were recommended as potential solutions to address some of the barriers to sport and PA participation for ethnic minority groups.

5.3 Participation in Sport and Physical Activity by Ethnic Minorities

5.3.1 Comparison of Participation in PA and Sport

Physical activity was assessed using the IPAQ, which measures PA in four different domains (i.e. recreation, sport, and leisure time PA (LTPA), job related PA, transportation PA and housework, house maintenance and caring for family related PA) by intensity (moderate and vigorous), and total walking. Assessing all the domains of PA has been emphasised as a huge value when monitoring certain groups of individuals such as those with lower socio economic status or ethnic minority groups to accurately characterise overall participation so as to not underestimate certain activities they might do (Khaing Nang et al., 2010).

According to the IPAQ Scoring Protocol (2005) analysis, most of the participant reported as active, with only 22% of participants identified as low active and thus, not meeting PA guidelines and deemed insufficiently active. Although the remainder ranked as moderate active (57%) and high active (21%) and thus may be defined as sufficiently active and meeting PA guidelines, Bauman et al. (2009) recommended using the high category only as an indicator of sufficiently active to account for the over reporting associated with self-report assessment of PA. Therefore, the 57% identified as moderately active can also be deemed insufficiently active and not meeting the recommended PA guidelines. Focus group discussions also intimated that this group

was not as active as the questionnaire results indicated. Higher levels of PA recorded through the IPAQ suggests a degree of social desirability bias by ethnic minority group members when filling out questionnaires and it could be that more active migrants were more likely to consent to participate.

The SLAN Survey (Morgan et al., 2008) of Irish adults found that 24% of respondents in their study were high active compared to 21% in this study. The Irish Sports Monitor revealed that 32% of their participants were highly active (Irish Sports Monitor, 2013). These findings appear to confirm research showing that despite positive attitudes by ethnic minority groups towards LTPA, their involvement is lower than the majority population (Skowron, 2008; Andersen et al., 2012; Irish Sports Monitor, 2011; Dogra et al., 2010; Hosper et al., 2008; Lunn, 2007).

Those who are single/separated/divorced/widowed were more active than their married counterparts particularly for active transport which could be a result of the dynamics in lifestyles as these individuals may have more time to walk. Cycling with approximately 10 minutes per week was the least reported activity; the majority of the participants in the focus groups admitted to not cycling either for leisure or transport due to having no bikes and not being able to afford them. Having good English was also associated with more LTPA which according to focus group discussions and key stakeholder interviews is related to confidence issues and having the ability to communicate effectively and interact with service providers, facilitators of a programme and other members of the group. Levels of PA across the sample as a whole revealed that Europeans were more active than Africans and Asians in LTPA, job related PA and active transport. With regards to PA intensity, there were a number of indicative but not significant differences between the patterns of PA. A comparison across age groups in this study showed that engagement with sports clubs decreased with age; 41% of the youngest age group took part in sports related activities compared to 30% of those aged 46+ (p<.05).

Ethnic minority groups often move from active lives to passive lives due to circumstances. Approximately 30% and 40% of participants in this study reported spending 3 to 5 hours and more than 5 hours respectively sitting or reclining on a typical day, which can be detrimental to health in ethnic minority populations (Kim, Wilkens, Park, Goodman, Monroe, & Kolonel, 2013; Shuval et al., 2013a). Some of the participants in this study were asylum seekers or refugees living in direct provision or

reception centres which are residential institutions provided by the state in Ireland for asylum seekers and their families as they await decisions on their asylum application (Nasc, 2014). The GAA, SARI, ISU and WSP representatives spoke of how the living conditions in which these people live are detrimental to health. Most of the asylum seekers who participated in this study have little motivation to go out and do any PA. Their only source of income is a state welfare payment of 19 euros 10 cents per week, which makes it hard for this group to join in and participate in the different activities such as sport and PA. Their situation leaves them feeling withdrawn from society, and they experience stress and depression waiting anxiously for the government to make a decision whether they remain in the country or not (Department of Social Protection, 2013). Consequently, sedentary behaviour was common among participants in this study.

As highlighted already, results from this study showed that walking was the most frequent mode of PA reported by the participants. High levels of walking in racial and ethnic minorities have been suggested to be a result of such groups being more likely to walk for transportation, due to living in poor areas and low levels of car ownership and because walking is easily incorporated into daily activities (Williams, 2007; Adam et al., 2013; Lucas et al., 2013), which was also the case in this study. Participants in focus group discussions revealed walking as the most accessible form of PA as it is free in terms of costs and presents fewer barriers compared to other sports and physical activities.

5.4 Enablers of Sport and Physical Activity

5.4.1 Health Benefits

Findings from this study indicate that participants were aware of the role sport and PA plays in improving physical, mental and social wellbeing. Participants in the focus groups highlighted participating in sport and PA as important in keeping them fit and healthy with a desirable weight, and providing them with opportunities to interact with different people in their community, making new friends, learning English and gaining confidence which were the main motivators for some of them, but despite this, quite a large proportion acknowledged being insufficiently active. Being sufficiently active was regarded as highly important for physical health benefits by the participants in focus group discussions. Education and awareness were regarded as effective ways of

equipping people with knowledge, resources and competence to increase participation. Giardina et al. (2009) also suggested that education is a critical factor related to PA.

5.4.2 Gender

Gender is a strong correlate of population PA with females typically less active than males. The gender differences identified in this study point to the importance of considering men and women's unique differences when developing sport and PA programmes to encourage participation. Across the four domains of PA assessed in this study, a significant difference was noted for housework related PA only where women did almost 100 minutes more PA per week than males. However, females engage in lower levels of LTPA or sports related activities than their male counterparts. This was apparent when participants were asked in the questionnaire to report their participation in the activities of community organisations with regards to family, community and social networks. Male participants reported higher engagement with sport, social and religious groups while females engaged more with education activities. Sporting Equals (2011) also found low levels of black minority ethnic (BME) female involvement in sports at all levels. Only 8.6% of the female participants in this study were highly active compared to 12.6% of their male counterparts. Similar trends have also been observed in the SLAN survey where only 16% of the female respondents were highly active compared to 32% of the male respondents (Morgan et al., 2008).

One of the reasons for lower levels of female participation in LTPA, and particularly in sport, may be a result of cultural expectations which may restrict the participation of women in certain forms of PA in some religious and ethnic groups (Ranasinghe et al., 2013). Women have more responsibilities than men in the home environment and thus, are less likely to engage in LTPA. Similarly, interview and focus group discussions revealed how cultural expectations play a big role in the lives of women to engage in any activities outside their home, their job is at home taking care of the family. Most of the women in the focus group discussions also reflected on how their roles as women, where they spend most of their time doing house related physical activities, leave them with no time for any other activities. Similar observations were also made by Lawton et al. (2006) and Sriskantharajah & Kai (2007) who found that in most ethnic minority minority minority minority minority minority for the minority minority minority for the minority minority may be a structure of the family.

cultures, women are expected to focus on performing domestic duties over all other activities.

5.4.3 Inclusive Programmes

The provision of appropriate sport and PA programmes that offer equal access and opportunities to participate and are designed, delivered and implemented with the input of the participants were mentioned as huge enablers among focus group participants as this makes participants feel empowered, and gives them a sense of belonging. This also makes them feel ownership of the programme in that it was developed to meet their cultural needs with their understanding and trust. Familiarity with the sport or activity was also a motivator to participation with participants in this study. The participants mentioned a number of different sports and physical activities that they would want to participate in if given the opportunity. These include football which is quite universal and is recognised almost everywhere and is in a better position here in Ireland in terms of participation and programme provision for ethnic minority groups through such programmes as the Futsal league by the FAI and SoccerFest by SARI. The ability to choose favourite activities can give a sense of freedom and make PA more appealing.

Some of the representatives from these stakeholder groups acknowledged the importance of tailoring programmes to the needs of the participants as this encourages and enables them to take part. The SARI representative mentioned that inclusion and engagement is easier by constructing programmes to suit different groups. The FAI found that working in partnership with an LSP and tailoring a mainstream programme can be effective when working with a minority group. Previous research has shown that through participating in familiar activities, ethnic minority groups tend to feel more satisfied with their lives, have more confidence, feel more comfortable and a sense of belonging through engaging with people who can understand them (Kim et al., 2011). Channels to get into other sports such as basketball, swimming, cycling or rugby are not as straight forward and the participants felt that there are few opportunities for them to participate in some of these main stream sports and physical activities in Ireland. Some sports clubs and NGBs are not familiar in dealing with ethnic minority groups. Access to sport and active recreation by newly arrived migrants has been noted as important to providing ways for them to maintain their health through PA (Hanlon & Coleman,

2006) and to integrate into the community but only 34.4% of LSPs and NGBs of sport offer and deliver specific programmes for ethnic minorities. Provision is sporadic.

The nature in which the programmes are delivered was mentioned as an enabler to PA participation. From their experience working with ethnic minority groups, some of the key stakeholders interviewed acknowledged that some women would participate more in a women only programme run by a woman with whom they can relate to than a mixed programme with men. This was not necessarily a cultural factor; it was in fact more to do with confidence and self-esteem. One LSP representative, having experienced working with ethnic minority women, explained that some of the reasons for this are that women feel less competent in front of men whom they view as physically strong.

It is important to consider how to engage with people with different needs such as women, people with child care responsibilities, linguistics or language issues. This has to be reflected in the planning, design and provision of programme. For this to be successful, there has to be a partnership and coordination among sport and PA providers and other sectors including those in the planning and development of facilities, transport sector, social welfare, family resource centres and city councils among others to provide support in other areas as well such as affordable child care facilities or cheaper facilities to remove such barriers in the provision of and participation in sport and PA. In accordance, Caperchione, Kolt, & Mummery (2013), found that PA programmes offered for ethnic minorities were often inappropriate for this group due to the environment in which they were carried out, such as the facilitators who led them, and the mixed gender nature of programmes.

5.4.4 Use of Role Models

The SARI representative acknowledged the use of role models like Keino Kipchoge (a well-known former Kenyan athlete) to do some coaching in schools throughout Africa week. This attracted a huge number of people especially Africans to come and participate. In an attempt to make Gaelic games and football/soccer appealing for ethnic minority groups, the GAA and the FAI do have inclusion officers with a minority background but do not have similar representation across coaching.

Some of the participants in the focus groups highlighted that there are very few, if any, people from ethnic minority groups who are coaches in major sports in Ireland. They went on to give an example of how England has come up with a way of resolving such issues, by adopting the American Rooney rule where sports clubs are required to interview minority candidates for coaching positions. The use of role models can help motivate and inspire participation in a broader range of activities (Jepson et al., 2012). Providing participants with a range of pathways which may involve becoming a volunteer at the sessions, access to sports related training or qualification and coaching would be a way of reflecting the different ethnic backgrounds which would encourage participation. Cricket Victoria in Australia under the participation in community sport and active recreation (PICSAR) evaluation programme introduced inclusion training and education programmes for staff, officials, coaches and club volunteers to make cricket more inclusive for ethnic minority groups. Employing and training role models and mentors from within targeted communities had a positive impact on direct and indirect participation and retention. The initiative provided mentors and role models who could advocate for their community to be involved, such as the Cricket Victoria's Cricket4Me project which helps make cricket more accessible and inclusive for newly arrived communities, employed a former test cricketer as their multicultural cricket officer (VicHealth, 2013).

5.5 Barriers to Sport and PA Participation

Participation in sport and PA is a multifaceted behaviour influenced by many personal and environmental factors (King, 1994) and is shaped by a complex composition of several factors (Theeboom et al., 2012). The core barriers emerging in this study are discussed below.

5.5.1 Finance and Funding Resources

Financial issues such as cost of PA and sports programmes, joining a club or gym, money to buy clothes or equipment for PA and money for transport to attend programmes were identified as huge hindrances to participation in preferred sport and PA for both males and females in this study. According to Mcginnity et al. (2011) non Irish nationals have a lower disposable household income which obviously has an impact on their spending such as having enough money to pay for such things as joining the gym or sport clubs to participate in activities of their choice. The relatively closed

nature of some sports such as golf also makes it difficult for ethnic minority groups to participate as the levy fees and annual membership fees are too expensive for those with low or no income.

This study found that a few programmes currently offered by a minority of organisations for adult ethnic minority groups are not being sustained due to short term funding. Key stakeholders in this study acknowledged lack of finance as limiting their capacity to provide the level, or variety of activities they wanted for ethnic minority groups. Caperchione et al. (2013) and Banday & Paterson, (2008) also observed lack of financial resources and trained staff as significant contributors to the limited programmes offered to ethnic minority groups. The decline of the Irish economy has put pressure on sports funding, both from central government and direct funding raised through those participating in sports (ISM, 2011).

Child care was another issue raised by some of the representatives as a barrier for some of the mums they have worked with in their programmes as their organisations wouldn't have the required childcare services. Transport was also mentioned by both ethnic minority group members and organisations representatives as a socioeconomic barrier for ethnic minority groups to participate in sport and PA. Similarly, Caperchione et al. (2013) identified childcare expenses as a socioeconomic barrier and recognised transportation as both an environmental and socioeconomic barrier with regards to expenses associated with commuting to and from a geographical location where a PA programme is provided.

Subsidising costs was mentioned by a number of focus group participants as one way of increasing and encouraging participation of ethnic minority groups in Ireland in sport and PA. Similarly, the PICSAR evaluation programmerecommended that clubs or sport and PA providers need to provide accessible and affordable opportunities to support involvement in sport (VicHealth, 2013).

5.5.2 Culture

Cultural barriers make it difficult for some ethnic minority group members to participate in general programmes and achieve the required health benefits. The cultural factors identified in this study point to the importance of considering the unique needs of ethnic minority groups when developing sport and PA programmes for this cohort. Lack of supportive environments and culturally appropriate programmes such as single sex swimming sessions were negatively associated with PA as these hinder ethnic minority women's participation in sport or PA, impeding nearly half (47%) of the women in this study from participating. Some of the women in this study who were Muslim acknowledged that their religion does not allow for men and women to interact together in certain activities outside of their home and family context. Therefore, lack of PA programmes tailored to meet the religious and cultural needs of these groups such as not taking into consideration the importance of single sex activities for these women is a considerable barrier to sport and PA participation. Nierkens et al. (2013) systematically reviewed the effectiveness of specific cultural adaptations in interventions that target lifestyle behaviours including PA and found that culturally targeted behavioural interventions may be more effective. Similarly, Im et al. (2012) found that one of the reasons for the low PA level of Asian American midlife women is that most PA promotion programs are rarely culturally appropriate.

Some of the focus group participants suggested that to improve and increase their PA participation, ethnic minority groups also need to organise their own activities, which would ensure culturally appropriate and friendly inclusive environments. Similar findings were also noted by Lucas et al. (2013) who found that UK South Asians suggested that to increase PA, activities should be organised by members of their own community. Cultural expectations may restrict the participation of women in certain forms of physical activity in some religious and ethnic groups (Ranasinghe et al., 2013). Although some of these women proclaimed to be active through the activities they do when caring for family and house work, as a minority they miss out on the social interaction and community integration aspect of participating in physical activities outside their homes which is beneficial in improving social and mental health. Higher levels of leisure time but not non leisure time PA were significantly associated with lower depression (Pickett, Yardley, & Kendrick, 2012).

Acceptance and tolerance of people from other nationalities is also an issue that affects people from joining in the different activities of the community. The majority of participants in this study felt discriminated against in most areas in society. Discrimination has been reported as a constraint on leisure among minorities since the early 1970s (Lindsay & Ogle, 1972). An article in the Integration Centre press releases

revealed findings from the Annual Monitoring Report on Integration 2012 which shows that openness to immigration, or willingness to accept immigrants, has fallen in recent years and only the highly educated groups in Ireland have more positive attitudes to immigrants (Integration Centre, 2013). Hanlon & Coleman (2006) suggested that understanding and respecting the difference between dominant individualistic and collective cultures can contribute to encouraging culturally diverse people's entry into sport organisations.

5.5.3 Language and Lack of Information

Not being able to speak English made participants in this study less confident and it was difficult for them to engage in mainstream programmes or activities. Some of the stakeholders also identified experiencing this barrier with some of the ethnic minority groups they have engaged with in some of their programmes. This points to the importance of adapting or designing programmes and activities specifically to suit this need. Similarly, Caperchione et al. (2013) also found that most ethnic minority individuals are reluctant to participate in unfamiliar programmes which are foreign to them due to their inability to understand instructions, communicate and engage with the facilitator or instructor communicating in English. Spoonley & Taiapa (2009) argued that language might be an issue at a number of different levels. They found that the arrival of communities of people for whom English might not be their first language has provided significant challenges for many institutions including sports organisations. However, participating in mainstream sport and PA broadens social networks outside ethnic communities and helps to learn English (Stodolska et al., 2013).

Lack of information about activities was another barrier to sport and PA participation mentioned by some of the participants in the focus group discussions who felt there is low awareness on sports and PA programmes in their communities. Ethnic minority groups rarely access PA programmes because most advertising and marketing messages are in English which makes it difficult for those with little or no English to read and understand, thus, these individuals are not aware of the existence of these programs (Caperchione et al., 2013; Stodolska et al., 2011). Despite this finding none of the LSPs in this study have made an effort to communicate their programmes in other languages. Among NGBs, only the FAI and GAA are making an effort to provide some of the information about their programmes in other languages, such as registration forms, questionnaires or leaflets. Overall, education is needed to improve communication skills and confidence to encourage participation even in unfamiliar sports or other activities. In addition, leisure and sport entities should provide convenient ways for immigrants to learn about the local culture and their new communities, familiarising themselves with its environment, learn the local language, and interact with the locals and other people (Peters, 2010; Heo & Lee, 2007).

5.5.4 Time

Time constraints were another major barrier reported by most of the focus group participants as a hindrance to sport and PA participation. Both male and female participants spoke about their busy lives as they spend most of their time looking after children or working. This might explain higher levels of PA in single people with no children. Strenuous employment leads to lack of time, exhaustion, and restricts minorities in some pastimes including LTPA (Stodolska et al., 2013). Time management was also mentioned as an issue by one of the representatives especially working with ethnic minority groups living in direct provision centres. The problem lies in the fact that most of them don't have a routine and it's hard to motivate them and get them into a routine.

5.5.5 Access to facilities

The ISU representative highlighted that some of the groups face difficulties accessing facilities. The ISU have experienced situations where men want to get involved in things like soccer, however, there are no playing fields around. As most of the men are already in their 30s and 40s, the representative mentioned that no club will take them and that hinders their participation and integration. Similarly, focus group discussions reiterated the same issue of lack of facilities to engage in desired PA. One of the focus group participants said that some immigrants resort to play for example, football at a hospital ground in their neighbourhood; however, this could be an issue if they have no permission to use the grounds. Access to PA facilities is one of the strongest environmental predictors of PA participation (Shuval, et al., 2013a; Jepson, et al., 2012; Payne et al., 2011).

All the above findings on the enablers and barriers to sport and PA participation of ethnic minority groups are consistent with previous research of this cohort (Spaaij, 2013; Jepson, et al., 2012; 2008).

