University of Salford MANCHESTER

SPORT FOR CONFIDENCE

From sickness to prevention: how can meaningful participation support population health?

A realist-informed review of the Sport for Confidence Community Health Service

Student Number: @00844826, **Mentor**: Nick Romilly, **Region**: South Yorkshire. PgCert Population Health. **July 2026.**

NHS SHIFT: Sickness > Prevention

Why this project matters

From a complex public health problem to practical learning for Sheffield

Population health challenge
Inequalities in participation and physical activity

Aim and objectives
Why Sport for Confidence is worth understanding

What was discovered
How Sport for Confidence appears to work

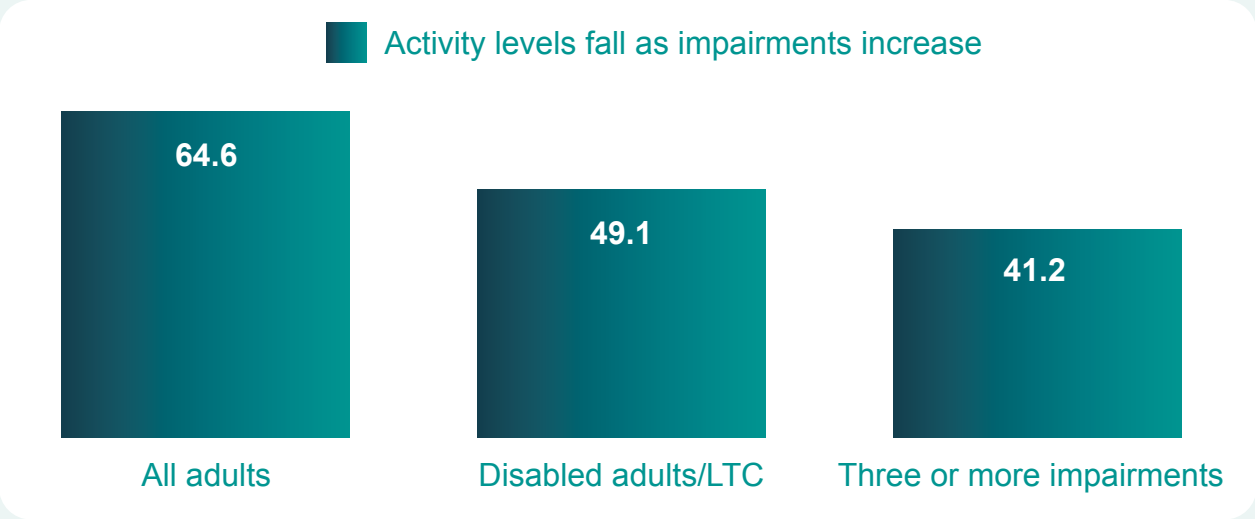
What this means
Application and next steps for Sheffield

Source: Project report

The challenge is unequal opportunity to participate

Inactivity reflects intersecting health, social and environmental barriers

Figure 1.
Adults meeting physical activity guidelines, England, 2024–25



Key message: Increasing activity means changing the conditions for participation.

Source: Sport England (2026); Activity Alliance (2026)

Prevention needs more than risk reduction

Physical activity matters, but access and context shape who benefits

Table 1. **Prevention, physical activity and participation**

Physical activity	National policy	This project asks
Helps prevent and manage illness	Sickness → prevention	Who benefits?
Supports wellbeing	Place-based action	What makes access possible?
Any activity is better than none	Active travel and community facilities	How does context matter?

Key message: Prevention is not only identifying risk; it is creating the conditions to participate.

