

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

# PUBLIC HEALTH PROGRAMME GUIDANCE

## DRAFT SCOPE

### 1 Guidance title

Promoting physical activity, play and sport for pre-school and school age children in family, pre-school, school and community settings

#### 1.1 *Short title*

Promoting physical activity for children

### 2 Background

- (a) The National Institute for Health and Clinical Excellence ('NICE' or 'the Institute') has been asked by the Department of Health (DH) to develop guidance on a public health programme aimed at promoting physical activity, play and sport for pre-school and school age children in family, pre-school, school and community settings.
- (b) NICE public health programme guidance supports implementation of the preventive aspects of national service frameworks (NSFs) where a framework has been published. The statements in each NSF reflect the evidence that was used at the time the framework was prepared. The public health guidance published by the Institute after an NSF has been issued will have the effect of updating the framework. Specifically, in this case, the guidance will support the following key NSFs:
  - children and young people (DH 2004a)
  - coronary heart disease (DH 2000)
  - diabetes (DH 2001)

- (c) This guidance will support a number of related policy documents including:
- 'Choosing health' (DH 2004b); 'Choosing activity: a physical activity action plan' (DH 2005a); 'At least five a week' (DH 2004c) and 'Health challenge England' (DH 2006)
  - 'Getting serious about play' (Department for Culture, Media and Sport 2004)
  - 'Public service agreements 2005–2008' (i) Enhance the take-up of sporting opportunities by 5 to 16 year olds.  
(ii) To halt the year-on-year rise in obesity among children under 11 by 2010 (HM Treasury 2004)
  - Department for Transport 'Walking and cycling: an action plan' (2004)
  - Department for Education and Skills (DfES) 'Every child matters' (2004) and 'Youth matters' (2005a) frameworks, and 'Early years foundation stage: direction of travel paper' (2005b).
- (d) This guidance will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at professionals with public health as part of their remit working within the NHS, local authorities and the wider public, private, voluntary and community sectors. It will also be relevant to parents and professional carers.

### 3 The need for guidance

- a) Participation in physical activity is fundamental for healthy growth and development. It can reduce the risk of chronic conditions (for example, obesity) and improve children's health and wellbeing. Current guidelines recommend that children should do a minimum of 60 minutes of at least moderate intensity physical activity each day (DH 2004c). The best way to encourage children to be physically active may differ according to age and gender.
- b) Boys are more likely than girls to achieve the recommended level of physical activity: 70% of boys compared with 61% of girls. By age 15, 50% of girls do 60 minutes of physical activity, 7 days a week, compared with 69% of 15 year old boys. Levels of physical activity peak between the ages of 12–15 years among both sexes (DH 2003).
- c) The number of 5–10 year olds who walk to school fell from 61% in 1992/93 to 52% in 2002/03. Among children aged 11–16, 40% walked to school in 2002/03, compared to 44% in 1992/93. The number of 5–10 year olds cycling to school is negligible. Among 11–16 year olds, 2% cycled to school in 2002/03 compared to 4% in 1992/93 (Department for Transport 2005).
- d) 'Forecasting obesity to 2010' estimates that by 2010, 19% of boys and 22% of girls aged 2 to 15 will be obese, compared with 17% and 16% respectively in 2003. More children living in manual households will be obese, compared with those living in non-manual households (Zaninotto et al. 2006).
- e) Physical inactivity in England is estimated to cost £8.2 billion a year and this is predicted to rise (DH 2004c). This includes the direct costs of treating major lifestyle related diseases and the indirect costs caused through sickness absence (DH 2004c). It is also estimated to

cause 54,000 premature deaths a year (Department for Culture, Media and Sport 2002).

- f) The amount and type of physical activity undertaken by children and young people varies according to ethnicity. For example, Chinese and Indian boys are more likely to walk rather than partake in active play. Black Caribbean boys are more likely to participate in sport or organised exercise than Pakistani boys (DH 2005b).

