

Public Health Programme Guidance

Physical Activity and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 1st March to Tuesday 3rd April 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Activity Sheffield/ Sheffield School Sports Partnerships		4.1.1	Should include mental disabilities as well as physical disabilities. Children for example with learning disabilities encounter similar barriers to those children who have physical disabilities. Believe the statement should just read; <ul style="list-style-type: none"> • With disabilities 	Thank you for your comment. We acknowledge that children with learning disabilities are an important group. The scope includes children with disabilities and medical conditions who do not require specialist assessment immediately before – or supervision during – physical activity.
Activity Sheffield/ Sheffield School Sports Partnerships		4.2.1.a	Feeling the following are of high importance: <ul style="list-style-type: none"> • Incorporating physical activity into daily life • Increasing formal recreational activity • Increasing participation in sport Feeling the following are of medium importance: <ul style="list-style-type: none"> • Increasing Active Travel • Increasing informal recreational activity From a physical activity point of view feel 'reducing sedentary behaviours' are covered through the above	Noted, thank you.
Amicus – CPHVA		4.2.1	Please will you include grand parents as well as parents and carers, as they are a significant presence in many young children's lives, and often care for children after school and during school holidays.	Thank you for your comment. We will amend the scope so that grandparents are included.
Amicus – CPHVA		4.2.1	All these areas are important as we have to consider children during 24 hours/ seven days a week. Concentrating too much on one area may be to the detriment of other children	Thank you for your comment. The focus of the guidance needs to be narrowed to ensure that the work is achievable in the allocated time. You can suggest topics for future NICE guidance at: www.nice.org.uk/page.aspx?o=ts.home
Amicus – CPHVA		4.2.2	Whilst we appreciate that the guidance cannot go too wide, we consider it important that children are seen within their wider context. Physical activity increases could be achieved for example if it came to be seen as 'un cool' for teenagers to take lifts in buildings. 'Reclaim the stairs!'	Thank you for your comment.

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Amicus – CPHVA		4.3	Having worked with children and young people for many years, I suggest caution in any self reporting of increase in activity levels. Its not that they are unreliable, but in my experience, 'winding up the researchers' is good sport!	Thank you for your comment. The reliability and validity of the outcome measures in the research used to produce the guidance will be considered. More information about guidance development processes can be found at http://guidance.nice.org.uk/page.aspx?o=299973
Amicus –c		4.3	Body mass index levels for children have not been reliably calculated, as all children grow and develop at different rates. If children and young people increase their level of physical activity, then they will gain muscle mass which weighs heavier than sub cutaneous fat. This will result in active young people weighing more on the scales than their inactive peers. If girls and young women are weighed and measured and find that they are heavy, they will cease exercising.	Thank you for your comment. The outcome measures listed in the scope are the measures used in the research to formulate the guidance not outcomes of the guidance. The NICE guidance on obesity considered BMI in children, see http://guidance.nice.org.uk/CG43/niceguidance/pdf/English
Amicus – CPHVA		4.3	Please add 'enjoyment' or 'increase in social capital' to the list of outcomes	These have not been included as outcomes in the final scope because they are difficult to measure.
Amicus – CPHVA		4.4	School PE and games are effective for most, as they are compulsory, however children need to have the opportunity to shower in private afterwards, just as adults do.	Thank you for your comment. Depending on the evidence, the guidance may include recommendations about facilities.
Amicus – CPHVA		4.4	Mid day supervisors could be trained in 'play' as some forward thinking schools do already.	Thank you for your comment. Depending on the evidence, the guidance may include recommendations about the personnel to be involved and their training.
Amicus – CPHVA		4.4	Why can't children who don't like sport be allowed to go for a walk? Even young children can play 'follow my leader' around the playground.	Thank you for your comment. The term physical activity encompasses such activities. Section 4.2.1 highlights that informal, recreational activities will be included in the guidance.

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Amicus – CPHVA		4.4	School swimming is not an effective use of time and resources in many areas. It can be extremely time consuming conducting all the children onto the coach, travelling through traffic, off the coach and into the changing rooms, waiting until everyone has changed. Then a quick 'dip' before it is time to dry all the girls hair and repeat all the journeying back to school.	Thank you for your comment.
Amicus – CPHVA		4,4	Cross country running is not an uplifting experience in towns, but many school PE teachers think it is essential	Thank you for your comment.
Amicus – CPHVA		4.4	Many children like disco dancing; its safe, not weather dependant, can be done from a wheelchair, and with a good teacher can be great exercise	Thank you for your comment. The range of activities encompassed in the guidance will depend on the evidence available.
Amicus – CPHVA		4.4	What about cheer leading? It will seem more like recreation than sport	Thank you for your comment. Please refer to our previous response.
Amicus – CPHVA		4.4	For older young people activities such as Duke of Edinburgh's award or scouts may be more effective than sports. However many children do not have access to any of these activities	Thank you for your comment. Please refer to our previous response.
Amicus – CPHVA		4.4	The school based angle of this exercise strategy needs to reside firmly within the over-arching Healthy Schools programme.	Thank you for your comment.
Amicus – CPHVA		4.4	Being as fit as you can, rather than as fit as the next child, should be the plan	Thank you for your comment.
Amicus – CPHVA		4.4	In Choosing Health 2004 it is suggested that children have a personal health record. This could provide evidence for the child or young person that they are becoming fitter as they grow older	Thank you for your comment.
Amicus – CPHVA		4.4	'Stand alone' policies and guidelines are often ineffective; viz the recent example of handing out pedometers to children, unless those children are already involved in the healthy schools programme and can understand and use the tool in a sustainable way	Thank you for your comment.
Amicus – CPHVA		4.4	It is not effective to have commercial confectionary companies involved, as the sweets will negate the effect of the exercise. Also children and young people know when adults are not really serious	Noted, thank you.

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Amicus – CPHVA		4.4	As well as access to showers, attention needs to be given to sports clothes for children. Many children sweat profusely during puberty, so it is important that they have good quality cotton or 'wickable' clothing. Nylon and polyester are not suitable, but are cheap from chain stores. Also sports bras which are essential for many teenage girls are very expensive. Girls do not like to expose themselves during sporting activities, and many prefer to wear jogging trousers rather than shorts or short skirts, but some schools don't allow this. We need to offer young people the same quality and choice of clothing which adults expect.	Thank you for your comment. Evidence relating to barriers to participation in physical activity will be investigated in one of the evidence reviews.
Amicus – CPHVA		4.4	Changing rooms for children and young people are often horribly smelly; adults wouldn't put up with this and neither should children be expected to. There is also great potential for bullying in changing rooms as teachers and sports coaches often cannot supervise them.	Thank you for your comment. Evidence relating to barriers to participation in physical activity will be investigated in one of the evidence reviews. Depending on the evidence, the guidance may make recommendations about facilities.
Amicus – CPHVA		4.4	Girls and boys from about aged 7 upwards prefer to exercise in single sex groups. Children are very body conscious.	Thank you for your comment. Evidence that has recorded children and young people's preferences about aspects of physical activity will be the focus of one of the evidence reviews.
Amicus – CPHVA		4.4	Consider sports such as weight lifting and boxing alongside traditional activities	Thank you for your comment. The range of activities encompassed in the guidance will depend on the evidence.
Amicus – CPHVA		4.4	For various reasons some children fail to learn basic techniques of ball skills or swimming or hand to eye coordination in primary school, so at transition to secondary school some children may need 'sport recovery' classes, to prevent them from deciding that sport is not for them	Thank you for your comment. Sport recovery is one area that the guidance may address, depending on the evidence.

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Amicus – CPHVA		4.4	There should be a school nurse in every secondary school to ensure that children and young people are not prevented from accessing the sports curriculum because of avoidable or treatable health problems or concerns. S/he would liaise with parents, medical and other services re individual children, and be a resource for staff to consult re injuries, sickness (feigned and real), period pains, urinary problems, skin complaints, emotional and bullying concerns, long term conditions and disabilities such as heart problems, diabetes, asthma, obesity, dyspraxia etc. This is especially important when considering health inequalities, as many children simply avoid school rather than deal with these issues.	Thank you for your comment.
Amicus – CPHVA		4.4	School nurses need to be available to give advice and support to primary school teachers as well, particularly in the light of extra sports activities being offered on the extended school curriculum	Thank you for your comment.
Amicus – CPHVA		4.4	Bullying is often a reason why children and young people avoid sporting activities; it is not safe to be away from adult supervision in changing rooms for example. Schools need to be very proactive with their bullying policies	Thank you for your comment. Evidence relating to barriers to participation in physical activity will be investigated in one of the evidence reviews.
Amicus – CPHVA		4.4	Schools need to provide kit. Many children from chaotic families are unable to insist to their parents/carers that they are provided with a clean sports kit or a particular item of sports equipment on a regular basis. This will mean that they regularly get into trouble at school for 'forgetting' their kit. Their sensible solution is to avoid sports lessons altogether.	Thank you for your comment. Please refer to our previous response.
Amicus – CPHVA		4.4	Why are private tennis clubs so unwilling to have youngsters as members, and even where they do, have rules that children have to give way when adults come to play. What signal does that send?	Thank you for your comment.
Amicus – CPHVA		4.4	Schools need to cease the habit of punishing children by depriving them of their playtime. This inevitably means that naughty children who are often vulnerable, do not get the same exercise as their peers.	Thank you for your comment. Evidence relating to barriers to participation in physical activity will be investigated in one of the evidence reviews.
Amicus – CPHVA		4.4	Local parks are not safe places for children to play, as there is no adult supervision. There needs to be a trained park keeper. This often affects poorer children more than richer ones, as better off young people have ballet lessons or football clubs to attend	Thank you for your comment. Please refer to our previous response..

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Amicus – CPHVA		4.4	Some local authorities secure sponsorship so that families can buy a pass card to enable children to use the sports facilities in the borough all summer school holidays. However this cost is still way beyond the means of some families, and other families refuse to spend any money on their children. Some social services departments supply these for vulnerable children	Thank you for your comment. These types of schemes may be covered by the guidance, depending on the evidence.

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Association for Physical Education		General	<p>We welcome the guidance which:</p> <ul style="list-style-type: none"> • should promote better awareness and understanding of physical activity and young people’s physical activity needs. • should raise the profile of and assist in the promotion of physical activity amongst young people. • seeks to recommend physical activity policies, strategies, interventions and activities which are most likely to be effective in increasing young people’s physical activity. • should provide common ground/direction for those concerned/involved with the promotion of physical activity amongst young people. • recognises the holistic nature of physical activity promotion (in terms of settings; target audiences) • proposes to adopt an evidenced based approach and be formally evaluated. <p>However, a major concern and important omission is that physical education (which plays a key role in the promotion of physical activity) is not specifically mentioned within the guidance. We do not understand why physical education is not included in the title as it is arguably the most obvious source of physical activity for children; indeed, for some, it is their only source of physical activity.</p>	<p>Thank you for your support for this guidance.</p> <p>The ‘2005/6 school sport survey’ (DfES 2006) found that 80% of pupils in partnership schools participated in at least two hours of ‘high quality’ PE and school sport in a typical week. The comparable figure in 2003/04 was 62%. Participation in curricular physical activity is improving but there remains an opportunity to increase the amount of extra curricular physical activity undertaken by children. The final scope does not include the school curriculum and instead focuses on increasing non-curriculum physical activity.</p>

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Association for Physical Education		2	<p>The public service agreement should be written in full as it includes specific targets; also there is now a revised version for 2010 which refers to a specific number of hours for physical education and additional hours beyond the curriculum – this detail is important and needs to be added.</p> <p>Should the DoH targets regarding schools becoming healthy schools be included as this involves the promotion of physical activity.</p> <p>2d – we assume schools and teachers are included here, in which case it should explicitly state this.</p>	<p>Thank you for your comment. We used the version that is currently (May 2007) on the HM Treasury PSA target web pages. If you have a link to the version to which you refer, we would be grateful to receive it. To keep the scope concise and succinct, we refer to other important sources of information but would not replicate this information in full.</p> <p>Schools and teachers are included here under the wider public sector. However, we will specify education in the final scope. Schools and teachers are mentioned specifically in section 4.5.</p>
Association for Physical Education		3	<p>Under this section further rationale include i) that physical activity during childhood decreases with age and ii) the influence childhood physical activity has on participation in later life.</p> <p>The source for 'forecasting obesity to 2010' should be included.</p> <p>3e – DCMS seems an unusual source for the information about physical inactivity causing 54,000 premature deaths a year.</p>	<p>Thank you for your comment. To keep the scope concise and succinct, we have to limit the amount of information that is included..</p> <p>As stated, Zainotto et al. 2006 is the reference for 'Forecasting obesity to 2010'.</p>

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Association for Physical Education		4.1	<p>The population groups identified are all considered important. The 'specific age groups' recommendation appears too vague, however. What specific age groups?</p> <p>Also, girls seems to be an omission from the population groups to be covered which seems to contradict the research findings presented in the rationale for the guidance on the previous page.</p> <p>Our view is that an important group to target are those pupils for whom physical education is their only source of physical activity (i.e. those who choose not to engage in voluntary physical activity and those who are unable to – the latter may include those with responsibilities such as looking after siblings/parents or undertaking home duties, those with health problems precluding them from some forms of physical activity, and those whose parents/families cannot afford or, for a number of reasons, do not want them to engage in extra physical activity).</p> <p>4.1.2 – do the exclusions include obese children?</p>	<p>Thank you for your comment. The focus of the guidance needs to be narrowed to ensure that the work is achievable in the allocated time. This wording was used to allow stakeholders to suggest specific age groups on which the guidance might focus.</p> <p>Thank you for indicating your priority areas.</p> <p>Children who are obese are not excluded from the guidance; however, we will not be evaluating the research on the prevention and management of obesity as that has already been covered in the NICE obesity guideline. See www.nice.org.uk/CG43</p>

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Association for Physical Education		4.2.1.a	<p>In terms of areas, recognition of the range of means by which young people can be physically active is welcomed (i.e., daily physical activity; recreational activity; sport; active travel etc). In order to enhance understanding of the nature and scope of physical activity and physical activity promotion, all are considered important to include.</p> <p>In addition to the guidance covering policies, strategies, interventions etc, it would be helpful if the physical activity recommendations for young people could be included. It has been noted how many professionals are still unaware of these guidelines and the key physical activity messages (Cale & Harris, 2005).</p> <p>Will useful contacts/sources of support also feature in the document?</p>	<p>Thank you for your comments. Depending on the evidence, we would expect that the guidance will cover the complete range of physical activities. Current physical activity recommendations will be included in the final guidance.</p> <p>Sources of support will feature in the NICE implementation tools produced to support this guidance. For further details visit: www.nice.org.uk/usingGuidance</p>

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Association for Physical Education		4.2.1.b	<p>All the identified settings are considered important to address. Whilst schools, education institutions and referral units are mentioned however, it is disappointing that physical education is not specifically mentioned as a key context within the school setting. Evidence shows that school-based physical activity interventions (including physical education programmes) can be effective in increasing physical activity levels and are therefore considered very important. Whilst there is less evidence of the effectiveness of community-based interventions with young people, there is some evidence of their potential. Compared to school-based programmes however, there is a relative dearth of community-based programmes (including family-based programmes). This strengthens the argument still further that they should also be included in the guidance.</p> <p>We remain concerned about the inadequate training of primary school teachers to teach physical education (some receive as little as 3-6 hours in an entire teacher education programme) – this results in many primary school teachers lacking confidence and competence in this area. In addition, in some local authorities, outside interest groups such as coaches are being brought in to deliver part or all of the physical education curriculum, resulting in a narrowing of the physical education experience (which becomes mostly games). Narrowing the curriculum is counter-productive to the promotion of physical activity. Scotland have moved to specialist physical education teachers in primary schools. England needs to do similar or significantly increase the hours spent on physical education in primary school training. The current situation is causing children's early experiences of physical education to be far less positive and productive than they should be – children deserve a better start than this – there is no doubt that quality teaching requires quality training.</p>	<p>Thank you for your comments. The final scope will focus on formal and informal non-curricular school-based activities.</p> <p>We acknowledge that staff training and maintaining a broad curriculum are important areas. Recommendations may be made about these issues, depending on the evidence.</p>

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Association for Physical Education		4.2.1.b	<p>(cont.) To support this, research by Tom McKenzie and colleagues has shown that adequately trained teachers of physical education have higher pupil activity and engagement levels during physical education lessons.</p> <p>We also believe that secondary school physical education teachers need professional development to help them better promote health and activity within their subject. One year PGCE initial teacher training courses tend to focus on the six activity areas in physical education and to spend very little time on health-related exercise. As a consequence, many new PE teachers are unaware of the physical activity recommendations for children/young people and how to help pupils monitor physical activity and access opportunities in school and in the community. They also need to be encouraged to design alternative, innovative programmes to appeal to young people and that link closely to local community provision. In addition, they need to develop more effective cross-curricular links with related subjects such as PSHE and need to become much more centrally involved in driving the physical activity element of the National Healthy School Standard. Much could be achieved by teachers of different subjects working together on the promotion of physical activity.</p> <p>Some of the above issues and ideas are addressed in the recently written DoH physical activity toolkit but, without professional development for teachers of physical education on this, it is feared that important messages won't reach those who need it. The current training for the physical activity toolkit is limited to individuals such as healthy school co-ordinators, activity promotion personnel and partnership development managers who work at a strategic level. In addition to this, and to ensure it reaches grass roots, it is important that bespoke professional development is made available to teachers of physical education (especially those responsible for the physical education curricula in primary and secondary schools) to help them effectively contribute to the public health agenda.</p>	<p>Thank you for bringing this work to our attention. Please could you provide a reference for it so that we can consider it for inclusion in the evidence review.</p> <p>Thank you for your comment. We acknowledge that the role of teaching staff is important and depending on the evidence, would hope to include recommendations on the subject.</p> <p>Thank you for your comment. Recommendations may be made about staff training and professional development, depending on the evidence.</p>

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Association for Physical Education		4.3	<p>The Outcomes section has a number of limitations. Firstly, it is not clear 'what' specifically will be examined in terms of effectiveness (e.g., the Guidance document itself or specific policies, interventions etc which will be recommended within the Guidance). If the former, then some of the proposed outcomes measures seem rather unrealistic. Monitoring physical activity as one outcome is appropriate but monitoring clinical health outcomes in children is questionable. Whilst there is evidence of the health benefits of physical activity to children, the associations are not strong and are not likely to be achieved in the short-term.</p> <p>We would like to see the following added to the list: Changes in active travel Changes in participation in physical education Changes in participation in school sport/activity Changes in community sport/activity Changes in % children meeting physical activity recommendation.</p> <p>Reference to 'behavioural change outcomes' is misleading. Physical activity is also a behavioural outcome and the examples cited, whilst drawn from the transtheoretical model of 'behaviour change' and indicating progress made towards the behaviour, actually refer to affective outcomes (intention; motivation).</p> <p>Other important and more realistic outcomes that could be monitored include the impact the Guidance will have on the professionals for whom it is intended (e.g., on their work in terms of use of the document and its recommendations/ideas, number of initiatives implemented and their success etc; knowledge and understanding; confidence, attitudes towards physical activity promotion etc). The Guidance must impact upon the professionals first and before it can be expected to influence children's physical activity.</p>	<p>Thank you for your comment. The outcomes section refers to the research outcomes used in the evidence. The list gives examples of outcomes that may be identified and is not intended to be exhaustive.</p> <p>Thank you for your comments, these areas are encompassed in section 4.3: - changes in active travel, participation in physical education, school sport/activity, community sport/activity are encompassed under bullet point 3, - changes in the percent of children meeting physical activity recommendation encompassed under bullet point 1.</p> <p>Thank you for this comment. The final scope will be revised accordingly.</p> <p>Thank you for these comments. Tools to support the implementation of NICE guidance are produced by the NICE Implementation Team. To find out more about our implementation processes see www.nice.org.uk/usingGuidance</p>

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Association for the Study of Obesity		4.1.1	Children from different age groups should certainly be considered separately in recognition of the psychosocial and physiological differences in children of different age groups. 4.1.1. includes children with physical disabilities but 4.1.2 excludes children who need specialist advice as a consequence of particular medical conditions. This seems to be contradictory. Many children with physical disabilities may also have a non-physical condition.	Thank you for your comment. Our intention was to include children with disabilities and medical conditions who do not require specialist assessment immediately before or supervision during physical activity. We will reword the scope to make this clear.
Association for the Study of Obesity		4.2	It is essential that the importance of parental support and also role modelling by the parents is considered. Children should be considered as part of the family unit and as such having a separate guideline for parents is not helpful.	Thank you for your comment. Physical activity for children in the context of the family is included in the final scope
Association for the Study of Obesity		4.3	Some of the secondary outcomes have little meaning when assessing young children – especially pre-school children. For example how can you assess the motivation of a 2-year old? The social acceptability of the intervention also needs to be considered. For example, is the name of the intervention (e.g. 'fat camp') an important determinant of whether children attend and continue to attend exercise opportunities? We need to know why people attend and why people don't attend.	Thank you for your comment. The outcomes section in the scope refers to outcomes measured in research. In the final scope the primary outcomes are changes in physical activity and improvements in physical literacy (as measured by a change in motor skills or the ability to undertake physical activity). The secondary outcomes are not applicable to all children. The reviews will look at barriers to participation in physical activity
Association of Public Health Observatories (APHO)	http://www.sepho.org.uk/Topics/physicalActivity.aspx	General	We welcome NICE's focus on children and physical activity in this guidance. SEPHO is the lead public health observatory for physical activity and its 2006 ¹ report highlighted the importance of policies and interventions which optimise the opportunities for children to develop physically active lifestyles.	Thank you for this link.