5.6 Sports for Social Inclusion

Being valued and included in community activities including sport and PA was reported as providing a sense of belonging which foster social interaction, learning English, gaining communication skills and accepting a new culture by the study participants. The success of sport and PA in promoting social inclusion has been acknowledged and recommended as essential by all the organisations interviewed in this study as they see the results of this through the programmes they provide which bring about social cohesion and integration of ethnic minority groups. Some of the programmes have been successful in terms of establishing networks in which they can recruit and try to engage people. Hassan and McCue (2013) highlighted the danger of failing to adequately promote the integration of ethnic minority groups especially young adults into Irish society through sporting activities as this unnecessarily prolongs their social and sporting exclusion. In addition, this also prevents sport from having a more positive impact on social cohesion and integration of societies (FRA, 2010). Specifically, the social nature of sport and inherent requirement for group participation may make sport an appealing type of activity for some minority groups (O'Driscoll et al., 2013). Allen et al. (2010) noted that immigrants can utilise sport as a vehicle for maintaining cultural identity, while at the same time, participating in sport provides them with opportunities for adopting an entirely new culture. The rate of immigration into Ireland is increasing annually and Hassan & McCue (2013) noted that the capacity of sporting authorities to properly take account of the identities and needs of the `new` Irish will be a defining aspect of their practice in the time ahead.

Despite the social benefits of sport and PA, many organisations and agencies in Ireland do not know or understand what it is to be an inclusive sport club when working with ethnic minority groups. Based on the views of participants in this research, Ireland needs to adopt some sports inclusion strategies on working with ethnic minority groups similar to those in Germany and the UK. The policy review in this study highlighted the need for different organisations and other sectors to provide support and promote social inclusive initiatives that would encourage and increase sport and PA participation in ethnic minority groups. One of the key stakeholders interviewed felt that sport in particular hasn`t taken up its role in terms of social responsibility and is still seen as a recreational tool rather than its role in terms of health benefits for the whole nation.

5.6.1 Programme Evaluation

Systematic monitoring and evaluation of a programme is essential for its continued review and development. While there was consensus of the importance of programme monitoring and evaluation, some of the key stakeholders interviewed acknowledged that their organisations only conduct process evaluation but no impact evaluation. They lack knowledge on guidelines of essential and desirable data required for a comprehensive and robust evaluation (Cavill, Roberts, & Rutter, 2012). The interviews with the organisations' representatives highlighted that a lot of the programmes or projects they provide that include or involve ethnic minority groups are normally short term programmes and there is no follow up with the participants. They lack the capacity and resources to follow up or evaluate some of the programmes. Evaluation is necessary, but it needs to be appropriate and not overly cumbersome. The use of a standard evaluation framework for PA interventions can be helpful for sport and PA providers as this provides specific guidelines on identifying appropriate outcomes and approaching challenges of assessing and measuring PA (Cavill, Roberts, & Rutter, 2012).Good evaluation could demonstrate the impact of the role sport plays in overall wellbeing.

5.6.2 Working in Partnership

All the key stakeholders' representatives acknowledged the importance of working in partnership with other organisations as this brings more expertise, resources and contacts for better engagement and programme provision. The VicHealth (2013) PICSAR programme highly regards working in partnership with other organisations as the basis to their achievements in reaching and engaging with target communities. Almost all of the stakeholders' representatives interviewed spoke of doing work with people living in direct provision centres or reception centres who rely a great deal on their programmes to do any PA as these people often need assistance with transport, affordable or free activities and facilities to enable them to participate in sport or PA. In Australia, it has been noted that there should be collaboration and partnerships among public and private sectors, government and community organisations and sport and PA providers to promote PA in minority groups (Western Australia PA Plan, 2007). Sport

England also suggested the importance of partnership in delivering sustainable community sporting opportunities (Skinner, Zakus, & Cowell, 2008). Furthermore, Andersen et al. (2012) suggested that the use of focus groups and people from the target group in the planning and implementation phases of the project in the Physical Activity and Minority Health (PAMH) study, a five month social cognitive theory based PA programme for sedentary Pakistani immigrant men living in Norway might have been vital to the success of this programme. Andersen et al. (2012) found that information gathered in focus groups discussion was very useful for designing the intervention programme to meet the needs of the people targeted. At the same time members of the target group in the focus groups offered help in the recruitment of participants which may have drum up interest in the project.

5.6.3 Inclusive Policies

Policy is a powerful tool for shaping healthy behaviours. Policies that shape the environment, access and opportunities to sport and PA programmes have a substantial impact on PA participation. The policy review in this study revealed a lack of specific policies and ethnic minority specific actions or strategies that can help enable the provision of sport and PA programmes that accommodate for the inclusiveness of ethnic minority groups. Where there is, it's not being reflected for people to see and raise the awareness that people from other cultural backgrounds are really welcome. Most of the organisations reported having more relaxed policies stating that their programmes were open to people from all backgrounds, however, this was acknowledged in both focus group discussions and interviews as not the best way to engage and encourage minority groups to join in certain sports clubs activities. They have to open their doors first for anyone to enter. In addition, they need to meet the religious, cultural, socioeconomic and environmental needs of adult ethnic minority groups to easily access and participate in these programmes.

All the participants in this study, both key stakeholders and minority group members were in consensus that the government needs to be involved a whole lot more in implementing inclusive policies that will create better opportunities for ethnic minority groups to participate in sport and PA programmes. At the moment the provision is haphazard. There is a lack of engagement between policymakers, programme providers and ethnic minority groups. Other studies also showed that most sport or recreation clubs lacked specific policies and management strategies to encourage cultural diversity or did not see the need or were unable or reluctant to provide inclusive opportunities for ethnic minority groups (Hanlon & Coleman, 2006).In contrast, most of those that have such policies or strategies are targeted at the whole population rather than specific sub groups; such as targeting young people in an all-school approach to PA promotion. It may be useful to target ethnic minority groups specifically. LSPs representatives interviewed highlighted that focusing on young people and starting from grass routes will yield better results and opportunities through performance and participation of these young people while at the same time their community can also see the results and this might encourage and improve more participation.

It must be noted that the agencies reviewed in this study are only a fraction of the many agencies in the public and private sector that could take that responsibility for facilitating the development of inclusive programmes through direct or indirect provision of programmes, funding, equipment and facilities. This study found that policy change should not only focus on the sporting sector but other sectors and government departments` policies. For example, immigration rules and strategic plans can affect in different ways how people from ethnic minority groups participate in sport and PA. Social policies in health, education, transport, infrastructure should fit with sports and PA providers` objectives to help ethnic minority groups to access resources to specific programmes or mainstream sports clubs. Therefore, public policies, informed by research, that support population level approaches to increase sports and physical activities with strategies focusing on improving opportunities in neighbourhoods, schools and workplaces particularly in high density racial and ethnic minority populations are needed (Whitt-Glover et al., 2009).

5.6.4 Summary

5.6.4.1 Effective Strategies for an Effective Programme

Relevant agencies need to have effective strategies, resources, and capacity to provide appropriate inclusive programmes. Strategies are needed to change practices and support the creation of welcoming environments that foster inclusiveness and increase participation of ethnic minority groups in different sport and PA programmes in Ireland. For example, ethnic minority groups have difficulties fitting in with the majority of different sport activities. Therefore, programmes should provide a sense of belonging and enjoyment through broad and integrated approaches that acknowledge the diversity of the population, such as using role models.

An effective programme should be inclusive and meeting the needs of the target group. To cater for a diverse population sport and PA providers should move away from a one size fits all approach of providing programmes. The Australian PICSAR evaluation program highlighted that developing strategies that build the capacity of sport and PA providers through effective partnerships, inclusive policies, modified facilities and programs that accommodate a diverse population and training of staff and volunteers on cultural understanding constituted effective programmes for ethnic minority groups. Furthermore, overcoming barriers of costs by providing free or affordable activities at easily accessible facilities was also essential (VicHealth, 2013). An equality and diversity strategy should be a core issue for NGBs and PA providers in the development, delivery and implementation of policies and initiatives in sport. The WHO principles for promoting PA in socially disadvantaged groups recommend that the development of a programme should be built into the culture of the target group by involving them in all aspects of the programme. Ensuring that programmes are culturally appropriate is important for ethnic minority groups (WHO, 2013).

5.7 Delivery of Sport for Social Inclusion: Recommendations

Few previous studies have investigated participation in, and provision of, sport and PA for people of ethnic minority backgrounds in Ireland. There are important gaps in our knowledge base, which this study has identified. Key recommendations from this work are:-

5.7.1 Inclusive Programmes

The inclusiveness of the programmes through target group involvement at all stages is paramount. This will take more effort than just engaging others and requires considerable investment. Cultural backgrounds and diversity must be recognised and respected. This must happen in the type of activities offered as well as in the organisational structure and ethos of the organisation through inclusive policies.

Key Learning Points

- The provision of specific programmes for ethnic minority groups is piecemeal and provision is uncoordinated.
- The majority of organisations reviewed in this study lack specific policies and ethnic minority specific actions that cater for the specific needs of this group.
- Giving individuals or groups of people an opportunity to participate and ensuring equality in access and resources were identified as key factors to fostering social inclusion in sport and PA of ethnic minority groups.
- All sports and PA organisations need to adopt a bottom up approach and develop equality policies and strategies that encourage participation of all population groups in main stream programmes through easy access yet also offering choices for segregated programmes as needed.
- Providing preferred, familiar programmes and tailoring mainstream programmes to meet the needs of different groups and combining an unfamiliar new activity with a well-known preferred activity have been acknowledged as effective ways to engage ethnic minority groups.
- Involving ethnic minority groups in the development, delivery and implementation of programmes is important. The EU funded JoinIn Project (2012) and the WHO PHAN (2013) recommended developing a community capacity by empowering and ensuring ownership of programmes through active participation by the target group in every stage of the programme from design to evaluation.
- Using role models and mentors from within ethnic minority groups to deliver a programme helps to motivate, encourage and increase participation.
- Promoting participation rather than performance has also been recommended by some of the key stakeholders who participated in this study as essential in encouraging participation in target groups as people are more inclined to participate in sport and PA for the enjoyment part of it.

- Marketing and promotion of programmes should focus on areas with high percentages of ethnic minority groups. Advertising about activities in religious and community centres where appropriate. Marketing materials should also reflect inclusiveness, for example, showcasing people with a similar background on posters/flyers pictures.
- Interacting with others, making friends, learning English and gaining confidence were some of the social benefits of participating in an inclusive sport and PA programme mentioned by the participants; this should be taken into consideration when promoting and designing initiatives.
- Other government policies in terms of immigration rules need to be evaluated to accommodate the involvement of ethnic minority groups in club participation at national level.

Policy implications: Inclusive sport and PA requires investment in personnel, programmes, and ethnic minority capacity building. Funding allocation for NGBs should be based on proactive inclusion policies that encourage everyone to participate. Funding may be dependent on the percentage of ethnic minority groups in programme participation, club memberships, coaching, administration and volunteering.

5.7.2 Programmes should be Culturally Appropriate

Programmes need to be designed to meet the needs of the people.

Key learning Points

- Programmes need to be appropriate and appeal to ethnic minority groups in meeting their cultural needs.
- Sport and PA programmes have to be culturally sensitive especially for women from ethnic minority groups. Women only programmes facilitated by a woman encourage and increases participation by women. The Sport Inclusion Network (SPIN) highlighted the need for special consideration of religious or culturally related regulations with women (SPIN, 2012).

- Working with religious and ethnic minority groups' community leaders to identify and understand the cultural needs of this group is important.
- Education and awareness of different cultures were regarded as effective ways of equipping people with knowledge, resources and competence to provide responsive programmes and increase participation.

Policy implication: Managers of sport and active recreation clubs need to understand the various customs, values and preferences of culturally diverse ethnic minority groups and establish appropriate recruitment and retention policies in order to encourage participation in PA and increase club membership of this population group (Hanlon & Coleman, 2006).

5.7.3 Programmes should be Sustainable

Key Learning Points

- Greater effort is needed in the involvement and structural collaboration among different organisations, sporting bodies, government departments, county and city councils, and private sector to provide policies that offer equal opportunities to participate in sport and indeed all aspects of civil society.
- Financial, policy and capacity building support is paramount for long term sustainability of programmes. The IMPALA guidelines suggests the engagement of voluntary and private sector in financing when resources are limited through subsidies for financing LTPA infrastructure or tax relief on spending related PA facilities (IMPALA, 2011).
- Policies surrounding funding also need to be changed due to the principles and conditions behind how that money is to be used. Some funding organisations have specific guidelines to their funds recipients, which restrict sport and PA providers from working with particular groups of people.

Policy implication: Programme sustainability will need support in terms of long term funding, policy, capacity building, transport, facilities, low cost programmes, and child care.

5.7.4 Build Capacity in Sports Clubs

Key Learning Points

- Many sports clubs and organisations lack an understanding of what it means to be an inclusive sport. A lot of the NGBs surveyed in this study acknowledged that their work with ethnic minority groups is through general rather than targeted programmes. Just over one third work indirectly with ethnic minority groups by providing training, facilities and funding.
- Sport organisations need to take a more diverse community approach in engaging ethnic minority groups and ensure they take an active participation in the way a programme is run. PA providers should show cultural sensitivity by offering culturally appropriate programmes as needed and being flexible around their needs.
- Remove organisational barriers such as lack of financial resources and lack of supportive or inclusive policies. Challenging the NGBs and other PA providers to consider how they can encourage more people from ethnic minority groups to play sport.
- Employing full time inclusion officers and mentors with similar cultural backgrounds and training staff and volunteers on equality and cultural awareness is important.

Policy implications: Training of staff and volunteers is a key element in building the capacity of sports organisations and clubs to engage with target groups (VicHealth, 2013).

5.7.5 Build Effective Partnerships

Key Learning Points

• Working in partnership with target groups and all key stakeholders using each other's possibilities through networking and developing and implementing mutually beneficial policies has been highlighted in this study as important in the delivery of, inclusive programmes.

- At the moment there is lack of collaboration, there is no clear set of agencies, and no understanding amongst providers about what the other is doing.
- Creating partnership with other organisations that have experience in working with a target group brings more expertise and contacts for better engagement. This is possible through working with organisations that are already involved with ethnic minority groups such as SARI, integration centres, immigrant councils, new community partnerships etc. Adopting an ecological approach by developing and maintaining partnerships that can support and sustain the delivery of programmes is essential (WHO, 2013).

Policy implications: A mapping exercise of key agencies, and a clearer understanding of the role of sport and PA in achieving greater societal goals.

5.7.6 Evaluation of Programmes

Key Learning Points

- Good evaluation of programmes and projects is necessary. It needs to be appropriate and not overly cumbersome.
- It is important to help organisations to conduct meaningful evaluation using standardised measures. Unless this happens, the potential role of sport and PA will never be fully realised.

Policy implications: There should be central guidance in the delivery of initiatives and programmes for ethnic minority groups. Evaluation of funded programmes should be compulsory, and aided centrally. Partnerships with third level institutions at local level will be key to the success of this.

5.7.6.1 Participation of Cultural Minorities in Programme Design

Key Learning Point

- Involving more ethnic minority groups in research studies will provide more data on the applicability of activities that meet their needs and how best to work with them.
- Organisations need to reach out to target groups through feasible recruitment methods using contacts that work with this group to build trust and providing information and programmes in at least top ten most spoken ethnic minority groups' languages in Ireland as per the statistics of ethnic minority groups using recent data from the CSO.
- There needs to be `hooks` for PA and sport embedded in other programmes such as employment, language/English classes, learning and other social activities.
- There should be links between the agencies and improved online access to ethnic minority groups.
- For all the research studies on sport and PA, there should be reports or a short brief for the Irish Sports Council and the government to create and implement policies that encourage and increase participation of ethnic minority groups.
- A short summary of the outcomes of the research for target groups is also important, and not just raise expectations but need to show follow up.

Policy implications: The reach of a study should be considered in funding applications.

5.7.6.2 Inclusion of Economic Performance Indicators

Key learning points

• Sport plays an important role in terms of social responsibility and health benefits for the whole nation.

Agencies should 'sell;' the role of sport and PA on multiple grounds, specifically its role in promoting inclusion, as a hook to education, and for health benefits. This can be done by demonstrating the economic value of sport which includes reduced health costs, development of social capital and cohesion, develop new skills, employment opportunities in the field of sport, improved educational attainment, build social networks and integrate into the community, volunteering which contributes to wider charitable objectives of sports organisations as well as experience and satisfaction of the volunteer, reduced crime and antisocial behaviour in young people (Sport England, 2013, VicHealth, 2013; WHO, 2012; Indecon International Economic Consultants, 2010).

The assessment of economic impact of sport in Ireland reported on the significant impact sport and sport related activities contribute to the Irish economy and the significant net overall return on government investment in sport in Ireland. Sport related spending contributes equivalent to 1.4% of economy wide Gross Domestic Product (GDP) to the Irish economy (Indecon International Economic Consultants, 2010). The economic value of sport in England estimated that in 2010 sport and sport related activity generated Gross Value Added (GVA) of £20.3 billion constituting 1.9% of the England total while the economic value of sport in terms of health alone in 2011-2012 was 11.2 billion (Sport England, 2013).

Policy implication: The diverse role of sport is paramount in the development and implementation of policies.

The role of sport in relation to the social integration of ethnic minority groups has increased through its contribution to economic and social cohesion and more integrated societies. The Commission of the European Union White paper on sport has reported that sport has great potential as an instrument for promoting social inclusion (European Commission, 2007). Sport promotes a shared sense of belonging and participation and this allows for ethnic minority groups such as immigrants to interact together in a positive way with the host society. Furthermore, sport and PA should promote

enjoyment and fun. Sport should be used as a tool to develop personal and interpersonal skills.

5.8 Limitations

There are some methodological limitations to be taken into account when considering this study`s findings.

- Recruitment of participants was very challenging and getting past the gatekeepers proved very hard. The need to translate, explain terms, complete surveys orally, and participate in focus groups may have been off putting for some. Recruitment was limited to the South East and Dublin so the participants included do not represent all ethnic minority groups in Ireland.
- Research sampling was largely dependent on the availability and willingness of ethnic minority group members to be included in the study. Also, due to the diverse methods of recruitment it is not possible to provide details of the number of people approached to take part in this study. Some of the organisations asked the researcher to email a copy of the questionnaire and they would then email it to their members. Therefore, calculation of the response rate is not possible.
- The study may also be biased in that in both quantitative and qualitative data collection methods, those who participated may have done so because they were interested in PA and so were happy and confident to share their experience. As indicated earlier, many potential participants felt they were not eligible for inclusion because they did not take part in PA or sport. Therefore, it may be that the data over-represents participation in PA and sport, and does not fully present the barriers to being physically active.
- There were complexities involved in using interviews and focus group discussions. These include being time consuming in terms of planning, recording and transcribing. In addition, bias may have occurred through interviewer influencing interviewee and vice versa.
- The validity of the study relied heavily on the ability of the participants to answer questions honestly and accurately. People tend to believe that they exercise or are more physically active than they actually are because they

believe doing so is a good thing (Godbey et al., 2005). Participants may have filled out desired PA levels instead of their actual levels of engagement.

- Similarly, there may have been misinterpretations of information if participants had language difficulties and did not understand the questions or terminology used.
- Measuring participation levels using simple and easily understandable instruments such as a One-item questionnaire other than the IPAQ which has been recognised for being too complicated, especially for those with limited English language may have been useful in this study. In accordance, the IPAQ does lead to inaccuracy as participants often overestimate their measures of occupational and household related PA levels (Hallal, Gomez, Parra, Lobelo, Mosquera, Florinda, Reis, Pratt, and Sarmiento, 2010).