## 4 The guidance

- a) Public health guidance will be developed according to NICE processes and methods. For details see section 5.
- b) This document is the draft scope. It defines what this guidance could examine, and what the guidance developers might consider. The scope is based on a referral from the DH (see appendix A).
- c) It will not be possible for the guidance to cover all of the potential areas for all population groups. **Sections 4.1 and 4.2 set out the populations, areas and settings the guidance could cover. NICE asks stakeholders to consider these and submit comments on what should be prioritised.**

### 4.1 *Populations*

#### 4.1.1 **Groups that could be covered**

Pre-school and school age children, with specific focus on those with low levels of physical activity. These may include those:

- from disadvantaged areas
- from black and minority ethnic groups
- from specific age groups
- with physical disabilities

Stakeholders are asked to suggest which populations of pre-school and school age children would benefit most from this NICE guidance.

#### **4.1.2 Groups that will not be covered**

- 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.
- Groups from 4.1.1 not selected as a priority.

## **4.2 Areas**

### **4.2.1 Areas that could be covered**

- a) This guidance could cover policies, strategies, campaigns, interventions and other activities that help pre-school and school age children in England to become more physically active by:
  - incorporating physical activity into daily life
  - increasing formal recreational activity
  - increasing informal recreational activity (including active play)
  - increasing participation in sport
  - increasing active travel
  - reducing sedentary behaviours.
- b) The activities outlined in a) may take place in one or more of the following settings:
  - family – family home, parent and toddler groups
  - pre-school – including playgroups, nurseries, crèches, the homes of registered child minders and school reception classes (for under fives)
  - schools, education institutions and pupil referral units

- community – including schemes run by voluntary organisations, religious groups, formal and informal networks, sports and leisure centres, public parks, leisure facilities, private and industry based play schemes.

Stakeholders are asked to suggest which are the most important areas and settings for this guidance to cover.

#### **4.2.2 Areas that will not be covered**

- The guidance will not cover physical activity interventions aimed at pre-school and school age children addressed through previous NICE guidance or guidance in development. This includes changes to the urban and natural environment, building design and transport infrastructure (see section 6).
- Activities and settings from 4.2.1 not selected as a priority.

### **4.3 Outcomes**

In examining effectiveness, the primary outcome will be physical activity.

Measurements may include:

- changes in the proportion of children achieving a pre-determined level of physical activity
- number of minutes, frequency and intensity of physical activity
- numbers participating or using facilities
- change in sedentary behaviours.

The following secondary outcomes will be assessed where a study reports a primary outcome:

- Behavioural change outcomes, for example, measures of the individual's intention and motivation to be physically active.

- Health outcomes including: body mass index, coronary heart disease risk factors, bone density, mental and emotional wellbeing, and exercise related injury.
- Psychological outcomes including reductions in fear and anxiety.
- Social outcomes including reductions in substance misuse and crime.

#### **4.4 Key questions**

The following questions will be addressed by the guidance.

- Which strategies, policies, campaigns, interventions and activities are effective and cost effective in helping children of different ages (with low levels of physical activity) to become more physically active?
- What are the barriers and facilitators to children's participation in physical activity?
- Which physical activity strategies, policies, campaigns, interventions and activities are effective and cost effective in reducing health inequalities among pre-school and school age children?

#### **4.5 Target audiences and settings**

The guidance will be aimed at professionals working in the NHS, education, local government and other public sector organisations, and in the private, voluntary and community sectors who have either a direct or indirect role in and/or responsibility for promoting physical activity. It will also be relevant to parents and professional carers.

#### **4.6 Status of this document**

This is the draft scope, released for consultation on 1 March 2007 until 3 April 2007, to be discussed at a stakeholder meeting on 22 March 2007. Following

consultation, the final version of the scope will be available at the NICE website in April 2007.