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Association of Public Health Observatories (APHO)	" http://www.sepho.org.uk/Topics/obesity.aspx	General	Our recent work on obesity ⁱⁱ has also highlighted the importance of physical activity for children and young people. We would therefore encourage NICE to focus on two main areas: <ul style="list-style-type: none"> - interventions and programmes which reduce the prevalence of obesity in children and young people; - interventions and programmes that help develop healthy habits that may be continued into adulthood 	Thank you for your comment and for this link.
Association of Public Health Observatories (APHO)	iii MACKETT, R. L., TURBIN, J. PASKINS, J., LUCAS, L., MCCARTHY, M., EDMUNDS, L. (2002e) Health benefits of travel to school - evidence from a study of Children's car use, European Journal of Public Health, 2002, 11:77.	General	We believe that the most promising area for study is that of active travel, for a number of reasons: <ul style="list-style-type: none"> - walking and cycling – notably the journey to school - have the potential to improve healthⁱⁱⁱ - walking and cycling have the potential to be sustained into adult life - Levels of walking and cycling among young people have declined dramatically in recent years - There is already a great deal of existing guidance on PE and school sport, and improvements to the curriculum are being made - Interventions on sport and exercise only reach a minority of children and young people 	Thank you for submitting this evidence.
Association of Public Health Observatories (APHO)		General	We hope that NICE will use a broader definition of acceptable evidence than that used to develop the previous physical activity guidance.	Thank you for your comment. NICE guidance is based on the best available evidence. For more details, please refer to the CPHE Methods Manual on the NICE website at www.nice.org.uk/page.aspx?o=phmethods

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Association of Public Health Observatories (APHO)		4.1	Most studies show that physical activity declines among children as they reach adolescence. This might be a suitable priority audience (although we would not want younger children to be ignored). We want to ensure a focus on reducing inequalities. This may mean looking at different interventions for different population groups or in different settings.	Noted, thank you. The final scope indicates that the guidance will specifically focus on girls aged 11-18
Association of Public Health Observatories (APHO)		4.2.1.a	As above we encourage a focus on incorporating physical activity into daily life and increasing active travel	Thank you.
Association of School and College Leaders (ASCL)		General	The Association supports the aim of increasing the amount of physical activity children choose to take.	Thank you for your support.
Association of School and College Leaders (ASCL)		General	It is important not only to do this whilst they are children but also to encourage habits, skills and preferences that will later increase physical activity in adult life.	Thank you for your comment. Where there is evidence, the guidance will include interventions that encourage life long physical activity habits.

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Association of School and College Leaders (ASCL)		General	<p>Schools have limited time and teaching capacity. It is therefore important not to add to the expectations of what schools can do in a disorganised and incremental way. This is an initiative of the Department of Health, which may not understand this even as well as the DfES, it therefore gives ACL some concern.</p> <p>It is imperative that any guidance eventually issued is carefully targeted, so that the advice offered to schools is appropriate to schools rather than to other professionals.</p> <p>Such advice should be clearly understood to be advice in the true sense, offered to help, rather than being a form of regulation. This needs to be clearly signalled within the document and to Ofsted, local authorities and other agencies that bear upon schools.</p> <p>The temptation to introduce new elements of data collection, new performance indicators and new targets should be resisted.</p> <p>Guidance should be extensively consulted upon at an early stage – ASCL is very happy to help with that.</p> <p>Before anything is issued to schools it should be passed by the DfES “star chamber” and the Implementation Review Unit.</p>	<p>We acknowledge the pressures placed on schools. We will ensure that this guidance gives added value to what is already in place. The referral was from the DH but we are in consultation with the DfES about this and other guidance.</p> <p>Thank you for your comment</p> <p>NICE public health guidance for schools and other non NHS settings is not mandatory.</p> <p>Thank you for your comment. In the implementation processes we will consider how current targets and performance indicators can be incorporated.</p> <p>We welcome your input through out the guidance development process.</p> <p>Thank you for this information.</p>
Association of School and College Leaders (ASCL)		2.d (and 4.5)	<p>The target group is not quite the same. In particular, education is omitted from the earlier list.</p> <p>There are a number of different constituencies within the list, and in practice it would be more helpful to aim several guidance documents each at a smaller group.</p>	<p>Thank you for identifying this omission; we will amend the scope accordingly.</p> <p>Thank you for this comment.</p>

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Association of School and College Leaders (ASCL)		General	ASCL trusts that these comments are of help, supports the aim of the project with the caveats mentioned above, is willing to assist, and trusts that it will be fully consulted at every stage.	Thank you for your support.
Asthma UK		4.1.2	<p>Asthma UK is disappointed that the draft scope does not have been designed with the needs of children and young people with long-term conditions in mind. As NICE has stated, physical activity is vital to the health and well-being of children and young people, yet some of those most in need of the guidance will be excluded. Published research has shown that children with asthma aged 6-12 years are less active than their peers¹ and Asthma UK's own work has shown that more than four in ten children with asthma experience restrictions on activity (including exercise) as a result of the condition.² Asthma is the most common long-term condition among children. It affects 1.1 million children in the UK³, meaning that guidance which does not take account of their needs will be irrelevant to an average of three children in every classroom.</p> <p>It is essential that awareness of the benefits of exercise and its impact on asthma should be raised among children, parents and professionals in the NHS, education and local government. There is significant evidence that physical activity can improve fitness in people with asthma, and the official clinical guidelines on the management of asthma also recommend weight reduction to improve asthma control.⁴ Misunderstandings about the impact of asthma have led too many children to be effectively excluded from PE lessons, or, when allowed to participate, prevented from having access to the medication needed to relieve asthma symptoms. In 2005 - with the support of the Youth Sport Trust and the Department for Education and Skills - Asthma UK launched 'Out there and active', a large-scale campaign to improve this situation by raising awareness about asthma and physical activity. NICE guidance has the potential to build on work like this, and to reach many more people.</p>	<p>Thank you for your comment. We acknowledge the importance of exercise in the management of conditions such as asthma but also its importance from a public health perspective for general health benefits. Children with asthma and other disabilities are included, so long as their condition does not require clinical assessment or monitoring immediately prior to and/or during, physical activity.</p> <p>Thank you for your comment. This guidance is public health guidance and therefore will not consider management of specific clinical conditions but will seek to improve overall general health. You can suggest topics for future NICE guidance at: www.nice.org.uk/page.aspx?o=ts.home</p>

¹ Lang DM, Butz AM, Duggan AK, Serwint JR, Physical activity in urban school-aged children with asthma. Pediatrics 2004 Apr, 113 (4), pp341-6

² Asthma UK, National Children's Asthma Panel, 2005

³ Health Survey for England 2001; Joint Health Surveys Unit, 2003; The Scottish Health Survey 1998; Joint Health Surveys Unit, 2000, Census 2001 (Office for National Statistics)

⁴ British Thoracic Society/Scottish Intercollegiate Guidelines Network, British Guideline on the Management of Asthma, 2005

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Asthma UK		4.2.1	Asthma UK welcomes the proposal for the guidance to cover ways of making children more physically active in the family, pre-school, school and the community. We would like to add that the policies and strategies for the encouragement of physical activity mentioned in part a) could also be put into place in health and social care settings and in local authorities. A comprehensive inter-agency approach to the promotion of physical activity is vital, and consequentially, Asthma UK would not recommend that any particular sphere is prioritised to the detriment of others.	Thank you for your comment. Unfortunately the time and resources available do not allow us to address the total sphere of physical activity in children and it is necessary to prioritise. However, areas that are not included in this guidance can be referred to NICE for consideration for future guidance. See www.nice.org.uk/page.aspx?o=ts.home
Asthma UK		4.3	Asthma UK would like the measurable health outcomes to incorporate better management of long-term conditions.	Thank you for your comment. This guidance will address physical activity from the public health perspective. Management of long-term conditions would be the focus of a clinical guideline. There may be potential for a joint clinical and public health guidance to address this issue. To find out more about our topic selection process please see www.nice.org.uk/page.aspx?o=ts.home

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Big Lottery Fund		General	<p>We all recognize the importance of free play. Whilst its essentially fun for children, it has important social, educational, health and creative outcomes. The enjoyment of play and informal recreation is now identified in law as an outcome in its own right of coordinated children and young people's services (Children Act, 2004). As well as having a potentially major contribution to the Change for Children Programme implementing the Every Child Matters proposals, play also features in other key government policies, from Choosing Health (DH) to Living Spaces (DCLG).</p> <p>The recommendations of the policy document 'Getting Serious About Play' (DCMS 2004) has underpinned the development of the £155 million Children's Play initiative. The document defines Children's Play as "What children and young people do when they follow their own ideas and interests, in their own way, and for their own reasons." BIG's Children's Play initiative is about providing 'free', local and inclusive play provision. £124 million has been allocated across every local authority area in England and £16 million for an innovation fund. BIG has also supported Play England, a regional support and development infrastructure, to ensure the long-term sustainability of play provision in England.</p> <p>Provision for children's play needs to be embedded in areas like Planning and Housing, Transport and Highways, that have as much impact on the space that children inhabit as those more readily associated with play- Parks, Leisure and Out-of School services. Cross cutting and inclusive play strategies, which link to key initiatives and strategies should be developed by all local authorities to ensure sustainability of play provision (and this is part of the requirement to access BIG's Children's play funding).</p> <p>The long term vision is that in every locality there will be a range of free, well maintained, good quality, culturally appropriate supervised, semi-supervised and unsupervised play provision which meets the expressed needs of the vast majority of local children and young people. All this provision will be accessible including to those children and young people who are disabled or have specific needs, children from ethnic minorities.</p> <p>Play provision should reflect the needs of the children, their families and communities. Where appropriate, children and young people and their families will be active participants in the design, development and management of this provision.</p>	<p>Thank you for your comment. Where there is evidence, enjoyment will be considered as an outcome if studies have reported a measure of physical activity.</p> <p>Thank you.</p> <p>Thank you for your comment.</p> <p>Thank you for your comment. Studies reporting the views of children and their parents about the barriers and facilitators to physical activity will be considered in the development of the guidance.</p> <p>Thank you for your comment. Please see the previous response.</p>

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Big Lottery Fund		General	<p>1. In terms of school age children NICE may wish to refer to the New Opportunities for PE and Sport (NOPES) programme evaluation reports which mention, inter alia, playground marking schemes in primary schools that have largely had a positive impact on young pupils. The Loughborough Partnership led by the Institute of Youth Sport at Loughborough University has been commissioned to evaluate the NOPES programme. The latest findings (available on the Big Lottery Fund website) show a number of lessons which may be of interest to funders and stakeholders.</p> <p>2. The New Opportunities for PE and Sport Programme is was launched in England in November 2001 with an allocation of £581.25million (part of £750.75m in UK for the programme overall). Funding was allocated to each LEA area in England to ensure that funding is available for projects in all areas. All funding has been committed and the programme is in its final phase. It is designed to bring about a step-change in the provision of sporting facilities for young people and for the community, generally by:</p> <ul style="list-style-type: none"> • modernising existing—and building new—indoor and outdoor sports facilities for school and community use; • providing initial revenue funding to support the development and promotion of these sporting facilities for wider community use (up to 20% of the funding available); <p>and</p> <ul style="list-style-type: none"> • modernising existing—or building new—outdoor adventure facilities. <p>3. NICE may also wish to refer to the Active England evaluation at: http://www.aelz.org/index.asp</p> <p>Active England is a jointly funded programme between Big Lottery Fund and Sport England which aims to encourage creative approaches that will begin to drive up physical activity levels and sports participation rates in England. It's was launched in December 2003 and funding for the programme is £108.5 million (£77.5m from the Big Lottery fund and £31m from Sport England). It aims to create and support sustainable innovative multi-activity environments in areas of social, sport, and health deprivation in England, and to increase participation in sport and physical activity among all sections of society, and particularly those sections of society which are typically under-represented in sport and physical activity participation. It covers all age ranges. One of the key aims of the programme is to test new approaches that can then be rolled out more generally. A key part of the programme is the evaluation, and an important determinant of the programme's long term success is of how well it promotes innovation. The evaluation is called the 'Active England <i>Learning Zone</i>' to recognise this emphasis.</p>	<p>Thank you for bringing this work to our attention</p> <p>Thank you for bringing this work to our attention</p> <p>Thank you for bringing this work to our attention</p>

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Big Lottery Fund		4.2	Areas that could be covered can include- provision that promotes 'free' and inclusive play. Play needs to be embedded in areas like Planning and Housing (eg. Home Zones), Transport and Highways, that have as much impact on the space that children inhabit as those more readily associated with play- Parks, Leisure and Out-of School services.	Thank you for these comments. These environmental issues fall within the remit of the forthcoming physical activity and the environment guidance (see http://guidance.nice.org.uk/page.aspx?o=PhysicalActivityandEnv).
Big Lottery Fund		4.3	The secondary outcomes in 4.3 can include- attitudinal change within communities to allowing children to engage in more free play, behaviour change as one of the challenges is how we seek to influence parental fears over traffic danger, stranger danger which act as a barrier to increasing everyday activity.	Thank you for your comment. Evidence relating to barriers to participation in physical activity will be investigated in one of the evidence reviews. Please note that the list of outcomes is of examples and not an exhaustive list.
Central Council of Physical Recreation (CCPR)		General	As mentioned, a cost/benefit analysis of recommendations is highly recommended to ensure that the greatest benefits can be achieved. As there are already many interventions being run, not just by sports organisations, it would be better to build upon existing best practice, rather than to invest more money in new schemes without a proven track record.	Thank you for your comment. The guidance will be based on the best evidence of effectiveness and cost effectiveness.
Central Council of Physical Recreation (CCPR)		General	Those unfamiliar with the sport sector should not assume that it does not hit all the targets of active travel, play and organised activity. All sports and recreation organisations recognise that children first need to learn physical literacy, through playing and having fun, before being introduced to single activities. Furthermore, many sports clubs deliver a range of activities for children, or adapt games, such as tag rugby, to suit the interests of children and make them more fun. This is best typified by British Gymnastics, who run a programme called 'FUNdamentals'. FUNdamentals are the key physical skills, such as balance, co-ordination and flexibility which enable children to enjoy sport and recreation, and thereby develop an active lifestyle. Gymnastics clubs use ribbons, balls, games and play to introduce children to being physically active and it is only later in their club life, and if the children choose to do so, that the focus is on gymnastics.	Thank you for submitting this information.
Central Council of Physical Recreation (CCPR)		General	Attached to this response are two short papers. One outlining the CCPR pre-school '2Move' programme and another detailing the existing programmes run by sports organisations.	Thank you for this information.

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Central Council of Physical Recreation (CCPR)		2	<p>It is stated that 'cost effective' recommendations will be provided. CCPR therefore recommends that NICE guidance advises the use of existing projects and programmes. Particularly those run by community sport and recreation clubs, where the staff/volunteers are training in child exercise delivery and children can be assured a quality experience.</p> <p>In the long term, greater investment in existing, successful programmes will ensure their continuation and give better value for money.</p>	Thank you for your comment. Existing programmes that have undergone high quality, rigorous evaluations will be considered. For more information about cost effectiveness in the development of NICE public health guidance, see www.nice.org.uk/page.aspx?o=phmethods
Central Council of Physical Recreation (CCPR)		4.1	<p>When determining which sector of the community to focus on, CCPR recommends that the target audience is those living in disadvantaged areas. This is because the UK's poorest includes BME groups, the disabled and those with long term health problems (of all ages). Therefore, by targeting deprived groups, the guidance will also touch on all other sub-sectors of the community.</p>	Noted, thank you.
Central Council of Physical Recreation (CCPR)		4.2.1	<p>CCPR recommends that the following interventions are prioritised, as anecdotal evidence and academic research in the UK shows that they can have the greatest impact on increasing children's daily physical activity.</p> <ul style="list-style-type: none"> Promoting formal recreational activity (community clubs where children can be active in a safe environment and be taught the skills they need for lifelong activity) Promoting participation in sport (kids actually do love to take part in specialised activities and sport is more than just football; it includes dance, gymnastics, yoga, archery and rugby – there is a 'sport' for every child and giving them a range of choices is key to participation) Promoting active travel. Walking/cycling to school can significantly contribute to the one hour of physical activity that a child needs each day. However, it is important that children are safe, and working with NGBs, such as CTC, who deliver road safety skills for children, and the Ramblers' Association who are providing the "Little Legs, Big Strides" walking programme, will help to encourage parents to permit active travel. 	<p>Thank you.</p> <p>There are opportunities for stakeholders to submit evidence during the later stages of guidance development, in spring 2008 (http://guidance.nice.org.uk/page.aspx?o=350207). For more information, please see section 4 (subsection 4.4) of the NICE overview for stakeholders at: http://guidance.nice.org.uk/page.aspx?o=299973</p>

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Central Council of Physical Recreation (CCPR)		4.5	<p>CCPR recommends that NICE prioritise the family and community settings in the guidance. Good work is already being developed by organisations such as Youth Sport Trust and afPE to provide opportunities and ensure quality teaching in schools. Although support is required to ensure that primary school teachers receive better training in the delivery of physical education.</p> <p>Although the work through SureStart and children's centres in actively involving parents and children in walking schemes shows some attempts at family and community initiatives, those groups are still not receiving the attention required to ensure that the good activity experiences received at school are carried into home and leisure time.</p> <p>Community sports clubs provide excellent opportunities for children to be active. However, many are under resourced and need investment in facilities and volunteer/staff training. Just a small amount of investment, levered from the health budget, into sport and recreation would enable existing programmes to be expanded and the cost effective development of new initiatives. Even just simple recommendations such as promoting local sports clubs in health surgeries and by health workers could make a huge difference in participation rates.</p> <p>The family is perhaps the hardest sector to reach and without the encouragement of parents children find it harder to be physically active. Community clubs alleviate parental fears of unsupervised play and also take steps to involve both parents and children. The work done by the Social Marketing Campaign (DoH) is looking closely at how to reach parents as an audience for children's physical activity recommendations, and CCPR highly recommends that NICE and the SM Campaign co-ordinate efforts.</p>	Thank you for your comments.t
Chartered Society of Physiotherapy		General	The CSP welcomes this Guideline but has no additional comments to make at this stage.	Thank you.