5.9 Conclusion

This study evaluated the sport and PA participation of, and the provision of programmes for ethnic minority groups in Ireland. This study provides an insight to the factors that enable or inhibit the participation of ethnic minority groups in sport and physical activity and examine the role these play in promoting social inclusion. There is lack of evidence in Ireland on the participation and engagement of ethnic minority groups in sport and PA. Although results from the IPAQ survey revealed high levels of PA, findings from the focus group discussion and interviews with stakeholders highlighted that this group participated less in PA. Results from the IPAQ suggest a degree of social desirability bias by ethnic minority group members when filling out questionnaires.

Findings from this study revealed the existence of a variety of enablers and barriers to participation such as the context of programme provision and policies. The provision of specific programmes for ethnic minority groups is sporadic due to lack of funding. Overall there is a lack of joined up service provision and policies that could facilitate access to participation opportunities of ethnic minority groups in sport and PA in Ireland. The delivery of policy at local level is piecemeal. Findings from the review of (NGBs), (LSPs) and other community agencies suggests that there is a lack of ethnic minority groups that there is a lack of ethnic minority groups that there is a lack of ethnic minority agencies suggests that there is a lack of capabilities and schemes from some of these organisations to provide opportunities for ethnic minority groups from culturally diverse backgrounds to participate in sport and

PA. There is also a lack of coordination and collaboration amongst agencies. The diverse role of sport and PA is not recognised in Ireland. It was also apparent that there were many recruitment difficulties for initiatives. Improving the provision of sport and PA programmes for, and participation of ethnic minority groups requires developing a new understanding and new, effective, population based approaches, raising awareness and securing the commitment and support of a broad range of actors and stakeholders within and beyond public health. This implies strengthening existing partnerships, such as those with sports sectors and developing new ones with others that play a major role in shaping environments and communities, such as transport, environment, urban planning, employers and civil society.

The wider impact of participating in sport and physical activity on social wellbeing from an individual and societal perspective is important. Inclusion policies that facilitate sport clubs to include ethnic minority groups in their programmes are essential. Most of the participants would welcome changes that would enable them to access facilities. More research should expand on the body of knowledge related to sport/PA and ethnicity. Findings from this research are particularly important for key stakeholders in promoting sport and physical activity and engaging ethnic minority groups as they can help inform strategic approaches to improve participation opportunities, programme provision and delivery, address inequality and promote social inclusion.

References

Australian Bureau of Statistics, ABS. (2009). *Children's participation in Cultural and Leisure Activities*. Canberra : Australian Bureau of Statistics.

Active England. (2009). Sport and Physical Activity. *Final Report*. Hall Aitken. Glasgow.

Adam, M. A., Ding, D., Sallis, J. F., Bowles, H. R., Ainsworth, B. E., Bergman, P., et al. (2013). Patterns of neighborhood environment attributes related to physical activity across 11 countries: a latent class analysis. *International Journal of Behavioral Nutrition and Physical Activity*, *10*(34), 1-11.

Adebe, D. S., Lien, L., & Hjelde, H. K. (2012). What We Know and Don't know About Mental Health Problems Among Immigrants in Norway. *Journal of Immigrant and Minority Health*.

Afable-Munsuz, A., Ponce, N. A., Rodriguez, M., and Perez-Stablea, E. J. (2010). Immigrant generation and physical activity among Mexican, Chinese & Filipino adults in the U.S. *Social Science Medicine*, 70 (12). Pub Med Central. Retrieved from: EBSCOhost: <u>http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2978119/pdf/1479-5868-</u> 7-75.pdf

Agyemang, C., Bhopal, R., & Bruijnzeels, M. (2005). Negro, Black, Black African, African Caribbean, African American or what? Labelling African origin populations in the health arena in the 21st century. *Journal of Epidemiology and Community Health*, *59*(12), 1014-1018.

AIHW (Australian Institute of Health and Welfare) 2008, Australia's health 2008, Cat. no. AUS 99, Canberra

AIHW. Australian Institute of Health and Welfare. (2007). *Young Australians: their health and wellbeing*. Canberra: Australian Institute of Health and Welfare.

AIHW. Australian Institute of Health and Welfare. (2005). Australia's welfare 2005. Australia's welfare no. 7. Cat. no. AUS 65. Canberra: AIHW. Accessed: 6 December 2013 from http://www.aihw.gov.au/publication-detail/?id=6442467784>. Aizlewood, A., Bevelander, P., & Pendakur, R. (2006). Recreational Participation Among Ethnic Minorities and Immigrants in Canada and the Netherlands. *Journal of Immigrant & Refugee Studies*, 4(3), 1-32.

Allen, J. T., Drane, D. D., Byon, K. K., & Mohn, R. S. (2010). Sport as a vehicle for socialisation and maintenance of cultural identity: International students attending American universities. *Sport Management Review*, 421-434.

BIBLIOGRAPHY \l 2057 Amara, M., Aquilina, D., Argent, E., Betzer-Tayar, M., Green, M., & I, H. (2005). *The Roles of Sport and Education in the Social Inclusion of Asylum Seekers and Refugees: An Evaluation of Policy and Practice in the UK.* Loughborough: Institute of Sport and Leisure Policy. Loughborough University.

Amateur Boxing Association of England (ABAE). (2008). Developing Social Inclusion And The Sport Of Amateur Boxing. The Amateur Boxing Association of England Limited (ABA). Accessed January 8th 2013 from http://www.astleyvip.com/ABAE_Social_Inclusion.pdf

Andersen, E., Burton, N. W., & Anderssen, S. A. (2012). Physical activity levels six months after a randomised controlled physical activity intervention for Pakistani immigrant men living in Norway. *International Journal of Behavioral Nutrition and Physical Activity*, 9(47), 1-10.

Andersen, P. T., Bak, C. K., Vangsgaard, S., Dokkedal, U., & Larsen, P. V. (2011). Self-rated health, ethnicity and social position in a deprived neighbourhood in Denmark. *International Journal for Equity in Health, 10*(5), 1-8.

Arnold, Melina., Razum, O., & Coebergh, Jan-Willem. (2010). Cancer risk diversity in non-western migrants to Europe: An overview of the literature. *European Journal of Cancer*, *46*(2010), 2647-2659.

Arthur, S. & Nazroo, J. (2003): 'Designing Fieldwork Strategies and Materials'. In: J. Ritchie & J. Lewis eds. Qualitative Research Practice. *A Guide for Social Science Students and Researchers*, Thousand Oaks, CA: Sage Publications: 109-137.

Babakus, W. S., & Thompson, J. L. (2012). Physical activity among South Asian women: a systematic, mixed-methods review. *International Journal of Behavioural Nutrition and Physical Activity*, 9(150), 1-18.

Balanda, K., & Wilde, J. (2001). *Inequalities in Mortality 1989-1998: A Report on All-Ireland Mortality Data*. Dublin/Belfast: Institute of Public Health in Ireland.

Balanda KP, Barron S, Fahy L. (2010). Making Chronic Conditions Count: Hypertension, Coronary Heart Disease, Stroke, Diabetes. A systematic approach to estimating and forecasting population prevalence on the island of Ireland. Executive Summary Dublin: Institute of Public Health

Bailey, R. (2005). Evaluating the relationship between physical education, sport and social. *Educational Review*. 57(1), 71-90

Banday, S., & Paterson, A. (2008). *Mapping exercise of initiatives to increase physical activity amongst Black and Minority Ethnic (BME) groups*. Edinburgh: REACH Community Health Project.

Bauman, A. E., Reis, R. S., Sallis, J. F., Wells, J. C., Loos, R. J., & Martin, B. W. (2012). Correlates of physical activity: why are some people physically active and others not? *The Lancet*, *380*(9838), 258-271.

Bauman, A., Bull, F., Chey, T., Craig, C. L., Ainsworth, B. E., Sallis, J. F., et al. (2009). The International Prevalence Study on Physical Activity: results from 20 countries. *International Journal of Behavioral Nutrition and Physical Activity*, 6(21).

Bell, E. J., Lutsey, P. L., Windham, B. G., & Folsom, A. R. (2013). Physical Activity and Cardiovascular Disease in African Americans in Atherosclerosis Risk in Communities. *Medicine & Science in Sports & Exercise*, *45*(5), 901-907.

Biddle, S. J., & Mutrie, N. (2008). *Psychology of Physical Activity. Determinants, Well-Being & Interventions* (2nd ed.). London and New York: Routledge.

Bloyce D & Smith A., (2010). *Sport Policy and Development: An Introduction*. Community sports development, promoting social inclusion. Routledge, New York.

Bors, P., Dessauer, M., Bell, R., Wilkerson, R., Lee, J. & Strunk, S. L. (2009). The Active Living by Design National Program: Community Initiatives and Lessons Learned. American *Journal of Preventive Medicine*, *37*, (6), pages S313-S321. Retrieved from: EBSCOhost: <u>http://www.sciencedirect.com.ezproxy.wit.ie:2031/s</u>

Bouchard, C., Blair S. N., Haskell, W. L., (2007). *Physical Activity and Health*. Human Kinetics, Champaign, IL.

Bowling, A. (2002). Research Methods in Health: Investigating health and health services. (2nd ed.). Buckingham: Open University Press.

Brophy, S., Crowley, A., Mistry, R., Hill, R., Choudhury, S., Thomas, N. E., et al. (2011). Recommendations to improve physical activity among teenagers- A qualitative study with ethnic minority and European teenagers. *BMC Public Health*, *11*(412).

Bryman, A. (2008). *Social Research Methods* (3rd ed.). New York: Oxford University Press.

Bryman, A. (2004). *Social Research Methods* (2nd ed.). New York: Oxford University Press. BIBLIOGRAPHY \1 2057

Cairde. (2014). *Challenging Ethnic Minority Health Inequalities*. Retrieved from Cairde: cairde.ie

Calzada, P. J., & Anderson-Worts, P. (2009, June). The Obesity Epidemic: Are Minority Individuals equally Affected? *Primary Care: Clinics in Office Practice*, *36*(2), 307-317.

Canadian Fitness and Lifestyle Research Institute. (2015). Overview Physical Activity and Sport Monitoring Program. Accessed from <u>file:///H:/A1/Overview%20Physical%20Activity%20and%20Sport%20Monitoring%20</u> Program%20_%20www.cflri.ca.html

Caperchione, C. M., Kolt, G. S., & Mummery, K. W. (2009). Physical Activity in Culturally and Linguistically Diverse Migrant Groups to Western Society. A Review of Barriers, Enablers and Experiences . *Sports Medicine*, 167-177.

Caperchione, C. M., Kolt, G. S., & Mummery, K. W. (2013). Examining Physical Activity Service Provision to Culturally and Linguistically Diverse (CALD) Communities in Australia: A Qualitative Evaluation. (N. Jenkins, Ed.) *PLOS One, 8*(4: e62777).

Casper, J. M., & Harrolle, M. G. (2013). Perceptions of Constraints to Leisure Time Physical Activity Among Latinos in Wake County, North Carolina. *American Journal of Health Promotion*, 27(3), 139-142.

Caspersen, C.J., Powell, K.E., & Christenson, G.M. (1985). Physical Activity, exercise. and physical fitness: definitions and distributions for health-related research. *Public Health Reports*, *100*(2), 126-131.

Cavill N, Foster C. (2004). How to promote health-enhancing physical activity: community interventions. In: Oja P, Borms J, eds. Health enhancing physical activity. London, Meyer & Meyer Sport, 2004 (Perspectives – The Multidisciplinary Series of Physical Education and Sport Sciences, Vol. 6).

Cavill, N., Roberts, K., & Rutter, H. (2012). *Standard Evaluation Framework for physical activity interventions*. Oxford: National Obesity Observatory.

Centers for Disease Control and Prevention. (2010). State Indicator: Report on Physical Activity. Atlanta, GA, Depart of health and Human Services.

Centers for Disease Control and Prevention. (2012). National Health Interview Survey (NHIS) 1975-2012. Retrieved from http://www.cdc.gov/nchs/nhis.htm

Central Statistics Office (2012). *Migration and Diversity*. Non-Irish Nationals Living in Ireland. Dublin, Stationery Office. Accessed: October 2nd 2012 from <u>http://www.cso.ie/en/media/csoie/census/documents/census2011profile6/Profile%206%</u> 20Migration%20and%20Diversity%20Commentary.pdf

Centre, T. I. (2013, June 27). *News & Events Press Releases: Irish Attitudes to Immigrants Become More Nagative.* Retrieved November 22, 2013, from The Integration Centre: http://www.integrationcentre.ie

Changing Ireland. (2013). Tips to Promote Integration at Local and National Level. Who are the main players at community level? *The National Magazine of the Local & Community Development Programme*. Changing Ireland.

Chapman, D., & Perry, G. (2008). Depression as a major component of public health for older adults. *Preventing chronic disease*, 1-9.

Chau, J. (2007). *Physical Activity and Building Stronger Communities*. Sydney: NSW Centre for Physical Activity and Health.

Chau, J. Y., Grunseit, A., Midthjell, K., Holmen, J., Holmen, T. L., Bauman, A. E., et al. (2014). Cross-sectional associations of total sitting and leisure screen time with cardiometabolic risk in adults. Results from the HUNT Study, Norway. *Journal of Science and Medicine in Sport/Sports Medicine Australia*, 17(1), 78-84.

Choi, J., Wilbur, J., & Kim, M. J. (2011). Patterns of Leisure Time and Non-Leisure Time Physical Activity of Korean Immigrant Women. *Health Care for Women International*, *32*, 140-153.

City of Whitehorse Youth Project. (2005). Increasing Access to Sport and Recreational clubs by Young People from Culturally and Linguistically Diverse Backgrounds. Migrant Information Centre. Melbourne.

Coalter, F. (2001). Realising the Potential of Cultural Services: The Case for Sport, LGA Publications, London.

Commission, C. o. (2007). *White Paper. White Paper on Sport.* Brussels: European Commission.

Commission on Social Determinants of Health (CSDH). (2008). *Closing the gap in a generation: health equity through action on the social*. Geneva: World Health Organisation.

Commonwealth of Australia. (2006). National Centre for Culture and Recreation Statistics. Women's participation in sport and physical activities. *Australian Bureau Statistics*. Canberra

Community Development through sport. (2006). Brian, Sexton.

Community Games. HSE Community Games. (2013). Integration. HSE Community Games Festival 2013. Accessed October 10th, 2013 from <u>http://www.communitygames.ie/integration.html</u> and http://www.bettertogether.ie/video/hse-community-games-0

Council of Europe (2001) European Sports Charter, Brussels, Council of Europe.

Council of Europe (2001). *The European Sport Chater (revised)*. brussels Retrieved from http://www.sportdevelopment.info/index.php/browse-all-documents/87-council-of-europe-2001-the-european-sports-charterrevised-brussels-council-of-europe-

Craig, C., Marshall, A., Sjostrom, M., Bauman, A., Booth, M., Ainsworth, B., Pratt, M., Ekelud, U., Yngve, A., Sallis, J.F., & Oja, P. (2003). International Physical Activity Questionnaire: 12 country reliability and validity. *Medicine & Science in Sport & Exercise*, *35*(8), 1381-1395.

Cutrona, C.E. (1984). Social support in the transition to parenthood. Journal of Abnormal Psychology, 93 (1984), pp. 378–390

Cutrona, C. (1986). Objective determinants of perceived social support. Journal of Personality and Social Psychology, 50 (1986), pp. 349–355

Cutrona, C., Russell, D. (1987). The provisions of social relationships and adaptation to stress. Advances in Personal Relationships, 1 (1987), pp. 37–67

Dahlgren G., Whitehead, M. (1991).Policies and Strategies to Promote Equity in Health. Stockholm: Institute for Future Studies.

Dassanayake, J., Dharmage, S. C., Gurrin, L., Sundararajan, V. & Payne, W. R. (2011). Are Australian immigrants at a risk of being physically inactive? *International Journal of Behavioural Nutrition & Physical Activity*, *8*, 2010. Retrieved from: EBSCOhost: http://www.ijbnpa.org/content/8/1/53

Delaney, L. & Fahey, T. (2005). Social and Economic Value of Sport in Ireland. The Economic and Social Research Institute (ESRI). Dublin.

Department of Health and Children, D. o. (2010). *Changing Cardiovascular Health. National Cardiovascular Health Policy 2010 - 2019.* Dublin: Government Publications.

Department of Health and Children, H. S. (2009). *The National Guidelines on Physical Activity for Ireland*. Retrieved February 6, 2014, from Get Ireland Active: http://www.getirelandactive.ie

Department of Health, D. (2013). Healthy Ireland hi. Retrieved November 14, 2013,fromHealthServiceExecutive:http://www.hse.ie/eng/services/Publications/corporate/hieng.pdf

Department of Social Protection. (2013). National Action Plan for Social Inclusion 2007 -2016. Social Inclusion Report Incorporating Annual Reports for 2011 & 2012. *Department of Social Protection*. Dublin.

Devlin, J. T., Dhalac, D., Suldan, A. A., Jacobs, A., Guled, K., & Bankole, K. A. (2011). Determinants of Physical Activity Among Somali Women Living in Maine. *Journal of Immigrant and Minority Health.*

De Munter, J. SL., Van Valkengeod, I. GM., Agyemeng, C., Kunst A. E., and Stronks, K. (2010). Large Ethnic Variations in Recommended Physical Activity According to Activity Domains in Amsterdam, the Netherlands. *The International Journal of Behavioural Nutrition and Physical Activity*, 7:85, pgs 1-8. Accessed: September 19th 2012, from: EBSCOhost: http://www.sciencedirect.com.ezproxy.wit.ie:1022/science/article

De Munter, J. S., Agyemang, C., Stronks, K., & van Valkengoed, I. G. (2013). Association of physical activity, smoking, and alcohol intake with CVD-related hospital discharge in people of European, South Asian, or African descent. *European Journal of Preventive Cardiology*, 20(1), 80-88.

Dogra, S., Meisner, B. A. & Ardern, C. I. (2010). Variation in mode of physical activity by ethnicity and time since immigration: a cross-sectional analysis. *International Journal of Behavioural Nutrition & Physical Activity*, *7*, 75. Retrieved from: EBSCOhost: <u>http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2978119/pdf/1479-5868-7-75.pdf</u>.

Donnelly, P. and Coakley, J. (2002). *The Role of Recreation in Promoting Social Inclusion*. Perspectives on Social Inclusion. Canada. Laidlaw Foundation.

ERHA, E. R. (2003). *Regional Health Strategy for ethnic minorities*. Eastern Regional Health Authority ERHA.

European Commission. (2007). *White Paper on Sport. Belgium, European Communities*. Accessed October 23rd 2012, from <u>http://ec.europa.eu/sport/documents/white-paper/whitepaper-short_en.pdf</u>.

European Network Against Racism. ENAR. (2012). Social Inclusion and Data Collection. ENAR Fact Sheet 46. Brussels.

Farrell, C., McAvoy, H., Wilde, J. and Combat Poverty Agency (2008). Tackling Health Inequalities – An All-Ireland Approach to Social Determinants. Dublin: Combat Poverty Agency/Institute of Public Health in Ireland.

Federation of Irish Sports. (2009). Why Irish Sport Matters, A Submission to Government on the Future Funding of Irish Sport. Dublin. Retrieved from http://irishsport.ie/wpress/wp-content/uploads/2013/03/1936_SportMatters_FA9.pdf

Földesi, G. S. (2010). Social Exclusion/Inclusion in the Context of Hungarian Sport. *Physical Culture and Sport Studies and Research, Volume L, 44-59.*

Football Association Ireland (FAI) Intercultural Football Plan (2007 revised 2014). Many voices one goal. The pathway to develop Irish football. Retrieved from http://www.fai.ie/sites/default/files/atoms/FAI_INTERCULTURAL_PLAN%20v1.pdf

FRA, E. U. (2010). Racism, ethnic discrimination and exclusion of migrants and minorities in sport: A comparative overview of the situation in the European Union. Luxembourg: European Union.