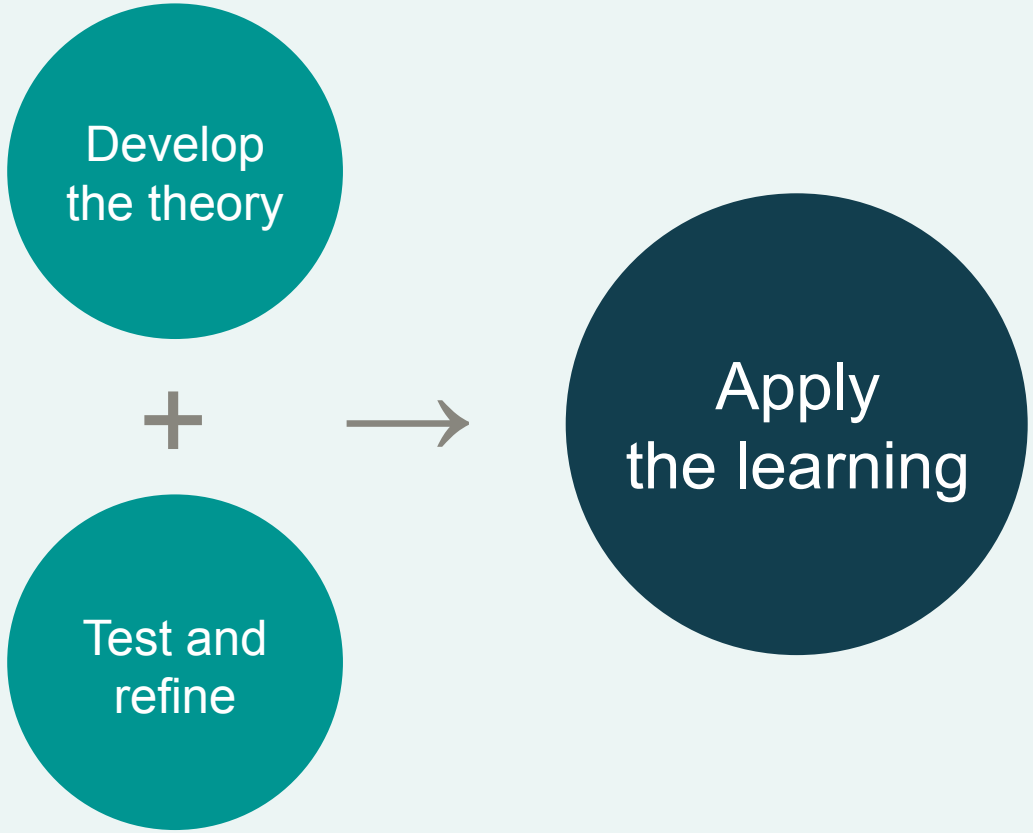
Sources: DHSC 10 Year Health Plan (2025); UK CMO physical activity guidelines (DHSC, 2026); Katzmarzyk et al. (2022); Marmot et al. (2020).

The project aim

Developing a theory of how Sport for Confidence appears to work

To develop an evidence-informed explanation of how, for whom and under what conditions Sport for Confidence appears to work, and what this could mean for Sheffield.

Key message: Adaptation, not replication.



Sources: Pawson et al. (2005); Dalkin et al. (2015); Dada et al. (2023)

From evidence to explanation

A realist-informed review of how, for whom and in what conditions

Figure 2. Realist-informed review process

Initial programme theory → Stakeholder challenge → Organisational evidence → Published literature → Final CMO configurations *(CMO = Context + Mechanism + Outcome)* → Sheffield readiness questions