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Child Accident Prevention Trust (CAPT)		General	We would see this guidance as an important opportunity to establish and promote positive links between improved child safety and risk education, and the subsequent health and wellbeing benefits to children and young people of being able to engage more safely in physical exercise and outdoor activity. This would be a helpful way to counter confusion between sensible safety awareness and overprotection or “cotton wool kids”.	Thank you.
Child Accident Prevention Trust (CAPT)		4.2.1	As above, it is suggested that the guidance includes opportunities for increased awareness of safety and risk and how to deal with it. This would be consistent with curriculum proposals for PSHE and the Healthy Schools programme. The settings include neighbourhood road safety opportunities.	Noted, thank you..
Child Accident Prevention Trust (CAPT)		4.3 (and 4.4)	A misunderstanding (or often a media misrepresentation) of safety awareness and skills can be a barrier to participation. It could also create fear and anxiety. When presented positively, as a “lifeskill” the safety and risk dimension of physical activity can promote more informed involvement and understanding.	Thank you for your comment. Evidence relating to barriers to participation will be investigated in one of the evidence reviews.
Child Accident Prevention Trust (CAPT)		4.5	The target audience could therefore include those who work in safety, injury prevention, lifeskills centres etc. It should take account of positive role models in those settings, such as the fire and rescue service.	Thank you for your comment. We will consider including these people in the target audience.
College of Occupational Therapists		General	Gaining the thoughts of children is crucial – but also too the thoughts of parents/carers re barriers to physical activity. The motivation of a parent/carer will impact upon the motivation of a child. Parents/carers as role models to children. Need to consider family circumstances ie a single parent on low income.	Thank you for your comment. Evidence relating to barriers to participation will be investigated in one of the evidence reviews.
College of Occupational Therapists		General	Range of physical activities need to be wide and inclusive to all. Some children thrive on competitive sports others do not. There needs to be choice for children and activities for all abilities not necessarily based on age.	Thank you for your comment. Depending on the evidence, we envisage that the guidance will address the range of physical activities.
College of Occupational Therapists		General	Children develop and acquire skills at different rates. Children should be taught physical skills as they continue to develop and not just assumed that because they didn't acquire skills at junior school that they won't be able to master them at senior school.	Thank you for your comment.

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College of Occupational Therapists		General	Children with more subtle co-ordination or sensory difficulties are often not recognised by teaching staff (particularly junior school, where teachers require little training to teach physical activity). Awareness of more subtle needs of some children needs to be highlighted and addressed so that activities can be modified rather than children being left out.	Thank you for your comment. We acknowledge that the role of teaching staff is important. Recommendations may be made on this subject , but it will depend on the evidence.
College of Occupational Therapists		General	Expectations of performance and level of competence needs to be more flexible. Reduction in pressure to achieve can encourage children to continue participating in activity. The terminology should be more child centred, - fun, exploring, playing.	Thank you for your comment.
College of Occupational Therapists		General	Recommendation: Development of links between Health and Education training at HE level to look at; <ul style="list-style-type: none"> • Inclusion • Learning and physical ability • Dyspraxia and motor coordination, sensory processing, visual perception • Advice for PE and Games • Dealing with the child who 'is never picked for the team' • Identifying occupational performance deprivation 	Thank you.
College of Occupational Therapists		4.1.1	Priority of groups to be covered – children with physical disabilities. This must also include children with other health needs for example mental health and learning disabilities. Physical disabilities must also be inclusive of children with more subtle difficulties such as dyspraxia, perceptual or sensory difficulties etc.	Thank you. The scope includes children with disabilities and medical conditions who do not require specialist assessment immediately before – or supervision during – physical activity.
College of Occupational Therapists		4.1.1	Priority also should go to black and ethnic minority groups (often in disadvantage areas). However, cultural needs must be taken into consideration. Targeting by age may identify those children not reaching developmental milestones, which could be an indicator of subtle problems where a specific diagnosis or identified problem is absent. Grading and choice of activity should be considered to allow children to take things at their own pace.	Noted, thank you.

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College of Occupational Therapists		4.1.2	Groups that will not be covered – those needing specialist advice because of medical conditions. I am extremely concerned at this as this will immediately exclude many children who have been identified as groups to be covered, those with physical difficulties.	Thank you for your comment. We are not excluding all children with medical conditions. We are including children with disabilities or medical conditions who do not require specialist assessment immediately before – or supervision during – physical activity. We will reword the scope to clarify.
College of Occupational Therapists		4.2.1	Children from families where parents themselves have no play skills, may reach school unable to participate in many activities. There needs to be provision for vulnerable parents to learn to play and this could happen through areas such as Surestart, Parent Toddler groups, health centres, where activity is not aimed purely at the child, but jointly with parents.	Thank you. We envisage that interventions that involve both parents and children would be included, depending on the evidence.
College of Occupational Therapists		4.3	Outcome measures all very short term, in fact behavioural changes (documented as a secondary outcome measure) would be seen as a better indicator for long term involvement in physical activity breaking the cycle of children dropping out of physical activity at age 16. Changing behaviour of older children is a difficult task and defining and measuring outcomes can be subjective so will need clear indicators. The emphasis could be better placed on pre school and primary where you will work towards the PREVENTION of development of poor behaviour. Outcome measures should be graded to accommodate differing levels of competence.	Thank you for your comments.
CTC, the national cyclists' organisation	..\Stakeholder Comments\Submitted\CTC - Adam Coffman.doc		Please see attached document	Thank you for this information.
Department of Health		General	The Department of Health welcomes the development of this programme guidance, which will inform future policy development to promote physical activity among children.	Thank you.
Department of Health		3.b	In our view that participation observation among girls drop off begins at 11 years of age (according to the 2002 Health Survey for England), rather than among girls between 12 and 15 years of age. We would be grateful if you would consider clarifying this.	Thank you for your comment, the information is taken from the 'Health survey for England 2003' and is for both genders.

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Department of Health		3.b	Health Survey for England, and the PESSCL survey, capture data on physical activity levels among different age groups. It would be helpful to set this out in more detail, so that respondents to this consultation can see what current participation looks like to inform their responses. We suggest that the refined scope would benefit from an explicit link between the priority areas chosen and the statistical evidence (or state a lack of) underpinning these choices.	The scope provides links to these sources of information but to ensure that it remains concise and succinct, the inclusion of further information is limited. The epidemiological review will cover this area in greater depth than the scope is able to do. We will refine the epidemiological information in the scope to reflect the chosen priorities, but the amount of detail will be limited.
Department of Health		4.1.1	Whilst we acknowledge that NICE is asking for its stakeholders opinions on which groups to prioritise, it would seem appropriate for NICE to consider the statistics to understand which sub-groups are participating the least in physical activity, and to prioritise these groups in the review. Where no evidence of effectiveness of interventions to support these groups is found, it would be helpful to flag these as groups needing further research investigation.	Thank you. The final decision about which areas to prioritise will be informed by the findings from the epidemiological review, in conjunction with the stakeholder comments..
Department of Health		4.1.1	Health Survey for England has shown that, overall, there is not a social divide across physical activity as a whole, but rather the divide is across different types of activity, with children from lower income households undertaking more walking but less sport and exercise than children from higher income households. Could we therefore recommend that NICE develops a matrix of groups, areas and settings that should be covered by the review, to reflect the social patterning of activity. This should draw on existing stats.	Thank you. This issue will be considered in the epidemiological review.
Department of Health		4.1.1	It would be helpful to clarify the upper age-limit for consideration. Our suggestion is that this should be 18, to take account of further education institutions for 16 to18 year olds.	Thank you. The scope will be amended to children and young people up to the age of 18 years.
Department of Health		4.1.1	We are particularly concerned to understand how to promote physical activity among pre-school children, and how to reduce the drop-off in activity levels that occurs among secondary school age children at Key Stage 4.	Noted, thank you..

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Department of Health		4.1.1	Given the international concern about overweight and obesity, could you please consider the inclusion of overweight and obese as a particular group considered in this guidance, across all age-groups. Interventions that support increased physical activity among the overweight and obese, even in the absence of weight change, will have important health and well-being benefits.	<p>Noted, thank you.</p> <p>Obese and overweight children are included in this guidance but the guidance is not specifically about the needs of overweight children. To narrow down the evidence base and allow the guidance to be delivered on time, studies that tested interventions only in populations of overweight and obese children will be excluded. A major part of the evidence that will be used to inform this guidance will come from reviews of evidence about correlates and barriers to physical activity. Qualitative and quantitative data relating to obese and overweight children would be included in these reviews. This data, along with the deliberations of the PDG, will be used to consider appropriate recommendations for different groups of children.</p> <p>The NICE obesity guideline published in December 2006 makes recommendations for the prevention and management of obesity in children, including recommendations on physical activity. For further information see www.nice.org.uk/CG43</p>
Department of Health		4.1.1	We would consider that gender issues need to be an explicit focus, given the disparity in activity levels between girls and boys, aside from other socioeconomic issues.	Noted, thank you.

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Department of Health		4.1.2	In our view, the scope needs to explicitly cite those conditions which will be excluded, based on the best available clinical advice. For example, children with asthma have historically been treated as special cases, for whom physical activity is not advised without supervision. More recently, this approach appears to have been disregarded. We feel that it is important that the reviewers make informed judgements on this.	To keep the scope concise and succinct, it is not possible to provide an exhaustive list of conditions which will be excluded. We are excluding children with disabilities or medical conditions who require specialist assessment immediately before – or supervision during – physical activity. We will reword this to clarify.
Department of Health		4.1.2	We would like to see the overweight or obese specifically included in this scope.	Please refer to our response to your comments for 4.1.1.
Department of Health		4.2.1	In our view, increasing physical literacy among young children may be of importance in determining later participation in sport. We would advocate that interventions to increase children's skills are considered for the pre-school and primary school age group, as a determinant of future activity.	Physical literacy outcomes will be included.
Department of Health		4.2.1	Can we suggest that the review includes consideration of interventions where an observed increase in physical activity occurred as a consequence of an intervention that wasn't specifically designed to increase physical activity. For example, there may be evidence to support the observation that changes to the way a setting organises its day can yield increases in total physical activity.	Noted, thank you. This information is likely to be extremely difficult to identify systematically as research papers are classified by intended effects not by unintended effects. However, evidence relating to barriers and facilitators to participation in physical activity will be investigated in one of the evidence reviews.

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Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Department of Health		4.2.1.a	Would you consider it possible please, to look at reports from bodies, such as Ofsted, to gauge the effectiveness of national government policies such as Healthy Schools, and the PE, School Sport and Club Links strategy? The evaluation of these may not be in the academic literature, and we feel it is important they are considered, if at all possible. It could be potentially damaging to these national programmes, which do not exist to promote physical activity in isolation, if NICE makes recommendations that directly conflict with their direction of travel.	Thank you for this comment. Existing policies and programmes that have undergone high quality, rigorous evaluations will be considered. There are opportunities for stakeholders to submit evidence for consideration during the later stages of the guidance development, in spring 2008 (http://guidance.nice.org.uk/page.aspx?o=350207). For more information, please see section 4 (subsection 4.4) of the NICE overview for stakeholders at http://guidance.nice.org.uk/page.aspx?o=299973
Department of Health		4.2.1.b	All the settings suggested would seem equally relevant and are mutually supportive. Evidence of the interplay between families, schools and the wider community is of great interest.	Noted, thank you.
Department of Health		4.3	We would like to know if you have considered that there may be research on interventions to change attitudes towards physical activity which may make subsequent physical activity interventions more successful. In this respect, we feel that qualitative outcomes such as attitude to physical activity should be a primary outcome.	The second key question in the scope addresses the barriers and facilitators to children's participation in physical activity. Attitudes towards physical activity will be addressed in answering this question.
Department of Health		4.3	In the first bullet, does "pre-determined" mean "determined by the research study concerned", or "determined by NICE"? we would be grateful for clarification of this. The NICE physical activity intervention guidance, published in 2006, looked for a long-term behaviour change of 12 months which, unfortunately, we would consider unrealistic for a single intervention. We would wish to see a more realistic timeframe used, if your reviewers define one, that is relevant to the duration of the intervention itself.	The outcomes in the scope are the outcomes reported in the studies identified in the effectiveness review. 'Pre determined' refers to activity levels determined in the research study concerned.

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Department of Health		4.4	In our view, studies that have assessed cost-effectiveness may not have factored in the cost of training and maintaining staff to support children to be active. Could you please clarify how NICE would address this key issue, if this is the case?	NICE methodologies for estimating the cost-effectiveness of an intervention does not include the costs of training and maintaining staff. However, if these costs are estimated to be significant, this issue may be considered by the guidance committee in making their recommendations and as part of the costings for implementation. For further details about cost effectiveness and public health guidance see www.nice.org.uk/page.aspx?o=phmethods
Department of Health		4.4	In relation to the Outcomes suggested in 4.3, a further key question would be whether increasing physical activity is linked to other outcomes, particularly relating to education (attainment, attendance, reduction in exclusions), but also social outcomes.	The purpose of reporting secondary outcomes, as listed in section 4.3, is to enable the strength of such links to be evaluated. The lists are examples and not exhaustive. Educational outcomes may be considered depending on the evidence.

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Diabetes UK		3.a	<p>In terms of reducing risk of chronic conditions- to add in Type 2 diabetes.</p> <p>Relevant references:</p> <p>Knowler WC. Barrett-Connor E. Fowler SE. Hamman RF. Lachin JM. Walker EA. Nathan DM. Diabetes Prevention Program Research Group. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin.[see comment]. [Clinical Trial. Journal Article. Multicenter Study. Randomized Controlled Trial. Research Support, Non-U.S. Gov't. Research Support, U.S. Gov't, P.H.S.] New England Journal of Medicine. 346(6):393-403, 2002 Feb 7.</p> <p>Pan XR. Li GW. Hu YH. Wang JX. Yang WY. An ZX. Hu ZX. Lin J. Xiao JZ. Cao HB. Liu PA. Jiang XG. Jiang YY. Wang JP. Zheng H. Zhang H. Bennett PH. Howard BV. Effects of diet and exercise in preventing NIDDM in people with impaired glucose tolerance. The Da Qing IGT and Diabetes Study.[see comment]. [Clinical Trial. Comparative Study. Journal Article. Randomized Controlled Trial. Research Support, Non-U.S. Gov't] Diabetes Care. 20(4):537-44, 1997 Apr.</p> <p>Laaksonen DE. Lindstrom J. Lakka TA. Eriksson JG. Niskanen L. Wikstrom K. Aunola S. Keinanen-Kiukaanniemi S. Laakso M. Valle TT. Ilanne-Parikka P. Louheranta A. Hamalainen H. Rastas M. Salminen V. Cepaitis Z. Hakumaki M. Kaikkonen H. Harkonen P. Sundvall J. Tuomilehto J. Uusitupa M. Finnish diabetes prevention study. Physical activity in the prevention of type 2 diabetes: the Finnish diabetes prevention study. [Clinical Trial. Journal Article. Multicenter Study. Randomized Controlled Trial. Research Support, Non-U.S. Gov't] Diabetes. 54(1):158-65, 2005 Jan.</p> <p>Lindstrom J. Ilanne-Parikka P. Peltonen M. Aunola S. Eriksson JG. Hemio K. Hamalainen H. Harkonen P. Keinanen-Kiukaanniemi S. Laakso M. Louheranta A. Mannelin M. Paturi M. Sundvall J. Valle TT. Uusitupa M. Tuomilehto J. Finnish Diabetes Prevention Study Group. Sustained reduction in the incidence of type 2 diabetes by lifestyle intervention: follow-up of the Finnish Diabetes Prevention Study. [Journal Article. Research Support, Non-U.S. Gov't] Lancet.</p>	Thank you for your comment and references. The association between physical activity in children and health in childhood and adulthood will be considered as part of one of the evidence reviews.

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Diabetes UK		4.1.1	It will be hard to exclude groups of children based on age. All age groups need to be looked at ie pre-school, school age and adolescent. They need to be addressed separately in recognition of the psychosocial and physiological differences in children at different age groups. Children with special needs, which may include children with diabetes, epilepsy etc, are a distinct group and it may take separate NICE guidance to examine this in any detail. We wish to stress however it is essential that all facilities be assessable to all.	Noted, thank you.
Diabetes UK		4.1.1 (and 4.1.2)	Children with physical disabilities are included in the guidance (4.1.1) however in point 4.1.2 they appear to be excluded.	Children with disabilities who do not require specialist assessment immediately before – or supervision during – physical activity are included in the scope. We will consider how to reword this to clarify.
Diabetes UK		4.2	It is essential that the importance of parental support and role modelling are considered. When addressing children's issues it is vital their parent's behaviour is also looked at. Having a separate adult guideline is not appropriate- children need to be viewed as part of a family unit and the guidelines should reflect this and tackle the role of the parent/carer.	Thank you for this comment, these issues will be considered in key question 2 about barriers and facilitators to physical activity.
Diabetes UK		4.3	We question the relevance of the outcomes you plan to measure, particularly the secondary outcomes, when assessing children. Questionable you can assess a child's motivation at two? Improvements in bone density? Etc It would be helpful to assess the acceptability of the interventions and to find out why some interventions work and some do not.	The outcomes are from the studies in the effectiveness review and therefore would be expected to be population specific. We intend to assess the acceptability of interventions and the factors that might contribute to their effectiveness/non effectiveness if the evidence is available.