FRA, E. U. (2010). Racism, ethnic discrimination and exclusion of migrants and minorities in sport: The situation in the European Union. Summary Report. Luxembourg: European Union Agency for Fundamental Rights.

Galabuzi, G. (2009). Social Exclusion. In D. Raphael (Ed.), Social Determinants of Health: Canadian Perspective, 235-251. Toronto: Canadian Scholars Press, Inc.

Gavin, A., Molcho, M., Kelly, C., NicGabhainn, S. (2013) The HBSC Ireland Trends Report 1998–2010: Child Health Behaviours, Outcomes and Contexts. Health Promotion Research Centre, National University of Ireland, Galway.Department of Health, Government of Ireland, Dublin. Retrieved from http://www.nuigalway.ie/hbsc/documents/2013_pres_trends_report_launch_23_sept. pdf

Get Ireland Active (2011). Promoting Physical Activity in Ireland. Retrieved from http://www.getirelandactive.ie

Giardina E. V., Laudano. M., Hurstak E., Saroff A., Fleck E., Sciacca R., Boden-Albala B., Cassetta J. (2009). Physical Activity Participation among Caribbean Hispanic

Women Living in New York: Relation to Education, Income and Age. *Journal of Women's Health. Vol 18*, (2), pgs 187-192. Retrieved from: EBSCOhost: http://www.doaj.org/doaj?func=openurl&genre=journal&issn

Giddens, A. (2006). Sociology (5th ed.). Cambridge: Polity Press.

Gidlow, C., Johnston, L. H., Crone, D., Ellis, N., & James, D. (2006). A systematic review of the relationship between socio-economic position and physical activity. *Health Education*, 65(4), 338-367.

Gill, J. M., Celis-Morales, C. A., & Ghouri, N. (2014). Physical activity, ethnicity and cardio-metabolic health: Does one size fit all? *Atherosclerosis*, *232*, 319-333.

Godbey, G. C., Caldwell, L. L., Floyd, M., & Payne, L. L. (2005). Contributions of Leisure Studies and Recreation and Park Management. Research to the Active Living Agenda. *American Journal of Preventive Medicine*, 28(2), 150-158.

Gordon, D. S., Graham, L., Robinson, M., & Taulbut, M. (2010). *Dimensions of Diversity: Population Differences and Health Improvement Opportunities*. Glasgow: NHS Health Scotland; 2010.

Gordon-Larsen, P., Nelson, M. C., Page, P., & Popkin, B. M. (2006). Inequality in the built environment underlies key health disparities in physical activity and obesity. *Pediatrics*, 2006(117), 417-424.

Gray, C., Brown, A., Thomson, N. (2012). Review of Cardiovascular health among Indigenous Australians.*Australian Indigenous. HealthInfoNet. No. 9, December 2012.* Retrieved from <u>http://www.healthinfonet.ecu.edu/heart_review</u>

Hallal, P., Fernando-Gormez, L., Parra, D., Lobelo, F., Mosquera, J., Florinda, A., Reis,R., (2010). Lessons Learned After 10 Years of IPAQ Use in Brazil and Colombia.*Journal of Physical Activity and Health*, 7(2), S259-S264

Hamer, H., Stamatakis, E., & Steptoe, A. (2009). Dose-response relationship between physical activity and mental health: the Scottish Health Survey. *British Journal of Sports Medicine*, 2009,43, 1111-1114.

Hanlon, C. M., & Coleman, D. J. (2006). Recruitment and retention of culturally diverse people by sport and active recreation clubs. *Managing Leisure*, *11*(2),77-95.

Haskell, W. L., Blair, S. N., & Hill, J. O. (2009). Physical activity: health outcomes and importance for public health policy. *Preventive medicine*, 49(4), 280-282.

Hassan, D., & McCue, K. (2013). The `silent` Irish - football, migrants and the pursuit of integration. *Soccer & Society*.

Healthy Ireland. (2013). A Framework For Improved Health And Wellbeing2013 – 2025. Department of Health. Dublin. Retrieved from http://health.gov.ie/healthy-ireland/

Healthy People 2020. (2014a). Social Determinants of Health. Retrieved from https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/addressing-determinants

Healthy People 2020. (2014b). Disparities. Retrieved from http://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities.

Healy, G. N., Clark, B. K., Winkler, E. A., Gardiner, P. A., Brown, W. J., & Matthews,C. E. (2011). Measurement of Adults' Sedentary Time in Population-Based Studies.*American Journal of Preventive Medicine*, 41(2), 216-227.

Heath, G. W. (2009). The Role of the Public Health Sector in Promoting Physical Activity: National, State, and Local Applications. *Journal of Physical Activity and Health*, 6 (Supplement 2), S159-S167

Heo, J., & Lee, Y. (2007). "I don't want to feel like a stranger": Korean students who play basketball seriously. *Leisure/Loisir*, *31*(1), 133-154.

Hippisley-Cox, J., Coupland, C., Vinogradova, Y., Robson, J., Minhas, R., Sheikh, A.,
& Sheikh, B. P. (2008). Predicting cardiovascular risk in England and Wales:
prospective derivation and validation of QRISK2. *BMJ*. doi:10.
1136/bmj.39609.449676.25

HSE Community Games. (2013). What is the Community Games? Retrieved from http://www.communitygames.ie/about.html

Hosper, K., Deutekom, M., & Stronks, K. (2008). The effectiveness of "Exercise on Prescription" in stimulating physical activity among women in ethnic minority groups in

the Netherlands: protocol for a randomized controlled trial. *BMC Public Health* 8(406). doi:10. 1 186/1471-2458-8-406

Im, E.-O., Ko, Y., Hwang, H., Chee, W., Stuifbergen, A. L., & Chee, E. (2012). Asian American Midlife Women's Attitudes Toward Physical Activity. *JOGNN Journal of Obstetric, Gynecologic & Neonatal Nursing, 41*(5), 650-658.

Improving Infrastructures for Leisure - Time Physical Activity in the Local Arena. IMPALA. (2011). Proposed European Guidelines. Improving Infrastructures for Leisure - Time Physical Activity in the Local Arena. Towards Social Equality, *Inter-Sectoral Collaboration and Participation*. European Commission - Executive Agency for Health and Consumers.

Indecon International Economic Consultants. (2010). Assessment of Economic Impact of Sport in Ireland. *Indecon International Economic Consultants In association with the Sport Industry Research Centre, Sheffield-Hallam University*. Irish Sports Council.

Institute of Public Health in Ireland (IPH, 2011). Health Inequalities. Retrieved from http://www.publichealth.ie/healthinequalities/healthinequalities.

The Integration Centre. (2013). Connecting Communities. Advancing Integration. The Integration Centre. Dublin. Accessed April 14th 2014, from http://www.integrationcentre.ie/The-Integration-Centre.aspx

International Physical Activity Questionnaire. (2005). Guidelines for the Data Processing and Analysis of the International Physical Activity Questionnaire (IPAQ) -Short and Long Forms. Retrieved from http://www.ipaq.ki.se/scoring.htm

Irish Sports Council. Sports Participation & Health Among Adults (2004) Sports Participation and Health Among Adults in Ireland. Retrieved from http://www.irishsportscouncil.ie/Research/Sports_Participation_Health_Among_Adults _2004_/#sthash.MKK3Cyza.dpuf

Irish Sports Council. (2005). Social Economic Value of Sport in Ireland. Accessed October 10th 2013, from https://www.irishsportscouncil.ie/Research/Social_Economic_Value_2005_/Social_Eco nomic_Value.pdf Irish Sports Council. (2008). Local Sports Partnerships. Retrieved from http://www.irishsportscouncil.ie/Participation/

Irish Sports Council. (2013). Participation. Local Sports Partnerships.*Irish Sports Council*. Retrieved from http://www.irishsportscouncil.ie/Participation/

Irish Sports Council. Local Sports Partnerships. SPEAK REPORT 2013. Retrieved from http://www.irishsportscouncil.ie/Participation/Local_Sports_Partnerships/SPEAK-Report/

Irish Sports Monitor (2011). Annual Report (2011). The Economic & Social Research institute (ESRI). *The Irish sports Council*. Retrieved from: http://www.irishsportscouncil.ie/Media/Latest_News/2012/Irish_Sports_Council_Publis hes_Irish_Sports_Monitor_Report_2011.html

Jepson, R., Avan, G., Bowes, A., Harris, F., Robertson, R., & Sheikh, A. (2008). *Physical activity and black and minority ethnic groups: a qualitative study of South Asian People living in Scotland*. Edinburgh: NHS Health Scotland.

Jepson, R., Harris, F. A., Bowes, A., Robertson, R., Avan, G., & Sheikh, A. (2012). Physical Activity in South Asians: An In-Depth Qualitative Study to Explore Motivations and Facilitators. *PLoS ONE*, 7(10), e45333.

Johnson, M., Tenenbaum, G., Edmonds, W., & Castillo, Y. (2008). A comparison of the developmental experiences of elite and sub elite swimmers: Similar developmental histories can lead to differences in performance level. Sport, Education and Society, 13, 453–475

JoinIn. European Union JoinIn Project. (2012). Social inclusion of migrant youth through sport. Key principles for promoting social inclusion of migrant youth through sports and physical activity. European Union.

Jurkowski, J. M., Mosquera, M., & Ramos, B. (2010). Selected Cultural Factors Associated with Physical Activity Among Latino Women. *Women's Health Issues*, 20(3), 219-226.

Khaing Nang, E. E., Khoo, E. Y., Salim, A., Tai, E. S., Lee, J., & Van Dam, R. M. (2010). Patterns of physical activity in different domains and implications for

intervention in a multi-ethnic Asian population: a cross-sectional study. *BMC Public Health*, *10*(644), 1-11. Retrieved from EBSCOhost: <u>http://www.doaj.org/doaj?func=openurl&genre=journal&issn</u>

Kilkenny Integration Strategy 2013-2017. Uniting the Diverse. Kilkenny Integration Forum. Retrieved from http://www.kilkennycoco.ie

King AC, (1994). Community and public health approaches to the promotion of physical activity. *Medicine Science Sports Exercise*. 26:1405-1412

Kim, J., Dattilo, J., & Heo, J. (2011). Taekwondo participation as serious leisure for life satisfaction and health: Cross-cultural contact and serious leisure experiences. *Journal of Leisure Research*, *43*(4), 545-559.

Kim, Y., Wilkens, L. R., Park, S.-Y., Goodman, M. T., Monroe, K. R., & Kolonel, L. N. (2013). Association between various sedentary behaviours and all-cause, cardiovascular disease and cancer mortality: the Multiethnic Cohort Study. *International Journal of Epidemiology*, *42*(4), 1040-1056.

Kumanyika, S., Taylor, W. C., Grier, S. A., Lassiter, V., Lancaster, K. J., Morssink, C. B., & Renzaho, A. M. N. (2012). Community energy balance: A framework for contextualizing cultural influences on high risk of obesity in ethnic minority populations. *Preventive Medicine*, *55*, pgs. 371-381. Accessed: December 12th 2012, from: EBSCOhost: <u>http://www.sciencedirect.com/ezproxy.wit.ie/</u>

Lawton, J., Ahmad, N., Hanna, L., Dougls, M., & Hallowell, N. (2006). `I can`t do any serious exercise`: barriers to physical activity amongst people of Pakistani and Indian origin with Type 2 diabetes. *Health Education Research*, *21*(1), 43-54.

Leahy, S., Donoghue, O., O'Connell, M., O'Hare, C., Nolan, H. (2014). The Irish Longitudinal Study on Ageing (TILDA). Obesity and Health Outcomes in Older Irish Adults. The Over 50s in a Changing Ireland. Economic Circumstances, Health and Well-Being. Editors: Nolan, A., O'Regan, C., Dooley, C., Wallace, D., Hever, A., Cronin, H., Hudson, E., Kenny, R. A. The Irish Longitudinal Study on Ageing 2014.Trinity College, Dublin. Retrieved from http://tilda.tcd.ie/publications/reports/

Lecerof, S. S., Westerling, R., Moghaddassi, M., & Östergren, P. O. (2011). Health information for migrants: The role of educational level in prevention of overweight. *Scandinavian Journal of Public Health*, *39*, 172-178.

Lee, I.-M., Shiroma, E. J., Lobelo, F., Puska, P., Blair, S. N., & Katzmarzyk, P. T. (2012, July 21). Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. *The Lancet, 380*(9838), 219-229.

Leung, G. (2013, December 13). Health Impact of Diet in Minority Ethnic Groups. *Practice Nurse (PRACT NURSE)*, 43(12), 26-29.

Lindsay, J. J., & Ogle, R. A. (1972). Socioeconomic patterns of outdoor recreation use near urban areas. *Journal of Leisure Research*, *4*, 19-24.

Long, J., Hylton, K., Spracklen, K., & Ratna, A. (2009). A Systematic Review of the Literature on Black and Minority Ethnic Communities in Sport and Physical Recreation. Leeds: Carnegie Research Institute.

Lucas, A., Murray, E., & Kinra, S. (2013). Health Beliefs of UK South Asians Related to Lifestyle Diseases: A review of Qualitative Literature. *Journal of Obesity*, 2013, 13.

Lunn, P. (2007). Fair Play? Sport and social Disadvantage in Ireland. Dublin: ESRI.

Lunn, P., Layte, R., Watson, D. (2007). The Irish Sports Monitor, First Annual Report 2007. The Economic and Social Research Institute (ESRI). Accessed from http://www.irishsportscouncil.ie/Research/The_Irish_Sports_Monitor/Irish_Sports_Mon itor_2007.pdf

Lunn, P. & Layte, R. (2009). *The Irish Sports Monitor, Third Annual Report 2009*. Dublin. ESRI & The Irish Sports Council. Accessed: October 9th 2013, from: http://www.esri.ie/publications/latest_publications/view/index.xml?id=3271

Macintyre, S. (2007). Debate. Deprivation amplification revisited; or, is it always true that poorer places have poorer access to resources for healthy diets and physical activity? *International Journal of Behavioral Nutrition and Physical Activity*, 4(32).

Macintyre, S., Macdonald, L., & Ellaway, A. (2008). Do poorer people have poorer access to local resources and facilities? The distribution of local resources by area deprivation in Glasgow, Scotland. *Social Science & Medicine*, 67, 900-914.

Macniven, R., Bauman, A., & Abouzeid, M. (2012). A review of population-based prevalence studies of physical activity in adults in the Asia-Pacific region. *BMC Public Health*, *12*(14).

Mahmoud, A., Roche, B., & Home, J. (2013). Modelling the social determinants of health and simulating short-term and long-term intervention impacts for the city of Toronto, Canada. *Social Science & Medicine*, 247-255.

Mansfield, E. D., Ducharme, N., & Koski, K. G. (2012). Individual, social and environmental factors influencing physical activity levels and behaviours of multiethnic socio-economically disadvantaged urban mothers in Canada: A mixed methods approach. *International Journal of Behavioral Nutrition and Physical Activity*, 9(42), 1-15.

Mathieu, R. 4., Powell-Wiley, T., Ayers, C., McGuire, D., Khera, A., Das, S., et al. (2012). Physical activity participation, health perceptions, and cardiovascular disease mortality in a multiethnic population: the Dallas Heart Study. *American Heart Journal*, *163*(6), 1037-1040.

Mcginnity, F., Quinn, E., O'Connell, P., & Donnelly, N. (2011). *Annual Monitoring Report on Integration 2010*. Dublin: The Integration Centre and Economic and Social Research Institute.

Mehta, V. (2008). Walkable Streets: Pedestrian Behavior, Perceptions and Attitudes. *Journal of Urbanism*, *1*(3), 217-245.

Morgan, K., O'Farrell, J., Doyle, F., & McGee, H. (2011). *Physical activity and core depressive symptoms in the older Irish adult population*. Dublin, Belfast: Centre for Ageing Research and Development in Ireland (CARDI).

Morgan, K., McGee, H., Watson, D., Perry, I., Barry, M., Shelley, E., Harrington, J., Molcho, M., Layte, R., Tully, N., van Lente, E., Ward, M., Lutomski, J., Conroy, R., Brugha. R. (2008). *SLÁN 2007: Survey of Lifestyle, Attitudes & Nutrition in Ireland*.

Main Report. Dublin: Department of Health and Children. Accessed: November 22nd 2012, from: <u>http://www.dohc.ie/publication/</u>

Nam, S. (2013). Obesity and Asian Americans in the United States: Systematic Literature Review. *Osong Public Health Research Perspectives*, *4*(4), 187-193.

Nasc (nasc), The Irish Immigrant Support Centre. (2014). *Campaign for Change: Direct Provision*. Retrieved May 12, 2014, from The Irish Immigrant Support Centre NASC Ireland: http://www.nascireland.org/campaigns-for-change/direct-provision/

National Consultative Committee on Racism and Interculturalism. NCCRI. (2007). Improving Government Services to Minority Ethnic Groups: Useful Terminology for Service Providers. *Department of Justice and Equality*.

National resource centre for ethnic minority. NRCEMH. (2008). Achievements and challenges in ethnicity and health in NHS Scotland. NHS Health Scotland. Edinburgh. Retrieved from http://www.healthscotland.com/about/equalities/raceresources.aspx

New Communities Partnership, NCP. (2013). Empowering and Representing Ethnic Minorities and their Organisations in Ireland. Directory of Migrant Organisations & Support Groups in Dublin. NCP. Dublin.

Nicholson, M., Brown, K., & Hoye, R. (2013). Sport's social provisions. *Sport Management Review*, *16*(2), 148-160. Retrieved from http://www.sciencedirect.com/science/article/pii/S1441352312001106

Nierkens, V., Hartman, M. A., Nicolaou, M., Vissenberg, C., Beune, E. J., Hosper, K. v., et al. (2013). Effectiveness of Cultural Adaptations of Interventions Aimed at Smoking Cessation, Diet, and/or Physical Activity in Ethnic Minorities. A Systematic Review. *PLOS ONE*, *8*(10), e73373.

Ntoumanis, N. (2001). A Self Determination Approach to the Understanding of Motivation in Physical Education. *British Journal of Educational Psychology*, *71*, 225-242.

O'Driscoll, T., Banting, L. K., Borkoles, E., Eime, R., & Polman, R. (2013). A Systematic Literature Review of Sport and Physical Activity Participation in Culturally

and Linguistically Diverse (CALD) Migrant Populations. *Journal of Immigrant and Minority Health*. 16(3):515-30. DOI 10.1007/s10903-013-9857-x

Office of the Minister of Integration. (2008). Migration Nation. Statement on Integration Strategy and Diversity Management. Dublin, The Stationery Office. retrieved from http://www.integration.ie/website/omi/omiwebv6.nsf/page/AXBN-7SQDF91044205-en/\$File/Migration%20Nation.PDF . Migration Nation: Statement on Integration and Diversity.

Organista, B. P., Gerardo, M., & Chun, K. M. (2010). *The Psychology of Ethnic Groups in the United States*. Thousand Oaks, CA: SAGE Publications, Inc.

Ogden, J. (2012). *Health Psychology: A Textbook* (5th ed.). Berkshire: Open University Press.

O'Leary, K., Ipsos MRBI and Irish Sports Council. (2013) The Irish Sports Monitor 2013 Annual Report.