## 5 Further information

The public health guidance development process and methods are described in 'Methods for development of NICE public health guidance' (NICE 2006) and 'The public health guidance development process: An overview for stakeholders, including public health practitioners, policy makers and the public' (NICE 2006) available at: [www.nice.org.uk/page.aspx?o=299970](http://www.nice.org.uk/page.aspx?o=299970)

## 6 NICE related guidance

### ***Published***

Obesity. NICE clinical guideline 43 (2006). Available from:

[www.nice.org.uk/guidance/CG43](http://www.nice.org.uk/guidance/CG43)

Four commonly used methods to increase physical activity: brief interventions in primary care, exercise referral schemes, pedometers and community-based exercise programmes for walking and cycling. NICE public health intervention guidance 2 (2006). Available from: [www.nice.org.uk/page.aspx?o=PHI002](http://www.nice.org.uk/page.aspx?o=PHI002)

Depression in children and young people: identification and management in primary, community and secondary care. NICE clinical guideline 28 (2005).

Available from: [www.nice.org.uk/guidance/CG28](http://www.nice.org.uk/guidance/CG28)

### ***Under development***

Guidance on promoting the mental wellbeing of children in primary schools. NICE public health intervention guidance. Expected date of issue: February 2008. Scope available from: [www.nice.org.uk/page.aspx?o=350205](http://www.nice.org.uk/page.aspx?o=350205)

Promoting and creating built or natural environments that encourage and support physical activity. NICE public health programme guidance. Expected

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date of issue: February 2008. Scope available from:

[www.nice.org.uk/page.aspx?o=338047](http://www.nice.org.uk/page.aspx?o=338047)

## **Appendix A Referral from the Department of Health**

The Department of Health asked the Institute to:

'Produce guidance on physical activity, play and sport for pre-school and school age children in family, pre-school, school and community settings.'

## Appendix B References

Department for Culture, Media and Sport (2002) Game plan: a strategy for delivering government's sport and physical activity objectives. London: Cabinet Office.

Department for Culture, Media and Sport (2004) Getting serious about play. London: Department for Culture, Media and Sport

Department for Education and Skills (2004) Every child matters: change for children. London: The Stationery Office.

Department for Education and Skills (2005a) Youth matters: next steps. London: Department for Education and Skills.

Department for Education and Skills (2005b) Early years foundation stage: direction of travel paper [online].

[www.everychildmatters.gov.uk/files/4C9A11CE243627228F27EA46CAC3F658.pdf](http://www.everychildmatters.gov.uk/files/4C9A11CE243627228F27EA46CAC3F658.pdf)

Department for Transport (2004) Walking and cycling: an action plan. London: Department for Transport.

Department for Transport (2005) Focus on personal travel including the report of the national travel survey 2002/2003. London: The Stationery Office.

Department of Health (2000) The national service framework for coronary heart disease. London: Department of Health.

Department of Health (2001) The national service framework for diabetes. London: Department of Health.

Department of Health (2003) Health survey for England 2002. London: Department of Health.

Department of Health (2004a) The national service framework for children, young people and maternity services. London: Department of Health.

Department of Health (2004b) Choosing health: making healthier choices easier. London: Department of Health.

Department of Health (2004c) At least five a week: evidence on the impact of physical activity and its relationship to health. London: Department of Health.

Department of Health (2005a) Choosing activity: a physical activity action plan. London: Department of Health.

Department of Health (2005b) Health survey for England 2004. London: Department of Health.

Department of Health (2006) Health challenge England. London: Department of Health.

HM Treasury (2004) Public service agreements 2005–2008 [online]. [www.hm-treasury.gov.uk/media/668/97/sr04\\_psa\\_ch14.pdf](http://www.hm-treasury.gov.uk/media/668/97/sr04_psa_ch14.pdf)

Zaninotto P, Wardle H, Stamatakis E et al. (2006) Forecasting obesity to 2010. London: Joint Health Surveys Unit, National Centre for Social Research, Department of Epidemiology and Public Health at the Royal Free and University College Medical School.