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Dudley PCT and on behalf of the Dudley Physical Activity Task Group (PATG)		General	Please let the guidance be different, radical even, tried and tested processes are not working , we need to try something different to stem the tide of inactivity, we need some legislation and some teeth to start reform. The PA agenda is still not valued or understood enough by providers and the public alike to commit time and effort to make changes.	Thank you for your comment. NICE public health guidance is not statutory. Further information about the implementation and status of NICE guidance is at www.nice.org.uk/usingGuidance
Dudley PCT and on behalf of the Dudley Physical Activity Task Group (PATG)		1	Good to include and keep explicit the terms, play, pre-school, family and community settings in the title.	Thank you for your comment.
Dudley PCT and on behalf of the Dudley Physical Activity Task Group (PATG)		2.c	Good to highlight drivers, could maybe highlight the childhood obesity agenda.	Thank you for your comment. .
Dudley PCT and on behalf of the Dudley Physical Activity Task Group (PATG)		3	Outlines current situation and underlying trends, but does not give a sense as to why or what. Most people on the stake holder list know this, but need guidance on how to rectify it. How do we reduce traffic and reduce crime??	<p>Thank you for your comment. The purpose of Section 3 is to present statistics related to the prevalence of disease/risky behaviour, the consequences in terms of ill health, costs to the NHS/society and highlight the population most affected.</p> <p>The influence of the broader environment on physical activity is being addressed by a separate programme of work. For details visit: http://guidance.nice.org.uk/page.aspx?o=PhysicalActivityandEnv&c=296726</p>

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Dudley PCT and on behalf of the Dudley Physical Activity Task Group (PATG)		4.1.1	When we have surveys on populations, they are on whole populations, we can't afford to take our eye of the fact that inactivity affects everyone, we need guidance that promotes inclusive activity for all children. On the other hand girls in particular consistently seem to under participate.	Thank you. Unfortunately the time and resources available do not allow us to address all aspects of physical activity. Areas not covered in this guidance can be suggested as future topics for NICE guidance at: www.nice.org.uk/page.aspx?o=ts.home
Dudley PCT and on behalf of the Dudley Physical Activity Task Group (PATG)		4.2.1	Include reducing barriers, involving parents, teacher training, baseline measures.	Noted, thank you.
Dudley PCT and on behalf of the Dudley Physical Activity Task Group (PATG)		4.3	Measurements, we need guidance for a standard set of measurement tools otherwise it is difficult to highlight effectiveness; this is something that the Physical Activity Network for the west midlands (PANWM) is looking at. The outcomes are fine. How do we measure reductions in crime as a result of an intervention?	The outcomes in the scope are those measured in studies that will be included in the effectiveness reviews. The NICE Implementation Team develops tools for evaluating the impact of the guidance. For more information visit www.nice.org.uk/usingGuidance
Dudley PCT and on behalf of the Dudley Physical Activity Task Group (PATG)		4.4	What is the best way to get the message across about why children should be active, we have services, we have policies, we have resources, so why is participation going down?	Thank you for your comment. Depending on the evidence, the guidance may include recommendations about this.
Dudley PCT and on behalf of the Dudley Physical Activity Task Group (PATG)		4.5	Good selection, the wider the better, particularly in the indirect sector.	Thank you for your comment.
East of England Public Health Group		4.1.1	Could we look at gender as well because girls and boys have different levels of physical activity participation levels. Is it also possible to include 16-18 year olds under Further Education establishments.	Noted, thank you. 16 to 18 year olds are automatically included under further education establishments.

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East of England Public Health Group		4.1.2	Although groups with medical conditions are not included, I feel that the guidance should touch on the exclusion issue of children with chronic conditions such as asthma. This may include guidance to schools on management of children with asthma when they're participating in PE and the advice schools should provide for parents of children with asthma.	Thank you for this comment. We are not excluding children with medical conditions. Children with disabilities or medical conditions who do not require specialist assessment immediately before – or supervision during – physical activity are included. We will consider how to reword this to clarify.
East of England Public Health Group		4.2.1	In pre-school settings, it is vital that early years staff understand the importance of promoting physical activity to children and are well equipped with the knowledge to do that.	Thank you for your comment. We acknowledge that staff training is an important area. Depending on the evidence, recommendations may be made on this subject.
East of England Public Health Group		4.4	Barriers and facilitators. I refer to the earlier point. Parents of children with asthma might not want their children to participate in play activities/PE for fear of triggering their asthma. This could be a barrier.	Thank you for your comment. Evidence relating to barriers and facilitators to participation in physical activity will be investigated in one of the evidence reviews.
General Optical Council			The General Optical Council supports this initiative, and of the need for guidance in this area. We would emphasise the connection between a child participating in physical activity and the maintenance of their ocular health. Poor eyesight may act as a barrier to a child's participation in physical activity. Hence it is important that any strategy to help children to become more active emphasises the importance of regular eye tests for children.	Thank you for your comment. Evidence relating to barriers and facilitators to participation in physical activity will be investigated in one of the evidence reviews.
Great Ormond Street Hospital		General	Great Ormond Street Hospital welcomes the opportunity to contribute as a stakeholder and looks forward to receiving the final guidance in due course.	Thank you.

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Great Ormond Street Hospital		2.d	<p>Overall, guidance welcomed for those who work with children in various settings, Great Ormond Street Hospital's comments predominate from our work with children who have health needs that are often long-term, multi-faceted and complex.</p> <p>We also welcome this guidance in respect of the siblings we see when treating our children and young patients, who we need to consider within our public health/health promoting programmes.</p> <p>We would welcome the guidance addressing and demonstrating inclusiveness of children with chronic medical conditions, or disabilities and/or life limiting conditions, thereby contributing to a reduction in the impact of inequalities that may already be experienced. Children with such conditions do attend and participate in the settings that are described in this scope of this document</p>	<p>Thank you for your comments.</p> <p>Thank you bringing this group of children to our attention.</p>
Great Ormond Street Hospital		3.a	<p><i>Physical ability should be added to age and gender factors as the best way to encourage children to be physically active.</i></p> <p><i>This then could include groups such as children with developmental co-ordination disorders and other disabilities and sensory impairments.</i></p>	Thank you.
Great Ormond Street Hospital		4.1.1	<p><i>It would be helpful to include and separately mention as a group, children in urban environments, and those in areas with high deprivation.</i></p>	Noted, thank you.
Great Ormond Street Hospital		4.2.1	<p><i>Family – family home, parent and toddler groups and community are the most important areas.</i></p> <p>Is it known which groups of children participate least in physical activities? If yes these groups could be considered as a priority with appropriate interventions that also address and acknowledge population diversity.</p>	<p>Noted, thank you..</p> <p>An epidemiological review in conjunction with stakeholder comments will be used to select the areas for prioritisation.</p>
Great Ormond Street Hospital		4.4	<p>There is a need for an explicit requirement to engage children and young peoples' opinion. <i>Models of how to facilitate this are available i.e. GOSH Foundation Trust application involved seeking the view of such groups and can be shared. Other models may also be helpful to explore.</i></p>	Thank you for this comment.
Institute for Health & Society, Newcastle University		4.1	<p>The review should focus on the least active groups identified from the epidemiological research</p>	<p>Thank you for this comment. We will use the epidemiological review in conjunction with stakeholder comments to select the areas for prioritisation.</p>

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Institute for Health & Society, Newcastle University		4.1	The importance of parents as role models should not be underestimated and the family as a focus for interventions should be explored thoroughly. Links to other guidance on promoting physical activity in adults should be cross-referenced with respect to the roles of interventions directed towards parents and their effects on children.	Thank you, these issues will be considered under key question 2 about barriers and facilitators to physical activity.
Institute for Health & Society, Newcastle University		4.c (and 4.1)	Early analysis of focus group research with groups of 16-18 year olds in Newcastle (Lake et. al) indicates that physical provision for exercise is perceived by this age group to be less than when they were younger. Respondents to the focus groups described being chased off playing fields when trying to play football, being too busy with studies or part-time work to fit in activity. There is also the transition to car ownership. Our early research would indicate that this older age group, need a specific focus to maintain physical activity through the transition from childhood to adulthood. Would be helpful for your reviewers to highlight the key age groups with different needs and different types of interventions.	Thank you for providing this information. Please submit a full reference so this report can be accessed. Thank you for this comment.
Institute for Health & Society, Newcastle University		4.2	The review should cover all types of interventions, including policies at all levels, education and communication, the use of technologies and resource based interventions, including incentives. As with target groups, the focus of reviews should prioritise seeking evidence for interventions that target the most at risk groups in their natural context or setting.	.Unfortunately the time and resources available do not allow us to address all aspects of physical activity. We will use an epidemiological review in conjunction with stakeholder comments to select the areas for prioritisation. You can suggest topics for future NICE guidance. See www.nice.org.uk/page.aspx?o=ts.home
Institute for Health & Society, Newcastle University		4.3	The search for outcomes should not overlook non-physical activity behaviours that are strongly correlated in epidemiological research with physical inactivity (e.g. watching TV, playing computer games etc.)	Thank you for this comment. Reducing sedentary behaviours is cited in the draft scope in sections 4.2.1. and 4.3.
Institute for Sport, Parks & Leisure (ISPAL)		General	The Guidance title suggests the target population includes pre-school children. It would be helpful if section 3 could include some detail of the problem at the pre-school level.	Thank you for your comment. The final scope prioritises physical literacy. It is our view that for the youngest age group, improving physical literacy may be the best way to encourage physical activity throughout childhood.

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Institute for Sport, Parks & Leisure (ISPAL)		4.1.1	Given the range, and that the primary purpose of guidance is to influence/modify behaviour, it might be appropriate to offer guidance to pre-school children in the first instance in order to try to build good habits	Noted, thank you.
Institute for Sport, Parks & Leisure (ISPAL)		4.1.1	Is there a need to develop advice for the population at large in the first instance, before looking to develop it for specifically disadvantaged groups	Noted, thank you.
Institute for Sport, Parks & Leisure (ISPAL)		4.2.1	Different areas to be covered will affect different settings, for example -increasing informal recreational activity (including active play) and reducing sedentary behaviours might be very important for the family and preschool blocks, but incorporating physical activity into daily life, increasing formal recreational activity and reducing sedentary behaviours might be the most important areas for the community block -should there be some greater definitions given here as the areas do not appear to be discrete?. 'incorporating physical activity into daily life' could encompass the next five areas	Thank you for your comment. The range of activities encompassed in the guidance will depend on the evidence.
Institute for Sport, Parks & Leisure (ISPAL)		4.2.1	Given the answer at (2) above the family and pre-school are areas where least information is likely to be, and where appropriate exercise habits should be engendered. Schools etc are the least likely to need the advice, as they should be catered for by phys.ed. staff	Thank you for your comment. Please refer to our previous response.
Institute for Sport, Parks & Leisure (ISPAL)		4.2.1	the community block might need to be divided into three sub-groups, -Formal provision – sports and leisure centres, public parks, leisure facilities -Schemes run by vol. Orgs. Religious groups, formal & informal networks, -Private and industry based play schemes	Thank you for your comment. Please refer to our previous response.
Institute for Sport, Parks & Leisure (ISPAL)		4.2.1	Do you need to define the age groups for the private and industry based play schemes. – are these the 'holiday schemes' often run by leisure departments, football groups etc? or are they similar to play school/preschool, in which place they should be incorporated in that block	Thank you for your comment..
Institute for Sport, Parks & Leisure (ISPAL)		4.5	Could this be expanded to specifically mention managers of parks and open spaces, leisure management operators (there are more local authority leisure facilities managed via contract by private leisure management companies and trusts than directly by local authorities)	Thank you for your comment. These groups would be addressed under local authorities.

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Institute for Sport, Parks & Leisure (ISPAL)		4.5	Private leisure clubs, which by their definition do not have a role or responsibility for promoting physical activity would doubtlessly be interested in receiving and promoting the guidance as part of their 'health' ethos, although members, by definition, are probably more active than the average.	Thank you for your comment, we anticipate that the guidance will be of interest to these groups.
LABAN		General	<p>There is no specific mention of Dance as a means of promoting physical activity in Children.</p> <p>As a result I would like to alert you to a recent research study carried out by Laban in collaboration with Hampshire Dance Agency.</p> <p>The <i>NRG</i> Youth Dance and Health Project observed the physiological and psychological adaptations of 11-14 year old children who participated in a creative dance programme. Please find the briefing paper attached that outlines the aims, objectives, brief findings and implications of the research project. A complete report is also available. This project has received such acclaim that Laban and Hampshire Dance publically launched the report on Tuesday 20th March, along with the Arts Council's Dance Health folder. David Lammy (Minister for Culture) and Caroline Flint (Minister for Public Health) attended the launch.</p> <p>Based on these scientific findings I urge you and your colleagues to highlight the benefits of Dance as a physical activity and include it as a specific means of promoting physical activity in children. Dance is of particular benefit to female adolescents who, as research has shown, are less active than their male peers and less likely to become involved in sporting activities.</p>	<p>Thank you for your comment. We acknowledge that dance is an important area. The range of activities encompassed in the guidance will depend on the evidence.</p> <p>Thank you for bringing this work to our attention.</p> <p>Dance will be looked at in the evidence reviews.</p>
London Borough of Southwark		General	We welcome the development of the guidance for children and are pleased to be able to contribute to the process.	Thank you.

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London Borough of Southwark		1	We are pleased that the guidance will look at physical activity, play and sport and not just sport. It is only by developing effective interventions across the entire spectrum of physical activity will we engage with the majority of young people.	Thank you for your comment.
London Borough of Southwark		2.c	The guidance will also support strategies developed by Sport England (London Plan for Sport & PA), DCMS (Game Plan) and the up and coming strategies of the County Sports Partnerships. These links should be made in the initial scope document.	Thank you for your comment. To keep the scope succinct and concise we cannot include information on all relevant policies and programmes.
London Borough of Southwark		3.d	Is there evidence that active parents produce active children and sedentary parents produce sedentary children? If so, should the guidance also look at the most effective ways of encouraging parents to get their children active? Parent power is vital.	Thank you for your comment. The guidance will consider factors associated with children's activity and inactivity, this may well include parental activity, depending on the evidence. Studies that include parental activity will be considered when formulating the guidance if measures of their children's activity are reported.
London Borough of Southwark		4.1.1 (and 4.1.2)	Children with medical conditions will not be covered by the guidance. With the current increase in childhood obesity and the development of many interventions aimed at reducing it, perhaps the guidance should include this group.	We are not excluding children with medical conditions. Children with disabilities or medical conditions who do not require specialist assessment immediately before – or supervision during – physical activity are included. We will reword the scope to clarify.
London Borough of Southwark		4.1.1	Due to the drop off of participation in sport and physical activity by 16 year olds, particularly girls, the guidance should look at this age group in particular.	Thank you for your comment.
London Borough of Southwark		4.2.1.a	Increasing the awareness of the benefits of physical activity and the recommendations for health is also important. The effectiveness of interventions that do this could also be covered by the guidance.	Thank you for your comment. These outcomes are covered under the first bullet point of the secondary outcomes and will be considered where a primary outcome is reported.
London Borough of Southwark		4.2.1.b	With the knowledge that adults are also not active enough to benefit their health (and the wider benefits of spending time together as a family) the guidance should focus on interventions that have a family approach.	Thank you for your comment.

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London Borough of Southwark		4.2.1.b	Is the scope going to be too wide by focusing on school-based interventions? Will it limit itself to extra curricular activities or will it also look at the PE national curriculum?	Thank you for your comment. The final scope is limited to formal and informal non-curricular, school-based activities
London Borough of Southwark		4.2.1.b	If looking at the national curriculum - is it necessary to increase the number of minutes spent on PE or would it be more beneficial to increase the effectiveness of the current minutes of PE?	Thank you for your comment. The curriculum will not be covered by this guidance
London Borough of Southwark		4.2.1.b	Substantial investment in sport and physical activity for young people is delivered by Local Authorities. This investment is across many settings, but particularly in the community. This investment should be identified and evaluated by the guidance.	Thank you for your comment. We would be grateful to receive evaluation of this type of provision.
London Borough of Southwark		4.2.2	Although not covered by the guidance, the environment is a key-determining factor when individuals choose to be active or not. This will also be a factor when targeting children e.g. when promoting estate based sport or active travel in an inner London location.	Thank you for your comment. NICE is due to publish guidance on physical activity and the environment in February 2008 (http://guidance.nice.org.uk/page.aspx?o=PhysicalActivityandEnv).
London Borough of Southwark		4.3	As well as the actual uptake of physical activity by individuals, the guidance could also look at interventions that are not focused on individuals but on organisations. Some interventions focus on selling the benefits of physical activity to an organisation, which then go on to offer the intervention to children.	Thank you for your comment. Such interventions may be considered if they report on changes to children's physical activity levels.
London Borough of Southwark		4.3	Secondary outcomes – are there any interventions that have increased levels of physical activity in adults as a result of targeting children e.g. the nag factor.	Thank you for your comment. Secondary outcomes in parents are likely to be outside the remit of this guidance.
London Borough of Southwark		4.4	Will the guidance look specifically at free swimming programmes to establish if there is a long-term increase in the level of swimming and if the level of investment is worthwhile?	Thank you for your comment. The range of activities encompassed in the guidance will depend on the evidence. NICE welcomes submissions of evidence from stakeholders – please see section 4 (subsection 4.4) of the NICE overview for stakeholders at: http://guidance.nice.org.uk/page.aspx?o=299973

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London Borough of Southwark		4.4	Although the guidance will identify interventions that are effective, it may also be useful to identify initiatives or programmes that are not effective or lack sufficient evidence to support them. This will assist organisations to make decisions on programmes that they should prioritise.	Thank you for your comment. Studies are selected for inclusion in the evidence reviews based on their scientific rigour; therefore consideration of studies is irrespective of whether their findings are negative or positive. NICE public health guidance can make recommendations about interventions that are more likely to be effective or ineffective. The focus will depend on the evidence. It is only by considering the balance of the evidence that recommendations can be made. For more information about the guidance development process visit: www.nice.org.uk/phprocess
London Borough of Southwark		4.4	Should the guidance make a judgement on future programmes and their potential affect on uptake of sport and physical activity by young people? e.g. the 2012 Olympics.	Thank you for your comment. NICE guidance is based on the existing evidence base.