O'Sullivan, M., Enright, E., Physical Education, Physical Activity, and Youth Sport (PEPAYS) Research Centre. (2006). Girls Physical Activity Providers' Guide. National Overview of Best Practices, Challenges, and Recommendations on Physical Activity Initiatives for Girls. University of Limerick.

Ottawa Charter (1986). Ottawa Charter for Health Promotion. *World Health Organisation*. Accessed: October 3rd 2012, from: www.who.int/healthpromotion/conferences/previous/ottawa/en/

Owen, N., Healy, G. N., Matthews, C. E., & Dunstan, D. W. (2010). Too Much Sitting: The Population-Health Science of Sedentary Behavior. *Exercise and Sport Sciences Reviews*, *38*(3), 105-113.

Oxford Dictionaries (2014). Language matters. Ethnicity. Oxford University Press. Oxford. Retrieved from http://www.oxforddictionaries.com/definition/english/ethnicity.

Pate, R. R., O`Neill, J. R., & Lobelo, F. (2008). The evolving definition of "Sedentary". *Exercise and Sport Sciences Review*, *36*(4), 173-178.

Payne, W. R., Harvey, J. T., & Dharmage, S. C. (2011). *Immigrant Physical Activity Study. A Report to The Victorian Health Promotion Foundation*. Victoria: University of Ballarat.

Peters, K. (2010). Being together in urban parks: Connecting public space, leisure and diversity. *Leisure Sciences*, *32*(5), 418-433.

Physical Activity Guidelines Advisory Committee (2008). *Physical Activity Guidelines Advisory Committee Report Part A*. Report Summary. Accessed: September 22nd 2012, from http://www.health.gov/paguidelines/Report/A_Summary.aspx

Pickett, K., Yardley, L., & Kendrick, T. (2012). Physical activity and depression: A multiple mediation analysis. *Mental Health and Physical Activity*, 125-134.

Powell, L.M., Slater, S., Chaloupka, F.J. (2004) The relationship between community physical activity settings and race, ethnicity and socioeconomic status. Evidence Based Preventive Medicine. 2004, 1(2): 135-144.

Powell, L.M., Slater, S., Chaloupka, F.J., Harper, D., (2006). Availability of physical activity related facilities and neighborhood demographics and socioeconomic characteristics: a national study. Am. J. Pub. Health 96, 1676–1680.

Primatesta, P., & Brooks, M. (2001). Cardiovascular disease: prevalence and risk factors. *Health Survey for England - The Health of Minority Ethnic groups* `99. Retrieved from http://www.archive.officiadocuments.co.uk/document/doh/survey99/hse99-03.htm

Proper, K. I., Singh, A. S., van Mechelen, W., & Chinapaw, M. J. (2011). Sedentary behaviors and health outcomes among adults: a systematic review of prospective studies. *American Journal of Preventive Medicine*, 40(2), 174-182.

Protection, D. o. (2013). National Action Plan for Social Inclusion 2007-2016. Report of Social Inclusion Forum 2012. `Implementing the social Dimension of Europe 2020`.Dublin: Department of Social Protection.

Public Health Agency, P. H. (2009). *Putting a health inequalities focus on the Northern Ireland cardiovascular service framework. Summary report. Health impact assessment. Northern Ireland cardiovascular service framework.* Belfast: Public Health Agency. Ranasinghe, C. D., Ranasinghe, P., Jayawardena, R., & Misra, A. (2013). Physical activity patterns among South-Asian adults: a systematic review. *International Journal of Behavioural Nutrition and Physical Activity*, *10*(1), 116-135.

Ramon, S. & Campling, J. (1996). *Mental health in Europe : Ends, beginnings and rediscoveries*. Macmillan Press. London.

Rechel, B., Mladovsky, P., & Deville, W. (2012). Monitoring migrant health in Europe: a narrative review of data collection practices. *Health Policy*, *105*(1), 10-16.

Reijneveld, S. A., Westhoff, M. H. & Hopman-Rock (2003). Promotion of health and physical activity improves the mental health of elderly immigrants: results of a group randomised controlled trial among Turkish immigrants in the Netherlands aged 45 and over. *Journal of Epidemiology Community Health*, 57: 405-411. Retrieved from: EBSCOhost: <u>http://www.jstor.org</u>

Renzaho, A. M., Swinburn, B., & Burns, C. (2008). Maintenance of traditional cultural orientation is associated with lower rates of obesity and sedentary behaviours among African migrant children to Australia. *International Journal of Obesity*, 594-600.

Renzaho, A. M., Bilal, P., & Marks, G. C. (2014). Obesity, Type 2 Diabetes and High Blood Pressure Amongst Recently Arrived Sudanese Refugees in Queensland, Australia. *Journal of Immigrant and Minority Health*, *16*(1), 86-94.

Rezende, L. F., Lopes, M. R., Rey-Lopez, J. P., Matsudo, V. K., & Luiz, O. d. (2014). Sedentary Behavior and Health Outcomes: An Overview of Systematic Reviews. *PLoS ONE*, *9*(8), e105620.

Ritchie, J., Lewis, J., & Elam, G. (2003). 'Designing and Selecting Samples'. In: J. Ritchie & J. Lewis, eds. Qualitative Research Practice. A Guide for Social Science Students and Researchers. (J. Ritchie, & J. Lewis, Eds.) London: Sage Publications.

Robinson, B.K. (2009). Determinants of Physical Activity Behaviour and Self Efficacy for Exercise among Africa American Women. Health Science Center. University of Tennessee.

Rooney, L. K., Bhopal, R., Halani, L., Levy, M. L., Partridge, M. R., Netuveli, G., Car, J., Griffiths, C., Atkinson, J., Lindsay, G., & Sheikh, A. (2011). Promoting recruitment

of minority ethnic groups into research: qualitative study exploring the views of South Asian people with asthma. *Journal of Public Health*, *33*(4), 604-615

Sallis. J. F. (2002). IPS SELF-ADMINISTERED version. Revised November 2002. www.drjames**sallis**.sdsu.edu/IPAQIPS.pdf

Sanders, T., & Whyte, S. (2006). Assessing the Health and Related Needs of Minority Ethnic Groups in Dublin's North Inner City. A Case Study of a Community Development Approach to Health Needs Assessment. Community Development and Health Programme. Dublin: Cairde.

Sarantakos, S. (1993). Social Research. Reprint Revised. Macmillan Education Australia.

Sarantakos, S. (1993). Social Research.3rd Edition. Palgrave Macmillan.

Schomer, H. H., & Drake, B. S. (2001). Physical activity and mental health. *International SportMed Journal*, 2(3), 1-9.

Seligman, M. E. .P (2011).*Flourish: A visionary new understanding of happiness and well-being*. NY: Free Press. New York.

Sen, A., (2005), "Human Rights and Capabilities". *Journal of Human Development*, (6)2, 151-166.

Services, U. D. (2010). *Healthy People 2010*. Retrieved January 20, 2014, from Centers for Disease Control and Prevention: http://www.cdc.gov/nchs/healthy_people/hp2010.htm

Shuval, K., Hebert, E., Siddiqi, Z., Leonard, T., Lee, S., Tiro, J., et al. (2013a). Impediments and Facilitators to Physical Activity and Perceptions of Sedentary Behaviour Among Urban Community Residents: The Fair Park Study. *Preventing Chronic Disease*, 10, 1-7.

Shuval, K., Leonard, T., Murdoch, J., Caughy, M. O., Kohl III, H. W., & Skinner, C. S. (2013b). Sedentary Behaviors and Obesity in a Low-Income, Ethnic-Minority Population. *Journal of Physical Activity & Health*, 132-136.

Skinner, J., Zakus, D. H., & Cowell, J. (2008). Development through Sport: Building Social Capital in Disadvantaged Communities. *Sport Management Review*, 253-275.

Skowron, M. A. (2008). Determinants of leisure time physical activity participation among Latina women. *Leisure Sciences*, *30*(5), 429-447.

Spaaij, R. (2013). Cultural diversity in community sport: An ethnographic inquiry of Somali Australians` experiences. *Sport Management Review*, *16*(1), 29-40.

Spoonley, P., & Taiapa, C. (2009). Sport and Cultural Diversity: Responding to the Sports and Leisure Needs of Immigrants and Ethnic Minorities in Auckland. A report for Auckland Regional Physical Activity and Sport Strategy (ARPASS). Auckland: Massey University.

Sports Against Racism Ireland. SARI. (2013). Positive Integration and Social Inclusion Through Sport. Retrieved from http://www.sari.ie/sport-against-racism-ireland/

Sport England. (2008). Building communities. Developing strong, sustainable and cohesive communities through sport. Shaping places through sport. Sport England. London. Accessed November 8th 2013, from https://www.sportengland.org/media/91527/building-communities.pdf

Sport England. (2013). Economic value of sport in England. Sport England, London, Retrieved from http://www.sportengland.org

Sporting Equals: Promoting ethnic diversity across sport & physical activity, S. E. (2011). *Faith Communities Engagement: helping drive growth in Sports Participation*. London:

Sporting Equals. Sporting Equals. (2007). *Promoting ethnic diversity across Sport and physical activity*. Sporting Equals. England. Retrieved from http://www.sportingequals.org.uk/aboutteam.php

<u>Sports Inclusion Network, JoinIn!</u> Project and HSE Community Games. (2011). Sport and Integration Workshop Conference: 'Social inclusion in and through sport'. Sport and Integration/Social Inclusion Conference October 5th 2011. Aviva Stadium

Sports Inclusion Network (SPIN). (2012). Inclusion of Migrants in and through Sports. A Guide to Good Practice. A publication in the framework of the European project "Sport Inclusion Network (SPIN) – Involving migrants in mainstream sport institutions" co-funded by the Sport Unit of the European Commission. VIDC – Vienna Institute for International Dialogue and Cooperation. Vienna.

Sport Inclusion Network. SPIN. (2012). Inclusion of Migrants in and through Sports. A Guide to Good Practice. European Commission. Vienna.

Springer, A. E., Lewis, K., Kelder, S. H., Fernandez, M. E., Barroso, C. S., & Hoelscher, D. M. (2010). Physical Activity Participation by Parental Language Use in 4th, 8th, and 11th Grade Students in Texas, USA. *Journal of Immigrant and Minority Health*, *12*(5), 769-780.

Sriskantharajah, J., & Kai, J. (2007). Promoting physical activity among South Asian women with coronary heart disease and diabetes: what might help? *Family Practice*, 24(1), 71-76.

Stodolska, M., Shinew, K. J., Acevedo, J. C., & Izenstark, D. (2011). Perceptions of urban parks as havens and contested terrains by Mexican-Americans in Chicago neighborhoods. *Leisure Sciences*, *33*, 103-126.

Stodolska, M., Shinew, K. J., Floyd, M. F., & Walker, G. J. (2013). *Race, ethnicity, and leisure*. Champaign, IL: Human Kinetics.

Taylor, W. C., Baranowski, T., Rohm Young, D. (1998). Physical Activity Interventions in Low Income, Ethnic Minority, and Populations with Disability. *American Journal of Preventive Medicine*, *15* (*4*), pgs 334-343.

Taylor W. C., Sallis J. F., Lees E., Hepworth J. T., Feliz K., Volding D. C., Cassels A., Tobin J. N. (2007). Changing Social and Built Environments to Promote Physical Activity: Recommendations from Low Income, Urban Women. *Journal of Physical Activity and Health, 4,* pgs 54-65. Retrieved from: EBSCOhost: http://www.sciencedirect.com.ezproxy.wit.ie:2048/science/article

Theeboom, M., Schaillee, H., & Nols, Z. (2012). Social capital development among ethnic minorities in mixed and separate sport clubs. *International Journal of Sport Policy and Politics*, *4:1*, pgs. 1-21. Accessed: January 29th 2012 from www.tandfonline.com/doi/abs/10.1080/19406940/2011.627359

Theeboom, M., Haudenhuyse, R., & De Knop, P. (2010). Community sports development for socially deprived groups: a wider role for the commercial sports sector? A look at the Flemish situation. *Sport in Society: Cultures, Commerce, Media, Politics, 13*(9), 1392-1410.

The Integration Centre. (2013). Connecting Communities. Advancing Integration.*Integration Centre*. Retrieved from http://www.integrationcentre.ie/

Thiel, A., Seiberth, K. & Mayer, J. (2013). Sociology of Sport. A textbook in 13 lessons. [Sociology of Sport. A text-book with 13 units]. Aachen: Meyer & Meyer.

Thomas, D. R., & Dyall, L. (1999). Culture, ethnicity and sport management: A New Zealand perspective. *Sport Management Review*, 115-132.

Thorp, A. A., Owen, N., Neuhaus, M., & Dunstan, D. W. (2011). Sedentary behaviors and subsequent health outcomes in adults a systematic review of longitudinal studies, 1996-2011. *American Journal of Preventive Medicine*, *41*(2), 207-215.

VicHealth. (2010). Participation in physical activity. A determinant of mental and physical health. *Victoria Health Promotion Foundation*. Carlton South. Australia.

VicHealth. (2013). More than just sport. PICSAR State and Regional Grants (2007 to 2011). Program evaluation and outcomes report. Melbourne, Australia: Victorian Health.

Walliman, N. (2006). Social Research Methods. London: Sage.

Waterford Sports Partnership. (2014). An Irish Sports Council Initiative. Strategic Review 2007-2013. Susan Bookle & Burtenshaw Kenny Associates.

Watson, D., Maitre, B., Whelan, C. T., Williams, J. (2014). Growing Up in Ireland. National Longitudinal Study of Children. Dynamics of Child Economic Vulnerability and Socio-Emotional Development: An Analysis of the First Two Waves of the Growing Up in Ireland study. Minister for Children and Youth Affairs, 2014. Department of Children and Youth Affairs. Dublin. Retrieved from http://www.growingup.ie/fileadmin/user_upload/documents/Child_Infant_Cohort/GUI_ Econ_Vulnerability_Webready_report.pdf Western Australia's Physical Activity Plan. (2007). A strategic Physical Activity Plan for a Healthy Active WA 2007/08-2010/11. Consultation Paper. *Be Active WA*. *Premier's Physical Activity Taskforce*. Western Australia.

Whitt-Glover M. C., Crespo C. J., Joe J. (2009). Recommendations for Advancing Opportunities to Increase Physical Activity in Racial/Ethnic Minority Communities. *Preventive Medicine, 49*, pgs 292-293. Accessed: September 22nd 2012, from: EBSCOhost: <u>http://www.ok.mimas.ac.uk/</u>

Wieland, M. L., Tiedje, K., Meiers, S. J., Mohamed, A. A., Formea, C. M., Ridgeway, J. L., et al. (2013). Perspectives on Physical Activity Among Immigrants and Refugees to a Small Urban Community in Minnesota. *Journal of Immigrant and Minority Health*.

Wieland, M. L., Weis, J. A., Palmer, T., Goodson, M., Loth, S., Omer, F., et al. (2012). Physical Activity and Nutrition among Immigrant and Refugee Women: A community-Based Participatory Research Approach. *Women's Health Issues*, 22(2), e225-e232.

Wilkinson, R. G. (1996). Unhealthy Societies: the afflictions of inequality. London: Routledge.

Wilkinson, R., & Marmot, M. (2003). Social determinants of health: The solid facts.(2nd ed.). (R. Wilkinson, & M. Marmot, Eds.) Copenhagen: World Health Organization.

Williams, C. H. (2007). *The built environment and physical activity: What is the relationship?* New Jersey: The Synthesis Project. The Robert Wood Johnson Foundation.

Williams J., Green S., Doyle E., Harris E., Layte R., McCoy S., McCrory C., Murray A., Nixon E., O`Dowd T., O`Moore M., Quail A., Smyth E., Swords L., Thornton M. (2009). Growing Up in Ireland. National Longitudinal Study of Children. The Lives of 9-Year-Olds. *Department of Health and Children. Minister for Health and Children*. The Stationery Office, Dublin. retrieved from http://www.growingup.ie/fileadmin/user_upload/documents/1st_Report/Barcode_Growing_Up in Ireland_- The Lives of 9-Year-Olds Exec_Summary.pdf

Wilson, D. K., Trumpeter, N. N., St George, S. M., Coulon, S. M., Griffin S., Van Horn, M. L., Lawman, H. G., Wandersman, A., Egan, B., Forthofer, M., Goodlett, B. D.,

Kitzman-Ulrich, H., Gadson, B. (2010). An Overview of the "Positive Action for Today's Health" (PATH) trial for increasing walking in low income, ethnic minority communities. *Contemporary Clinical Trials, 31*, pgs 624-633. Retrieved from: EBSCOhost: <u>http://www.sciencedirect.com.ezproxy.wit.ie:2048/science/article</u>

Win, S., Parakh, K., Eze-Nliam, C. M., Gottdiener, J. S., Kop, W. J., & Ziegelstein, R.C. (2011). Depressive symptoms, physical inactivity and risk of cardiovascular mortality in older adults: the Cardiovascular Health Study. *Heart*, *97*(6), 500-505.

Woods, C. B., Tannehill, D., Quinlan, A., Moyna, N., &Walsh, J. (2010). The Children's Sport Participation and Physical Activity Study (CSPPA). Research Report No 1. School of Health and Human Performance, Dublin City University and The Irish Sports Council, Dublin, Ireland.

World Health Organisation. (WHO).(1986).*The Ottawa Charter for Health Promotion,* Geneva, accessed from <u>www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf</u>

World Health Organisation.(WHO). (2005). *Promoting mental health: concepts, emerging evidence, practice: a report of the World Health Organization*, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne. Geneva. Retrieved from: www.who.int/dietphysicalactivity/factsheet_adults/en/index.html

World Health Organisation.(WHO). (2006). *Physical Activity and Health in Europe*. Geneva: WHO Regional Promotion Foundation. Office for Europe.

World Health Organisation. (WHO). (2010). Diet and Physical Activity Fact Sheet. Retrieved from

http://www.who.int/dietphysicalactivity/factsheet_recommendations/en/index.html

World Health Organisation.(WHO). (2012). *Physical Activity Guidelines*. Factsheet. Retrieved from: www.who.int/dietphysicalactivity/factsheet_adults/en/index.html

World Health Organisation (WHO). (2013). Physical Activity Promotion in SociallyDisadvantaged groups: Principles for Action. Physical Activity and Networking(PHAN)project.Retrievedfromhttp://www.euro.who.int/en/publications/abstracts/physical-activity-promotion-in-socially-disadvantaged-groups-principles-for-action.-policy-summary

World Health Organisation (WHO). (2014). The determinants of Health. Health Impact Assessment. Retrieved from http://www.who.int/hia/evidence/doh/en/

Wright, K., Giger, J. N., Norris, K., & Suro, Z. (2013). Impact of a nurse-directed, coordinated school health program to enhance physical activity behaviors and reduce body mass index among minority children: A parallel-group, randomized control trial. *International Journal of Nursing Studies*, 727-737.

Yang, K. (2004). Perspectives on physical activity in the lives of Korean Women. *The Journal of Multicultural Nursing and Health*, *10*(3), 49-54.

Yang, K., Laffrey, S., Stuifbergen, A., Im, E-O., & May Kouzekanani, K. (2007).Leisure-time physical activity among midlife Korean immigrant women in the US. Journal of Immigrant and Minority Health, 9(4), 291-298.