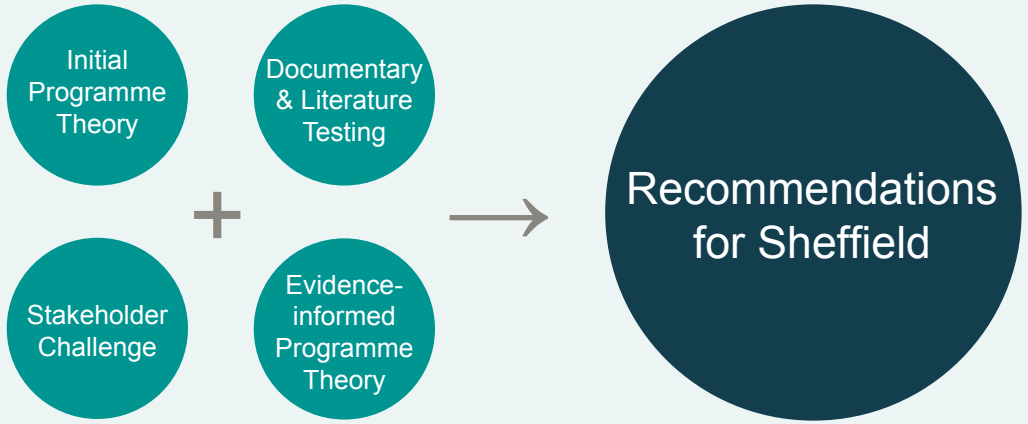


Table 2. Evidence sources and purpose

Evidence source	Purpose
Practitioner knowledge	Initial theory
Stakeholder challenge	Test assumptions
10 organisational sources	Delivery and outcomes
13 published sources	Refine theory

Sources: Pawson et al. (2005); Dalkin et al. (2015); Dada et al. (2023)

Why the project changed

Explaining the model before testing transferability

***Table 3.* Project adaptation**

Key message: Explain the model before testing transferability.

Original plan	What changed	Final approach
Qualitative and quantitative study	No shared evidence-informed theory explaining how SFC appeared to work	Realist-informed review
Explore Sheffield transferability	Needed to explain Essex first	Testable programme theory
Compare outcomes	Understand contexts and mechanisms	Readiness before transfer

Sources: Pawson et al. (2005); Moore et al. (2021)

Finding 1: Participation becomes possible

Physical activity matters, but meaningful participation explains the route

Table 4. **Participant pathway CMO summary**.

CMO area	Resource	Response	Outcome
Understand what matters	OT assessment and person–environment–occupation reasoning	Trust, hope, feeling understood	Meaningful goals
Enable participation	Adapted activity and environment	Safety, confidence, agency	Sustained activity
Connect with community	Warm introductions and local knowledge	Belonging, reduced uncertainty	Community connection

PEM highlighted OT, adapted meaningful activity and inclusive settings as central to participation, wellbeing and social connection (University of Essex and State of Life, 2022)

Sources: University of Essex and State of Life (2022); Hammell (2014); Wilcock and Hocking (2015); Golby et al. (2024)

Finding 2: Change spreads beyond the person

Workforce, organisations and systems shape prevention

***Table 5.* Participant pathway CMO summary.**

CMO area	Resource	Response	Outcome
Strengthen organisations	OT modelling and mentoring	Staff confidence	Inclusive routine practice
Coordinate systems	SFC connecting partners	Shared responsibility	Clearer pathways

***Table 6.* PEM evaluation (University of Essex & State of Life) (2022)**

Outcome evidence	Reported finding
Life satisfaction	Life satisfaction: 4.84 starting group; 7.93 involved >1 year
Modelled WELLBY value	£22,230 per participant per year
Estimated social value	£58.71 per £1 invested
Caveat	Self-report, cross-sectional and modelled

Sources: University of Essex & State of Life (2022); Sun et al. (2024); Ross et al. (2025)

Applying the learning to Sheffield

Test readiness, adapt the principles and evaluate before scaling

***Table 7.* Strategic application**

Level	What this means
Local: Sheffield	Assess need, assets, OT capacity, pathways and lived experience
Regional: South Yorkshire	Connect prevention, neighbourhood working and cross-sector partnership
National	Show how prevention can include participation, belonging and enabling conditions

Staged recommendations

1. Validate the programme theory
2. Assess Sheffield readiness
3. Agree core functions and adaptable elements
4. Co-design and cost a small feasibility phase
5. Evaluate before scaling

Key message

Strategic alignment makes the model plausible; local readiness determines whether it is feasible.

Sources: Moore et al. (2021); Skivington et al. (2021); NHS South Yorkshire ICB (2025)

Thank you for listening

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