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London Play		General	<p>London Play warmly welcomes the inclusion of children's play on an equal footing with sports.</p> <p>An added emphasis on the importance of community organisations as delivery agents instead of schools is also important, especially in deprived communities</p> <p>Progress in joining up improvements to the built environment to encourage play and physical activity is crucial, especially in areas blighted by housing overcrowding, high volumes of motor traffic and economic deprivation.</p>	Thank you for your comment.
London Play		2.c	<p>"Time for Play" DCMS 2006</p> <p>"Child Road Safety Strategy" 2007 DfT</p> <p>"Childcare in Extended Schools - providing opportunities and services for all" DfES 2002</p>	Thank you for providing these references.
London Play		4.1.1	<p>Priority for: - girls, areas of housing overcrowding, especially in London, areas of high through traffic density, economically deprived areas</p> <p>Nearly half of 7-14 year-olds in London surveyed for Playday 2006 say they do not play out as much as they like 10 per cent higher than the UK average. A third say they would play out more if it were safer.</p>	Noted, thank you. The forthcoming NICE guidance on physical activity and the environment will also be addressing these issues. For more information see http://guidance.nice.org.uk/page.aspx?o=PhysicalActivityandEnv
London Play		4.2.1.a	<p>Improvements to informal recreation, including active play is particularly important, especially for those groups least likely to enjoy sports.</p>	Noted, thank you. The scope I covers informal recreation – see section 4.2.1.
London Play		4.2.1.b	<p>In relation to schools, it is particularly important that the length of breaks for playtime and lunch should not be reduced. The QCA "Designing and Timetabling the National Curriculum" is unhelpful on this, see Page 18 – suggesting that shortening breaks will be of benefit to both teachers and schools.</p> <p>Community – it is significant that many forms of free play provision, especially in Inner London, where the ILEA until its abolition had a fine record in providing free school play centres, have now been converted into paid-for childcare. This will certainly promote play, but only for those able to afford it, those on benefits being now unable to afford the new cost.</p>	<p>Noted, thank you.</p> <p>Evidence relating to barriers and facilitators to participation in physical activity will be investigated in one of the evidence reviews.</p> <p>NICE public health guidance is committed to reducing inequalities and your point about the need for free play is well made. The effectiveness of interventions to reduce health inequalities is a key question for this guidance (see scope section 4.4).</p>

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<p>London Play</p>		<p>4.3</p>	<p>Children’s Play Council will shortly publish some numerical indicators to establish baseline and improvement targets for play in relation to Local Area Agreement target setting, these will be crucial in ensuring play is recognised as physical activity in local plans currently dominated by sports and PE in schools.</p> <p>Secondary outcomes will include improvements to social cohesion and the accrual of social capital in deprived communities. Improvements in children’s mental and emotional well being, and a reduction in fear or anxiety are equally important to the improvement in physical activity for children. All these secondary outcomes are very important as they act as drivers to sustain improvements in the long term.</p>	<p>Thank you for highlighting this work. There are opportunities for stakeholders to submit evidence for consideration during the later stages of the guidance development – see section 4.4 of the NICE overview for stakeholders at http://guidance.nice.org.uk/page.aspx?o=299973</p> <p>We recognise that there are a wide range of positive outcomes from children participating in physical activity. The lists are not exhaustive rather are examples of what may be considered. The secondary outcomes you mention may be considered depending on the evidence.</p>
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<p>London Play</p>		<p>4.4</p>	<p>Access and suitability of places and equipment for disabled children Staff understanding and awareness of the needs of disabled children Traffic, fear of being run down by motors and parked cars taking up space Stranger-Danger, fear of abduction and murder Lack of Spaces and Places, the perception that there is nowhere suitable to play locally, or that play areas have been vandalised and not repaired Building and Development has taken over space once used for play Age/gender-suitability there may only be a local play area for little children, or for boys Parents Indifference some parents may think play a waste of time compared to learning, homework or household chores, or they may not know how to play Bullying, children may be afraid of bullies or teenaged gangs Prejudice, some children and parents are afraid of racist, sexist or anti-disabled prejudice from others Bad Company, parents may be afraid their children will be encouraged or bullied into anti-social or criminal activity by peers Poverty, some parents may not be able to afford to let their children go to paid-for provision such as cinemas, bowling alleys or sports centres “Grumpy Grown-ups”, the CPC 2003 Playday research shows children’s fear of being told off by neighbours Parental Peer Pressure, parent’s fear of being seen as uncaring or colluding in the possible anti-social behaviour of their children by neighbours or friends, if their children are out unaccompanied Substitution, buying activities or toys or goods such as TV or computer games Keeping Clean parents may be concerned at children spoiling expensive new clothes, and reluctant to allow them to wear old or worn ones Media Stereotyping of children playing out being anti-social may result in adults selfishly demanding that children should not play near them or their flat or car Technology – the idea that simple play is unsophisticated in the age of computer games and virtual messaging</p>	<p>Thank you for raising these points.</p> <p>The list of barriers you have compiled demonstrates how important attitudes to physical activity are and the complexity of the issues. Evidence relating to barriers and facilitators to participation in physical activity will be investigated in one of the evidence reviews.</p>
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<p>Manchester Metropolitan University</p>		<p>General</p>	<p>Would the guidance consider including body image satisfaction as a health outcome? Concerns about ones body shape, weight management and increasing pressure to conform to popular ideas of beauty are the main reasons for participation in physical activity of young girls. Research has shown significant positive relationships between physical activity participation and increases in body image satisfaction in young people. Body image satisfaction can be measured via questionnaire and will give an indication as to whether young people actually feel better about themselves as a consequence of being more physically active.</p>	<p>Body image is likely to be raised as an important barrier or facilitator for undertaking physical activity, depending on the evidence.</p> <p>We recognise that there are a wide range of positive outcomes from children participating in physical activity. The list of potential outcomes (cited in section 4.3) are not exhaustive rather are examples of what may be considered. However, the scope will be amended to highlight self-esteem as a potential outcome.</p>
<p>Manchester Metropolitan University</p>		<p>General</p>	<p>Consideration should be given to movement competence, preferably at an early age (ideally pre-school). Research has shown children’s movement competence to be positively associated with physical activity levels and inversely related to percentage time in sedentary behaviour. If movement competence is a key determinant of children’s physical activity behaviour, then strategies that enhance movement competence in childhood are important to consider for helping promote increased physical activity participation in young people.</p>	<p>Thank you for raising this issue. Evidence relating to barriers and facilitators to participation in physical activity will be investigated in one of the evidence reviews.</p>
<p>Manchester Metropolitan University</p>		<p>General</p>	<p>If teachers are to deliver physical activity interventions, it is essential that they receive the appropriate training, resources and support to deliver such programmes. This is particularly true of primary teachers, who are not PE specialists.</p>	<p>Thank you for your comment. We acknowledge that staff training is an important area. Recommendations may be made about this depending on the evidence.</p>

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<p>Manchester Metropolitan University</p>		<p>General</p>	<p>Physical activity interventions are more likely to be effective when children are involved in the decision making and planning of programmes. How are you going to ensure that children are consulted on the decision making process?</p>	<p>Evidence relating to barriers and facilitators to participation in physical activity will be investigated in one of the evidence reviews. In addition, there are opportunities for stakeholders to submit evidence for consideration during the later stages of the guidance development, in spring 2008 (see http://guidance.nice.org.uk/page.aspx?o=350207). For more information, please see section 4.4 of the NICE overview for stakeholders at: http://guidance.nice.org.uk/page.aspx?o=299973</p>
<p>Manchester Metropolitan University</p>		<p>General</p>	<p>The guidance should seek to identify correlates or determinants of sedentary behaviour among pre-school and school aged children.</p> <p>An understanding of the determinants of sedentary behaviour is an important prerequisite for designing relevant policies and effective intervention programmes for promoting physical activity in young people.</p> <ul style="list-style-type: none"> • The environment for physical activity has been highlighted within the literature as an important factor to consider. 	<p>Thank you for this comment. The evidence reviews intend to explore correlates for physical activity. Reducing sedentary behaviours is cited in the draft scope in sections 4.2.1. and 4.3.</p>
<p>Manchester Metropolitan University</p>		<p>4.1.1</p>	<p>All children would potentially benefit from NICE guidance, particularly those of low socioeconomic status, especially young girls aged 11-16 years old.</p>	<p>Noted, thank you.</p>

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<p>Manchester Metropolitan University</p>		<p>4.2.1 b</p>	<p>Targeted areas that should be covered are school and community settings. Schools are the appropriate setting for the promotion of physical activity for a number of reasons. Firstly, they address a full range of individuals in a population. Any positive impacts schools have on children may have the potential to foster lifetime activity. Finally, schools have the responsibility to provide a broad and balanced curriculum which promotes the mental and physical development of all pupils (DfEE and QCA, 1999).</p> <p>It is important to note that a whole school approach is essential, with particular emphasis on the ethos and environment of the school as important factors in promoting physical activity among children.</p> <p>If we are to encourage an active lifestyle beyond the school gates, community links are essential.</p> <p>Parental/carer influences on children’s engagement in physical activity should also be considered. Research suggests that significant others (parents, siblings) exert considerable influence on children’s physical activity behaviour.</p>	<p>Noted, thank you. The role of schools, parents and carers in promoting physical activity in children will be considered (see section 4.2.1), depending on the evidence.</p>
<p>Manchester Metropolitan University</p>		<p>4.3</p>	<p>If you are to use BMI as a health outcome. We would recommend that you use age adjusted z-BMI scores as these would be more appropriate for comparison purposes across groups. This is important, as you will have children at different ages and maturational stages that will confound the straight BMI scores. Having said this, we do have some concerns over using BMI as a health outcome, especially amongst young girls where the self-monitoring and concern with weight are particularly salient.</p>	<p>Thank you for your comments. The outcomes listed are the ones reported by the studies identified in the effectiveness review. We recognise your concerns about the use of BMI scores. The appropriateness of assessing BMI in children was considered by the NICE guidance on obesity; we will adhere to the recommendations made in this guidance. For more information see www.nice.org.uk/CG43</p>

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<p>Manchester Metropolitan University</p>		<p>4.3</p>	<p>Health outcomes should specifically include measures in Self-Esteem and perceptions of physical competence. Self-esteem has been identified as the psychological variable with the most potential to reflect psychological benefits gained from regular participation in physical activity.</p> <p>In addition, young people's perceptions of their physical competence have been shown to be important and consistent predictors of their participation, effort and long term interest in sport and physical activity.</p>	<p>We recognise that there are a range of benefits from participation in physical activity. The list of potential outcomes (cited in section 4.3) are not exhaustive rather are examples of what may be considered. However, the scope will be amended to highlight self-esteem as a potential outcome.</p> <p>Evidence relating to barriers and facilitators to participation in physical activity will be investigated in one of the evidence reviews.</p>
<p>MRC Epidemiology Unit</p>		<p>4.1.1 (and General)</p>	<p>It would be helpful to clearly define the age cut-offs for 'pre-school and school-age children'. Would this include children who leave school at 16 and go into the workplace?</p>	<p>We will be considering active play and therefore the lower age limit is for children that are capable of this and for which there is evidence. We will amend the scope to highlight that the upper age limit is 18 years. The final scope focuses on children 7 years and younger, removing the need to define the age group covered by pre-school.</p>
<p>MRC Epidemiology Unit</p>		<p>4.1.1</p>	<p>It is stated that the guidance will be focused on those 'with low levels of physical activity' but how will this be defined?</p>	<p>Thank you for this comment. The populations prioritised will be those that on average have lower levels of physical activity. We will use the epidemiological review in conjunction with stakeholder comments to define and select the areas for prioritisation.</p>

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MRC Epidemiology Unit		4.1.1	<p>There is a lack of evidence to support including children from disadvantaged areas and children from black and minority ethnic groups as groups who might have low activity levels. The relationship between socio-economic status and physical activity in childhood is unclear as study results have been mixed and there is a lack of research investigating the association between physical activity and black and minority ethnic groups in the UK making it difficult to draw conclusions on this (most research in this area comes from the USA where the ethnic groups are different).</p> <p>In contrast, there is strong evidence of an association between physical activity and gender (boys tend to be more active than girls, especially during adolescence) therefore would it be possible to add gender here?</p>	Noted, thank you. We will use the epidemiological review in conjunction with stakeholder comments to select the areas for prioritisation.
MRC Epidemiology Unit		4.1.1	<p>Is it necessary to have a specific focus on children with physical disabilities in this guidance? As stated in section 4.1.2, those who need specialist advice about physical activity will not be covered by the guidance and for those who do not need specialist advice, does the guidance need to be any different than the guidance for other children?</p>	<p>Thank you for this comment..</p> <p>The guidance will not focus on the specific needs of different groups of children with disabilities. The guidance is for whole populations. We would however accept that some children covered by this guidance might benefit from more specific guidance that takes into consideration their particular needs.</p>
MRC Epidemiology Unit		4.1.1 (and General)	<p>Following on from the above points, we suggest targeting the guidance at all children (taking a population approach) rather than targeting only those who are not very active (a high risk approach). The population approach, which in this case would involve improving all children's levels of physical activity by a small amount and therefore shifting the whole distribution of physical activity levels in the population, has been shown to be more beneficial to population health than targeting only those at high risk (Rose, 1985). Also, targeting only those children who are not active could result in those children being stigmatised.</p> <p>This is not to say that groups of children who are more likely to be inactive shouldn't be taken into account but more that the overall focus should be on improving <i>all</i> children's activity, with perhaps some additional emphasis on certain groups, rather than exclusively focusing on those who are inactive.</p>	Noted, thank you.

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MRC Epidemiology Unit		4.2.1	<p>In a systematic review of physical activity interventions in children and adolescents we conducted we came across interventions which involved exercise sessions with the aim of reducing obesity/improving bone health but did not necessarily try to promote a physically active lifestyle. As we considered these interventions to be distinctly different from those that aim to change behaviour, we decided to make a distinction between interventions that <i>promoted</i> physical activity and those that simply <i>prescribed</i> exercise as part of the intervention. Would it be useful to make a similar distinction in the guidance to help focus it down?</p>	Thank you for this suggestion.
MRC Epidemiology Unit		4.2.1 (and 4.3)	<p>4.2.1 The inclusion of strategies/interventions targeted exclusively at reducing sedentary behaviours might be inappropriate in this guidance as decreasing sedentary behaviour does not necessarily result in an increase in physical activity. Excluding these studies could also help to focus down the scope of the guidance.</p> <p>4.3 Following on from the above comment, it might be more appropriate to have 'change in sedentary behaviours' as a secondary outcome rather than a primary outcome.</p>	<p>A change in sedentary behaviour will be considered only as a secondary measure from a study that has measured physical activity. Studies that report changes in sedentary behaviour alone will not be included.</p> <p>We will use the epidemiological review in conjunction with stakeholder comments to select the areas for prioritisation.</p> <p>The outcomes in the scope are those reported by the studies identified in the effectiveness review. The finalised list of outcomes will depend on decisions made about the focus of the review.</p>
MRC Epidemiology Unit		4.2.2	<p>Although we appreciate the reasoning for not including the environment, we are slightly concerned about fully excluding it. Firstly, it is important to have a clear definition of 'environment' in order to make sure that no interventions are missed out of both guidance documents. For example, some interventions to promote physical activity have involved painting school playgrounds or supplying sports/play equipment to schools - would these be included in this guidance or the environment guidance? Secondly, we feel it is important to bear in mind that the environment guidance will have been produced approximately one year before this guidance and it is possible that some relevant studies will be published during this time which will have been missed by the environment guidance.</p>	<p>Unfortunately the time and resources available do not allow us to address all aspects of physical activity in this guidance.</p> <p>We will be closely monitoring the environment guidance in relation to the scope of this work to ensure that it is complementary and that important issues/interventions are not missed.</p>

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MRC Epidemiology Unit		4.3	As the 'numbers participating or using facilities' is a proxy measure of physical activity and will be less accurate than actual measures of physical activity, we would suggest focusing on the first two primary outcomes with the above proxy measure only being used in addition to, rather than instead of, these outcomes.	Thank you for your comment.
MRC Epidemiology Unit		4.3	This is just a minor comment - under secondary outcomes, the wording used (behaviour change outcomes) is slightly confusing as this could also apply to physical activity. Perhaps something like 'intermediate' or 'mediator' outcomes would be a bit clearer.	Thank you for your comment – the scope will be amended.
MRC Epidemiology Unit		4.3	Also under secondary outcomes, it might be worthwhile to include 'implementation measures' such as attendance and fidelity to the intervention programme as these issues are important to consider when assessing the effectiveness of interventions. School performance could also be added as a secondary outcome as could cost as this would feed into the cost-effectiveness analysis.	Thank you for your comments. The list of potential outcomes (cited in section 4.3) are not exhaustive rather are examples of what may be considered. Other outcomes, such as attendance or school performance may therefore be appropriate for inclusion, depending on the evidence.
MRC Epidemiology Unit		4.4	The relationships between physical activity and health outcomes in childhood are not well established, which could make it difficult to conduct a cost-effectiveness analysis. It is likely that assumptions will have to be made in order to conduct this analysis which increases the error around any estimates. While we understand the importance of conducting a cost-effectiveness analysis, we feel it is important that these issues are taken into account.	Thank you for your comments.
MRC Epidemiology Unit		4.4	Does the second key question refer specifically to the barriers and facilitators to children's participation in interventions/programmes? If not and the question is intended to cover <i>all</i> barriers and facilitators to children participating in physical activity, this opens up a whole other area of research and could potentially expand the focus of the guidance considerably. To help focus down the guidance, we would strongly advise focusing just on those barriers/facilitators in relation to participation in interventions and thus what is measured as secondary outcomes in intervention research.	Evidence relating to barriers and facilitators to participation in physical activity will be investigated in one of the evidence reviews. We agree that the research questions for this review will need to be focused to make the work manageable.

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MRC Social and Public Health Sciences Unit		4.1.1 (and 4.4)	<p>While a case can be made for focusing on any of the four subgroups in the bulleted list (4.1.1), if one of the key questions concerns effectiveness in reducing health inequalities (4.4), might it not be necessary to examine evidence of effectiveness across all population subgroups in order to address this question? Alternatively, if 'those with low levels of physical activity' are to be the focus of the guidance (4.1.1), perhaps this criterion (rather than any of the subgroups listed) could be used to focus the gathering of evidence?</p> <p>An increasing number of published studies have examined the effectiveness of interventions specifically among people (including, in some cases, children) who are individually, rather than collectively, defined as 'sedentary'.</p>	<p>Noted, thank you. Unfortunately the time and resources available do not allow us to address all aspects of physical activity in this guidance. It is our intention to use the epidemiological review in conjunction with stakeholder comments to select the areas for prioritisation.</p> <p>Thank you for highlighting this research.</p>
MRC Social and Public Health Sciences Unit		4.2.1	Active travel need not necessarily take place in any of the 'settings' listed.	Active travel will be included in the final scope, as 4.2.1a.
MRC Social and Public Health Sciences Unit		4.3	Might cognitive or school performance also be relevant outcomes?	Thank you for your comments. The list of potential outcomes (cited in section 4.3) are not exhaustive rather are examples of what may be considered. Other outcomes, such as school performance may therefore be appropriate for inclusion, depending on the evidence.
National Dance Teachers Association		1.	<p>...activity, play, sport and dance,,, Dance is more than a physical activity; it involves children in creative thought, artistic intent and communication. Dance should be cited separately.</p>	Thank you for your comment. The wording used reflects the referral from the Department of Health which does not cite dance separately. We acknowledge that dance is an important area. The range of activities encompassed in the guidance will depend on the evidence. The final scope does not specifically refer to dance but it would be included under both informal and formal recreational activity
National Dance Teachers Association		2.	<p>...activity, play, sport and dance,,, Dance is more than a physical activity; it involves children in creative thought, artistic intent and communication. Dance should be cited separately.</p>	Thank you for your comment. Please refer to our previous response.

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National Dance Teachers Association		2.c	There is a publication produced by Arts Council England and DCMS and Dept for Health. Endorsed by NHS & Ministers for Public Health and Culture. Called ' <u>Dance and Health – The benefits for people of all ages</u> '. © ACE, August 2006 <i>Could this be cited as it advocates the government's advocacy of improving health and well-being and how dance helps promote healthy, active lifestyles.</i>	Thank you for this reference.
National Dance Teachers Association		3	Health and wellbeing should be properly defined here, and the notion of holistic benefits from participating in physical activities is important; in dance, for example, there are positive emotional, social, psychological <i>and</i> physical health benefits.	Thank you for this comment. We accept that physical activity and dance have a wide range of benefits. However, to keep the scope as succinct and concise as possible, it is necessary to limit the amount of information on associations between physical activity and health. The final guidance will contain a full glossary.
National Dance Teachers Association		4.1.1	<p>Who would benefit most:</p> <ul style="list-style-type: none"> - Young children who need to learn good health habits from an early age to ensure their continuation in later life as young adults. - Young children who should learn fundamental movement skills as early as possible (recommended age: 3-8 years) to facilitate their continued participation in sports and physical activities. Many drop out of sport early on as they have a low motor skill level by the end of primary school education and find it difficult to participate in team games and the like. This has an adverse effect on their social and emotional wellbeing (self-esteem, etc). - Girls 10 – 16 (most will engage with dance activities, rather than more familiar sporting activities) (Belly dancing success stories are highlighted in press recently for mass weight reduction in adults). - Cultural groups in which physical activity is not a high priority: e.g. Muslim children / especially girls and women - Households in which time/money is sparse for activities / sporting hobbies... - Children from inner-city schools where 'outdoor' recreational facilities are sometimes few and far between and possibly where outdoor family activities are not so prevalent. - Those with sedentary behaviours around them. 	Noted, thank you.