Appendix A

Sport and Physical Activity for Ethnic Minority Groups in Ireland Questionnaire



Waterford Institute of Technology

This questionnaire will ask you questions about how active you are and how involved you are in sport and physical activity programmes as well as what helps make you more active. In adults physical activity includes leisure time physical activity such as walking, swimming, dancing, household chores, gardening, hiking, sports or planned exercise in the form of daily, family and community activities. This questionnaire will take no more than 20 minutes to complete. All the information provided is confidential and will only be used for the purpose of the study. If you have any questions please ask the researcher. Please tick and fill the answers as appropriate.

SECTION 1: RECREATION, SPORT, AND LEISURE-TIME PHYSICAL ACTIVITY

This section is about all the physical activities that you did in the last 7 days solely for recreation, sport, exercise or leisure.

1. During the last 7 days, on how many days did you walk for at least 10 minutes at a time in your leisure time?

No. of Days_____

No walking in leisure time **O** go to 3

2. How much time did you usually spend on one of those days walking in your leisure time? Hours____ Minutes____

3. Think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do vigorous physical activities like aerobics, running, playing football, fast bicycling, or fast swimming in your leisure time? **Vigorous** activities refer to activities that take hard physical effort and make you breathe much harder than normal. **No. of Days____**

No vigorous activities in leisure time **O** go to 5

4. How much time did you usually spend on one of those days doing vigorous physical activities in your leisure time?

Hours____Minutes____

5. During the last 7 days, on how many days did you do moderate physical activities like bicycling at a regular pace, swimming at a regular pace, brisk walking, or tennis in your leisure time? Think about only those physical activities that you did for at least 10 minutes at a time. **Moderate** activities refer to activities that take moderate effort and make you breathe somewhat harder than normal.

No. of Days_____

No moderate activity in leisure time **O** go to 7

6. How much time did you usually spend on one of those days doing moderate physical activities in your leisure time?

Hours _____Minutes _____

SECTION 2: JOB RELATED PHYSICAL ACTIVITY

This section is about your work. This includes paid jobs, farming, volunteer work, course work, and any other unpaid work that you did outside your home. Do not include unpaid work you might do around your home, like housework, yard work, general maintenance, and caring for your family.

7. Do you currently have a job or do any unpaid work outside your home?
Yes O No O If No, go to 14

8. During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, heavy construction, or climbing up stairs as part of your work? Think about only those physical activities that you did for at least 10 minutes at a time. **No. of Days** _____

No vigorous job-related physical activity o go to 10

9. How much time did you usually spend on one of those days doing vigorous physical activities as part of your work?

Hours _____Minutes _____

10. During the last 7 days, on how many days did you do moderate physical activities like carrying light loads as part of your work?

No. of Days _____

No moderate job-related physical activity **O** go to 12

11. How much time did you usually spend on one of those days doing moderate physical activities as part of your work?

Hours _____Minutes _____

12. During the last 7 days, on how many days did you walk for at least 10 minutes at a time as part of your work?

No. of Days _____

No job-related walking **O** go to 14

13. How much time did you usually spend on one of those days walking as part of your work?

Hours _____Minutes _____

SECTION 3: TRANSPORTATION PHYSICAL ACTIVITY

These questions are about how you travelled from place to place, including to places like work, stores, movies, and so on.

14. During the last 7 days, on how many days did you travel in a motor vehicle like a train, bus, car, or tram?

No. of Days _____

No	travelling in	a motor vehicle	0	go to 16
1,0	that this is a second s	a motor (emere	<u> </u>	50 00 10

15. How much time did you usually spend on one of those days travelling in a train, bus, car, tram, or other kind of motor vehicle?

Hours _____Minutes _____

16. Now think only about the bicycling and walking you might have done to travel to and from work, to do errands, or to go from place to place. During the last 7 days, on how many days did you bicycle for at least 10 minutes at a time to go from place to place? **No. of Days** _____

No bicycling from place to place O go to 18

17. How much time did you usually spend on one of those days to bicycle from place to place?

Hours _____Minutes _____

18. During the last 7 days, on how many days did you walk for at least 10 minutes at a time to go from place to place?

No. of Days _____

No walking from place to place **O** go to 20

19. How much time did you usually spend on one of those days walking from place to place? **Hours** _____

SECTION 4: HOUSEWORK, HOUSE MAINTENANCE, AND CARING FOR FAMILY

This section is about some of the physical activities you might have done in the last 7 days in and around your home, like housework, gardening, yard work, general maintenance work, and caring for your family.

20. Think about only those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, chopping wood, or digging in the garden or yard? **No. of Days** _____

No vigorous activity in garden or yard O go to 22

21. How much time did you usually spend on one of those days doing vigorous physical activities in the garden or yard?

Hours _____Minutes _____

22. During the last 7 days, on how many days did you do moderate activities like carrying light loads, washing windows, scrubbing floors and sweeping inside your home, and raking in the garden or yard for at least 10 minutes at a time? **No. of Days**

No moderate activity in garden or yard **O** go to 24

23. How much time did you usually spend on one of those days doing moderate physical activities in the house, garden or yard?

Hours _____Minutes _____

SECTION 5: SEDENTARY BEHAVIOUR

The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent (sitting at a desk, sitting with friends, travelling in car, bus, train, reading, playing cards or watching television), but do not include time spent sleeping. **24.** How much time do you usually spend sitting or reclining on a typical day? **Hours_____Minutes_____**

SECTION 6: FAMILY, COMMUNITY & SOCIAL NETWORKS

25. Do you regularly join in the activities of any of the following types of organisation? Please tick all that apply to you.

	Yes	No		Yes	No
Sports clubs (Parish, GAA, Golf,			Social clubs (football		
Soccer, Hurling, Rugby,			supporters, snooker, darts,		
Swimming, Running, Cycling,			card games, mother &		
Boxing, Basketball, Bowling,			toddler group, rotary club,		
Tennis, Cricket, Other), gym,			women's groups,)		
exercise classes					
Political parties, trade unions,			Evening classes, arts or		
environmental groups, sporting			music groups, education		
events, cultural events			activities		
Parent-teacher associations,			Church or other religious		
tenants groups, residents groups,			groups, charitable or		
youth groups, other community			voluntary organisations		
action groups			(collecting for		
			charity, helping the elderly)		
Other, please specify					

26. In what context do the activities take place? (Tick all that apply)

Organized training/coaching/lesson	Organized competition	As a volunteer	Casually with family or friends	On my own	Other (please specify

27. Are you a member of any kind of sports club as a participant or parent of participant? Include clubs for traditional sports, walking, cycling, and swimming clubs, fitness centres, gyms or other organisations that provide opportunities to engage in physical activity for recreation, exercise or sport.

Yes O No O

Voluntary activity means any role you may have fulfilled in support of sport or recreational physical activity, for adults or children. It includes helping to run events, providing or maintaining transport, food, equipment or kit, or acting in any kind of official capacity in relation to an event, team or organisation that

provides opportunities to engage in physical activities for recreation, exercise or sport.

28. If you volunteered for sport, what voluntary involvement did you have? (Tick all that apply)

Provide	Coach	Club	Activity	Kit	Mentor	Referee	Other (please
Transport		official	organiser	maintenance			specify

29. Please tick all that apply to you below

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Don't know/Not sure
I feel safe when walking					
in my community					
There is sometimes					
antisocial behaviour in					
my community					
My community has					
several free or low					
recreation facilities,					
parks, bike lanes, walking					
trails, playgrounds, public					
swimming pools					
Public transport is reliable					
and within walking					
distance from home					

30. How often do the following prevent you from doing sport or physical activity?

	Often	Sometimes	Never
Access to facilities			
Lack of information about available activities			
Financial costs			
Lack of interest			
Lack of culturally appropriate activities and facilities			
such as familiar sport like soccer and men or women only			
swimming sessions			
Transport			
Continuity and sustainability of programmes			
I do not have enough time			
Lack of confidence and motivation in myself			
Personal safety			
Health or medical reasons			
Lack of support from family/friends			
The weather makes it difficult for me			

	r	
If other please specify:		

31. Below is a list of statements dealing with your general feelings about how you feel about doing more sports and physical activities. For each question, please give the one answer that comes closest to the way you feel.

	Strongly	Agree	Disagree	Strongly
	Agree			Disagree
I am able to participate in sport and physical				
activity as well as most other people				
Doing more sport and physical activity is good				
for me and would improve my health				
Sport and physical activity provides me with				
opportunities to				
socialize with others from a different culture				
Whether I can do more sport and physical				
activity involves factors beyond my control				

SECTION 7: DEMOGRAPHICS

Please tick the appropriate box which applies to you. Gender: Female Male O **Age (years):** 20-35 **O** 36-45 **O** 46-55 **O** 56-65 **O** 66+ **O** Marital status: Married O Single O Separated O Divorced O Widowed O Number of children: 1-2 O 3-4 **O** 5+ **O** None **O** Education levels: Primary education/Equivalent O Intermediate/ junior/ Group Leaving Certificate or Equivalent **O** Certificate or Equivalent O Diploma/ Certificate O Primary Degree O Postgraduate/ Higher Degree O None **O** Level of English: First language O Second language O Specify: Very Good Good O Not Good O Employment: Yes O No O Nationality/ Country of birth: Africa O Asian O European O Other O Ethnicity: Black African or black Irish O Any other Black Background O Asian or Asian Irish O Any other Asian background O Any white background not white Irish O

Thank you for taking time to answer this questionnaire; your participation is greatly appreciated.

Appendix B

Sport and Physical Activity for Ethnic Minority Groups in Ireland Questionnaire

Stakeholders Questionnaires



We are conducting a survey to evaluate sport and physical activity participation and programme provision for ethnic minority groups in Ireland. All information

and programme provision for ethnic minority groups in Ireland. All information gathered from the following questionnaire will be treated with the strictest confidence. In order to gain an overview of current projects underway in Ireland to engage ethnic minority groups in sport and physical activity, with a particular focus on promoting social inclusion, we need to understand the workings of your organisation in the provision of sport and physical activity programmes for ethnic minority groups and the roles these play in promoting social inclusion. We would be most grateful if you take a few minutes which should be no more than 20 minutes of your time to complete this questionnaire about sports and physical activity participation and programme provision for ethnic minority groups in Ireland.

1. What is the name of your organisation?

Name of Organisation_____

2. Does your organisation work specifically with ethnic minority groups?

• Yes, we work directly with minority groups in sports and physical activity programmes on a regular basis (i.e. approximately one month)

• Yes, we work indirectly with ethnic minority groups (e.g. providing training, funding, facilities etc.)

• We have not worked with ethnic minority groups in the past year

• We have never worked with ethnic minority groups

• Other (i.e. we work with minority groups through general programmes not targeted programmes)

3. What type of ethnic minority groups have you worked with in the past year?

• Immigrant groups

• Refugee/Asylum seekers

O Travellers

Other (please specify)

4. How does your organisation work with ethnic minority groups? Please tick all that apply?

• Provision of education and training

• Renting or provide facilities

• Directly providing exercise/physical activity programmes

• Providing funding for exercise related funding

O Other (please specify)

5. What programmes do you provide or facilitate that engage ethnic minority groups or individuals?

6. In your opinion, to what extent are your programmes reaching ethnic minority groups?

• There is an adequate number and variety of programmes offered

• There are a number of culturally specific programmes

• Programmes are limited due to funding

• Programmes are limited due to demand

O Other (please specify)

7. Would it be possible for you to facilitate access to any of these groups to allow us assess physical activity participation?

Yes	0	No	0			
If Yes, l	Name of group					
If Yes, I	Number of members	8				
8. Gend	er and age group of	membe	rs			
		Female	;	Male		
17 Year	s and under	0		0		
18 Year	s and over	0		0		
All ages	8	0		0		
9. What	is your role in the o	organisa	tion?			
10. Woi	uld you be willing to	meet i	n person	to talk and	discuss this	further?
Yes	0	No)	0		
If yes, p	lease provide your o	contact	details: _		_	

Thank you for taking time to answer this questionnaire; your participation is greatly appreciated.

Appendix C

INFORMED CONSENT FOR FOCUS GROUPS

Sports and physical activity for ethnic minority groups in Ireland-an evaluation of participation and programme provision

You are being invited to participate in this research on physical activity and sport provision and participation for ethnic minority groups in Ireland. Physical activity and sport is important in order to maintain good health and to promote social inclusion for ethnic minority groups. Your participation will involve taking part in a focus group on the role of physical activity and sport in your life focusing on the key drivers and barriers to your participation in sport and physical activity programmes provided in your area.

Waterford Institute of Technology will protect all the information about you and your part in this study. Your identity or personal information will not be revealed, published or used in future studies. You are required to keep all comments made by other participants confidential. The study findings will form the basis for preparation of a postgraduate thesis, academic publications, conference papers and other scientific publications as well as help inform strategic approaches to improve participation opportunities, programme provision and delivery, address inequality and promote social inclusion. You are also free to withdraw from this study at any time.

If you are happy to take part in this study, please complete the section below.

I have read and understood all the information provided. I have a copy of this form. I consent voluntarily to be a participant in this research study.

Participant			
	Full Name	Signature	Date
Researcher			

Appendix D

INFORMED CONSENT FORM FOR INTERVIEWS WITH STAKEHOLDERS

Sports and physical activity for ethnic minority groups in Ireland-an evaluation of participation and programme provision

Physical activity and sport is important in order to maintain good health and to promote social inclusion for ethnic minority groups. Your organisation is being invited to participate in this research on sport and physical activity for ethnic minority groups in Ireland, an evaluation of participation and programme provision. The research also aims to investigate the role of sport and physical activity in promoting social inclusion among ethnic minority groups. Your participation will involve being interviewed on the role of your organisation in providing sport and physical activity programmes and promoting social inclusion for ethnic minority groups.

All information provided is confidential and will only be used for the purpose of the study. Waterford Institute of technology will protect all the information about you and your participation in this study. The study findings will form the basis for preparation of a postgraduate thesis, academic publications, conference papers and other scientific publications. You are also free to withdraw from this study at any time.

If you are happy to take part in this study, please complete the section below.

I have read and understood all the information provided. I have a copy of this form. I consent voluntarily to be a participant in this research study.

Participant			
	Full Name	Signature	Date
Researcher			

Appendix E

FOCUS GROUP TOPIC GUIDE FOR ETHNIC MINORITY GROUP

Enablers to sport and Physical activity participation

1. Can you just start by introducing yourself and what activities do you do at the moment and if you are not doing any activities you say so as well?

2. What kind of sport or physical activity programmes are available for you?

3. What are the key things that motivate you/ what factors influence you to be physically active or participate in sport or what factors influence sport and PA amongst ethnic minority groups in Ireland?

4. What benefits have you gained in or can you gain from participating in sport and physical activity?

5. Tell me about your experiences of participating in an organised sport or physical activity programme.

Barriers

6. What stops you from participating in sport and physical activity?

7. How does participating in sport or physical activity fit in with your life?

8. How do you feel about indoor versus outdoor sport and physical activity programmes?

Improvements for participation

9. What kind of sport and physical activity facilities or services would you prefer?

10. What needs to be done to improve your participation in physical activity?

Social inclusion

11. What do you think about participating in sport and physical activity as way of promoting social inclusion in ethnic minority groups?

12. How can sports and physical activity assist social inclusion for ethnic minority groups in Ireland?

Appendix F

INTERVIEW GUIDE QUESTIONS FOR STAKEHOLDERS

Programmes

Can you start by telling me who you are and what your role in the organization is.

Do you/your organization have a role in targeting minority groups (if any)?

What specific policies do you have in relation to the promotion of sport and physical activity among ethnic minority groups?

Do you have any specific programmes for ethnic minority groups?

Which ethnic minority groups do you currently have participating in your programmes?

Evaluation

Tell me about how you recruit the participants.

How responsive are the programmes to the needs of the groups in terms of cost, transport, language difficulties or cultural sensitivity?

What determines what programmes you run?

Any monitoring/evaluation of programmes?

Can you tell me how the programmes are funded?

What challenges have you experienced?

What opportunities and recommendations would you give to improve/increase participation and programme provision in sport and physical activity for ethnic minority groups in Ireland?

Social inclusion

How can sport and physical activity participation and provision of programmes assist in promoting social inclusion in ethnic minority groups in Ireland?

Appendix G

Table 4a: Comparisons of Physical Activity participation

	LTPA			Work PA			House & Yard PA		Active Transport	
	Vigorous	Moderate	Walk	Vigorous	Moderate	Walk	Vigorous	Moderate	Walk mean(S	Cycle mean(S
	mean(SD)	mean(SD)	mean(SD)	mean(SD)	mean(SD)	mean(SD)	mean(SD)	mean(SD)	D)	D)
Male	45.23(66.8	36.14(55.9	62.05(64.93	36.14(71.9	40.68(74.5	47.32(76.	7.84(35.0	34.49(61.01	59.72	15.45
	2)	4))	4)	5)	85)	8))	(61.19)	(42.36)
Female	22.58(50.6	66.29(67.1	91.45(75.07	24.68(60.8	60.32(83.9	56.77(83.	14.03(44.	125.48(61.4	93.21	6.94
remale	7)*	7)*)*	6)	6)	07)	04)	0)*	(65.55)*	(23.98)
20-35	24.70(53.4	39.92(59.2	86.97(73.55	26.82(63.1	45.45(77.3	43.33(75.	16.82(48.	82.80(78.29	83.77	12.05
	1)	6))	8)	8)	54)	84))	(71.45)	(35.63)
	46.39(68.9	62.70(66.8	65.82(68.35	33.44(69.7	53.11(80.9	59.18(83.	6.39(32.4	69.51(78.09	67.21	14.02
36-45	5)	9))	4)	0)	59)	6))	(58.03)	(40.07)
	40.00(59.3	36.09(53.6	59.78(64.06	39.13(75.9	46.96(80.8	52.78(79.	2.61(12.5	48.26(56.30	61.09	6.09
46+	9)	0))	1)	2)	74)	1))	(60.96)	(25.18)
Married	34.38(59.0	45.57(58.2	52.54(79.86	26.56(63.8	45.00(77.1	52.54(79.	8.13(36.2	69.84(74.81	65.77	87.41
male	4)	1))*	1)	2)	86)	8))	(60.31)	(70.96)*
	38.52(66.1	53.98(69.5	48.89(79.12	40.00(73.7	55.56(82.2	48.89(79.	14.44(43.	76.11(77.94	8.23	18.52
female	5)	4))	2)	9)	12)	51))	(28.90)	(45.73)