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National Dance Teachers Association		4.2.1.a/b	ADD Increasing out of hours / extended learning provision based in and around schools	Noted, thank you. Out of hours/extended learning provision could be covered. The range of activities encompassed in the guidance will depend on the evidence.
National Dance Teachers Association		4.2.1.a	ADD increasing participation in sport and dance activities	Thank you for your comment. The range of activities encompassed in the guidance will depend on the evidence. The final scope does not specifically refer to dance but it would be included under both informal and formal recreational activity.
National Dance Teachers Association		4.2.1	Areas most important: Increasing high quality opportunities for participation in sport and dance in schools and in local community Pre-school activity – to instil into life early (along with family members)	Noted, thank you.
National Dance Teachers Association		4.3	Psychological outcomes: include enhancing self-esteem? Social outcomes: include positive collaboration through team/group activities?	Thank you for your comments. The list of potential outcomes are not exhaustive rather are examples of what may be considered. However, the scope will be amended to highlight self-esteem as a potential outcome.
National Dance Teachers Association		6	There is a publication produced by Arts Council England and DCMS and Dept for Health. Endorsed by NHS & Ministers for Public Health and Culture. Called 'Dance and Health – The benefits for people of all ages'. © ACE, August 2006 <i>Could this be cited as it advocates the government's advocacy of improving health and well-being and how dance helps promote healthy, active lifestyles.</i>	Thank you for this reference.
North East Physical Activity Forum (NEPAF)		4.1.1	Groups that could be covered – would hope that as a priority consideration around specific age groups could be demonstrated in the scope. For example evidence from work with year 4 & 5's where prevention of obesity is concerned, considering the current statistics available showing the rise in obesity at reception and also at Year 6.	Noted, thank you.

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North East Physical Activity Forum (NEPAF)		4.1.1	Would also hope that guidance would specify how work in addressing physical inactivity in children who have behavioural issues is best achieved.	The guidance will include children with behavioural issues. However, the specific needs of this group is outside the remit of this work. Areas not covered in this guidance may be referred for future guidance development, see http://www.nice.org.uk/page.aspx?o=ts_home
North East Physical Activity Forum (NEPAF)		4.1.2	Concerned as with previous public health physical activity guidance that those requiring specialist advice because of medical conditions that require clinical assessment, ongoing monitoring and possibly supervision – will not be covered under this guidance	Thank you for this comment. The guidance is public health guidance for whole populations. The exclusion criteria is there because some of the guidance will not be applicable to those children that require specialist assessment. You can suggest topics for future NICE guidance at: http://www.nice.org.uk/page.aspx?o=ts_home
North East Physical Activity Forum (NEPAF)		4.2.1	b) Settings: As a priority and especially in light of the NICE obesity guidance would expect physical activity in family settings to be highest. Secondary to that would be schools, educational institutions and pupil referral units.	Noted, thank you.

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<p>North East Physical Activity Forum (NEPAF)</p>		<p>4.2.2</p>	<p>While it would be sad for this guidance not to focus on pre-school and community settings, it would seem that as the guidance would not cover those issues being addressed through previous guidance (e.g. 'Obesity' or 'Built or Natural Environments') that this seems inevitable? Would hope that any future guidance consultations are able to be resourced sufficiently to allow development based on ALL relevant information.</p>	<p>Thank you for your comments. This guidance will not replicate previous work by NICE but that does not mean that broad settings or age bands such as pre-school are to be excluded. The time and resources available do not allow us to address all aspects of physical activity in this guidance. We will use the epidemiological review in conjunction with stakeholder comments to select the areas for prioritisation. Areas not covered in this guidance can be referred for future NICE guidance at: http://www.nice.org.uk/page.aspx?o=ts_home</p>
<p>National Public Health Service for Wales</p>		<p>General</p>	<p>One of the evident influences on reducing levels of physical activity amongst children and young people, particularly in the outdoor environment, is perceptions of risk. This seems to be linked to increasing litigation generally. It would be helpful to identify what the evidence is with regard to actual risk as opposed to perceived risk.</p> <p>There appears to be some evidence of 'compensation theory' in relation to physical activity and young people, where those who are inactive in one setting (i.e. school) are more active in another setting (i.e. community) and vice versa. Is this actually true?</p> <p>An emerging setting for addressing physical activity in children of both school age and pre-school, is in the establishment of private sector 'gyms' targeting these groups. These include initiatives such as 'Jump Start' and 'Tumbletots' programmes. There is increasing concern about the safety and appropriateness of some of the activities and equipment provided particularly in relation to resistance equipment and weights. Is there any evidence in relation to this?</p>	<p>Thank you for your comments.</p> <p>Evidence relating to barriers and facilitators to participation in physical activity will be investigated in one of the evidence reviews.</p> <p>These issues are likely to be addressed depending on the evidence.</p>

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Physical Activity Network – West Midlands (in collaboration with Department of Health West Midlands)		General	We thoroughly support the development of guidelines regarding promoting physical activity, play and sport for children and reiterate the importance of including the cost effectiveness of programmes in targeting and implementing behaviour change in children and young people. A number of approaches are being developed to increasing physical activity in children and young people at a local level and therefore guidance regarding “best buys” will be very useful.	Thank you for your comment.
Physical Activity Network – West Midlands (in collaboration with Department of Health West Midlands)		General	We feel that the inclusion of family based interventions within the scope would add much knowledge regarding parents/carers aiding children to change their behaviour and would link the guidance to the Department of Health’s obesity social marketing campaign and the Healthy Schools Physical Activity toolkit with regards to family and parental engagement.	Noted, thank you.
Physical Activity Network – West Midlands (in collaboration with Department of Health West Midlands)		General	The scope does not currently define an age cut off for groups covered by the guidance, it currently states “pre school and school age children”. Does this cover up to end of year 11 or does it cover six form elements of school or colleges? We would welcome confirmation of this.	Thank you for your comment. The scope will be amended to show the upper age limit as 18 years.
Physical Activity Network – West Midlands (in collaboration with Department of Health West Midlands)		4.1.1	We would suggest that gender also have a specific focus as the differences between male and female participation is marked from an early age and this should be noted when looking at the populations covered. The Health Survey for England (2002) showed that girls activity levels significantly decreased after the age of 10 years, the male rates of activity remain similar past the age of 15 years. It is our belief that including gender differences within the guidance scope will be important in aiding future delivery of programmes.	Noted, thank you. The guidance will take into consideration age and gender differences in uptake of physical activity, different types of appropriate activities and barriers and facilitators to participation.
Physical Activity Network – West Midlands (in collaboration with Department of Health West Midlands)		4.1.1	Is it possible to ensure that key drop out points are particularly studied with regards to barriers etc? For example the activity levels of girls after the age of 3 and 10 years are shown to decrease markedly.	Evidence relating to barriers and facilitators to participation in physical activity will be investigated in one of the evidence reviews.
Physical Activity Network – West Midlands (in collaboration with Department of Health West Midlands)		4.1.1	The transition between secondary school and college/work is also known as a potential time for dropping out from activity and sport. We would like to recommend that the guidance covers this period of the transition from childhood to adulthood and sedentary behaviours and therefore covers up to age 18.	Thank you for your comment. The scope will be amended to show the upper age limit as 18 years.

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<p>Physical Activity Network – West Midlands (in collaboration with Department of Health West Midlands)</p>		<p>4.1.1</p>	<p>The release of the Active People Survey data, has highlighted the lack of participation of people with physical disabilities in sport and active recreation and raises challenges with regards to how best to develop services and activities that this group of people would like to use, and how best to promote messages to individuals with disabilities. As such we feel that this group should be prioritised within the guidance, however recognise that all of the groups listed in the scope are important and would wish to see black and ethnic minority groups and those from disadvantaged areas specifically catered for also.</p>	<p>Noted, thank you. The guidance will cover people with physical disabilities but will not be focused on the specific needs of different groups of children with disabilities.</p>
<p>Physical Activity Network – West Midlands (in collaboration with Department of Health West Midlands)</p>		<p>4.1.1</p>	<p>The issue of vulnerable/at risk children has not been mentioned within the scope, we feel that it would be beneficial to look at the evidence for promoting physical activity within this group.</p>	<p>Thank you. The guidance will include vulnerable/at risk children, depending on the evidence. However, the time and resources available do not allow us to focus specifically on this group. You can suggest topics for future NICE guidance at: http://www.nice.org.uk/page.aspx?o=ts.home</p>
<p>Physical Activity Network – West Midlands (in collaboration with Department of Health West Midlands)</p>		<p>4.1.2</p>	<p>We feel that the issue of children with obesity should be considered within the scope of the guidance. Many local areas are implementing interventions for children who are at risk of obesity or are obese and as such it is felt that the need for guidance in this area to improve/maintain the quality of physical activity interventions to work with these children is of key importance and would build upon the NICE obesity guidance to provide more detailed actions required for the physical activity elements of weight management programmes for children, parents and carers.</p>	<p>Thank you. Overweight and obese children will not be addressed specifically in this guidance. The obesity guideline published in December 2006 makes recommendations for the prevention and management of obesity in children, including recommendations on physical activity. For details see www.nice.org.uk/CG43</p>

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<p>Physical Activity Network – West Midlands (in collaboration with Department of Health West Midlands)</p>		4.2.1	<p>We feel that the six areas given in the scope should all be looked at within the guidance to ensure that the guidance encompasses the wide range of opportunities for children to be more active. Prioritising these areas is difficult as no indication has been given of how many priorities would be looked at and all are recognisably important if we are to succeed in increasing activity levels in the population.</p>	<p>In the timeframe and with the resources available it is not possible to produce high quality guidance that covers all age ranges and settings for both genders. We acknowledge that prioritising areas is difficult but believe it is necessary. You can suggest topics for future NICE guidance at: http://www.nice.org.uk/page.aspx?o=ts.home</p>
<p>Physical Activity Network – West Midlands (in collaboration with Department of Health West Midlands)</p>		4.2.1	<p>We would also suggest the following areas should be included within the scope;</p> <ul style="list-style-type: none"> • Provide best practice in measuring children's activity levels – there is no recognised gold standard for this and therefore little consistency in how areas are collating this data. It would be very beneficial if in the future a cost effective standardised approach to this could be developed. • The use of incentive schemes to encourage children to be more active. 	<p>Noted, thank you.</p>
<p>Physical Activity Network – West Midlands (in collaboration with Department of Health West Midlands)</p>		4.2.1	<p>Are we right in assuming that School P.E will come within the scope of the guidance under the formal recreation and sport elements of the guidance or will the guidance focus on activity outside of the curriculum? This should be made clear.</p>	<p>PE is not included in the final scope. The guidance will focus on activity outside the curriculum.</p>
<p>Physical Activity Network – West Midlands (in collaboration with Department of Health West Midlands)</p>		4.3	<p>We would suggest the educational outcomes related to being physically active (such as improved concentration, increased attainment etc) also be included within the secondary outcomes to ensure that the guidance links to the education sector and to the healthy schools physical activity tool kit. This would ensure that the guidance was linked into the Every Child Matters agenda.</p>	<p>Thank you for your comments. The list of potential outcomes are not exhaustive rather are examples of what may be considered. Other outcomes, such as concentration may therefore be appropriate for inclusion, depending on the evidence.</p>
<p>Physical Activity Network – West Midlands (in collaboration with Department of Health West Midlands)</p>		General	<p>We thoroughly support the development of guidelines regarding promoting physical activity, play and sport for children and reiterate the importance of including the cost effectiveness of programmes in targeting and implementing behaviour change in children and young people. A number of approaches are being developed to increasing physical activity in children and young people at a local level and therefore guidance regarding “best buys” will be very useful.</p>	<p>Thank you for this comment.,</p>

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<p>Play England</p>		<p>General</p>	<p>Play England welcomes the chance to respond to the draft scope of the NICE public health guidance, <i>Promoting physical activity for children</i>. Play England is the leading national play organisation in England, working under the aegis of the National Children's Bureau and funded by the Big Lottery Funds Children's Play initiative. We represent the views of the Children's Play Council: national and regional play organisations, local authorities and childcare partnerships. We promote more and better play opportunities for children and young people. We currently hold a play policy development and research contract with the Department for Culture Media and Sport.</p> <p>We strongly welcome the recognition within the document of the importance of play.</p>	<p>Thank you for this comment.</p>
<p>Play England</p>		<p>3.a</p>	<p>The document needs to reflect that the best way to encourage children to be physically active may differ according to not only age and gender but also interests and physical and learning abilities.</p> <p>It would be helpful if it were made explicit that children require a variety of play provision to meet their needs, abilities and interests. In some areas, staffed adventure playgrounds are open all year round, free of charge to local children. Elsewhere, outreach playworkers or play rangers ensure that children can play safely in local open spaces. Parks, street corners, playgrounds, football pitches, pavements and open spaces can also provide room for children to meet and be physically active through play, to establish a world for themselves independent of their parents and to explore the natural and built environment.</p>	<p>Thank you for your comments. The guidance will take into consideration differences in age, gender, ability and preference, depending on the evidence.</p> <p>To keep the scope concise and succinct, it is necessary to limit the amount of background information included. The final guidance will address this issue in much more detail, depending on the evidence.</p>

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<p>Play England</p>		<p>4.1.1</p>	<p>Currently you specify focusing on children with low levels of activity which may include those:</p> <ul style="list-style-type: none"> • From disadvantaged groups • From black and minority ethnic groups • From specific age groups • With physical disabilities <p>Perhaps include both 'physical and learning disabilities'.</p> <p>We feel that these categorises may be unsuitable. We suggest that the children to be included are those, who do not ordinarily choose to participate in sport and structured recreational activities and those who spend the majority of their leisure time at home participating in sedimentary activity.</p> <p>The populations of pre and school age children who would benefit most from the NICE guidance are children and young people using:</p> <ul style="list-style-type: none"> • Schools (during the school day) • Full day care • Extended services • Children's centres <p>We also suggest attention is paid to finding ways in which children who spend most of their spare time indoors, at home, are targeted.</p>	<p>Noted, thank you.</p>
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<p>Play England</p>		<p>4.2.1.b</p>	<p>One of the most important areas for the guidance to cover is family involvement. Research suggests that children's involvement in play activities is often influenced by their parents' (and carers) views of the play facilities available. They appear to play a central role in determining the levels of physical activity among their children and a lack of facilities and play areas can have a direct affect on the levels of physical activities engaged in by their children.⁵ They also have influence over the amount of physical activity children participate in. Professor Neil Armstrong undertook an assessment of children's habitual physical activity⁶. Armstrong concludes that attitudes towards physical activity are established at an early age; parents therefore have a prime responsibility to encourage their children to engage in active play.</p> <p>The guidance should also focus on local open space (along side public parks and informal leisure activities) as this can often be the only play space children and young people have access to near there home where they can play safely.</p>	<p>Noted, thank you..</p>
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⁵ 'The value of children's play and play provision', C Street, in *Making the case for play, gathering the evidence*, National Children's Bureau, London (2002)

⁶ Professor Neil Armstrong, 'Independent mobility and children's physical development', paper delivered to the Children, Transport and the Quality of Life Conference.

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<p>Play England</p>		<p>4.1</p>	<p>We would like to direct you to the work Play England is currently piloting. This piece of work focuses on developing indicators for measuring children’s play and we hope might be suitable for inclusion within the suite of 200 national indicators being developed for the Comprehensive Spending Review 2007 performance management framework and for potential adoption within Local Area Agreements (LAAs). There are four distinct and complementary indicators in the current model, which are participation in, access to, quality of and satisfaction with local play opportunities. .</p> <p>We propose that nos. 1 & 4 are the most appropriate and useful for the purposes of a national framework. These would capture data to measure participation and satisfaction respectively.</p> <table border="1" data-bbox="824 802 1534 1098"> <tr> <td data-bbox="824 802 952 1098"> <p>Indicator 1</p> </td> <td data-bbox="952 802 1176 1098"> <p>The percentage of all children and young people aged birth to 16 (i.e. from all social and ethnic groups, including those who are disabled), who play out for at least four hours each week.</p> </td> <td data-bbox="1176 802 1534 1098"> <p>Data source School and Household Survey</p> </td> </tr> </table> <table border="1" data-bbox="824 1121 1534 1513"> <tr> <td data-bbox="824 1121 952 1513"> <p>Indicator 4</p> </td> <td data-bbox="952 1121 1176 1513"> <p>The percentage of all children and young people (i.e. from all social and ethnic groups, including those who are disabled), who think that the range and quality of play facilities and spaces they are able to access in their local neighbourhood is good/very good.</p> </td> <td data-bbox="1176 1121 1534 1513"> <p>Data source School and Household Survey</p> </td> </tr> </table> <p>We suggest that you may also consider using these or including how much children and young people play out as indicators of children and</p>	<p>Indicator 1</p>	<p>The percentage of all children and young people aged birth to 16 (i.e. from all social and ethnic groups, including those who are disabled), who play out for at least four hours each week.</p>	<p>Data source School and Household Survey</p>	<p>Indicator 4</p>	<p>The percentage of all children and young people (i.e. from all social and ethnic groups, including those who are disabled), who think that the range and quality of play facilities and spaces they are able to access in their local neighbourhood is good/very good.</p>	<p>Data source School and Household Survey</p>	<p>Thank you for highlighting this piece of work.</p> <p>There are opportunities for stakeholders to submit evidence for consideration during the later stages of the guidance development, in spring 2008 (see the project summary page at http://guidance.nice.org.uk/page.aspx?o=350207). For more information, see section 4.4 of the NICE overview for stakeholders at http://guidance.nice.org.uk/page.aspx?o=299973</p>
<p>Indicator 1</p>	<p>The percentage of all children and young people aged birth to 16 (i.e. from all social and ethnic groups, including those who are disabled), who play out for at least four hours each week.</p>	<p>Data source School and Household Survey</p>								
<p>Indicator 4</p>	<p>The percentage of all children and young people (i.e. from all social and ethnic groups, including those who are disabled), who think that the range and quality of play facilities and spaces they are able to access in their local neighbourhood is good/very good.</p>	<p>Data source School and Household Survey</p>								

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		4.1	<p>(cont.) We suggest that you may also consider using these or including how much children and young people play out as indicators of children and young people levels of physical activity.</p> <p>When looking at secondary outcomes ‘psychological outcomes including reduction in fear and anxiety and social outcomes including reductions in substance misuse and crime’ are very negative outcomes.</p> <p>We suggest that the psychological outcome focused on could be increased self-confidence, self-esteem and resilience. Social outcomes could include children enjoying themselves being active.</p>	The list of potential outcomes are not exhaustive rather are examples of what may be considered, depending on the evidence. The scope will be amended to highlight self-esteem as an outcome.
Play England		4.5	Guidance also needs to focus on all staff within children’s service, including those involved in extended services and children’s centre.	Thank you for your comment. To keep the scope concise and succinct it is not possible to include an exhaustive list of relevant staff. However, recommendations may be made about staff in different settings depending on the evidence.
REACH Group / LJMU		General	Good practice recommendations need to be specific to particular demographic groups as a ‘one size fits all’ approach may not be effective. Furthermore, good practice should also relate to specific physical activity settings and specific groups who influence young people’s activity (i.e., parents, carers, teachers, childminders, etc).	Thank you for your comments.
REACH Group / LJMU		4.1.1	A significant proportion of low active children may also be from populations already identified, such as low income, minority ethnic groups. Thus, it may be pertinent to investigate barriers to activity and determinants of inactivity among the low active children in each respective population.	Evidence relating to barriers and facilitators to participation in physical activity will be investigated in one of the evidence reviews.
REACH Group / LJMU		4.1.1	Primary school aged children whose motor development is close to or beyond the ‘proficiency barrier’ of fundamental and specialised movement skills may be a group worth targeting as they would be able to effectively engage in the physical aspect of promotion initiatives. Furthermore, at these ages the children would be receptive to parental influences on their activity behaviours. Also, at the same time these children would be able to voice their own opinions to parents about their physical activity preferences.	Noted, thank you.

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REACH Group / LJMU		4.1.1	For any school-based (and in particular curriculum-led initiatives) it would be logical to promote the concept of lifelong physical activity education to adolescents, who have the potential to become independent exercisers once they leave compulsory education (which also precedes the period when greatest drop-out in activity occurs)	Thank you for your comment.
REACH Group / LJMU		4.2.1	Most potential time for physical activity takes place in community and home settings, but these areas are under researched and possibly under-resourced or promoted.	Noted, thank you..
REACH Group / LJMU		4.2.1	The school has been highlighted in several interventions as an environment where physical activity initiatives can be successful. A coordinated approach to such school-based promotion is required, but would need to be embraced by all parties and not compromised by such issues as National Curriculum requirements. Furthermore, school-based initiatives can be tied into community and family involvement quite naturally.	Thank you. The school setting is included in the final scope (4.2.1).
REACH Group / LJMU		4.2.1	A focus on amending the physical activity environment (e.g., access, facilities, equipment, etc) through policy change (at all levels) would support an ecological approach to activity promotion, thus potentially reaching more young people and being more sustainable.	Unfortunately the time and resources available do not allow us to address all aspects of physical activity in this guidance. The influence of the broader environment on physical activity is being addressed by a separate programme of work. See: http://guidance.nice.org.uk/page.aspx?o=PhysicalActivityandEnv&c=296726
REACH Group / LJMU		4.4	When considering the effectiveness of previous interventions, it should be considered that many of the more successful ones have been conducted overseas. Because of this it would be worth asking the question whether particular approaches would be as effective in a UK context.	Thank you for highlighting this issue. The applicability of research to the UK will be part of the process of the appraisal of evidence.
Royal College of Nursing		General	The RCN welcomes the opportunity to review this document.	Thank you.
Royal College of Nursing		3.a	60 minutes a day in winter will be very difficult to achieve or it would seem like setting people up to fail.	Thank you for your comment. Evidence relating to barriers and facilitators to participation in physical activity will be investigated in one of the evidence reviews.
Royal College of Nursing		3 a	It would be useful to have a definition of what 'moderate activity' is	Thank you for your comment. The DH reference can be used to find a definition of moderate activity.

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Royal College of Nursing		4.1.1 (and 4.1.2)	<p>Section 4.1.1 states that one of the groups to be considered will be those with a physical disability and 4.1.2 states that those who need specialist advice about physical activity because of medical conditions that require clinical assessment, ongoing monitoring and possibly supervision, before or during physical activity will be among those who will not be included.</p> <p>We consider that these two statements should be clarified otherwise a group of children will be excluded.</p>	<p>Thank you for this comment. Children with disabilities or medical conditions who do not require specialist assessment immediately before – or supervision during – physical activity are included.</p> <p>We will reword this to clarify.</p>
Royal College of Nursing		4.1.1 (and 4.1.2)	<p>If healthy children from middle class or affluent areas are not included this will exclude the possibility of finding areas of good practice or influences other than exercise which may be influential on exercise.</p>	<p>Noted, thank you.</p>
Royal College of Paediatrics and Child Health		General	<p>One of the topics not specifically covered is that of how to make the already obese child engage in more sport/activity.</p>	<p>Overweight and obese children will not be addressed specifically in this guidance. The obesity guideline published in December 2006 makes recommendations for the prevention and management of obesity in children, including recommendations on physical activity. See www.nice.org.uk/CG43</p>
Royal College of Paediatrics and Child Health		General	<p>How can community sports centres become more user-friendly for obese children; what activities would these children find acceptable? This requires consideration.</p>	<p>Evidence relating to barriers and facilitators to participation in physical activity will be investigated in one of the evidence reviews. However, overweight and obese children will not be addressed specifically in this guidance. Please refer to our previous response.</p>
Royal College of Paediatrics and Child Health		General	<p>How can “clumsy” children or those “ungifted in sport” be encouraged to engage in increased activity? Once again, this needs consideration.</p>	<p>Thank you for highlighting this group of children.</p>

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Royal College of Paediatrics and Child Health		General	A concern is that children with chronic diseases that might lead to obesity are not included. Childhood cancer survivors now represent 1 in 800 adults and are at risk of obesity secondary to decreased levels of physical activity. Children with chronic disease where they are at risk of being overweight should be included with the caveat that treatment is under specialist service monitoring. Section 4.1.2 covers this to a certain extent but could be extended.	Thank you for this comment. We are not excluding children with medical conditions. Children with disabilities or medical conditions who do not require specialist assessment immediately before – or supervision during – physical activity are included.
Royal College of Paediatrics and Child Health		General	Potential Stakeholders: Peer involvement such as the Kent Youth County Council (see http://www.kent.gov.uk/your-council/k-y-c-c/) is a potentially very useful way of getting young people's views. For example, last year some representatives of Kent Youth County Council undertook a survey on increasing physical activity in teenage girls, and gained interesting and informative information from their peers.	Thank you for providing this link.
Royal College of Paediatrics and Child Health		2.b	Since this is a UK document NICE should also reference the NSF for children, young people and maternity services in Wales, as this is different to the English one.	NICE public health guidance applies to England only.
Royal College of Paediatrics and Child Health		2.d	The last sentence states 'it will also be relevant to parents and professional carers'. This should be put more strongly as it should be aimed at parents etc.	The final scope clarifies that the guidance is aimed at professionals but is relevant to parents and children.
Royal College of Paediatrics and Child Health		3.e	Does the cost of £8.2 billion relate only to adults?	According to the DH document 'At least five a week: the impact of physical activity and its relationship to health', 'the annual costs of physical inactivity in England are estimated at £8.2 billion – including the rising costs of treating chronic diseases such as coronary heart disease and diabetes. This does not include the contribution of inactivity to obesity – an estimated further £2.5 billion cost to the economy each year'. This is cost for the whole population.

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Royal College of Paediatrics and Child Health		4.1.1	An additional group to be covered should be children with learning difficulties (who have a significantly higher prevalence of obesity).	Thank you for this comment. The scope includes children with disabilities and medical conditions who do not require specialist assessment immediately before – or supervision during – physical activity.
Royal College of Paediatrics and Child Health		4.1.1	Another difficult to reach group is black/ethnic minority teenage girls, who are often those at greatest risk of diabetes/high blood pressure problems in later life. Modesty can be a hindrance to mixed group exercise, for all teenagers. It would be helpful to make more motivating exercise available, e.g. Indian dance.	Thank you for highlighting this group. Evidence relating to barriers and facilitators to participation in physical activity will be investigated in one of the evidence reviews.
Royal College of Paediatrics and Child Health		4.1.1	Children/young people with developmental coordination difficulties would be helped by early recognition and school based intervention. One such programme is the BEAM programme that has been developed in Maidstone, and rolled out nationally. Please see attached Word document.  BEAM for NICE.doc	Thank you for providing this information.
Royal College of Paediatrics and Child Health		4.3	It would be useful to emphasise the benefits of physical activity to secondary outcomes of improving attention control, reducing restlessness, and thereby improve learning. This could also be used to motivate parents, teachers and children to engage young people in exercise.	The list of potential outcomes are not exhaustive rather are examples of what may be considered, depending on the evidence. Outcomes such as attention and learning may be identified depending on the evidence.
Royal College of Paediatrics and Child Health		4.5	The same as per 2d.	The final scope clarifies that the guidance is aimed at professionals but is relevant to parents and children.
Sefton PCT and Sefton Public Health Partnership		4.1.1	A particular age group to be considered are teenagers as there is a considerable drop in levels of physical activity as girls and boys get older. The drop is more marked and earlier for girls.	Noted, thank you.
Sefton PCT and Sefton Public Health Partnership		4.2.1	Family, pre-school and community settings should be prioritised.	Noted, thank you.

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<p>Sefton PCT and Sefton Public Health Partnership</p>		<p>4.3</p>	<p>A further secondary outcome for school-based interventions could be attainment levels.</p>	<p>The list of potential outcomes are not exhaustive, rather they are examples of what may be considered, depending on the evidence. Outcomes such as educational attainment may be identified.</p>
<p>Sheffield PCT and Partners</p>		<p>4.1.1</p>	<p>Should include mental disabilities as well as physical disabilities. Children for example with learning disabilities encounter similar barriers to those children who have physical disabilities. Believe the statement should just read;</p> <ul style="list-style-type: none"> ● With disabilities 	<p>These children are included. The guidance only excludes children who need specialist advice about physical activity because of medical conditions that require clinical assessment immediately prior to, and/or ongoing monitoring during, physical activity.</p>
<p>Sheffield PCT and Partners</p>		<p>4.2.1.a</p>	<p>Feeling the following are of high importance:</p> <ul style="list-style-type: none"> ● Incorporating physical activity into daily life ● Increasing formal recreational activity ● Increasing participation in sport <p>Feeling the following are of medium importance:</p> <ul style="list-style-type: none"> ● Increasing Active Travel ● Increasing informal recreational activity <p>From a physical activity point of view feel 'reducing sedentary behaviours' are covered through the above</p>	<p>Noted, thank you.</p>

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SHOKK		4.2.1 (and General)	Careful consideration in the recommendations should be given in distinguishing between competitive sport and other forms of recreational activity. The terms are still too often 'incorrectly' used synonymously. There are many young people who are turned off activity for life for just that reason i.e. they dislike the competitive nature of many sports and the effect that it bestows. There are many non-competitive or self referencing forms of activity which should be included in the recommendations. There must be a suitable pathway of activity for all types of youngster.	Thank you for your comment. Section 4.2.1a highlights that formal and informal recreational activity will be included in the guidance as well as sport. We envisage that the guidance will address the range of activities through which physical activity can be undertaken, depending on the evidence. Furthermore, evidence relating to barriers and facilitators to participation in physical activity will be investigated in one of the evidence reviews.
SHOKK		General	The recommendations should consider the fact that too many assumptions are made by adult providers about 'what' young people want. Like adults there must be a range of activities and suitable guidelines associated. Most importantly, young people should be asked their opinion on types of activity they enjoy, sweeping statements like 'young people all want to be playing outside' are unfounded and dated. Qualitative research in this instance may be invaluable.	Thank you for your comments. We intend to undertake qualitative reviews to help us incorporate the views of children.
SHOKK		General	The recommendations should help to dispel / clarify many of the myths surrounding physical activity which may act as a barrier. Highlighting research such as the B.A.S.E.S., 'resistance guidelines' is essential. There is still a large body of professional and public who still believe for example that resistance training and sports like weightlifting stunt growth and have serious injury risk. The latest research actually shows that some children who are obese can actually show good levels of strength – this positive issue can then begin to turn an obese child around in terms of their attitude to exercise. Research clearly shows such sports to have a relatively low level of injury incident compared to other main stream sports and significant long term benefits in terms of physical development and cognitive health. Parents / family, who remain the most significant influencer on a typical young people's development, must be able to make informed choices around the types of activity they direct children into.	Thank you for highlighting this research.

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SHOKK		General	Recommendations must help draw health / activity researchers towards a common goal. <i>Denigrating one form of activity over another is never going to help a generic increase in activity levels. Too much effort is expended in debating personal preference with one form of activity over another rather than a multi pronged approach.</i> An evidence based decision making process is clearly essential. There is often a strong voice in the media from psychologists, with no research base in the area, attacking certain forms of activity with suggestions that is promotes an obsession around body image. This uninformed voice can have significant impact on the public. Guidelines must steer influencers away from such scaremongering.	Thank you for this comment.
SHOKK		General	If young people are going to use gym based / indoor facilities then recommendations should be given around equipment used. I.e. It should be designed and safe for young people not adults. Israel have, for example, recently passed legislation that young people should not be allowed in adult gyms or on adult kit. This type of move is likely to have a positive impact on the provision for young people and reinforce the distinction between an adult gym and kids gym.	Thank you for this comment.
SkillsActive (Playwork Unit)		General	It would be beneficial for all those working with children to have a good understanding of the importance of play to healthy child development. Those working with children face to face, whether from a sports, social services or health background would benefit from a more detailed and practical understanding, while managers and those in charge of budgets need to understand the contribution of (and resource) play opportunities within their organisation. SkillsActive and the training providers it registers have a number of models which could be used to educate, train and inform.	Thank you for your comment. We acknowledge that the role of those working with children is an important area. Recommendations may be made about this issue depending on the evidence.
SkillsActive (Playwork Unit)		General	The emphasis should be on encouraging participation in physical activity for all children, but in particular targeting those who for whatever reason, including disabilities, disinclination, poverty and lack of parental encouragement, do not engage in organised sporting activities. Engaging in active play, as well as being an end in itself, also acts as a stepping stone into a physically active lifestyle and indeed into participation in sports.	Noted, thank you.

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SkillsActive (Playwork Unit)		3.a	Elaboration on different options for engaging children in physical activities should be included. Staffed play provision such as Adventure Playgrounds offer a multitude of active opportunities, and qualified playworkers are adept at providing attractive spaces and a supportive atmosphere that can engage children in a variety of levels of physical activity.	Thank you for your comment.
SkillsActive (Playwork Unit)		4.2.1a	Including 'increasing informal recreational activity (including play)' should be covered as a priority. Play and informal recreation provides physical activity for children in addition to organised activities as well as attracting those who do not normally engage in organised sport. More children spend more time in active play than in sports and PE, and although they use less calories in play than in organised sport (Making children's lives more active, Centre For Transport Studies, University College London, 2004) the amount of time spent in play more than offsets this. If there are opportunities for play and informal recreation within walking distance, the health benefits are increased.	Thank you. Play will be included in the final scope.
SkillsActive (Playwork Unit)		4.2.1b	Both schools and community settings should be priority areas. With children increasingly spending more time at school, especially with the increased emphasis on 'extended services in and around schools', it is increasingly important that children should have time and space to engage in play opportunities, facilitated by staff with appropriate playwork qualifications. It should also be borne in mind that play is beneficial to mental and emotional health as well as physical. Community based schemes are also important as they often offer opportunities tailored to their specific community and are able to be responsive to need. Adventure playgrounds and outreach 'Play Ranger' services operating in local parks are a prime example.	Noted, thank you..
Southampton City PCT		4.1.1	All the target groups should be included to provide the most comprehensive guidance. Target groups should include all disabilities not just physical. Children with mental health issues and learning disabilities have problems accessing physical activity opportunities which can lead to problems with weight gain. There can also be a tendency to gain weight as a result of medication or the reduced options for unsupervised informal play outside the home. Children from families with a history of overweight and obesity should also be included.	In the timeframe and with the resources available, it is not possible to produce high quality guidance that covers all age ranges and settings for both genders. We acknowledge that prioritising areas is difficult but believe it is necessary. You can suggest topics for future NICE guidance at: www.nice.org.uk/page.aspx?o=ts.home
Southampton City PCT		4.2.1	All settings should be included.	Please refer to our previous response.

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Southampton City PCT		4.3	Under outcomes, the inclusion of social outcomes “reducing substance misuse and crime” suggests that physical activity acts as a diversionary activity. This guidance should be concerned with health and well-being of children rather than as a means of keeping them out of trouble.	Thank you for this comment. The outcomes listed are examples of those that may be available in the published literature and not necessarily the outcomes of the recommendations.
South Tyneside PCT		4.1.1	I feel that disadvantaged groups and specific age groups would benefit most from physical activity interventions. A targeted approach to specific age groups would be most effective. I feel the gap in recent years has been regarding effective guidance around physical activity provision for the early years. By targeting the pre school area and introducing physical activity as a part of everyday life this hopefully may create a culture shift, if supported by other environment, infrastructure changes. This further needs supported by policy in pre school settings, as currently organisations are left to their own devices regarding physical activity interventions.	Noted, thank you.
South Tyneside PCT		4.2.1	<p>Priority areas I feel should be covered include</p> <ul style="list-style-type: none"> ○ increasing active travel ○ reducing sedentary behaviours ○ increasing informal recreational activity (including active play). <p>The key areas to promote physical activity should include, family, pre-school and community settings. The community is a key area that I feel needs to be covered and resources and skills need to be utilised regarding training of staff and effective policies in place to ensure consistency across the areas. Using play and physical activity rather than sport, should be a more effective approach to engage the specific populations. Active travel should be supported further within the school setting and encouraged at an early age to be made the ‘norm’. The correct infrastructure needs to be in place with greater importance on getting children active to and from school, in an effort to reduce sedentary behaviour.</p>	Noted, thank you.
Sport England - East		General	The community setting in particular would benefit from a more systematic review of investment, intervention, effectiveness as despite lots of anecdotal feedback and localised evaluation there is little substantiated guidance to follow. This would also be particularly helpful in developing effective partnership working between key stakeholders.	Noted, thank you.

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Sport England - East		General	The move between school physical activity and sport and community participation is also an important area to focus on – a focus on school club link work that the DfES have invested in could prove helpful. Also a focus on effective practice centred on school leaving age as significant drop out of activity occurs at 16.	Noted, thank you..
Surrey County Council		General	Children have to be presented to in a child friendly manner with child friendly activities. The desire of an adult coach to implement as much knowledge onto children during a session has to be taken away and allow children to learn through play, fun and initiative.	Thank you for this comment.
Surrey County Council		General	Regular monitoring and feedback of children's presenters has to take place	Thank you for this comment.
Surrey County Council		General	Interaction with schools and assisting schools in their requirements has to be considered, i.e. time, financial and government requirements	Thank you for this comment.
Surrey County Council		General	Please use www.activkids.co.uk as a source	Thank you for this link.
Surrey County Council		4.1.1.	The presentation of a physical activity should be determined by the age group (Foundation, KS1, KS2 or KS3) and not the ethnic, socio economic or ability background. Children are children and skilled child managers can provide the correct level of care, motivation and knowledge whatever the session requirements	Thank you fro this comment.
Surrey County Council		4.2.1	The main focus should be on participation at all times rather than 'coaching skills'. As children become older then they will naturally want to know the 'whys' and 'what fors' behind the physical activity, but focus on having all children being active during an entire session and not just sitting and watching other kids being coached.	Thank you for this comment.
Surrey County Council		4.2.1	Educating kids through workshops, assemblies and training sessions in school so that they go home and educate their parents/carers is more powerful than adults trying to educate parents/carers.	Thank you for this comment.
Surrey County Council		4.2.1	Utilising initiatives like extended services and healthy schools encourages schools to look at health issues and implementing initiatives.	Thank you for this comment.
Surrey County Council		4.2.1	Children and parents/carers 'training' together in a fun environment is massively positive in encouraging sustainable physical activity	Thank you for this comment.