Single/Sep/Div/	27.30(58.8	40.00(60.9	67.91(69.80	36.49(71.4	55.14(82.3	59.19(84.	4.46(25.1	76.15(76.66	70.41	10.88
Wid	1)	9))	9)	5)	56)	6))	(62.99)	(35.28)
male										
	44.17(62.3	52.64(59.1	77.29(69.56	27.92(65.1	45.00(76.8	45.89(74.	14.58(45.	64.03(73.48	75.06	13.40
female	7)	3))	3)	2)	95)	59))	(66.05)	(37.95)
Less than 3 rd	28.21	44.87	71.35	34.62	52.31	56.15	6.54	79.55	72.18	10.58
Level	(60.08)	(65.47)	(71.82)	(70.08)	(81.11)	(83.37)	(31.57)	(77.51)	(64.32)	(34.43)
	44.17	52.64	77.29	27.92	45.00	45.89	14.58	64.03	75.06	13.40
3 rd Level	(62.36)	(59.12)	(69.56)	(65.13)	(76.82)	(74.95)	(45.59)	(73.48)	(66.05)	(37.95)
Good English	40.00	56.12	97.17	26.45	47.63	45.71	13.03	80.79	86.11	13.75
	(60.95)	(65.66)	(73.08)*	(62.15)	(77.83)	(75.26)	(41.95)	(77.99)	(69.85)*	(38.12)
Not Good	31.62	40.88	50.61	36.49	50.00	56.89	7.70	63.18	60.68	10.07
	(62.20)	(58.35)	(59.69)	(72.86)	(80.49)	(83.47)	(35.83)	(72.83)	(57.15)	(33.99)
African	37.67(58.4	43.56(61.2	67.81(65.80	16.44(51.2	39.45(73.2	39.23(70.	9.04(38.3	63.63(72.89	63	10.82
	6)	5))	5)	5)	92)	0))	(66.70)	(37.70)
	13.85(42.6	33.46(46.8	37.50(52.14	20.77(58.6	27.69(66.2	46.15(78.	.00(.00)	64.23(70.04	61.54	.96
Asian	2)	8))	5)	3)	34))	(38.98)	(4.90)
	44.51(71.4	63.53(68.7	102.06(75.4	58.24(83.6	72.94(87.6	70.98(88.	17.65(48.	88.24(81.20	94.80	19.12
European	8)	5)	6)*	6)*	2)*	48)	07))	(68.61)*	(41.24)
None	35.29(62.6	48.33(65.7	94.12(75.82	34.12(70.2	47.06(78.9	44.71(76.	15.88(44.	78.24(76.65	80.59	16.96
	8)	5))*	3)	8)	69)	64))	(69.58)	(41.06)
	41.85(66.7	49.17(60.6	68.89(70.17	38.33(72.8	54.07(80.7	58.89(83.	10.56(41.	60.09(75.66	71.39	11.20
1-2	9)	7))	8)	2)	43)	68))	(67.03)	(38.42)
2.	29.33(53.7	48.22(62.0	58.00(60.31	20.00(57.2	44.44(78.0	49.42(78.	4.00(26.8	79.56(74.71	68.20	7.11
3+	0)	2))	1)	3)	27)	3))	(57.27)	(25.64)

Appendix H

Policy Review-	Organisations with an E	Ethnic Minority Specific Action or Equivalent

NAME OF AGENCY	FUNDING	OVERALL AIM	ETHNIC MINORITY SPECIFIC ACTION
Football Association of Ireland	Sports Capital Grant	FIAG promotes the	The FAI was the first national sporting body
(FAI)Football Intercultural	funding,	development of an	to appoint someone with a specific
Advisory Group (FIAG) SARI	Sponsorship,	intercultural society free	responsibility for Interculturalism.
partner	Integration Ireland,	of racism and	Developed the on going 'Intercultural Football
	Irish Sports Council	Discrimination through	Plan & Programme' in 2007.
(<u>www.fai.ie</u>)	(ISC) - Core Grant	the medium of football	The plan's aims are to encourage increased
http://www.fai.ie/domestic-a-	Funding - €3,158,400	in Ireland.	participation in football among people from
grassroots/intercultural-football-	Women in Sport		minority ethnic and cultural backgrounds, and
program.html	Funding - €192,274		prevent the spread of racism within the game.
Gaelic Athletic Association (GAA):	Sports Capital Grant	To offer an inclusive and	2016: strategic plan:
Inclusion and Integration Strategy	funding,	welcoming environment	-Welcome people of all nationalities,
launched 2009.	Sponsorship,	for everyone to	ethnicities, religions, ages and abilities into
(<u>www.gaa.ie</u>)	Integration Ireland	participate in	the sports and make it easy for everybody to
http://www.gaa.ie/content/documents/	ISC - Core Grant	the games and in culture.	take part. Champion equality within the Irish
publications/inclusion_and_	Funding - €2,966,640	- Club Integration	sporting landscape and communities overseas.
integration/GAA_Inclusion_		promotes the	Work with the GAA family to make sure that
Integration_Strategy		amalgamation of all	an inclusive and welcoming environment for
_100110225137.pdf		GAA Clubs into one	everyone is offered.
		overarching Gaelic	
		Athletic Club with all	
		members having a sense	
		of ownership and	
		responsibility for the	
		promotion of Gaelic	
		Games, culture and	
		identity.	

Local Sports Partnerships (LSPs)	ISC partner agencies, Local Authorities HSE, VEC, Pobal and An Post ISC - Core funding - towards the cost of employing LSP staff, developing the partnerships and innovative 21`local initiatives.	-Promote participation in sport at a local level. -LSPs have provided 11,023 clubs, groups and organisations throughout the country with important information and advice in the area of funding.	LSPs must now clearly identify a sole priority target group for each participation programme delivered. They may also identify secondary target groups participating in such programmes. Delivery of projects and programmes particularly for target groups - Establishing networks at local level and liaising with existing initiatives. An indepth profile of LSPs` work with ethnic minority groups is presented in Appendix
Office for the Promotion of Migrant Integration Department of Justice and Equality	Provides seed funding in key areas to facilitate integration. European Refugee	-A cross-Departmental mandate to develop, lead and co-ordinate migrant integration policy across	-Promotion of the integration of legal immigrants into Irish society Funding has been given to major national
(www.integration.ie)	Fund (ERF), the European Fund for the Integration of Third- Country Nationals (EIF), the Employment for	other Government Departments, agencies and services. STRATEGIES: •To develop integration	sporting organisations to assist them in integrating non-Irish nationals into their activities because this is a good way to facilitate newcomers to become involved in Irish society (See Table).

	People from Immigrant Communities project (EPIC) which is supported by the European Social Fund (ESF) and other national schemes.	 policy in consultation with key stakeholders To co-ordinate integration activities in the public sector To provide funding to facilitate integration within available resources To monitor trends in reported racially motivated incidents and to support measures to combat racism To represent Ireland at EU and other international for a engaged in work within our area of responsibility 	
Pobal : www.pobal.ie	The European Fund for the Integration of third-country nationals (EIF) is a European Union (EU) programme that supports the integration of third- country nationals in Member States. -European Integration Fund,	Pobal's purpose is to work on behalf of the Irish Government and the EU to support local communities in promoting social and economic inclusion, reconciliation and equality. Pobal delivers programmes for the	Objectives of EIF: Building capacity at local, regional and/or national level for delivery of community development, intercultural and inter-faith initiatives. Building capacity amongst service providers/front line staff to address the needs of third-country nationals. Building capacity of third-country nationals to participate and integrate into Irish society. Building capacity of different levels of government for policy making in relation to integration of third-country nationals.

	-European Refugee	benefit of all residents of	
	Fund	Ireland by channelling	
		funding and resources to	
		local communities on	
		behalf of the government	
		to improve the life	
		chances and	
		participation of	
		individuals and groups	
		who otherwise do not	
		have means or	
		opportunity to socially	
		or economically	
		contribute fully to their	
		community.	
Local Development Community	There are 180 CDPs	LCDP	LCDP resources will be targeted to those who
(LCDP): delivering innovative	funded by the	has been developed by	are at greatest risk of social exclusion. LCDP
responses to social inclusion issues	government's	the Department	Beneficiaries include : Non-Irish Nationals,
and with	Community	of the Environment,	Refugees/ Asylum seekers
the additional support of Community	Development	Community and Local	Prioritising marginalised people and social
Development	Programme.	Government	groupings within the most disadvantaged
Programme (CDP)		in response to the issues	communities, targeting those furthest from
resources.Managed by Pobal		and priorities	access to education, training and employment,
www.pobal.ie		highlighted in the	and those at highest risk of social exclusion.
		National Strategic	
		Framework for Social	
		Inclusion.	
		It also,	
		1. Promote awareness,	
		knowledge and uptake of	
		a wide range of	
		statutory, voluntary and	

		community services; 2. Increase access to formal and informal educational, recreational and cultural development activities and resources; 3. Increase peoples' work readiness and employment prospects; and 4. Promote active engagement with policy, practice and decision making processes on matters affecting local communities.	
Migrant Rights Centre (MRC)	Integration Ireland	Is a national organisation which provides support to families in vulnerable circumstances and tries to improve their social and economic conditions. The MRC operates a drop-in center which provides information, advice and assistance.	Provides support to migrant workers and their families. It also encourages migrants to get involved in their community and actively participate in all levels of society.
Think and Act		Think & Act is the new	2013 has seen the launch of a new online tool

www.thinkand.ie SARI www.sari.ie/	Donations The European Fund for the Integration of third-country nationals (EIF)	online resource for primary teachers interested in social justice issues. Supports and promotes social inclusion and positive integration through sport. -Create opportunities for young people to participate in social integration projects at home and abroad -Promote intercultural dialogue and celebrate cultural diversity through projects in schools	for teachers on the role of sport in combating racism and cultural differences to their students -Present sporting and cultural events that bring together people from different cultures and backgrounds -Encourage government agencies and national sports bodies to adopt anti - racism measures and inclusion of policies and practices
The Integration Centre <u>www.integrationcentre.ie</u>	Funders of The Integration Centre include Atlantic Philanthropies Ireland Ltd and The One Foundation.	To promote the integration and inclusion of immigrants by providing a credible voice and trusted resource that shapes a national vision of policy good practice and its implementation.	The Integration Center is committed to the integration and inclusion of people from immigrant backgrounds in Ireland. Enhance ethnic minority participation Assist in development of integration plans e.g., Kilkenny, which may have impact on PA access. Grassroots Integration through the Volunteering Experience
New Communities Partnership (NCP)	-Department of Environment,	A national network of over 165 ethnic	Representing and empowering ethnic minorities and their organizations in Ireland

	Community & Local	minority-led	
	Government.	organisations. The	
	-Pobal	mission of NCP is to be	
	-EIF: the European	an effective network,	
	Fund for the	representing and	
	Integration of non-EU	empowering ethnic	
	immigrants	minority-led groups, at	
	-Eurocities	all levels, in order to	
		influence positive	
		change in policies that	
		impact on their lives.	
Cairde: - is a community		To implement actions	To improve ethnic minority access to health
development organisation working to		which will be seen to	services, and ethnic minority participation in
tackle health inequalities among		have a measurable	health planning and delivery.
ethnic minority communities		impact on the delivery of	Targeting disadvantaged ethnic minority
		primary health care to a	communities from the continent of Africa;
		selected number of	Eastern Europe and the Baltic states
		disadvantaged ethnic	
		minority communities in	
		Dublin	
DorasLuimni	Pobal	An independent, non-	DorasLuimní's Reception Project works in
www.dorasluimni.org/		profit, non-governmental	Limerick City and its environs and provides a
		organisation working to	range of supports to asylum seekers and
		support and promote the	refugees. The project also collaborates with
		rights of all migrants	local organisations and agencies to
		living in Limerick, and	mainstream the provision of services.
		the wider Mid-West	
		Region	

INTEGRATION IRELAND

Lists of Beneficiaries of Our Funding

Between 2008 and 2012 the Office of the Minister for Integration/Office for the Promotion of Migrant Integration gave grant funding of €12,607,210 for integration purposes. The table below gives a broad breakdown of funding over the 5 year period, with a more detailed breakdown of funding to the various sectors underneath.

€1,760,941
€3,282,027
€93,600
€7,470,642
€12,607,210

National Sporting Organisations	2008	2009	2010	2011	2012
Basketball Ireland	€185,000	€90,000	-	-	-
Football Association of Ireland	€235,000	€232,000	€232,000	€168,899	€100,000
Gaelic Athletic Association	€85,000	€22,000	€66,235	€49,307	€25,000

Irish Amateur Boxing Association	-	€50,000	€65,000	-	€50,000
HSE Community Games	-	€35,000	€35,000	€35,000	-
TOTAL	€505,000	€429,500	€398,235	€253,206	€175,000

REFERENCES

http://www.fsa.ie/fileadmin/user_upload/Files/2011_documents/SPEAK_2010_REPORT.pdfhttps://www.pobal.ie/Publications/Documents/Pobal%20Strategic%20Plan%202010%20-

%202013.pdfhttp://www.citizensinformation.ie/en/employment/unemployment_and_redundancy/employment_support_schemes/communit y_services_programme.htmlhttp://www.beyondsport.org/http://www.dochas.ie/http://www.fifa.com/aboutfifa/socialresponsibility/news/ne wsid=2017821/index.htmlhttp://dorasluimni.org/http://www.farenet.org/http://www.fai.ie/domestic-a-grassroots/intercultural-footballprogram.htmlhttp://www.irishrugby.ie/http://newcommunities.ie/http://www.gaa.ie/clubzone/inclusion-and-integration/inclusion-diversityintegration/http://www.integrationcentre.ie/

http://www.integrationcentre.ie/Media/Press-Releases/2011/Irish-Attitudes-to-Immigrants-Become-More-Negative.aspx

http://www.communitygames.ie/index.php/integration

http://culturalsolutions.ie/

http://www.integration.ie/

http://dominicanjustice.ie/index.php/areas-of-work/anti-racism/

www.sari.ie/

Appendix I

Agency with an Ethnic Minority Specific Action

NAME OF AGENCY	ETHNIC MINORITY SPECIFIC ACTION Inclusion,
	Diversity and Integration
Football Association of Ireland (FAI)	Yes
Gaelic Athletic Association (GAA)	Yes
Office for the Promotion of Migrant Integration	Yes
Pobal	Yes
Local Development Community (LCDP)	Yes
Immigrant Council of Ireland (ICI)	Yes
Migrant Rights Centre (MRC)	Yes
Crosscare Migrant Project	Yes
SARI	Yes
The Integration Centre	Yes
New Communities Partnership (NCP)	Yes
AKIDWA	Yes
DorasLuimni	Yes
Irish Rugby Football Union (IRFU)	No
Athletics Ireland	No
Irish Amateur Boxing Association	No
HSE Community Games	No
Basketball Ireland	No
Gymnastics Ireland	No
Swim Ireland	No
Local Sports Partnerships (LSPs)	Some
Family Support Agency / Family Resource Centres	No
(FRCs)	
RAPID	No
HSE	No

Dóchas (SARI partner)	No
NGO Alliance Against Racism (NAAR)	No
The Dominican Justice Office coordinates the	
NAAR	
Waterford Area Partnership	No
Department of Transport, Tourism and Sport	No
Department of Social Protection	No
Citizens Information	No
Social welfare system in Ireland	No
Community Services Programme	No

Appendix J

REVIEWED LOCAL SPORTS PARTNERSHIPS (LSP) IN IRELAND

- > The outcomes that the Irish Sports Council (ISC) seek from LSPs' are:
- > Enhanced planning of sport at local level
- Increased levels of local participation, especially amongst specific target groups
 older people, girls and women, people with disabilities, unemployed people and those who live in identified disadvantaged communities
- Enhanced local coach deployment
- Club development
- Volunteer training
- Local Directories of sports bodies and facilities
- Better use of existing facilities
- Clear priorities for local facility provision and improvement
- School/club/community and possibly school-NGB link
- Local sports events

In order that these aims are fulfilled, the three main functions of LSP's are summarised by the ISC as:

- Information: To include an audit of resources and a needs analysis which can be used as the basis for planning at local level
- Education: To provide training opportunities and courses and to facilitate participation
- Implementation: The Strategic Plan will be used to implement local programmes based on local requirements, to maximize the impact and benefit of national programmes at the local level, and to market and promote sport and physical activity.

Appendix J

Continued LSPs Reviewed

NAME	AIM / STRATEGIC PLAN	FUNDING	ETHNIC MINORITY SPECIFIC ACTION
Carlow Sports Partnership	To increase levels of local participation in sport and physical activity and maximize the use of local resources.	ISC	None
Cavan Sports Partnership	To increase participation in sport and physical recreation and ensure that local resources are used to best effect	Cavan County Council, ISC	None
Clare Sports Partnership	To ensure that all members of the public living in or visiting County Clare ought to have the opportunity to participate in Sports and Physical Activity.	ISC	None
Cork Local Sports Partnership	To increase the number of people participating in sport, exercise and physical activity in Cork. In particular we focus on young people, teenage girls, women, people with disabilities, minority groups and older people.	ISC. Sports Capital Programme (SCP) is operated by the Department of Transport, Tourism and Sport and provides grants to assist in the development of sports facilities and the provision of sports equipment throughout the country.	None but mentions minority groups as a target group.
Donegal Sports Partnership	Supports the development of initiatives which seek to increase participation in sport and physical activity especially among the many	Sport Capital Funding ISC	None

	low participation target groups in line with		
	national objectives.		
Dublin City Sports	To deliver sport and recreation to local people	ISC	None
Partnership - Dublin City	by working closely with partner agencies, by	ibe	Trone
Sports Network	increasing usage of existing local resources and		
Culture, Recreation and	working towards long-term local sports		
Amenity Department	development with the primary objective of		
Timenty Department	increasing participation in sport, recreation and		
	physical activity.		
South County Dublin	To try and get all those living in, working in or	ISC	None but mentions ethnic
Sports Partnership	visiting South Dublin County involved in sport		minorities as a target group
	and healthy physical recreation, regardless of		
	age or ability.		
Dun Laoghaire-Rathdown	To increase participation in sporting and	ISC	None
Sports Partnership	recreational activities throughout the county,		
	across all groups.		
	A focus on set target groups which have been		
	shown to have a proportionally lower level of		
	participation.		
Fingal Sports Partnership	To increase the number of Fingal Citizens	ISC	None
	participating in sport and physical activity		
	To work in partnership with others to provide		
	opportunities to up skill sports leaders through		
	training and support		
	To support suitable partners in the provision of		
	accessible, high quality facilities to meet the		
	sporting needs of Fingal Citizens		
	To raise the profile of sport and physical		
	recreation in the County		
Galway City Sports	To increase cross community participation in		None
Partnership / County	sport and recreation in County Galway through		
Galway Local Sports	a co-ordinated, integrated and sustained		

Partnership	development programme, delivered in		
	partnership with local agencies and sporting bodies		
Kerry Recreation and	Works to encourage, promote and support the	ISC,	None
Sports Partnership	people of Kerry to participate in sport and	local agencies and	
	physical activity. With particular focus on	sporting organisations	
	encouraging increases in levels of participation		
	amongst specific target groups including.		
Kildare Sports Partnership	To increase participation	ISC,	SOCIAL INCLUSION-
	in sport and physical	Kildare Co. Council	Support the development of
	activity through the coordination	Naas Town Council	initiatives which promote
	and delivery of quality	VEC	participation among minority
	programmes, training and services	HSE	ethnic groups.
	by developing partnerships	County Kildare Leader	
	and promoting inclusiveness. In particular, to	Partnership	
	increase participation rates within	National Governing	
	specific target groups such as older people,	Bodies and	
	girls & women, people with disabilities, youth,	others, GAA, FAI,	
	unemployed and those who live in identified	Athletics Ireland,	
	disadvantaged communities		
Kilkenny Recreation &	Committed to promoting healthy living and	ISC,	None but mentions minority
Sports Partnership	personal development through recreational and	Sports Capital	groups as a target group.
(KRSP)	sporting activity within all age groups, and	Programme	
	throughout the whole community of Kilkenny		
	City and County.		
Laois Sports Partnership	To increase participation in sport and to ensure	ISC	None
	that local resources are used to best effect.		
Leitrim Sports Partnership	To increase the number of people involved in	ISC	None
	sport or physical activity in Leitrim.		
County Limerick Local	To increase	ISC,	None but Migrants are a target
Sports Partnership /	participation in sport and physical activity,	Sports Capital	group.