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Sustrans		General	<p>Sustrans welcomes this Scope and the decision to focus on physical activity and children. Our particular area of interest and expertise is focused on promoting walking and cycling. We do this by delivering practical projects such as the National Cycle Network, Safe Routes to Schools, Bike It, Active Travel, Liveable Neighbourhoods and TravelSmart (for more information see www.sustrans.org.uk).</p> <p>In 1995 Sustrans set up the Safe Routes to Schools (SRS) Programme specifically to highlight the importance of developing healthy and environmentally sustainable travel habits (walking and cycling) for the school journey. In the late 1990s this included ten pilot schools where promotional and infrastructure works took place. We demonstrated then, and continue to do so, that walking and cycling for the school journey are important, and that the current trends of declines in walking and cycling among children (and adults) need to be halted through targeted intervention programmes such as SRS.</p> <p>In all our work we strive to meet children's needs, rights and aspirations – for example our work which promotes cycling to school is particularly important because whilst only 1% of children cycle to school in the UK, 31% would prefer to cycle (DfT, National Children's Bureau).</p>	Thank you for this information.
Sustrans		General	<p>We would encourage you to produce guidance which:</p> <ul style="list-style-type: none"> • Is targeted at specific age groups, or gender • Is geographically inclusive (since all social classes suffer the consequences of physical inactivity) • Is inspirational (rather than prescriptive) • Meets children and young people's needs and wishes 	Noted, thank you.
Sustrans		1	<p>Please clarify 'school age' in the document. Will the guidance cover schools where pupils are educated until they are 18 years old for example?</p>	The scope has been amended and now states the upper age limit as 18.
Sustrans		2	<p>Whilst the Department of Transport's 'Walking and Cycling Action Plan' is an important document (and covers a greater range of journeys) the joint DfT/DfES 'Travelling to School: An Action Plan' has a focus on young people and significant financial resources attached to it. It also has strong links with the DH's Healthy Schools Initiative.</p> <p>We would also urge you to make reference to the DfES Sustainable Schools Initiative which has strong links to the schools inspection process and includes several 'doorways' for schools which are relevant to physical activity, notably Travel and Traffic, Inclusion and Participation, and Local Well-being.</p>	To keep the scope succinct and concise, we limit the amount of information included on existing policies and initiatives. Active travel is an area prioritised in the final scope and the evidence reviews will consider existing initiatives, depending on the evidence.

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<p>Sustrans</p>		<p>4.1.1</p>	<p>In terms of possible groups to be covered, secondary school-aged girls are important since it is known that there is a steep decline in physical activity from around age 12-13. This is an area where an Evidence Review could help significantly to provide insights with a view to developing guidance.</p> <p>As part of its Bike It project, Sustrans has won an international award for its 'Beauty and the Bike' project which aims to promote cycling amongst teenage girls.</p>	<p>Noted, thank you.</p> <p>Thank you for this information.</p>
<p>Sustrans</p>		<p>4.2.1</p>	<p>In terms of areas that could be covered Sustrans would support a particular focus on active travel. More walking and cycling directly contributes to two of the other potential areas – incorporating physical activity into daily life and increasing informal recreational activity (including active play).</p> <p>In the field of physical activity research there is increased interest in the issue of active travel. The reason for this growth of interest is recognition that physical activity researchers have largely ignored a potentially important opportunity for routine physical activity. Specifically, the school journey can establish an active lifestyle from childhood which continues into adulthood. Consequently there is now a growing evidence base. (Sustrans would be pleased to help identify this database including grey literature).</p> <p>The setting for active travel is self-evidently one which 'sits' between the home and school. Schools are a natural focus for physical activity projects aimed at young people because of their:</p> <ul style="list-style-type: none"> • education role • community links • physical activity facilities • geographical focus for walking and cycling routes <p>The disposition and support from schools may vary considerably however.</p>	<p>Active travel is included in the final scope (4.2.1).</p> <p>Thank you for this information.</p>

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Sustrans		4.2.2	We recognise that the role of infrastructure is included in separate guidance. It is vital however that the guidance is explicit in linking the role of 'hard and soft measures' (infrastructure and promotional activities). In the UK, and elsewhere, reported behavioural change programmes often exclude environmental interventions.	Thank you for this comment. The time and resources available do not allow us to address all aspects of physical activity in this guidance. The influence of the broader environment on physical activity is being addressed by a separate programme of work(http://guidance.nice.org.uk/page.aspx?o=PhysicalActivityandEnv&c=296726)
Sustrans		4.3	It would be helpful to measure changes in particular activities which are popular with children (both as sport and as informal play/recreation) and the degree to which these are enjoyed as a family or as a social group. Football, swimming and cycling are consistently mentioned by children as popular activities.	The outcomes listed are examples of those that may be available in the published literature and are not intended to be exhaustive. Outcomes such as 'enjoyment' may be included depending on the evidence.
Sustrans		4.3	Other social outcomes of increased physical activity include changes in children's mobility (including access to sport facilities and play space), independence and sense of enjoyment (fun).	Please refer to our previous response.
UKPHA		General	The UKPHA welcomes the development of this Guidance. Physical activity should be the natural birthright of our children, an integral part of living normal healthy lives and it is unfortunate indeed that levels of physical activity continue to fall. However, interventions however effective and far reaching will have little ongoing impact if underlying policy issues are not addressed. For example the Select Committee on Health Obesity Report 2003-2004 commented on the "scandalous failure" of governments in implementing the walking strategy, promoting cycling and expanding physical activity in schools Furthermore the recent Unicef Report which measured 40 separate indicators of child well-being – from relative poverty and child safety, to educational achievement to drug abuse, located children from the United Kingdom at bottom of the ranking.	Thank you. Thank you for your comments.
UKPHA		4.1.1	As childhood obesity is inversely proportional to socioeconomic status it is clear that the focus of the study should be upon those children from disadvantaged areas and in preventative terms the lower the age group targeted the greater the potential for success	Noted, thank you.

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UKPHA		4.2.1	<p>a) Incorporating physical activity into daily life is clearly essential inasmuch as this will then become the norm for the child. However, walking or cycling to school is determined by the societal and environmental infrastructure of the child's neighbourhood and community and the promotion of active travel will therefore have to be supported by policies and initiatives generated from the local authority and other agencies.</p> <p>Increasing participation in sport will probably be the least productive in terms of increasing levels of physical activity in children whereas informal and formal play and recreation will gain more natural sign-up'</p> <p>b) Pre- school and school groups will offer more opportunity for influencing a greater number of children. Within the home so many families are constrained by lack of useable recreational space or green areas</p>	<p>Thank you for this comment. Please note that The influence of the broader environment on physical activity is being addressed by a separate programme of work(see http://guidance.nice.org.uk/page.aspx?o=PhysicalActivityandEnv&c=296726)</p> <p>Thank you for your comment.</p>
UKPHA		4.3	<p>In addition to the measurement of actual physical activity achieved it would be useful to assess the process by which the schemes/measures were developed and maintained.</p> <p>There is evidence from work in the US that shows that weighing programmes can induce stigma and marginalisation. it is important that the measurement processes necessary to test for the required changes/improvements do not exacerbate already poor self-esteem</p>	<p>Thank you. Qualitative data will be considered as part of the evidence reviews.</p> <p>Thank you for highlighting this research.</p>

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<p>University of East Anglia</p>		<p>General (and 4.2)</p>	<p>It is important that there is a good exchange of information between this PDG and the PDG currently working on the environment and physical activity guidance.</p> <p>All of the areas mentioned under section 4.2.1 of the draft scope have an environmental component to them, and that component may be particularly strong when considering informal recreational activity and active travel. Certainly it would be improper to consider these behaviours without some reference to the built environment. Furthermore, all settings will also have an environmental component, and this may be particularly so in the case of the 'community'. Indeed 'leisure facilities' and 'public parks' are, quite rightly, given as examples of community settings in the draft scope.</p> <p>Another reason for care is that it appears that the criteria for the acceptability of evidence will be somewhat relaxed for this PDG so that it can, for example, consider evidence of a qualitative nature. This is a positive move but again means that care should be taken not to miss evidence that has an environmental component but which was not seen by the Environment and Physical Activity PDG. That PDG has not reviewed evidence that is qualitative in nature.</p> <p>Whilst it is certainly the case that it will not be a good use of the PDG time to replicate the consideration of evidence already undertaken elsewhere, there will clearly be some evidence that falls under the remit of both committees. It is important that this does not disappear into a crack between them and not get fully considered as a consequence.</p>	<p>Thank you for these comments.</p> <p>We will be monitoring closely the environment guidance in relation to the scope of this work to ensure that the work is complementary. The CPHE Project Team will ensure that important issues/interventions are covered but not duplicated by the two PDGs.</p> <p>Qualitative data that have undergone high quality/rigorous evaluation will be considered within this work. THE CPHE Project Team will ensure that the work of the two PDGs is complementary and that any apparent discrepancies in their work are identified at an early stage.</p> <p>As above.</p>
<p>University of the West of England</p>		<p>General</p>	<p>There is a need to find out what young people would want in terms of activity opportunities to become more physically active. They may want very different things to those that 'adults' may choose. E.g. dance, martial arts, boarding</p>	<p>Thank you for this comment. The evidence reviews will include high quality qualitative work that focuses on the views of children, depending on the evidence.</p>
<p>University of the West of England</p>		<p>3.b</p>	<p>? Levels of physical activity in girls start to drop from the age of 11-12 years</p>	<p>Thank you for your comment, the information is taken from the 'Health survey for England 2003'.</p>

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University of the West of England		4.1.1.1	To obtain even a small mean increase in physical activity levels in young people, a population approach needs to be taken, rather than focusing on achieving a larger increase in minority groups. ?	Noted, thank you.
University of the West of England		4.1.1.1	Targeting the family unit to participate in active recreation. The children of sedentary parents are more likely to be/become sedentary .	Noted, thank you.
University of the West of England		4.2.1.a	Encouraging and facilitating parents/family to be active as a family unit – active recreation	Noted, thank you.
University of the West of England		4.2.1.b	Using the school as a focus for community physical activities. Encouraging and facilitating use of school playing fields and school based sport/activity facilities during school holidays and / or outside of school time. This may need staffing/monitoring , ? it could Involve Sports development units to use these sites for events, or involve community groups. Alternatives could include marking out school playing fields during holiday times to enable young people to play games (playground markings/hopscotch, rounder's)	Thank you for your comment.
University of the West of England		4.3	Sub-populations using GPS monitoring or accelerometers	Thank you for this comment. The outcomes listed are examples of those that may be available in the published literature and not intended to be exhaustive. Outcomes such as accelerometry data may be included depending on the evidence.
Youth Sport Trust		General	It is important that the scope recognises the practice that already exists and does not rely on written research only. Many agencies will have identified effective interventions but, by the nature of transient and local funding, these may not be supported by rigorous independent evaluation. NICE should consider the submission of case studies exemplifying practice as well as more formal research documents. For example, in addition to its nationally evaluated programmes such as Living for Sport, TOP Activity, Girls in Sport etc. the Youth Sport Trust works with school-level evidence of impact to publish a wide range of case studies.	In the evidence reviews, qualitative data that have undergone high quality/rigorous evaluation will be considered. There are opportunities for stakeholders to submit evidence for consideration during the later stages of the guidance development which might be corroborative evidence to help guide recommendations – see section 4.4 of the NICE overview for stakeholders at http://guidance.nice.org.uk/page.aspx?o=299973
Youth Sport Trust		1	Very pleasing to see the words play and sport along with physical activity in the full title	Thank you.

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Youth Sport Trust		1	To be effective the scope will need to explore all of these groups and settings	The time and resources available do not allow us to address all aspects of physical activity in this guidance. The influence of the broader environment on physical activity is being addressed by a separate programme of work (see http://guidance.nice.org.uk/page.aspx?o=PhysicalActivityandEnv&c=296726)
Youth Sport Trust		1.1	Short title could be misinterpreted due to the age range of 'children'	Thank you for this comment. The short title is for working purposes only at this stage. The scope will be amended to highlight the age range of children being considered.
Youth Sport Trust		1.1	Could this be re-phrased to be children and young people	The title of the guidance is based on the referral from the Department of Health. The detail of the scope highlights that young people up to age 18 are within the remit of the guidance.
Youth Sport Trust		2.c	The guidance will also support the joint DfES and DCMS National PE, School Sport and Club Links Strategy (PESSCL), which was launched in 2002. This strategy has its own PSA target to increase physical activity by young people of school age.	Thank you for this comment. To ensure that the scope is concise and succinct we limit the amount of information included on existing policies and initiatives. The evidence reviews will consider existing initiatives, depending on the evidence.
Youth Sport Trust		3.a	This section could be enhanced by reference to the wider outcomes of engagement of young children in play, sport and physical activity e.g. socialisation, language development, self confidence etc.	Please refer to our previous response. These issues are likely to be addressed within the full guidance, depending on the evidence.
Youth Sport Trust		3.a	It will be important for the recommendations to articulate the very wide benefits of taking part in physical activity as so much focus has been on obesity recently. This could include areas around self-esteem, socialising, confidence, key skills etc. so the focus is as much on emotional and mental wellbeing as physical health.	Thank you for this comment. As highlighted in section 4.3, a range of outcomes will be considered.

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Youth Sport Trust		3.b	The DfES/DCMS PESSCL survey data could add to these facts and is more recent as it is collected every summer term by schools.	Thank you for this comment. An epidemiological review is being undertaken that will consider the PESSCL data.
Youth Sport Trust		4.1.1	It is impossible to rank priority groups above another as different factors have greatest impact in different areas. For example, work with schools shows that rural isolation is also a factor as young people and their parents lack the transport to access sparse provision and many children are unable to access after-school activities as they rely on local authority transport. Agencies should be encouraged to focus their resources on those young people who are most at risk of low levels of activity – in their specific area/context - but the national recommendations need to share interventions that can work for a range of groups. For example, in working with schools we encourage them to identify 'who's NOT participating' and adopt appropriate interventions accordingly. The PESSCL survey shows that, in relation to age, KS1 and KS4 young people have lowest rates of participation due to shorter PE provision. Young disabled people are undoubtedly disadvantaged due to perceptions around inability. Girls' participation is still consistently lower than boys.	Thank you for your comment. Unfortunately the time and resources available do not allow us to address the total sphere of physical activity in children and it is necessary to prioritise. The final decision about which areas to prioritise will be informed by the findings from the epidemiological review in conjunction with the stakeholder comments. You can suggest topics for future NICE guidance at: http://www.nice.org.uk/page.aspx?o=ts_home
Youth Sport Trust		4.1.1	All focus groups listed are relevant, in particular those from low socio-economic groups and those from black and minority ethnic groups	Noted, thank you.
Youth Sport Trust		4.1.1	A particular focus group could be 'looked after children' – the home context of children can impact significantly upon participation rates	Noted, thank you.
Youth Sport Trust		4.1.1	Additionally gender would be a relevant focus group, leading to improved practical advice and guidance	Noted, thank you..
Youth Sport Trust		4.2.1a	An area that could be usefully covered is that of 'space' and how space (indoor and outdoor) can be used effectively to promote physical activity, play and sport	Please note that the influence of the broader environment on physical activity is being addressed by a separate programme of work (see http://guidance.nice.org.uk/page.aspx?o=PhysicalActivityandEnv&c=296726)
Youth Sport Trust		4.2.1.a	Of this list, reducing sedentary behaviours is somewhat of an anomaly because, if the other proactive interventions are effective, they would impact on this by default. It is essential that children and young people are enabled to make choices about physical activity. Different young people enjoy and aspire to different things. This necessitates a wide range of provision so no one solution is better than another. In reality, the hour a day should comprise a mix of activity e.g. some play at home, some sport in school, some recreation in a leisure centre etc.	Noted, thank you.

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Youth Sport Trust		4.2.1.b	Again, to ensure effectiveness and choice, all of these are essential in the young person's menu of provision. However, as there is a well-established strategy for school sport it may be useful to focus on home/family interventions to complement what schools are trying to do. Schools do need family support to achieve their aims and extended services may be one way to more strongly link the school/home connection. Pre-school age development is essential but, unlike schools that are tied by the national curriculum constraints, pre-school settings do have a strong focus on learning through the physical. Again, using extended services as a link may support pre-schools and schools to share resources, ideas and expertise.	Noted, thank you.
Youth Sport Trust		4.2.1.c	Pre-school environments and the home would be considered the most important areas for this guidance to cover	Noted, thank you.
Youth Sport Trust		4.2.2	This guidance should not replicate other areas of NICE guidance but does need to emphasise the links between spaces for activity (both indoor and outdoor) and young people's ability to take part. For example, school playground development has been a major intervention in increasing participation by KS1 & KS2 children. Young people need to be involved in designing these spaces if they're then to use them.	Thank you for this comment.
Youth Sport Trust		4.3	Could the outcomes include some secondary measures (perhaps through case studies rather than direct data) which identify the impact of increasing activity levels e.g. language development or performance in fine motor skills	Thank you for this comment. The outcomes listed are examples of those that may be available in the published literature and are not intended to be exhaustive. Outcomes such as language or motor skills may be included depending on the evidence.

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Youth Sport Trust		4.3	<p>The guidance needs to focus on positive measures (e.g. bullets 1-3) rather than a 'negative' measure such as change in sedentary behaviour. (See 4.2.1.a above) The use of diaries / logs for younger children has been really effective both in 'measuring' this impact and in motivating the children to take part. For the secondary outcomes, this should focus much more on positive states e.g. a child's sense of wellbeing. Whilst more difficult, there are effective evaluations for young people's self-esteem, confidence etc.</p> <p>This guidance should NOT focus on weight as that's covered by obesity guidance elsewhere and is very controversial, especially for girls. It also creates the impression that physical activity is only about weight and not about much wider health benefits.</p>	<p>Thank you for your comment. Studies are selected for inclusion in the evidence reviews based on their scientific rigour; therefore consideration of studies is irrespective of whether their findings are negative or positive. NICE public health guidance can make recommendations about interventions that are more likely to be effective or ineffective. The focus of recommendations will depend on the evidence. It is only by considering the balance of the evidence that recommendations can be made. Information about the NICE guidance development process can be found at www.nice.org.uk/phprocess</p>
Youth Sport Trust		4.4	<p>The 3rd area could be difficult to measure if the focus is on physical activity. Health inequality is a much wider topic than physical activity and the guidance could get diverted by those wider issues.</p> <p>Through our work at the Youth Sport Trust we've found that no one intervention will work for everyone so the guidance will need to identify a broad range of interventions that provide local and national agencies with a menu from which to pick those most appropriate to their specific target groups. Fundamentally, though, the guidance needs to acknowledge the importance of choice and the absolutely essential need to involve young people in shaping opportunities. This should be about working with young people to find solutions not 'doing to' young people if it is to have any chance of success.</p>	<p>Thank you for this comment.</p>
Youth Sport Trust		4.5	<p>As many of the influencing people (e.g. Headteachers) will sit outwith the usual NICE guidance structures, it will be essential to work with other government and statutory bodies (e.g. Ofsted & QCA) to ensure the guidance can be embedded in their policies.</p>	<p>Thank you for this comment. NICE recognises the need to work with government and statutory bodies to ensure that public health guidance is implemented.</p>
Youth Sport Trust		4.5	<p>It will be important to be explicit about the target audience who have an indirect role/responsibility for physical activity level among young children – as this will be the key group to influence</p>	<p>Noted, thank you.</p>

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Physical Activity and Children Draft Scope Consultation – Stakeholder Response Table

Thursday 1st March to Tuesday 3rd April 2007

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- i <http://www.sepho.org.uk/Topics/physActivity.aspx>
 - ii <http://www.sepho.org.uk/Topics/obesity.aspx>