Limerick City Sports	especially amongst specific target groups	Programme,	
Partnership	and to ensure that local resources are used to	Community Sports	
	best effect. It's about making	and Cultural Grants	
	sport available and accessible	Scheme	
	to everyone		
Longford Sports	Increase participation in sport and physical	ISC	Increase participation amongst
Partnership	recreation and ensure that local resources are		migrants/ Intercultural
	used to best effect.		Family day
Louth Local Sports	To increase participation in sport and physical	ISC	None
Partnership	recreation and ensure that local resources are	General fundraising,	
	used to best effect.	Sponsorship and	
		Benefit in Kind, Grant	
		Schemes,	
Mayo Sports Partnership	To increase participation in all sports and to	ISC,	None
	ensure local resources and facilities are used to	Grant scheme,	
	the best effect.	Mayo County	
		Development Board	
Meath Local Sports	To increase participation in sport and to ensure	ISC	None
Partnership	that local resources are used to best effect; it		
	will also provide a voice for those who		
	participate locally in sport throughout the		
	county. Works with member agencies and local		
	community groups in providing opportunities to		
	participate in sport and physical activity		
	regardless of age, ability, background and		
	socio-economic position	10.0	
Monaghan Sports	To increase the number of people participating	ISC	To increase participation, it will
Partnership	in sport, exercise and physical activity in		place particular focus on
	County Monaghan.		activity programmes that target
			young people, teenage girls,
			women, people with
			disabilities, minority

			groupsand older people.
Offaly Sports Partnership	To increase participation in sport and physical activity throughout county Offaly.	ISC, HSE, VEC, Grant Schemes	A county with a vibrant sport culture which is inclusive of all people - Migrants in sport programme
Roscommon Sports Partnership	To increase participation in Sports/Physical Activity for all of the citizens of County Roscommon through their lifestages. To promote Training & Development, both for all involved in Sports/Physical Activity and their clubs throughout County Roscommon. Increase participation in sport and PA amongst traditionally low participation groups, i.e., people with disability, women, ethnic groups, migrant workers and develop and undertake an annual action plan for low participation groups	ISC	None but mentions ethnic groups and migrant workers as target groups.
Sligo Sport and Recreation Partnership	to support increased participation in sport and active recreation throughout County Sligo by providing assistance in the areas of sports development, education and training and general information on sporting activities in Sligo. Work in partnership with sporting clubs, community organisations and local agencies in achieving our goal of having more people, more active, more often	ISC	None
North Tipperary Sports Partnership	Increased levels of participation in sport and recreation by all	ISC, Sports Capital Funding	None
South Tipperary Sports Partnership	Activity for All. Supporting the development of sport and increasing participation in physical activity. TARGETS-Increase sports participation and reduce sedentarism	ISC, Sports Capital Programme Funding	Increase participation amongst the least active including ethnic minorities and disadvantaged groups in the

	Generate social gain -Evaluate our actions and impact. The Partnership comprises a combination of local agencies, sporting groups, community leaders and sports enthusiasts working together to achieve this commitment.		community.
Waterford Sports Partnership	 To increase participation in sport and physical activity especially amongst specific target groups and to ensure that local resources are put to their best possible use. Support the right of all regardless of disadvantaged groups regardless of ethnicity, SES background etc. 	ISC, Sports Capital Grants Programme. Waterford County Council. HSE	None
Westmeath Sports Partnership	 Promote and develop sport in County Westmeath. Encourage and support participation in sport and physical activity by providing information and training and by organising activities and programmes by developing, co-coordinating, and facilitating these directly or in partnership with other individuals, groups, clubs and partner agencies and encourage groups to take responsibility for these projects and activities so that they can be self-sustaining. 	ISC	None
Wexford Sports Partnership	Enhanced planning of sport at local level. Increased levels of local participation, especially amongst specific targets groups such as older people, females, people with disabilities, unemployed people and those who live in identified disadvantaged communities.	ISC	None
Wicklow Local Sports Partnership	To increase participation in sport and physical activity throughout Co. Wicklow, by providing	ISC	Support increased participation in sport active recreation

support and assistance across a range of areas	especially across specific target
such as Sports Development, Physical Activity	groups such as women & girls,
Provision, Education and Training, Information	youth, older adults, people with
Provision and Leadership & Management.	disabilities, unemployed,
	disadvantaged and minority
	groups

Appendix K

Reviewed National Governing Bodies

Angling Council Ireland Iris A	mateur Boxing Association Basketball Ireland	
Archery	Athletics Ireland Baton Twirling Sport Association of Ireland	
Badminton Ireland Bowling	Community Games	
Camogie Canoeing	Cycling Ireland	
Cricket Ireland Caving and Exp	oloration Of Caves/ Potholing Equestrian	
Croquet Association of Ireland	Clay Pigeon Shooting Irish Federation of Irish Sports	
Fencing – Amateur /Irish Fenc	ing Federation Fishing Irish American Football Association Irish Canoeing Union	
Football Association of Ireland	d (FAI) Irish Hockey Irish Gymnastics (IG)/ Gymnastics – Amateur	
Football - Irish American Foot	ball Association Irish Judo Association Irish Road Bowling	
Gaelic Athletic Association (G	AA)/ GAA Handball Irish Orienteering Association Irish Table Tennis	
Football - Ladies Football Football - Gaelic and Hurling Ladies Gaelic Football Association		
Irish Martial Arts Commission (IMAC)/ Martial Arts Handball Horse Sport Ireland/ Horseshoe Pitchers		
Irish Rugby Football Union (IR	FU) Judo Irish Sailing Association (ISA)	
Golf Union Ireland/ Irish Ladie	es Golf Union (ILGU) Irish Squash Irish Underwater Council	
Irish Sports Council	Motorsport Ireland (MI)Modern Pentathlon	
Irish Tug of War Association	Orienteering National Karate Organisation/ Karate – ONAKAI	
Irish Wheelchair Association (IWA)- SportÂMotorcycling Ireland Pitch and Putt		
Mountaineering Ireland	Rowing Ireland Scuba Diving - Deep Sea Exploration	

National Trails Office and the Irish Sports Council Sailing Swim Ireland/ Swimming – Amateur			
Racquetball Association of Ireland	Snooker Soccer Squash Surfing		
Speleological Union of Ireland	Tug-Of-War Irish Shooting Sports Association		
Tennis Ireland/ Table Tennis Weightlifting – Amateur Wrestling – Amateur Wrestling			
Triathlon Ireland (TI)	Waterski		
Volleyball Ireland	World Taekwondo Federation (W.T.F.)/ Taekwondo - Olympic St	yle	

Appendix L

Other Organisations Reviewed

29 county councils	Department of Justice and Equality
5 city councils	Department of Social Protection
5 borough councils	Department of Public Expenditure and Reform
Department of Transport, Tourism and Sport	Department of Jobs, Enterprise and Innovation
Department of Health	Department of Arts, Heritage and the Gaeltacht
Department of Children and Youth Affairs	Department of Communications, Energy and Natural Resources
Department of Education and Skills	Department of the Taoiseach 13
Department of Environment, Community and Local Government	LEADER Partnership Portal
Department of Finance	

Appendix M

Contact List Database

Type of contact			Number of con	itacts
	Email	Phone	Personal	Assisted
				phone calls
Integration Centre		26/04/13	1	-
info@integrationentre.ie	26/04/13			
016453099 - Peter Szlovak				
peter@integrationcentre.ie				
Integration Support Unit (ISU)	19/02/13	15/02/13	1	-
051852564/ 0872389671-	10/04/13	16/12/13		
Kevin Mascarenhas- Coordinator				
kmascarenshas2000@yahoo.com				
New Communities Partnerships		01/05/13	1	-
018727842 – Anita				
Africa Centre 016619289 -	03/05/13	01/05/13	1	-
HafsaBelayachi				
community@africacentre.ie				
Challenging Ethnic Minority Health	01/05/13	01/05/13	1	-
Inequalities (Cairde) 018552111- Dorota				
info@cairde.ie				
Darfur Solidarity Group Ireland	01/05/13	01/05/13	1	-
0851414120 - MohmoudArdres		17/09/13		
darfurireland@gmail.com				
DorasLuimni 061310328	03/05/13	01/05/13	1	-
infor@dorasluimni.org-	13/05/13			
Leonie Kerins				
Eritrean Community Network Ireland	03/05/13	01/05/13	1	-

(ECNI) 0877959833 - Solomon Asgedom solomonasgedom@gmail.com				
Ghana Union Ireland – 0862032869 – Nana Bonsu nana.bonsu@ucdconnect.ie	03/05/13 07/05/13	01/05/13 17/09/13	1	-
Guinean Assoiation Ireland 0867322371 Mohamed alioudiall@hotmail.com	03/05/13	01/05/13 20/05/13	1	-
Integration of Africa Children in Ireland - 0864023953 - YemiOjo iaciyouth@gmail.com o	03/05/13	01/05/13 20/05/13	1	-
Kilkenny Integration forum - Joseph Mguni – 0872931153/0879379546 kilkennyintegrationforum@gmail.com	03/05/13	01/05/13 02/07/13 8/07/13 11/07/13	1	1
NASC- Cork 0214317411 infor@nascireland.org	03/05/13	01/05/13 27/05/13 15/08/13		-
Sudanese Group Kilkenny - Samuel Morgan – 0860538260/0567760068	03/05/13 05/06/13	01/05/13 08/05/13 11/06/13	1	1
Offaly sports partnership - Eamon Henry - 0579346843		16/09/13	1	1
GAA - Tony Watene - 01836322 FAI - Des Tomlinson – 018999571/0868590524		16/09/13 16/09/13	1 1 1	1 1 -
Community Games - Caitriona Reynolds SARI - Ken McCue – 0851056134/018735077		16/09/13 16/09/13	1 1 1	

Father McGrath centre - Theresa - 16/09/13 1 0861927033 12/11/13 1 GAA Waterford - Eoin 13/11/13 1 Immigrant Council - FideleMutwarasibo 14/11/13 1 Kilkenny SP Caitriona Corr 3/12/13 1 Waterford SP – Pauline Cunningham – 25/11/13 1	- 1 1 -
GAA Waterford - Eoin13/11/13Immigrant Council - FideleMutwarasibo14/11/13Kilkenny SP Caitriona Corr3/12/13	1 1 1 -
Immigrant Council - FideleMutwarasibo14/11/131Kilkenny SP Caitriona Corr3/12/131	1 1 -
Kilkenny SP Caitriona Corr3/12/131	1 1 -
•	-
Waterford SP – Pauline Cunningham – 25/11/13 11	-
8	
051849855 02/12/13	
1	-
Integration support Unit Waterford - 19/02/13 15/02/13	
Kevin Mascarenhas - 051852564 21/02/13 21/03/13 1	1
Birchwood house Waterford 10/04/13 02/12/13	
(Asylum/refugee seekers) 11/04/13 1	1
Nigerian Mulsim community 12/09/13 1	1
16/05/14	
27/06/13	
14/08/13	
Bridgewater House for Asylum Seeker 12/06/13 1	1
and Refugees (Carrick on Suir) – Martina 19/06/13	
- 051641800	
ORGANISATION CONTACT DETAILS RESULTS	I
Integration Centre info@integrationentre.ie Email sent got no reply. Called the Integration Centre and m	nanaged to speak
016453099 - Peter Szlovak to Peter Szlovak himself on 26/4/13. Send Peter an email wi	
peter@integrationcentre.ie about the project. Got reply from Peter saying he will get ba	
discussing with colleagues. GOT AN EMAIL SHOWING T	
HAD SENT MY REQUEST TO THEIR DIFFERENT INT	
SUPPORT CENTRES/UNITS.	
Integration 051852564/0872389671- Spoke with Kevin Mascarenhas on the phone on 15/2/13 to	introduce myself

Support Unit (ISU)	Brother Kevin Mascarenhas- Coordinator kmascarenshas2000@yahoo.com	and what I am working and to find out if their organisation will be willing to meet with me to discuss my project further. Send an email on 19/2/13 to arrange meeting date, got reply to meet on 21/2/13. Met with Kevin on 3/2013 to discuss background of the ISU in connection in working with ethnic minority groups, his role consistence to other areas. Send Kevin another email on 10/4/13 to arrange meeting with the ethnic groups and got reply on 11/4/13 with dates and times to come and distribute questionnaire on Mondays between 9.30am & 11.30am and Wednesdays between 7pm & 9pm. Arranged to go there on Wednesday 17/4/13 between 7pm & 9pm and Monday 22/4/13 between 9.30am & 11.30am to distribute questionnaire. Interviewed Kevin Dec 2013
New Communities Partnerships	018727842	Calls made 1 st May2013. Spoke to Anita-Referred to the Migrant Directory for contact details with ethnic minority groups. UNFRUITFULL
Africa Centre	016619289 - Hafsa Belayachi <u>community@africacentre.ie</u>	Spoke to Hafsa Belayachi about the project, asked to email all the details of the project-email send 3/5/13. Got a reply on 8/5/13 to say she will transfer the details to her supervisor and will get back to me. UNFRUITFULL
Challenging Ethnic Minority Health Inequalities (Cairde)	018552111- Dorota info@cairde.ie}	Spoke to Dorota on 1/5/13-asked to send an email with project details. Got email back
Darfur Solidarity Group Ireland	0851414120 darfurireland@gmail.com	Talked to MohmoudArdres. Asked to email him all the details of the project. Forwarded questionnaire to members of his group.
DorasLuimni	061310328 infor@dorasluimni.org-	Phone no reply. Emailed the organisation on 3/5/13 about the details of the research in facilitating access to ethnic minority groups. Got email back from Leonie Kerins on 13/5/13 asking me to fill a Research Assistance Application Form for them to determine their involvement in the research.

Eritrean Community Network Ireland (ECNI)	0877959833 solomonasgedom@gmail.com	Spoke with Solomon Asgedom on $1/5/13$ about the project. Asked to send an email with all the details. Email send $3/5/13$, got reply on $3/5/13$ to say he will forward email to members of their community and whoever is interested will contact me.
Ghana Union Ireland	0862032869 nana.bonsu@ucdconnect.ie	Called the number on their directory information, spoke to Nana on $1/5/13$ who asked me to send him an email with all the details of the project. Email send $3/5/13$, got reply on $7/5/13$. Forwarded questionnaire to some of their people who could help in filling the form.
Guinean Assoiation Ireland	0867322371 alioudiall@hotmail.com	Spoke to Mohamed about the project, asked to send an email with all the details of project on 3/5/13- no reply.
Integration of Africa Children in Ireland	0864023953 iaciyouth@gmail.com	Spoke to YemiOjo on the phone-parents of the children already have other research projects they are involved & still working on so might be too much, however, she asked me to email all the details of the propjet anyway-emailed 3/5/13- no reply.
Kilkenny Integration forum	0872931153 <u>kilkennyintegrationforum@gmail.com</u>	Phone call no reply, emailed 3/5/13- no reply Called again and spoke to Joseph Mguni the Chairperson. Was invited to attend their AGM. GOT CONTACT WITH TERESA FROM FATHER McGRATH
NASC- Cork	0214317411 infor@nascireland.org	Phone no reply, emailed 3/5/13- no reply Called again August and was asked to leave my details and someone was to get back to me
Sudanese Group Kilkenny	Samuel Morgan Chairperson	Went and met with the group and gave out questionnaires 14/6/2013 some answered on the day and others returned later.
Bridgewater House for Asylum Seeker and Refugees (Carrick on Suir)		Went and met with the group and gave out questionnaires. 20/06/13

-Offaly sports	Eamon Henry (Offaly SP)	Calls made and interview/meetings dates set up
partnership		C IIIII
-GAA	Tony Watene (GAA Dublin)	
-FAI	Des Tomlinson (FAI)	
-Father McGrath	Theresa (Father McGrath centre)	
centre		
-Community	Caitriona Reynolds (HSE Community	
Games	Games)	
-GAA Waterford	EoinBreathnach (GAA Waterford)	
-SARI	Ken McCue (SARI)	
-Immigrant		
Council		
-Kilkenny SP	Caitriona Corr (Kilkenny SP)	
-Waterford SP	Pauline Cunningham (Waterford SP)	
-Integration	Brother Kevin Mascarenhas (ISU)	
support Unit		
Waterford		
Birchwood house	Beatrice	Gave out questionnaires 19/9/2013
Waterford		
(Asylum/refugee		
seekers)		
Nigerian Mulsim	Unit 74 Westside Business PArk	Held a focus group with the group $-29/9/13$
community		
Father McGrath	kilkenny	Held a focus group with a group of immigrants attending English classes
Centre		
Dublin	SARI Office	Held a focus group with a group on 22/11/13
Dublin	SARI Office	Held a focus group with a group on 11/01/14
Father McGrath	Theresa – Father McGrath centre	Disseminated questionnaires to the group 2/10/2013
centre – English		Collected questionnaires 23/10/2013 and also conducted a focus group
classes		
Offaly sports	Eamon Henry - Portalington	Had an interview with Eamon $- 3/10/13$

partnership	Community centre	
Community	Caitriona Reynolds	Had an interview with Caitriona Reynolds – 21/10/2013
Games	To see Western	$\mathbf{W}_{1} = \mathbf{W}_{2} + \mathbf{W}_{1} + \mathbf{W}_{2} + \mathbf{W}_{2} + \mathbf{W}_{3} + \mathbf{W}_{4} $
GAA Dublin	Tony Watene	Had an interview with Tony Watene - 08/11/13
FAI	Des Tomlinson	Had an interview with Des Tomlinson - 13/11/13
SARI	Ken McCue	Had an interview with Ken McCue -13/11/13
GAA Waterford	EoinBreathnach	Had an interview with EoinBreathnach - 22/11/13
Kilkenny SP	Caitriona Corr	Had an interview with Caitriona Corr - 13/12/13
ISU Waterford	Brother Kevin Mascarenhas	Had an interview with Brother Kevin - 16/12/13
Waterford SP	Pauline Cunningham	Had an interview with Pauline Cunningham $- 16/12/13$

OTHER CONTACT LIST OF IMMIGRANT GROUPS(PHONE CALLS MADE - UNSUCCESSFUL)

Africa Change Initiative - 042 9359964African Cultural Project Ltd

African Caribbean -Forum 0863969526; 0872632099

Africa Centre- 016619289

All Bangladeshi Association of Ireland - 0860852649Bini Community Ireland

Angola United Association in Ireland – 016713639; 0871216083; 0872967910Congo Lisanga – congolisanga@gmx.com

Arab Communities Forum Ireland - 0860773585; 0872822515; 0863227663Congolese network Ireland

Art Polonia (Lab for Intercultural Cooperation & Exchange - 0866084020; 017995416

Asante Association Ghanaian Support – 0861288768; 08772684192Awareness for Development - 0879183499

Association of Moroccans - 353 94500391; 0872590696Hadankai Association - 0857637377; 086193600

Challenging Ethnic Minority Health Inequalities (Cairde) - 018552111Irish Council of Imams

Changing Ireland - 061 458011(editor); 061 458090 (administrator)Immigrant council of Ireland - 353 16740200/0202

Guinean Association Ireland – 0867322371; 0860456885 Somali Community in Ireland - 0894759922

Integration of Africa children in Ireland - 0864023953Swazi people of Ireland MauriceSukati - 353 16713639

Irish Community Empowerment Group - 0872678748Jamaicans & the wider Caribbean - 086 3818323; 0852807022

Irish Finish Society Dublin - 014930927 (number not working)

Irish Indian Cultural Association - 0851853335 (number not working)

Islamic Cultural Centre of Ireland - 012080000 5 no answer

Ivory Coast Community of Ireland - 0862163745 no answer gbayoussoufbamba@yahoo.com

Southside Chinese Resident Association – 0872508773; 087685543